

Damage Information Reporting Tool (DIRT) - Field Form

Part A – Original Source of Event Information

Who is providing the information?		<input type="checkbox"/> Electric	<input type="checkbox"/> Engineer/Design	<input type="checkbox"/> Equipment Manufacturer
<input type="checkbox"/> Excavator	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Locator	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Private Water
<input type="checkbox"/> Public Works	<input type="checkbox"/> Railroad	<input type="checkbox"/> Road Builders	<input type="checkbox"/> Federal / State Regulator	
<input type="checkbox"/> Telecommunications		<input type="checkbox"/> Unknown/Other		

Name of person providing the information:

Part B – Type, Date, and Location of Event

Type of Event:	<input type="checkbox"/> DIRT Event	<input type="checkbox"/> Underground Damage	<input type="checkbox"/> Underground Near Miss
	<input type="checkbox"/> Non-DIRT Event	<input type="checkbox"/> Above Grade	<input type="checkbox"/> Aerial
		<input type="checkbox"/> Natural Cause	<input type="checkbox"/> Submarine

*Date of Event:	(MM/DD/YYYY)		
*Country	*State	*County	City
Street address:	Nearest Intersection:		
Latitude/Longitude:	Lat:	Lon	<input type="checkbox"/> Decimal Degrees <input type="checkbox"/> D M S
*Right-of-Way where event occurred			
Public:	<input type="checkbox"/> City Street	<input type="checkbox"/> State Highway	<input type="checkbox"/> County Road
Private:	<input type="checkbox"/> Private Business	<input type="checkbox"/> Private Land Owner	<input type="checkbox"/> Interstate Highway
	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Power /Transmission Line	<input type="checkbox"/> Public-Other
	<input type="checkbox"/> Federal Land	<input type="checkbox"/> Railroad	<input type="checkbox"/> Private Easement
			<input type="checkbox"/> Dedicated Public Utility Easement
			<input type="checkbox"/> Unknown/Other

Part C – Affected Facility Information

*What type of facility operation was affected?	<input type="checkbox"/> Cable Television	<input type="checkbox"/> Electric	<input type="checkbox"/> Liquid Pipeline
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Sewer	<input type="checkbox"/> Steam	<input type="checkbox"/> Telecommunications
			<input type="checkbox"/> Water
			<input type="checkbox"/> Unknown/Other
*What type of facility was affected?	<input type="checkbox"/> Distribution	<input type="checkbox"/> Gathering	<input type="checkbox"/> Service/Drop
			<input type="checkbox"/> Transmission
			<input type="checkbox"/> Unknown/Other
Was the facility part of a joint trench?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did this event involve a Cross Bore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was facility owner One Call Center member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If No, is facility owner exempt from One Call Center membership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Measured Depth	<input type="checkbox"/> Embedded in concrete/asphalt pavement	<input type="checkbox"/> <18" / 46 cm	Measured depth
From Grade	<input type="checkbox"/> 18" – 36" / 46 - 91 cm	<input type="checkbox"/> >36" / 91 cm	from grade _____ in/cm

Part D – Excavation Information

*Type of Excavator	<input type="checkbox"/> Contractor	<input type="checkbox"/> County	<input type="checkbox"/> Developer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Municipality
	<input type="checkbox"/> Occupant	<input type="checkbox"/> Railroad	<input type="checkbox"/> State	<input type="checkbox"/> Utility	<input type="checkbox"/> Unknown/Other
*Type of Excavation Equipment	<input type="checkbox"/> Auger	<input type="checkbox"/> Backhoe/Trackhoe	<input type="checkbox"/> Boring	<input type="checkbox"/> Bulldozer	
<input type="checkbox"/> Drilling	<input type="checkbox"/> Directional Drilling	<input type="checkbox"/> Explosives	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Grader/Scraper	<input type="checkbox"/> Hand Tools
<input type="checkbox"/> Milling Equipment	<input type="checkbox"/> Probing Device	<input type="checkbox"/> Trencher	<input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Unknown/Other	
*Type of Work Performed	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Bldg. Construction	<input type="checkbox"/> Bldg. Demolition	<input type="checkbox"/> Cable Television	
<input type="checkbox"/> Curb/Sidewalk	<input type="checkbox"/> Drainage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Electric	<input type="checkbox"/> Engineering/Survey	
<input type="checkbox"/> Fencing	<input type="checkbox"/> Grading	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Milling
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Pole	<input type="checkbox"/> Public Transit Auth.	<input type="checkbox"/> Railroad	<input type="checkbox"/> Road Work	<input type="checkbox"/> Sewer
<input type="checkbox"/> Site Development	<input type="checkbox"/> Steam	<input type="checkbox"/> Storm Drain/Culvert	<input type="checkbox"/> Street Light	<input type="checkbox"/> Telecommunication	
<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Traffic Sign	<input type="checkbox"/> Water	<input type="checkbox"/> Waterway Improvement	<input type="checkbox"/> Unknown/Other	

Part E – Notification and Locating

*Was the One-Call Center notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ticket Number
If Yes, type of locator	<input type="checkbox"/> Facility Owner	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Unknown/Other
If No, is excavation activity and/or excavator type exempt from notification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was work area white-lined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Part F – Intentionally left blank

Part G – Excavator Downtime

Did Excavator incur down time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
If yes, how much time?	<input type="checkbox"/> < 1 hr	<input type="checkbox"/> 1 -<2 hrs	<input type="checkbox"/> 2-<3 hrs	<input type="checkbox"/> 3+ hrs	Exact Value _____	<input type="checkbox"/> Unknown		
Estimated cost of down time?	<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 -1000	<input type="checkbox"/> \$1,001 - 5,000	<input type="checkbox"/> \$5,001 - 25,000	<input type="checkbox"/> \$25,001 - 50,000	<input type="checkbox"/> >\$50,000	Exact Value _____	<input type="checkbox"/> Unknown

Part H – Interruption and Restoration

*Did the damage cause an interruption in service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
If yes, duration of interruption	<input type="checkbox"/> < 1 hr	<input type="checkbox"/> 1 - <6 hrs	<input type="checkbox"/> 6 - <12 hrs	<input type="checkbox"/> 12 - <24 hrs	<input type="checkbox"/> 24 - <48 hrs	<input type="checkbox"/> 48+ hrs
	Exact Value _____ hrs				<input type="checkbox"/> Unknown	
Approximately how many customers were affected?						
<input type="checkbox"/> Unknown	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 - 10	<input type="checkbox"/> 11 - 50	<input type="checkbox"/> 51+	Exact Value _____
Estimated cost of damage / repair/restoration:						
<input type="checkbox"/> \$0	<input type="checkbox"/> \$1 - 1,000	<input type="checkbox"/> \$1,001- 5,000	<input type="checkbox"/> \$5,001 - 25,000	<input type="checkbox"/> \$25,001 - 50,000	<input type="checkbox"/> > \$50,000	Exact Value _____ <input type="checkbox"/> Unknown

***Part I – Root Cause Select only one**

<p>Notification Issue</p> <p><input type="checkbox"/> No notification made to One Call Center/ 811</p> <p><input type="checkbox"/> Excavator dug outside area described on ticket</p> <p><input type="checkbox"/> Excavator dug prior to valid start date/time</p> <p><input type="checkbox"/> Excavator dug after valid ticket expired</p> <p><input type="checkbox"/> <u>Excavator provided incorrect notification information</u></p> <p>Excavation Issue</p> <p><input type="checkbox"/> Excavator dug prior to verifying marks by test-hole (pothole)</p> <p><input type="checkbox"/> Excavator failed to maintain clearance after verifying marks</p> <p><input type="checkbox"/> Excavator failed to protect/shore/support facilities</p> <p><input type="checkbox"/> Improper backfilling practices</p> <p><input type="checkbox"/> Marks faded or not maintained</p> <p><input type="checkbox"/> <u>Improper excavation practice not listed above</u></p> <p>Miscellaneous Root Causes</p> <p><input type="checkbox"/> Deteriorated facility <input type="checkbox"/> One Call Center Error</p> <p><input type="checkbox"/> Previous damage <input type="checkbox"/> Root Cause not listed (comment required)</p>	<p>Locating Issue</p> <p><i>Facility not marked due to:</i></p> <p><input type="checkbox"/> Abandoned facility</p> <p><input type="checkbox"/> Incorrect facility records/maps</p> <p><input type="checkbox"/> Locator error</p> <p><input type="checkbox"/> No response from operator/contract locator</p> <p><input type="checkbox"/> Incomplete marks at damage location</p> <p><input type="checkbox"/> Tracer wire issue</p> <p><input type="checkbox"/> Unlocatable Facility</p> <p><i>Facility marked inaccurately due to</i></p> <p><input type="checkbox"/> Abandoned facility</p> <p><input type="checkbox"/> Incorrect facility records/maps</p> <p><input type="checkbox"/> Locator error</p> <p><input type="checkbox"/> Tracer wire issue _____</p>
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Part J – Additional Comments

Part Z – Images and Attachments: List the file names of any images and attachments to submit with this report