

# Damage Information Reporting Tool (DIRT) - Field Form

## Part A – Who is Submitting This Information

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

**Name of the person providing the information:** \_\_\_\_\_

## Part B - Date and Location of Event

<b>*Date of Event:</b>		(MM/DD/YYYY)			
<b>*Country</b>	<b>*State</b>	<b>*County</b>	<b>City</b>		
<b>Street address</b>		<b>Nearest Intersection</b>			
<b>*Right of Way where event occurred</b>					
<b>Public:</b>	<input type="checkbox"/> City Street	<input type="checkbox"/> State Highway	<input type="checkbox"/> County Road	<input type="checkbox"/> Interstate Highway	<input type="checkbox"/> Public-Other
<b>Private:</b>	<input type="checkbox"/> Private Business	<input type="checkbox"/> Private Land Owner		<input type="checkbox"/> Private Easement	
	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Power /Transmission Line		<input type="checkbox"/> Dedicated Public Utility Easement	
	<input type="checkbox"/> Federal Land	<input type="checkbox"/> Railroad	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Unknown/Other	

## Part C – Affected Facility Information

<b>*What type of facility operation was affected?</b>					
<input type="checkbox"/> Cable Television	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Sewer (Sanitary Sewer)	
<input type="checkbox"/> Steam	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Water	<input type="checkbox"/> Unknown/Other		
<b>*What type of facility was affected?</b>					
<input type="checkbox"/> Distribution	<input type="checkbox"/> Gathering	<input type="checkbox"/> Service/Drop	<input type="checkbox"/> Transmission	<input type="checkbox"/> Unknown/Other	
<b>Was the facility part of a joint trench?</b>					
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Was the facility owner a member of One-Call Center?</b>					
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## Part D – Excavation Information

<b>*Type of Excavator</b>					
<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"/> Data not collected	<input type="checkbox"/> Unknown/Other	
<b>*Type of Excavation Equipment</b>					
<input type="checkbox"/> Auger	<input type="checkbox"/> Backhoe/Trackhoe	<input type="checkbox"/> Boring	<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"/> Data Not Collected	<input type="checkbox"/> Unknown/Other	
<b>*Type of Work Performed</b>					
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Cable Television	<input type="checkbox"/> Curb/Sidewalk	<input type="checkbox"/> Bldg. Construction	<input type="checkbox"/> Bldg. Demolition	
<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 Maint.	<input type="checkbox"/> Road Work	
<input type="checkbox"/> Sewer (San/Storm)	<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"/> Data Not Collected	<input type="checkbox"/> Unknown/Other				

## Part E – Notification

<b>*Was the One-Call Center notified?</b>	
<input type="checkbox"/> Yes (If Yes, Part F is required)	<input type="checkbox"/> No (If No, Skip Part F)
If Yes, which One-Call Center? _____	
If Yes, please provide the ticket number _____	

## Part F - Locating and Marking

<b>*Type of Locator</b>			
<input type="checkbox"/> Utility Owner	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
<b>*Were facility marks visible in the area of excavation?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
<b>*Were facilities marked correctly?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other

**Part G – Excavator Downtime**

**Did Excavator incur down time?**  
 Yes  No

**If yes, how much time?**  
 Unknown  Less than 1 hour  1 hour  2 hours  3 or more hours Exact Value \_\_\_\_\_

**Estimated cost of down time?**  
 Unknown  \$0  \$1 to 500  \$501 to 1,000  \$1,001 to 2,500  \$2,501 to 5,000  
 \$5,001 to 25,000  \$25,001 to 50,000  \$50,001 and over Exact Value \_\_\_\_\_

**Part H – Description of Damage**

**\*Was there damage to a facility?**  
 Yes  No (i.e. near miss)

**\*Did the damage cause an interruption in service?**  
 Yes  No  Data Not Collected  Unknown/Other

**If yes, duration of interruption**  
 Unknown  Less than 1 hour  1 to 2 hrs  2 to 4 hrs  4 to 8 hrs  8 to 12 hrs  12 to 24 hrs  
 1 to 2 days  2 to 3 days  3 or more days  Data Not Collected Exact Value \_\_\_\_\_

**Approximately how many customers were affected?**  
 Unknown  0  1  2 to 10  11 to 50  51 or more Exact Value \_\_\_\_\_

**Estimated cost of damage / repair/restoration**  
 Unknown  \$0  \$1 to 500  \$501 to 1,000  \$1,001 to 2,500  \$2,501 to 5,000  
 \$5,001 to 25,000  \$25,001 to 50,000  \$50,001 and over Exact Value \_\_\_\_\_

**Number of people injured**  
 Unknown  0  1  2 to 9  10 to 19  20 to 49  50 to 99  
 100 or more Exact Value \_\_\_\_\_

**Number of fatalities**  
 Unknown  0  1  2 to 9  10 to 19  20 to 49  50 to 99  
 100 or more Exact Value \_\_\_\_\_

**\*Part I – Description of the Root Cause \*Please choose one**

<p><b>One-Call Notification Practices Not Sufficient</b></p> <input type="checkbox"/> No notification made to the One-Call Center <input type="checkbox"/> Notification to one-call center made, but not sufficient <input type="checkbox"/> Wrong information provided to One Call Center	<p><b>Locating Practices Not Sufficient</b></p> <input type="checkbox"/> Facility could not be found or located <input type="checkbox"/> Facility marking or location not sufficient <input type="checkbox"/> Facility was not located or marked <input type="checkbox"/> Incorrect facility records/maps
<p><b>Excavation Practices Not Sufficient</b></p> <input type="checkbox"/> Failure to maintain marks <input type="checkbox"/> Failure to support exposed facilities <input type="checkbox"/> Failure to use hand tools where required <input type="checkbox"/> Failure to test-hole (pot-hole) <input type="checkbox"/> Improper backfilling practices <input type="checkbox"/> Failure to maintain clearance <input type="checkbox"/> Other insufficient excavation practices	<p><b>Miscellaneous Root Causes</b></p> <input type="checkbox"/> One-Call Center error <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Deteriorated facility <input type="checkbox"/> Previous damage <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Other

**Part J – Additional Comments**