

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	<input type="checkbox"/> Interstate Highway
Private:	<input type="checkbox"/> Private Business	<input type="checkbox"/> Private Land Owner		<input type="checkbox"/> Public-Other
	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Power /Transmission Line		<input type="checkbox"/> Private Easement
	<input type="checkbox"/> Federal Land	<input type="checkbox"/> Railroad		<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? Yes No

If yes, how much time? 0 < 1 hr 1 -<2 hrs 2-<3 hrs 3+ hr Exact Value _____ Unknown

Estimated cost of down time? \$0 \$1 -1000 \$1,001 - 5,000 \$5,001 - 25,000
 \$25,001 - 50,000 >\$50,000 Exact Value _____ Unknown

Part H – Interruption and Restoration

***Did the damage cause an interruption in service?** Yes No Unknown

If yes, duration of interruption < 1 hr 1 - <6 hrs 6 - <12 hrs 12 - <24 hrs 24 - <48 hrs
 48+ hrs Exact Value _____ hrs Unknown

Approximately how many customers were affected?
 Unknown 0 1 2 - 10 11 - 50 51+ Exact Value _____

Estimated cost of damage / repair/restoration: \$0 \$1 - 1,000 \$1,001- 5,000 \$5,001 - 25,000
 \$25,001 - 50,000 > \$50,000 Exact Value _____ 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"/> Excavator provided incorrect notification information</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"/> Improper excavation practice not listed above</p> <p>Miscellaneous Root Causes</p> <p><input type="checkbox"/> Deteriorated facility</p> <p><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"/> 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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One Call Center Error Previous damage

Part J – Additional Comments

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