

Damage Information Reporting Tool (DIRT) - Field Form

Part A – Who is Submitting This 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"/> Gas	<input type="checkbox"/> Insurance	<input type="checkbox"/> Locator	<input type="checkbox"/> Oil	<input type="checkbox"/> One Call Center	<input type="checkbox"/> Private Water
<input type="checkbox"/> Public Works	<input type="checkbox"/> Railroad	<input type="checkbox"/> Road Builders	<input type="checkbox"/> State Regulator	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Unknown/Other	
Name of the person providing the information:						

Part B - Date and Location of Event

*Date of Event:		(MM/DD/YYYY)			
*Country	*State	*County	City		
Street address		Nearest Intersection			
*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	<input type="checkbox"/> Other
	<input type="checkbox"/> Private Land Owner	<input type="checkbox"/> Private Business	<input type="checkbox"/> Private Easement	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Railroad
	<input type="checkbox"/> Power / Transmission Line	<input type="checkbox"/> Dedicated Public Utility Easement	<input type="checkbox"/> Federal Land		
	<input type="checkbox"/> Data not collected	<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"/> Natural Gas	<input type="checkbox"/> Liquid Pipeline	<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"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was the facility owner a member of One Call?				
<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Part D – Excavation Information

*Type of Excavator					
<input type="checkbox"/> Contractor	<input type="checkbox"/> Farmer	<input type="checkbox"/> Municipality	<input type="checkbox"/> Occupant	<input type="checkbox"/> Railroad	<input type="checkbox"/> State
<input type="checkbox"/> County	<input type="checkbox"/> Utility	<input type="checkbox"/> Developer	<input type="checkbox"/> Data not collected	<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"/> Drilling		
<input type="checkbox"/> Directional Drill	<input type="checkbox"/> Explosives	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Grader/Scraper		
<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Vacuum Equipment	<input type="checkbox"/> Probing Device	<input type="checkbox"/> Trencher		
<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other				
*Type of Work Performed					
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Blading and Lot Grade	<input type="checkbox"/> Cable Television			
<input type="checkbox"/> Building Construction	<input type="checkbox"/> Curb/Sidewalk	<input type="checkbox"/> Building Demo			
<input type="checkbox"/> Drainage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Electric			
<input type="checkbox"/> Engineering/Surveying	<input type="checkbox"/> Fencing	<input type="checkbox"/> Gas			
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Petroleum Pipeline			
<input type="checkbox"/> Pole Placement	<input type="checkbox"/> Public Transit Authority	<input type="checkbox"/> Railroad Maintenance			
<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"/> Phone	<input type="checkbox"/> Traffic Signal	<input type="checkbox"/> Traffic Sign			
<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Water	<input type="checkbox"/> Waterway Improvements			
<input type="checkbox"/> Transmission Pipeline	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other			

Part E&F – Notification, Locating and Marking

***Did the excavator notify the one call notification center?**

- Yes No

If Yes which One Call center

If Yes, please provide the One Call ticket number

***Type of Locator**

- Utility Owner Contract Locator Data Not Collected Unknown/other

***Were facility marks visible in the area of excavation?**

- Yes No Data Not Collected Unknown/other

***Were facilities marked correctly?**

- Yes No Data Not Collected Unknown/other

Part G – Excavator Downtime

Did Excavator incur down time?

- Yes No

If yes, how much time?

- Unknown Less than 1 hour 1 to 2 hours 2 to 3 hours More than 3 hours Exact Value _____

Estimated cost of down time?

- Unknown \$0 to 5000 \$5000 to 25,000 \$25,000 to 50,000 Over \$50,000 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

If yes, duration of interruption

- Data Not Collected Less than 1 hour 1 to 2 hrs 2 to 4 hrs 4 to 8 hrs 8 to 12 hrs 12 to 24
 1 to 2 days 2 to 3 days more than 3 days Unknown Exact Value _____

Approximately how many customers were affected?

- Zero One 2 to 10 10 to 50 50 or more Unknown Exact Value _____

Estimated cost of repair/restoration

- \$ 0 to 5,000 \$5,000 to 25,000 \$25,000 to 50,000 \$50,000 or more Unknown Exact Value _____

Number of people injured

- Unknown Zero One 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

Number of fatalities

- Unknown Zero One 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**

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Facility was not located or marked | <input type="checkbox"/> Facility marking or location not sufficient |
| <input type="checkbox"/> One call notification center error | <input type="checkbox"/> No notification made to the one call center |
| <input type="checkbox"/> Facility could not be found or located | <input type="checkbox"/> Abandoned facility |
| <input type="checkbox"/> Incorrect facility records/maps | <input type="checkbox"/> Wrong information provided |
| <input type="checkbox"/> Deteriorated facility | <input type="checkbox"/> Notification to one call center. made but not sufficient |
| <input type="checkbox"/> Excavation practices not sufficient | <input type="checkbox"/> Previous damage <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> None of the above, Please Explain | |

Part J – Additional Comments