

Excavation Information

Type of Excavator \_\_\_\_\_

'Type of Excavator' choices are: Contractor, County, Farmer, Municipality, Occupant, Railroad, State, Utility, Developer, Subcontractor (If subcontractor provide General Contractors contact information), Data Not Collected, Unknown/Other, and Home Owner

Type of Excavation Equipment \_\_\_\_\_

'Type of Excavation Equipment' choices are: Auger, Backhoe/Trackhoe, Boring, Drilling, Directional Drilling, Explosives, Grader/Scraper, Hand Tools, Vacuum Equipment, Probing Device, Trencher, Farm Equipment, Milling Equipment, Data Not Collected, and Unknown/Other

Type of Work Performed \_\_\_\_\_

'Type of Work Performed' choices are: Agriculture, Cable TV, Bldg Construction, Curb/Sidewalk, Bldg Demolition, Drainage, Driveway, Electric, Engineering/Survey, Fencing, Natural Gas, Irrigation, Landscaping, Grading, Pole, Public Transit Authority, Railroad Maintenance, Road Work, Sewer (Sanitary/Storm), Site Development, Steam, Storm Drain/Culvert, Street Light, Telecommunications, Traffic Signal, Traffic Sign, Water, Water Improvement, Liquid Pipeline, Milling, Data Not Collected, and Unknown/Other

What was the depth of the planned excavation? \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Did the operator provide the excavator with an incident information card? \_\_\_Yes \_\_\_No \_\_\_Unknown (optional)

Excavator Downtime

Did the excavator incur down time? \_\_\_Yes \_\_\_No \_\_\_Unknown

If yes, how much down time? \_\_\_\_\_ Hours (optional)

Estimate cost of down time \$ \_\_\_\_\_ (optional)

Description of Damage

Was there damage to a facility? \_\_\_Yes \_\_\_No

Did you call the RRC to report the incident and receive a Call In Number? \_\_\_Yes \_\_\_No

RRC Call In Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Did the damage cause an interruption in service? \_\_\_Yes \_\_\_No

If yes, duration of interruption \_\_\_\_\_ hours

If yes, approximately how many customers were affected? \_\_\_\_\_

If yes, what was the estimated cost of repair or restoration? \$ \_\_\_\_\_

Number of people injured \_\_\_\_\_

Number of fatalities \_\_\_\_\_

Underground Pipeline Information

What type of facility was affected? \_\_\_\_\_

'Type of facility affected' choices are: Distribution, Gathering, Service/Drop, Transmission, and Unknown/Other.

What was the depth of the damaged facility? \_\_\_\_\_ feet \_\_\_\_\_ inches

Was the facility part of a joint trench? \_\_\_Yes \_\_\_No \_\_\_Unknown

Are you a member of One Call? \_\_\_Yes \_\_\_No \_\_\_Unknown

What product was transported? \_\_\_\_\_

'Type of product transported' choices are: 'Natural or Other Gases' and 'Hazardous Liquid'