

California Facility Event 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"/> 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

*Date of Event:		(MM/DD/YYYY)	
Country	USA	State	CA
		*County	City
Street address		Nearest Intersection	
*Right of Way where event occurred			
<u>Public:</u>	<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
<u>Private:</u>	<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

*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 (Sanitary 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 Center? <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"/> County	<input type="checkbox"/> Developer	<input type="checkbox"/> Farmer	<input type="checkbox"/> Municipality
<input type="checkbox"/> Railroad	<input type="checkbox"/> State	<input type="checkbox"/> Utility	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Occupant
				<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 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
*Type of Work Performed				
<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

*Was the One-Call Center notified?	
<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 No, provide data in California Specific 4216 Root Cause
If Yes, please provide the ticket number	

Part F - Locating and Marking

*Type of Locator			
<input type="checkbox"/> Utility Owner	<input type="checkbox"/> Contract Locator	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
*Were facility marks visible in the area of excavation?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Unknown/Other
*Were facilities marked correctly?			
<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>One-Call Notification Practices Not Sufficient</p> <input type="checkbox"/> No notification made to the One-Call Center 4216.2 <input type="checkbox"/> Notification to one-call center made, but not sufficient 4216.2 <input type="checkbox"/> Wrong information provided to One-Call Center	<p>Locating Practices Not Sufficient</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>Excavation Practices Not Sufficient</p> <input type="checkbox"/> Failure to maintain marks 4216.3(c) <input type="checkbox"/> Failure to support exposed facilities <input type="checkbox"/> Failure to use hand tools where required 4216.4 <input type="checkbox"/> Failure to test-hole (pot-hole) 4216.4 <input type="checkbox"/> Improper backfilling practices <input type="checkbox"/> Failure to maintain clearance <input type="checkbox"/> Other insufficient excavation practices - please explain in Part J or choose from California Specific 4216 Root Cause	<p>Miscellaneous Root Causes</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 – please explain in Part J or choose from California Specific 4216 Root Cause

Part J – Additional Comments

California Specific 4216 Root Cause

If No Notification to Call Center, was excavation an emergency? Yes No

Excavator Responsibility Section

Did Excavator Delineate? Yes No

Did Excavator Meet with Operator of high priority subsurface installation? Yes No

Did Excavator get agreement to use vacuum excavation device or power operated/driven excavating or boring equipment from facility owner? Yes No

Did Excavator Wait for response from ALL subsurface installation operators? Yes No

Was Excavator working past 28 days without revalidation? Yes No

Did Excavator notify operator of a damaged subsurface installation? Yes No

Did Excavation begin before start date and time? Yes No

Did Excavator dig outside of the delineated area? Yes No

Did delineation match ticket description? Yes No

Operator Responsibility Section

Is Operator a member of the One Call Center? Yes No

Did an Unqualified Person locate subsurface installation? Yes No

Did Operator respond by the ticket start date and time? Yes No

Did Operator perform marking but NOT within tolerance zone? (Miss Mark) Yes No

Did Operator notify the excavator of no conflict? Yes No

Did Operator respond to the re-marking request within 2 working days? Yes No

Did Operator notify of high priority subsurface installation before start date and time? Yes No

Damage Root Cause Section

Was damage result of emergency work being performed? Yes No

Was damage result of hand tools within the tolerance zone? Yes No

Was damage result of hand tools NOT within the tolerance zone? Yes No