



Ameren Damage Information Reporting Tool (ADIRT)

Safety1Source CER Number: [Click here to enter text.](#)

Contractor Providing Information: [Click here to enter text.](#)

Part A — Brief Description of Incident: [Click here to enter text.](#)

Date of Incident: [Click here to enter a date.](#)

Part B — Ameren Discipline:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Building Services | <input type="checkbox"/> Engineering | <input type="checkbox"/> Gas Transmission | <input type="checkbox"/> Joint Use/Inspection | <input type="checkbox"/> Transmission Vegetation |
| <input type="checkbox"/> Distribution Substation | <input type="checkbox"/> Environmental | <input type="checkbox"/> GEN Non-Nuclear | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Underground Division |
| <input type="checkbox"/> Distribution Vegetation | <input type="checkbox"/> Gas Distribution | <input type="checkbox"/> GEN Nuclear | <input type="checkbox"/> Transmission Line | <input type="checkbox"/> Unknown/Other: Click here to enter text. |
| <input type="checkbox"/> Electric Distribution | <input type="checkbox"/> Gas ROW Clearing | <input type="checkbox"/> IT | <input type="checkbox"/> Transmission Substation | |

Part C — Date and Location of Event:

Where Event Occurred:

Date of Event (MM/DD/YYYY): [Click here to enter a date.](#)

- | | |
|---|--|
| <input type="checkbox"/> City Street | <input type="checkbox"/> County Road |
| <input type="checkbox"/> Private Business | <input type="checkbox"/> Federal Land |
| <input type="checkbox"/> Pipeline | <input type="checkbox"/> Interstate Highway |
| <input type="checkbox"/> State Highway | <input type="checkbox"/> Private Easement |
| <input type="checkbox"/> Private Land Owner | <input type="checkbox"/> Public — Other |
| <input type="checkbox"/> Power/Transmission Line | <input type="checkbox"/> Dedicated Public Utility Easement |
| <input type="checkbox"/> Unknown/Other: Click here to enter text. | <input type="checkbox"/> Railroad |

Street Address: [Click here to enter text.](#)

Nearest Intersection: [Click here to enter text.](#) **City:** [Click here to enter text.](#)

County: [Click here to enter text.](#) **State:** [Click here to enter text.](#)

Part D — Affected Facility Information: Was the facility owner a member of One-Call Center? Yes No Unknown

What type of facility was damaged?

- | | | | | | |
|---------------------------------------|------------------------------------|---|----------------------------------|---|---|
| • Electric: | • Natural Gas: | • Sewer: | • Water: | • Telecommunications: | • Miscellaneous: |
| <input type="checkbox"/> Street Light | <input type="checkbox"/> Service | <input type="checkbox"/> Sanitary Main | <input type="checkbox"/> Service | <input type="checkbox"/> Fiber Optics | <input type="checkbox"/> Chemical Pipeline |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Main | <input type="checkbox"/> Sanitary Lateral | <input type="checkbox"/> Main | <input type="checkbox"/> Cable Television | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Service | <input type="checkbox"/> Gathering | <input type="checkbox"/> Storm | <input type="checkbox"/> Private | <input type="checkbox"/> Phone | <input type="checkbox"/> Unknown/Other: Click here to enter text. |
| <input type="checkbox"/> Primary | | | | | |

Was the facility part of a joint trench? Yes No Unknown

Part E — Excavation Information:

Type of Excavation Equipment

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Auger | <input type="checkbox"/> Directional Drilling | <input type="checkbox"/> Grader/Scraper | <input type="checkbox"/> Trencher/Plow |
| <input type="checkbox"/> Backhoe/Track-hoe | <input type="checkbox"/> Vertical Drilling | <input type="checkbox"/> Hand Tools | <input type="checkbox"/> Vacuum Equipment |
| <input type="checkbox"/> Breaker | <input type="checkbox"/> Explosives | <input type="checkbox"/> Jackhammer/Air Spade | <input type="checkbox"/> Unknown/Other: Click here to enter text. |

Type of Work Performed

- | | | | | |
|---|----------------------------------|--|--|--|
| <input type="checkbox"/> Driveway/Roadway | <input type="checkbox"/> Fencing | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Site Development | <input type="checkbox"/> Street Light |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Pole | <input type="checkbox"/> Spill Remediation | <input type="checkbox"/> Telecommunication |
| <input type="checkbox"/> Engineering/Survey | <input type="checkbox"/> Grading | <input type="checkbox"/> Sewer (San/Storm) | <input type="checkbox"/> Storm Drain/Culvert | <input type="checkbox"/> Unknown/Other: |

Ground Condition (Select all that apply)

- | | | | | |
|--|---|--|------------------------------------|---|
| <input type="checkbox"/> Flowable Fill | <input type="checkbox"/> Hard Surface | <input type="checkbox"/> Rock Backfill | <input type="checkbox"/> Roots | <input type="checkbox"/> Unknown/Other: Click here to enter text. |
| <input type="checkbox"/> Hard Soil | <input type="checkbox"/> Pliable/Normal | <input type="checkbox"/> Rock | <input type="checkbox"/> Saturated | |

Part F — Notification:

Was the One-Call Center Notified? Yes (If yes, Part F is required) No [Click here to enter text.](#) Not required [Click here to enter text.](#)

Which One-Call Center? JULIE MO One Call Other

What is the original/renewed ticket number? [Click here to enter text.](#)

Dig Up ticket number (if applicable): [Click here to enter text.](#)

Part G — Locating and Marking:

Type of Locator: Public Utility Owner Contract Locator Private Utility Owner N/A Unknown/Other: [Click here to enter text.](#)

Were facility marks visible in the area of excavation? Yes No Facility Not Located

Were facilities marked accurately? Yes No

How far off were locate marks? [Click here to enter text.](#) feet [Click here to enter text.](#) inches

Depth of facility? [Click here to enter text.](#) feet [Click here to enter text.](#) inches

Part H — Excavator Downtime:

Did Excavator incur downtime? Yes No

If yes, how much time (estimate)? [Click here to enter text.](#) Man Hours [Click here to enter text.](#) Equipment Hours

Part I — Description of Damage:

Was there damage to a facility? Yes No

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

Part J — Description of the Root Cause:

One-Call Notification Practices Not Sufficient

- No notification made to the One-Call Center
- Notification to One-Call Center made, but not sufficient
- Wrong Information provided to One-Call Center

Locating Practices Not Sufficient

- Facility could not be found or located
- Facility marking or location not sufficient
- Facility was not located or marked
- Incorrect facility records/maps

Excavation Practices Not Sufficient

- Failure to maintain marks
- Failure to support exposed facilities
- Failure to use hand tools where required
- Failure to test-hole (pot-hole)
- Improper backfilling practices
- Failure to maintain clearance
- Other insufficient excavation practices: [Click here to enter text.](#)

Miscellaneous

- One-Call Center error
- Deteriorated facility
- Previous damage
- Subsurface Obstruction (Rocks, Roots, etc.)
- Other: [Click here to enter text.](#)