



Tarleton State University Underground Project Proposal

*Denotes Required Sections
For Emergency Dig

SECTION I – GENERAL INFORMATION

Part A – Who is Submitting This Information

***Who is providing this information:**

Name of the person providing the information: _____

Name of Organization: _____ Account # _____

Primary Contact Phone Number: _____ - _____ - _____

Secondary Contact Phone Number: _____ - _____ - _____

Description of Project Activities _____

Has a drawing been provided denoting the anticipated area of excavation and/or the limits of excavation been marked with white paint? Yes No Comments: _____

Part B - Date and Location of Dig

*** Is This Dig an Emergency?**

- Yes. If Yes, contact Director of Facilities Maintenance for Emergency Procedures. Emergency Procedures indicate the need to expedite **Parts A - E** – **1 hour maximum turn-around time!**
- No. If no, continue with Project Proposal.

***Date of Dig:** _____(MM/DD/YYYY)

Location/Street address _____ **Nearest Intersection** _____

*** Where dig will occur** _____

What is the estimated depth of excavation? _____

Is this an "Exempt Activity"? If so, approval provided by Director of Facilities Maintenance, If not continue to SECTION II.

Authorized By: _____
Director of Facilities Maintenance

Is this an "Exempt Activity"? If so, approval provided by Director of Facilities Maintenance, If not continue to SECTION II.

Authorized By: _____
Director of Facilities Maintenance

Project Name: _____

SECTION II – MARKING AND EXCAVATION

Part C – Routing Data

***Signatures and Completion Dates: Initials and Date of Completion**

1. Facilities Maintenance

Has marked the following site utilities:

Domestic Water

Irrigation

Natural Gas/LP

Electrical/Primary

Lighting

Data/Phone/Fiber/Network

Steam

Sanitary Sewer/septic

Storm Drains

Central Loop Lines

Has NOT marked the following utilities:

Domestic Water.

Reason: _____

Irrigation

Reason: _____

Natural Gas/LP

Reason: _____

Electrical/Primary

Reason: _____

Lighting

Reason: _____

Data/Phone/Fiber/Network.

Reason: _____

Steam

Reason: _____

Sanitary Sewer/septic

Reason: _____

Storm Drains

Reason: _____

Central Loop Lines

Reason: _____

Locate Completion:

Init:

Date:

***Did Submitter notify the One Call notification center @ 1-800-545-6005? (Texas Law requires contacting the One Call Notification Center if digging more than 16" (inches).**

Yes

No

If No, explain why:

Not Deeper than 16 inches.

If Yes, please provide the One Call ticket number:

Date:

Time:

***Will One Call mark Utilities?**

Yes

No

If No, provide reason:-

***If Yes, Were facilities marked correctly?**

Yes

No

Unknown/other

Date completed:

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

Yes

No

Part D – Purpose of Dig/excavation

***Type(s) of Excavation Equipment**

Auger

Backhoe/Track hoe

Boring

Drilling

Directional Drill

Explosives

Farm Equipment

Grader/Scraper

Hand Tools

Vacuum Equipment

Probing Device

Trencher

Data Not Collected

Unknown/Other

Project Name: _____

Part E – Project Initiation Signatures

***All Signatures required prior to dig –**

Facilities Maintenance: _____ Date: _____

TSU Risk Management: _____ Date: _____

***Project may commence after last signature has been received.**

Upon signature RMS returns to Facilities Maintenance.

Completed form to be electronically emailed to:

Energy and Utilities Operation, Telecommunications, Planning, Design & Construction

Part F – Excavator Downtime: Fill out this portion if necessary.

Contact the following if damage occurs to any utilities or Tarleton Property:

- **If Emergency call 911**
- **If non-emergency contact University Control Center**
- **Contact RMS In All Cases**

Part G – 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"/> None of the above. Explain: _____ | <input type="checkbox"/> Data Not Collected |

Part H – Completion Data

***Utility Drawings were accurate:**

Yes No. If No: Please submit original drawing with updated sketches to Director of Planning Design, and Construction.

****Project Completion Signatures:**

Project Submitter: _____ Date: _____

TSU Risk Management: _____ Date: _____

Director of Facilities Maintenance/Rep: _____ Date: _____

****Project Complete when all signatures are received.**

CC: Project Submitter, Director of Risk Management, Director of Facilities Maintenance, Director of Planning, Design, and Construction, & Director of Energy and Utility Operations.