		Form R	-B: SLOPE	DISASTER	RECORD	
Road Name				Road Link		
Chainage	Start End	+ +	km km	Type of Slope	Cut / Embankment	/ Natural
Side of Road		Hill / Va Right/ Le		Effect on Traffic Flow	High/ Low/ I	No
Slope ID				Inspected Date		
Division Road Office: District Name: Location:				Inspected by		
				Checked by		
Date and Time	of	Date :		/		
Occurrence		Time : am / pm				
Type of Failure		1. Landslide 2. Collapse 3. Rock Fall 4. Rock Mass Failure				
(may be more than one)		4. Debris Flow 5. Embankment Failure 6. Others (specify)				
Dimension of		Length m in longitudinal direction of road				
Slope Failure		Height m (both approximate figures)				
Volume of Fallen		m ³ (Approximately)				
Debris/ Rocks						
Damage and loss		Road/ Road Structures/ Vehicles / Other Assets : Death or Injury :				
Emergency Operation		Scope of Operation :				
		Traffic Blockage Duration (Yes or No)/// (hours / days / months)				
Rainfall (before the failure)		24 hours Rainfall of the Day mm (Date : / / Maximum hourly Rainfall : mm (Date : / / Total for proceeding 3 days : mm (Date : from				
Data Source						
Remarks						
(Related causes	, Proposed					
conceptual cou	Intermeasure					
and others)		î		· · · · ·	<u> </u>	
Rough Sketch of Failure						

Slope ID: Road Link No./ Chainge at Mid of Slope/ Side of Road