

Railroad Commission of Texas
 Pipeline Safety Division
 HB 2982 – Implementation Survey

Operator Name as shown on P-5 _____ _____ P-5 No. _____ T-4 Permit No. _____	System Name or Other Identifier
Fluid being transported	
Total miles of pipe in system	
miles of steel	
Outside Diameter (OD)	
Wall thickness	
Pipe grade	
MAOP/MOP <input type="checkbox"/> <100 psig <input type="checkbox"/> 100-250 psig <input type="checkbox"/> 250-500 psig <input type="checkbox"/> >500 psig	
Operating pressure as a percent of specified minimum yield strength (SMYS):	
<input type="checkbox"/> <30% SMYS <input type="checkbox"/> 30-50% SMYS <input type="checkbox"/> 50-72% SMYS <input type="checkbox"/> >72% SMYS	
miles of polyethylene	
Outside Diameter (OD)	
Wall thickness	
Pipe grade	
MAOP/MOP <input type="checkbox"/> <100 psig <input type="checkbox"/> 100-250 psig <input type="checkbox"/> 250-500 psig <input type="checkbox"/> >500 psig	
Operating pressure as a percent of specified minimum yield strength (SMYS):	
<input type="checkbox"/> <30% SMYS <input type="checkbox"/> 30-50% SMYS <input type="checkbox"/> 50-72% SMYS <input type="checkbox"/> >72% SMYS	
miles of other (specify)	
Outside Diameter (OD)	
Wall thickness	
Pipe grade	
MAOP/MOP <input type="checkbox"/> <100 psig <input type="checkbox"/> 100-250 psig <input type="checkbox"/> 250-500 psig <input type="checkbox"/> >500 psig	
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How do you determine whether this system is subject to regulation under 49 CFR Part 192 (gas) or 49 CFR Part 195 (hazardous liquids)?	
Class location surveys?	
If yes, frequency	
Proximity to USAs?	
If yes, frequency	
Other actions?	
If yes, specify type of action	
If yes, frequency	
Do you conduct leak surveys on this system? (Y/N)	
If yes, frequency	
If yes with equipment, specify equipment type	
Do you have cathodic protection on this system? (Y/N)	
If yes, number of miles	
Do you patrol or conduct other surveillance of this system? (Y/N)	
If yes, frequency	
Do you have external corrosion control and/or monitoring on this system? (Y/N)	
If yes, frequency of inspection	
Do you have internal corrosion control and/or monitoring on this system? (Y/N)	
If yes, frequency of inspection	
Do you have atmospheric corrosion control and/or monitoring on this system? (Y/N)	
If yes, frequency of inspection	
Has this system been subjected to pressure testing? (Y/N)	
Post-construction pressure testing? (Y/N)	
For integrity assessment? (Y/N)	
If yes, frequency	
Do you have an integrity assessment methodology other than pressure testing? (Y/N)	
If yes, specify type	
If yes, frequency	

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Do you have pressure limiting and regulating equipment on this system? (Y/N)	
If yes, frequency of inspection	
Do you conduct valve maintenance on this system? (Y/N)	
If yes, frequency of maintenance	
Do you have line markers on this system? (Y/N)	
For gas systems, is the gas odorized? (Y/N)	
If yes, indicate type of odorization	
If yes, indicate number of miles	
Do you have a Damage Prevention Program for this system? (Y/N)	
Are you a member of a notification center? (Y/N)	
Do you have a Chapter 18 program? (Y/N)	
Do you have and maintain emergency plans/procedures for this system? (Y/N)	
Do you conduct community liaison and/or first responder liaison activities for this system? (Y/N)	
If yes, specify type of activity	
If yes, frequency of event	
Do you have a public awareness program for this system? (Y/N)	
If yes, specify type of activity	
Please state the number of the following structures or areas that are within one-eighth of a mile (660 feet) of this system:	
Dwellings:	
Single-family house or duplex	
Apartment building (# of units)	
Mobile home park	
Other (specify)	
Public or Private Schools:	
Elementary	
Middle school	
High School	
Institution of higher education	
Other (specify)	
Care facilities:	
Day care center (infant, child or adult)	
Hospital	

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Nursing home	
Other (specify)	
Recreational areas:	
Playground, park, campground, golf course, tennis court	
Stadium, arena, or race track	
Other (specify)	
Retail and commercial areas:	
Stand-alone store or strip mall shopping area	
Mall shopping center	
Office building	
Office complex	
Industrial complex	
If yes, specify type	
Other (specify)	
Religious facilities:	
House of worship	
Religious compound or complex	
Other (specify)	
Prison	
Airport	
Agriculture-related structures	
Livestock barns	
Stables	
Chicken or poultry houses	
Feed lots	
Stockyards	
Other structures not listed above; please list by type.	
Does this pipeline occupy public road or highway right-of-way (parallel to road)? (Y/N)	
If yes, indicate type of road.	
If yes, how many miles?	
Does this pipeline cross a public road or highway? (Y/N)	
If yes, indicate type of road.	
If yes, how many crossings?	
Does this pipeline cross any type of body of water? (Y/N)	

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If yes, indicate type(s).	
For the following questions, the term "incident or accident" means a pipeline failure resulting in a loss of product.	
Number of incidents or accidents in the last five years; please list by year.	
2009	
2010	
2011	
2012	
2013	
Number of fatalities, if any, in incidents or accidents in the last five years; please list by year.	
2009	
2010	
2011	
2012	
2013	
Number of injuries requiring overnight hospitalization, if any, in incidents or accidents in the last five years; please list by year.	
2009	
2010	
2011	
2012	
2013	
Estimated cost of incidents or accidents, EXCLUDING cost of lost product; please list by year.	
2009	
2010	
2011	
2012	
2013	
For the following questions, the term "excavation damage" means damage to a pipeline due to movement of earth in the vicinity of the pipeline, with or without loss of product.	
Number of excavation damage events in the last five years; please list by year.	
2009	

