

APPENDIX B

FORMS

LP GAS UNDERGROUND TANK AND GAS LINE INSPECTION

COMPANY: _____

This form is to be completed each time an LP gas line is uncovered for inspection or any other reason, such as making service connections, main extensions, replacements, etc.

DATE: _____

01. Location: _____

02. Name of Inspector: _____

03. Designation: Tank _____ Main _____ Service _____

04. Age of Pipe/Tank: _____ Years Line/Tank Size: inches/gals. _____

05. Maximum Operating Pressure: _____

06. Pipe Specification: Steel _____ Plastic _____ Copper _____

07. Cathodic Protection Tank/Line: Yes _____ No _____

08. Coating: Yes _____ No _____

09. External Condition: Smooth _____ Pitted _____ Depth of Pits _____

10. Internal Condition: Smooth _____ Pitted _____ Depth of Pits _____

Name any existing conditions that could cause harm to the LP gas system.

Corrective Measures Taken if Needed:

Anodes Installed: How many? _____ Size _____ Location _____

Soil conditions surrounding tank/pipe: _____

LP GAS SYSTEM LEAK SURVEY REPORT

COMPANY: _____

Receipt of Report: _____

Date: _____ Time: _____

Location of Leak: _____
(address, intersection, etc.)

Reported by: _____

(Name) (Address)

Description of Leak: _____
(inside/outside)

Leak Detected by: _____

Leak Reported by: _____

Report Received by: _____

Dispatched
Date: _____ Time: _____

Investigation Assigned to: _____
(Name)

Assigned as Immediate Action Required? Yes _____ No _____

Investigation
Date: _____ Time: _____

Investigation by: _____ Leak Found? Yes _____ No _____

CGI Used? Yes _____ No _____ Leak Grade: 1 2 3

Location of Leak: _____

Cause of Leak: _____

Condition Made Safe: Date: _____ Time: _____

Repair
See form 3

LP GAS SYSTEM REPAIR REPORT

COMPANY: _____

Grade of Leak

ADDRESS: _____

Grade I _____
 Grade II _____
 Grade III _____

SKETCH SHOWING LEAK/S LOCATED

METER SET

	Meter No. _____ (if inspected)
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LEAK DATA

Detected By	Collecting	Probable Source	C.G.I. Test
CGI Meter/ Bar Hole	In Building	Mainline	Gas Percent (%)
Odor	Near Building	Service Line	L.E.L.
Flame Pack	In Manhole	Tank/s	
Visual/Vegetation	In Soil	Valve	
Other	In Air	Meter Set	
	Other	Service Tap	

Pressure at leak	Surface	Leak Course
Tank pressure	Lawn	Corrosion
1 st stage piping pressure	Soil	Outside Force
2 nd stage piping pressure	Paved	Construction Defect
	Other	Material Failure
		Other

Component	Explanation	Part of System	Material Type	Size	Year Installed
Pipe		Main	Steel		
Valve		Service	Plastic		
Fitting		Meter Set	Copper		
Regulator		Customer Piping	Other		
Other		Tank/s			
		Other			

Pipe/Tank/s Condition: Good: _____ Fair: _____ Poor: _____

Coating Condition: Good: _____ Fair: _____ Poor: _____

Date Repaired: _____ Date Rechecked: _____

Remarks: _____

Signed: _____

PATROLLING OF LP GAS SYSTEM

An LP gas system must be patrolled where anticipated physical damage might occur on the system resulting in failure or leakage to that portion of the system. Extreme weather conditions might cause conditions on systems that would require patrolling.

Frequency: When patrolling is required then the frequency of the patrol is as often as necessary, but no less than :

Business district; 4 times each calendar year, not exceeding intervals of 4½ months.

Outside business district; 2 times each calendar year, not exceeding intervals of 7½ months.

COMPANY: _____

Period Covered: Began: _____

Ended: _____

Areas Covered: _____

Map References: _____

Leakage Indications Discovered (describe locations and indications, such as a condition of vegetation):

Describe any unusual conditions and their locations in the system: _____

Other Factors noted which could affect present or future safety or operations of the gas system:

Follow-up (repairs, maintenance or test resulting from this inspection): _____

Comments: _____

Signature of person in charge of patrol: _____

Date: _____

REGULATOR INSPECTION REPORT

COMPANY: _____

Location: _____

Regulator # 1

Make: _____ Model: _____

Size: _____ Orifice Size: _____

Pressure at inlet: _____ Pressure at outlet: _____

M.A.O.P. of System to which it is connected: _____

Regulator # 2

Make: _____ Model: _____

Size: _____ Orifice Size: _____

Pressure at inlet: _____ Pressure at outlet: _____

M.A.O.P. of System to which it is connected: _____

Regulator # 3

Make: _____ Model: _____

Size: _____ Orifice Size: _____

Pressure at inlet: _____ Pressure at outlet: _____

M.A.O.P. of System to which it is connected: _____

Does regulator have an internal relief valve? Yes _____ No _____

Was regulator checked for lock up? Yes _____ No _____

Is regulator protected against damage from outside forces? Yes _____ No _____

Was vent and screen checked for blockage? Yes _____ No _____

Signature: _____

Date: _____

EXTERNAL RELIEF VALVE INSPECTION REPORT

COMPANY: _____

Location: _____

Relief Valve Information

Make: _____ Type: _____

Size: _____ Orifice Size: _____

Type of Loading:

Spring: _____ Pilot: _____ Other: _____

Range: _____

Pressure Setting: _____

Connecting Pipe Size: _____

Vent Stack Size: _____

Capacity:

General Condition of:

Relief Valve: _____

Support Piping: _____

Weather Protection: _____

General Area: _____

Repairs Required: _____

Repairs Made: _____

Remarks: _____

Inspector: _____

Signature: _____ Date: _____

KEY VALVE INSPECTION REPORT

Frequency: - annually

System: Name: _____

 Location: _____

Number of Valves: _____

Location /Type / Use

Results / Actions

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Comments: _____

Signed: _____

Dated: _____

PLOT PLAN

Prepared By: _____ Date Prepared: _____

System: Name: _____

Location: _____

(System map showing tanks, mains and service lines with tank and pipe sizes and distances, key valve locations, cathodic protection system, regulators and pressures and other utility lines.)

SNIFF TEST REPORT

Frequency: At a minimum, each time LP gas is delivered to an operator's plant or when LP gas by-passes the plant. Note: In large systems it may be necessary to use instrumentation to verify the odorant at certain locations of the system.

System: Name _____

Location: _____

Test Point: _____

Date: _____ Time: _____ Test Person: _____

Odor Level: Nil: _____ Barely Detectable: _____ Readily Detectable: _____ Strong: _____

Test Point: _____

Date: _____ Time: _____ Test Person: _____

Odor Level: Nil: _____ Barely Detectable: _____ Readily Detectable: _____ Strong: _____

Test Point:

Date: _____ Time: _____ Test Person: _____

Odor Level: Nil: _____ Barely Detectable: _____ Readily Detectable: _____ Strong: _____

Remarks: _____

Signed: _____

TELEPHONIC REPORT OF CUSTOMER LEAK

COMPANY: _____

Customer Leak Information

Time Call Received: _____ a.m./p.m. Date: _____

Name of Caller: _____ Caller's Phone Number: _____

Name of Customer if not Caller: _____

Address of Leak: _____

Nature of Complaint: Odor () Blowing Gas () Dead Vegetation ()
Other (describe): _____

Is the gas odor or sound inside the residence? Yes _____ No _____
If so, where is it located? (at the water heater, at the heating system, at the stove, in the hall, in the kitchen, etc.): _____

Is the gas odor or sound outside the residence? Yes _____ No _____
If so, where is it located? (at the meter, near the street, at the house, at the tank/s, at the pool, at the gas grill, etc.): _____

How long have you been smelling or hearing the gas? _____
Will someone be home for us to check the leak? Yes _____ No _____

Leak Response Information

Time Dispatched Investigator: _____ am/p.m. Date: _____

Name of Investigator: _____

Time of Investigator's Arrival at Scene of Leak: _____ a.m./p.m.

Action Taken: _____

Time of Investigator Completion at Scene of Leak: _____ a.m./p.m.

Additional Follow-up (if needed): Yes _____ No _____

If so, what type of follow-up: _____

Additional Remarks: _____

Signature of Investigator: _____

Signature of Supervisor: _____

ATMOSPHERIC CORROSION CONTROL INSPECTION

Frequency: A minimum of every three years although it is recommended to inspect the system for atmospheric corrosion annually during other annual inspection requirements.

System: Name _____

Location: _____

Type of Structure: Tank / size and age: _____ Main / size and age: _____

Service / size and age: _____ Operating Pressure: _____

Condition of paint and surface of:

Tanks: _____

Piping: _____

Meters: _____

Fittings: _____

Vaporizers: _____

Other: _____

Corrective Measures to be taken: _____

Signed: _____

Dated: _____

Cathodic Protection Survey

Frequency: Annually

System Name: _____

Location: _____

Surveyed By: _____ Date Surveyed: _____

Starting Location of Survey: _____

Ending Location of Survey: _____

Underground Tank/s : Yes _____ No _____

Readings Around Tank(s) Remote From Anodes:

Reading #1 _____

Reading #2 _____

Reading #3 _____

Reading #4 _____

Take copper sulfate half-cell readings at approximately 20 foot intervals along the mains and service lines.

FT	RDG	FT	RDG	FT	RDG	FT	RDG

Signed: _____ Date: _____

PIPELINE TEST REPORT

OPERATING COMPANY: _____

Testing Company: _____

This form must be completed for each section of newly installed section of pipe or service line and on each service line that is disconnected from the main for any reason.

Test Data

Type of Pipe: _____

Size of Pipe: _____ inches Length of Line: _____

Location of Line: _____

Tested with: Nitrogen () Air () Propane Vapor () Water ()
Other (describe): _____

Time Started: _____ a.m./p.m. Time Ended: _____ a.m./p.m.

Test Pressure Start: _____ psig

Test Pressure Stop: _____ psig

Line Loss noted? : Yes _____ No _____

Reason for Line Loss: _____

Corrective Measures Taken: _____

Remarks: _____

Company Representative: _____

Signature: _____ Date: _____