



U.S. Department of Transportation
Pipeline and Hazardous Materials Safety
Administration

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date _____

No. _____
(DOT Use Only)

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A – GENERAL REPORT INFORMATION

Check one: Original Report Supplemental Report Final Report

Operator Name and Address

- a. Operator's 5-digit Identification Number (when known) / / / / /
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) / / / / /
- c. Name of Operator _____
- d. Operator street address _____
- e. Operator address _____
City, County or Parrish, State and Zip Code

2. Time and date of the incident
/ / / / / / / / / / /
hr. month day year
3. Location of incident
- a. _____
Nearest street or road
- b. _____
City and County or Parrish
- c. _____
State and Zip Code
- d. Mile Post/Valve Station _____
- e. Survey Station No. _____
- f. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)
- g. Class location description
Onshore: Class 1 Class 2 Class 3 Class 4
Offshore: Class 1 *(complete rest of this item)*
Area _____ Block # _____
State / / / / or Outer Continental Shelf
- h. Incident on Federal Land other than Outer Continental Shelf
 Yes No
- i. Is pipeline Interstate Yes No
4. Type of leak or rupture
- Leak: Pinhole Connection Failure *(complete sec. F5)*
- Puncture, diameter (inches) _____
- Rupture: Circumferential – Separation
- Longitudinal
– Tear/Crack, length (inches) _____
– Propagation Length, total, both sides (feet) _____
- N/A
 Other: _____
5. Consequences *(check and complete all that apply)*
- a. Fatality Total number of people: / / / / /
Employees: / / / / / General Public: / / / / /
Non-employee Contractors: / / / / /
- b. Injury requiring inpatient hospitalization Total number of people: / / / / /
Employees: / / / / / General Public: / / / / /
Non-employee Contractors: / / / / /
- c. Property damage/loss (estimated) Total \$ _____
Gas loss \$ _____ Operator damage \$ _____
Public/private property damage \$ _____
- d. Release Occurred in a 'High Consequence Area'
- e. Gas ignited – No explosion f. Explosion
- g. Evacuation *(general public only)* / / / / / / / / people
Reason for Evacuation:
 Emergency worker or public official ordered, precautionary
 Threat to the public Company policy
6. Elapsed time until area was made safe:
/ / / / / hr. / / / / / min.
7. Telephone Report
/ / / / / / / / / / / / / / / / /
NRC Report Number month day year
8. a. Estimated pressure at point and time of incident:
_____ PSIG
- b. Max. allowable operating pressure (MAOP): _____ PSIG
- c. MAOP established by 49 CFR section:
 192.619 (a)(1) 192.619 (a)(2) 192.619 (a)(3)
 192.619 (a)(4) 192.619 (c)
- d. Did an overpressurization occur relating to the incident? Yes No

PART B – PREPARER AND AUTHORIZED SIGNATURE

_____ (type or print) Preparer's Name and Title	_____ Area Code and Telephone Number
_____ Preparer's E-mail Address	_____ Area Code and Facsimile Number
_____ Authorized Signature	_____ Date
(type or print) Name and Title	_____ Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT

- 1. Incident occurred on
 - Transmission System
 - Gathering System
 - Transmission Line of Distribution System
- 2. Failure occurred on
 - Body of pipe Pipe Seam
 - Joint
 - Component
 - Other: _____
- 3. Material involved (*pipe, fitting, or other component*)
 - Steel
 - Plastic (If plastic, complete all items that apply in a-c)
Plastic failure was: a. ductile b. brittle c. joint failure
 - Material other than plastic or steel: _____
- 4. Part of system involved in incident
 - Pipeline Regulator/Metering System
 - Compressor Station Other: _____
- 5. Year the pipe or component which failed was installed: / / / / /

PART D – MATERIAL SPECIFICATION (if applicable)

- 1. Nominal pipe size (*NPS*) / / / / in.
- 2. Wall thickness / / / / in.
- 3. Specification _____ SMYS / / / / /
- 4. Seam type _____
- 5. Valve type _____
- 6. Pipe or valve manufactured by _____ in year / / / / /

PART E – ENVIRONMENT

- 1. Area of incident
 - In open ditch
 - Under pavement Above ground
 - Under ground Under water
 - Inside/under building Other: _____
- 2. Depth of cover: _____ inches

PART F – APPARENT CAUSE

Important: There are 25 numbered causes in this section. Check the box to the left of the **primary** cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

F1 – CORROSION

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a – e.

- 1. External Corrosion
 - a. Pipe Coating
 - Bare
 - Coated
 - b. Visual Examination
 - Localized Pitting
 - General Corrosion
 - Other: _____
 - c. Cause of Corrosion
 - Galvanic Stray Current
 - Improper Cathodic Protection
 - Microbiological
 - Stress Corrosion Cracking
 - Other: _____
- 2. Internal Corrosion
 - d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
 - No Yes, Year Protection Started: / / / / /
 - e. Was pipe previously damaged in the area of corrosion?
 - No Yes, How long prior to incident: / / / years / / months

F2 – NATURAL FORCES

- 3. Earth Movement ⇒ Earthquake Subsidence Landslide Other: _____
- 4. Lightning
- 5. Heavy Rains/Floods ⇒ Washouts Flotation Mudslide Scouring Other: _____
- 6. Temperature ⇒ Thermal stress Frost heave Frozen components Other: _____
- 7. High Winds

F3 - EXCAVATION

- 8. Operator Excavation Damage (*including their contractors*) / Not Third Party
- 9. Third Party Excavation Damage (*complete a-d*)
 - a. Excavator group
 - General Public Government Excavator other than Operator/subcontractor
 - b. Type: Road Work Pipeline Water Electric Sewer Phone/Cable Landowner Railroad
 Other: _____
 - c. Did operator get prior notification of excavation activity?
 - No Yes: Date received: / / mo. / / day / / yr.
Notification received from: One Call System Excavator Contractor Landowner
 - d. Was pipeline marked?
 - No Yes (*If Yes, check applicable items i – iv*)
 - i. Temporary markings: Flags Stakes Paint
 - ii. Permanent markings: Yes No
 - iii. Marks were (*check one*) Accurate Not Accurate
 - iv. Were marks made within required time? Yes No

F4 – OTHER OUTSIDE FORCE DAMAGE

- 10. Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: Man made Natural
- 11. Car, truck or other vehicle not relating to excavation activity damaging pipe
- 12. Rupture of Previously Damaged Pipe
- 13. Vandalism

F5 – MATERIAL AND WELDS

Material

- 14. Body of Pipe ⇒ Dent Gouge Wrinkle Bend Arc Burn Other: _____
- 15. Component ⇒ Valve Fitting Vessel Extruded Outlet Other: _____
- 16. Joint ⇒ Gasket O-Ring Threads Other: _____

Weld

- 17. Butt ⇒ Pipe Fabrication Other: _____
- 18. Fillet ⇒ Branch Hot Tap Fitting Repair Sleeve Other: _____
- 19. Pipe Seam ⇒ LF ERW DSAW Seamless Flash Weld Other: _____
- HF ERW SAW Spiral Other: _____

Complete a-g if you indicate **any** cause in part F5.



- a. Type of failure:
 - Construction Defect ⇒ Poor Workmanship Procedure not followed Poor Construction Procedures
 - Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? Yes No
- c. Was part which leaked pressure tested before incident occurred? Yes, complete d-g No
- d. Date of test: / / mo. / / / day / / / yr.
- e. Test medium: Water Natural Gas Inert Gas Other: _____
- f. Time held at test pressure: / / / hr.
- g. Estimated test pressure at point of incident: _____ PSIG

F6 – EQUIPMENT AND OPERATIONS

- 20. Malfunction of Control/Relief Equipment ⇒ Valve Instrumentation Pressure Regulator Other: _____
- 21. Threads Stripped, Broken Pipe Coupling ⇒ Nipples Valve Threads Mechanical Couplings Other: _____
- 22. Ruptured or Leaking Seal/Pump Packing

- 23. Incorrect Operation
 - a. Type: Inadequate Procedures Inadequate Safety Practices Failure to Follow Procedures Other: _____
 - b. Number of employees involved who failed post-incident drug test: / / / / Alcohol test: / / / /
 - c. Were most senior employee(s) involved qualified? Yes No d. Hours on duty: / / /

F7 – OTHER

- 24. Miscellaneous, describe: _____
- 25. Unknown
 - Investigation Complete Still Under Investigation (submit a supplemental report when investigation is complete)

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT (Attach additional sheets as necessary)

Blank area for narrative description of factors contributing to the event.