



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

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE 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: Original Report Supplemental Report Final Report

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

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident
/ / hr. / / month / / day / / year

3. Location of accident
(If offshore, do not complete a through d. See Part C.1)
 - a. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)
 - b. _____
City, and County or Parish
 - c. _____
State and Zip Code
 - d. Mile post/valve station or survey station no.
(whichever gives more accurate location)

4. Telephone report
/ / / / / NRC Report Number / / month / / day / / year

5. Losses (Estimated)

Public/Community Losses reimbursed by operator:

Public/private property damage \$ _____
 Cost of emergency response phase \$ _____
 Cost of environmental remediation \$ _____
 Other Costs \$ _____
 (describe) _____

Operator Losses:

Value of product lost \$ _____
 Value of operator property damage \$ _____
 Other Costs \$ _____
 (describe) _____

Total Costs \$ _____

6. Commodity Spilled Yes No
(If Yes, complete Parts a through c where applicable)
 - a. Name of commodity spilled _____
 - b. Classification of commodity spilled:
 - HVLs /other flammable or toxic fluid which is a gas at ambient conditions
 - CO₂ or other non-flammable, non-toxic fluid which is a gas at ambient conditions
 - Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
 - Crude oil

c. Estimated amount of commodity involved :

- Barrels
- Gallons (check only if spill is less than one barrel)

Amounts:

Spilled : _____

Recovered: _____

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :

(For large spills [5 barrels or greater] see Part H)

- Corrosion
- Natural Forces
- Excavation Damage
- Other Outside Force Damage
- Material and/or Weld Failures
- Equipment
- Incorrect Operation
- Other

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 (type or print) Name and Title Date

Area Code and Telephone Number

PART C – ORIGIN OF THE ACCIDENT (Check all that apply)

- 1. Additional location information
 - a. Line segment name or ID _____
 - b. Accident on Federal land other than Outer Continental Shelf Yes No
 - c. Is pipeline interstate? Yes No

Offshore: Yes No (complete d if offshore)
 d. Area _____ Block # _____
 State ____/____/____ or Outer Continental Shelf

- 2. Location of system involved (check all that apply)
 - Operator's Property
 - Pipeline Right of Way
 - High Consequence Area (HCA)? Describe HCA _____

- 3. Part of system involved in accident
 - Above Ground Storage Tank
 - Cavern or other below ground storage facility
 - Pump/meter station; terminal/tank farm piping and equipment, including sumps
 - Other Specify: _____
 - Onshore **pipeline**, including valve sites
 - Offshore **pipeline**, including platforms

If failure occurred on **Pipeline**, complete items a - g:

- 4. Failure occurred on
 - Body of Pipe Pipe Seam Scraper Trap
 - Pump Sump Joint
 - Component Valve Metering Facility
 - Repair Sleeve Welded Fitting Bolted Fitting
 - Girth Weld

Other (specify) _____

Year the component that failed was installed: ____/____/____/____/____/____

- 5. Maximum operating pressure (MOP)
 - a. Estimated pressure at point and time of accident: _____ PSIG
 - b. MOP at time of accident: _____ PSIG
 - c. Did an overpressurization occur relating to the accident? Yes No

- a. Type of leak or rupture
 - Leak: Pinhole Connection Failure (complete sec. H5)
 - Puncture, diameter (inches) _____
 - Rupture: Circumferential – Separation
 - Longitudinal – Tear/Crack, length (inches) _____
 - Propagation Length, total, both sides (feet) _____
 - N/A
 - Other _____

- b. Type of block valve used for isolation of immediate section:
 - Upstream: Manual Automatic Remote Control
 - Check Valve
 - Downstream: Manual Automatic Remote Control
 - Check Valve

- c. Length of segment isolated _____ ft
- d. Distance between valves _____ ft
- e. Is segment configured for internal inspection tools? Yes No
- f. Had there been an in-line inspection device run at the point of failure? Yes No Don't Know
 - Not Possible due to physical constraints in the system
- g. If Yes, type of device run (check all that apply)

- High Resolution Magnetic Flux tool Year run: _____
- Low Resolution Magnetic Flux tool Year run: _____
- UT tool Year run: _____
- Geometry tool Year run: _____
- Caliper tool Year run: _____
- Crack tool Year run: _____
- Hard Spot tool Year run: _____
- Other tool Year run: _____

PART D – MATERIAL SPECIFICATION

- 1. Nominal pipe size (NPS) ____/____/____/____/____ in.
- 2. Wall thickness ____/____/____/____/____ in.
- 3. Specification _____ SMYS ____/____/____/____/____/____
- 4. Seam type _____
- 5. Valve type _____
- 6. Manufactured by _____ in year ____/____/____/____/____

PART E – ENVIRONMENT

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

PART F – CONSEQUENCES

1. Consequences (check and complete all that apply)

a.	Fatalities	Injuries
Number of operator employees:	_____	_____
Contractor employees working for operator:	_____	_____
General public:	_____	_____
Totals:	_____	_____

- b. Was pipeline/segment shutdown due to leak? Yes No
 If Yes, how long? _____ days _____ hours _____ minutes

- c. Product ignited Yes No
- d. Explosion Yes No
- e. Evacuation (general public only) ____/____/____/____/____ people
 Reason for Evacuation:
 Precautionary by company
 Evacuation required or initiated by public official
- f. Elapsed time until area was made safe: ____/____/____ hr. ____/____/____ min.

2. Environmental Impact

- a. Wildlife Impact: Fish/aquatic Yes No
 Birds Yes No
 Terrestrial Yes No
- b. Soil Contamination Yes No
 If Yes, estimated number of cubic yards: _____
- c. Long term impact assessment performed: Yes No
- d. Anticipated remediation Yes No
 If Yes, check all that apply: Surface water Groundwater Soil Vegetation Wildlife

- e. Water Contamination: Yes No (If Yes, provide the following)
 Amount in water _____ barrels
 Ocean/Seawater No Yes
 Surface No Yes
 Groundwater No Yes
 Drinking water No Yes (If Yes, check below.)
 Private well Public water intake

PART G – LEAK DETECTION INFORMATION

- 1. Computer based leak detection capability in place? Yes No
- 2. Was the release initially detected by? (check one):
 - CPM/SCADA-based system with leak detection
 - Static shut-in test or other pressure or leak test
 - Local operating personnel, procedures or equipment
 - Remote operating personnel, including controllers
 - Air patrol or ground surveillance
 - A third party Other (specify) _____
- 3. Estimated leak duration days ____ hours ____

PART H – APPARENT CAUSE

Important: There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident. Check one circle in each of the supplemental categories corresponding to the cause you indicate. See the instructions for guidance.

H1 – CORROSION

- 1. External Corrosion
- 2. Internal Corrosion

- a. Pipe Coating
 - Bare
 - Coated
- b. Visual Examination
 - Localized Pitting
 - General Corrosion
 - Other _____
- c. Cause of Corrosion
 - Galvanic Atmospheric
 - Stray Current Microbiological
 - Cathodic Protection Disrupted
 - Stress Corrosion Cracking
 - Selective Seam Corrosion
 - Other _____
- d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?
 No Yes, Year Protection Started: ____ / ____ / ____ / ____ / ____
- e. Was pipe previously damaged in the area of corrosion?
 No Yes ⇒ Estimated time prior to accident: ____ / ____ / ____ years ____ / ____ / ____ months Unknown

(Complete items a – e where applicable.)

H2 – 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

H3 – EXCAVATION DAMAGE

- 8. Operator Excavation Damage (including their contractors/Not Third Party)
- 9. Third Party (complete a-f)
 - a. Excavator group
 - General Public Government Excavator other than Operator/subcontractor
 - b. Type: Road Work Pipeline Water Electric Sewer Phone/Cable
 - Landowner-not farming related Farming Railroad
 - Other liquid or gas transmission pipeline operator or their contractor
 - Nautical Operations Other _____
- c. Excavation was: Open Trench Sub-strata (boring, directional drilling, etc...)
- d. Excavation was an ongoing activity (Month or longer) Yes No If Yes, Date of last contact ____ / ____ / ____
- e. Did operator get prior notification of excavation activity?
 Yes; Date received: ____ / ____ / ____ mo. ____ / ____ / ____ day ____ / ____ / ____ yr. No
Notification received from: One Call System Excavator Contractor Landowner
- f. Was pipeline marked as result of location request for excavation? No Yes (If Yes, check applicable items i - iv)
 - i. Temporary markings: Flags Stakes Paint
 - ii. Permanent markings:
 - iii. Marks were (check one) : Accurate Not Accurate
 - iv. Were marks made within required time? Yes No

H4 – 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

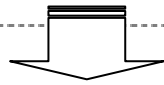
H5 – MATERIAL AND/OR WELD FAILURES

Material

- 14. Body of Pipe ⇒ Dent Gouge 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 H5.

- 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 accident occurred? Yes, complete d-g No
- d. Date of test: / / / yr. / / / mo. / / / day
- e. Test medium: Water Inert Gas Other _____
- f. Time held at test pressure: / / / hr.
- g. Estimated test pressure at point of accident: _____ PSIG

H6 – EQUIPMENT

- 20. Malfunction of Control/Relief Equipment ⇒ Control valve Instrumentation SCADA Communications
 Block valve Relief valve Power failure Other _____
- 21. Threads Stripped, Broken Pipe Coupling ⇒ Nipples Valve Threads Dresser Couplings Other _____
- 22. Seal Failure ⇒ Gasket O-Ring Seal/Pump Packing Other _____

H7 – INCORRECT OPERATION

- 23. Incorrect Operation
 - a. Type: Inadequate Procedures Inadequate Safety Practices Failure to Follow Procedures
 Other _____
 - b. Number of employees involved who failed a post-accident test: drug test: / / / / alcohol test / / / /

H8 – OTHER

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

PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)

Large empty rectangular box for narrative description of factors contributing to the event.