



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

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date **DOR**
No. **RPTID**
(DOT Use Only)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0522. The filling out of this information is mandatory and will take six hours to complete.

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>.

REPORT_TYPE

PART A - GENERAL REPORT INFORMATION

Check: ☐ Original Report ☐ Supplemental Report ☐ Final Report

1. Operator Name and Address

OPERATOR_ID

- a. Operator's 5-digit Identification Number / / / / /
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number / / / / /
- c. Name of Operator **NAME**
- d. Operator street address **OPSTREET**
- e. Operator address **OPCITY OPCOUNTY OPSTATE OPZIP**
City, County or Parish, State and Zip Code

2. Time and date of the incident

IDATE

/ / **Ihour** / / / /
hr. month day year

3. Incident Location

- a. **ACSTREET**
Street or nearest street or road
- b. **ACCITY ACCCOUNTY**
City and County or Parish
- c. **ACSTATE ACZIP**
State and Zip Code
- d. Latitude: **LATITUDE** / / / / Longitude: **LONGITUDE** / / / /
(if not available, see instructions for how to provide specific location)
- e. Class location description **CLASS**
☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4
- f. Incident on Federal Land ☐ Yes ☐ No **IFED**

4. Type of leak or rupture

LRTYPE_TEXT

- ☐ Leak: ☐ Pinhole ☐ Connection Failure (complete sec. F5)
LEAK_TEXT **PUNC_DIAM**
☐ Puncture, diameter or cross section (inches)
- ☐ Rupture (if applicable): **RUPTURE_TEXT**
☐ Circumferential - Separation
- ☐ Longitudinal
- Tear/Crack, length (inches) **RUPLN**
- Propagation Length, total, both sides (feet) **PROPLN**
- ☐ N/A **LRTYOE**
- ☐ Other: _____

5. Consequences (check and complete all that apply)

FATAL

- a. ☐ Fatality **EFAT** Total number of people: / / / /
Employees: / / / / General Public: / / / / **GPFAT**
Non-employee Contractors: / / / / **NFAT**
- b. ☐ Injury requiring inpatient hospitalization
Total number of people: / / / / **INJURE**
Employees: **EINJ** / / / / General Public: / / / / **GPINJ**
Non-employee Contractors: / / / / **NINJ**
- c. ☐ Property damage/loss (estimated) Total \$ **TOTAL_COST**
Gas loss \$ **GASPRP** Operator damage \$ **OPPRP**
Public/private property damage \$ **PPPRP**
- d. ☐ Gas ignited **IGNITE** ☐ Explosion ☐ No Explosion
- e. ☐ Gas did not ignite **EXPLO** ☐ Explosion ☐ No Explosion
EVAC **EVACNO**
- f. ☐ Evacuation (general public only) / / / / people
Evacuation Reason: **EVAC_REASON_TEXT**
☐ Unknown
☐ Emergency worker or public official ordered, precautionary
☐ Threat to the public
☐ Company policy

6. Elapsed time until area was made safe:

STHH / / / hr. / / / min. **STMN**

7. Telephone Report

TELRN

TELDT

/ / / / / / / / / /
NRC Report Number month day year

8. a. Estimated pressure at point and time of incident:

INC_PRS **PSIG**

b. Max. allowable operating pressure (MAOP): **MAOP** **PSIG**

c. MAOP established by:

- ☐ Test Pressure **MAOPTST** psig
☐ 49 CFR § 192.619 (a)(3) **MAOPEST**

PART B - PREPARER AND AUTHORIZED SIGNATURE

PNAME

(type or print) Preparer's Name and Title

PPHONE

Area Code and Telephone Number

PEMAIL

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 INCIDENT

1. Incident occurred on **TYSYS_TEXT**
☐ Main ☐ Meter Set
☐ Service Line ☐ Other: **TYSYSO**
☐ Pressure Limiting and Regulating Facility
2. Failure occurred on **PRTFL_TEXT**
☐ Body of pipe ☐ Pipe Seam
☐ Joint ☐ Component
☐ Other: **PRTFLO**
3. Material involved (*pipe, fitting, or other component*) **MLKD_TEXT**
☐ Steel
☐ Cast/Wrought Iron
☐ Polyethylene Plastic (complete all items that apply in a-c)
☐ Other Plastic (complete all items that apply in a-c)
 Plastic failure was: ☐ a. ductile ☐ b. brittle ☐ c. joint failure
☐ Other material: **MLKDO PLAS_DUCT, PLAS_BRIT, PLAS_JNT**
4. Year the pipe or component which failed was installed: **PRTYR** / / / /

PART D - MATERIAL SPECIFICATION (if applicable)

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

PART E - ENVIRONMENT

1. Area of incident **LOCKL_TEXT**
☐ In open ditch
☐ Under pavement ☐ Above ground
☐ Under ground ☐ Under water
☐ Inside/under building ☐ Other: **LOCKLO**
2. Depth of cover: **DEPTH_COV** 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. CAUSE CAUSE_DETAILS

F1 - CORROSION

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

1. ☐ External Corrosion **PIPE_COAT_TEXT**
 a. Pipe Coating
☐ Bare ☐ Coated ☐ Unknown
VIS_EXAM_TEXT
 b. Visual Examination
☐ Localized Pitting ☐ General Corrosion
☐ Other: **VIS_EXAMO**
COR_CAUSE_TEXT
 c. Cause of Corrosion
☐ Galvanic ☐ Stray Current
☐ Improper Cathodic Protection
☐ Microbiological
☐ Other: **COR_CAUSEO**
2. ☐ Internal Corrosion
 d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
☐ No ☐ Yes ☐ Unknown **PROT_TEXT** **CPYR** Year Protection Started: / / / /
 e. Was pipe previously damaged in the area of corrosion? **PREV_DAM** **PREV_DAM_YR** **PREV_DAM_MO**
☐ No ☐ Yes ☐ Unknown How long prior to incident: / / / / years / / / / months

F2 - NATURAL FORCES

3. ☐ Earth Movement **EARTH_MOVE_TEXT**
☐ Earthquake ☐ Subsidence ☐ Landslide ☐ Other: **EARTH_MOVED**
4. ☐ Lightning
5. ☐ Heavy Rains/Floods **FLOODS_TEXT**
☐ Washouts ☐ Flotation ☐ Mudslide ☐ Scouring ☐ Other: **FLOODSO**
6. ☐ Temperature **TEMPER_TEXT**
☐ Thermal stress ☐ Frost heave ☐ Frozen components ☐ Other: **TEMPERO**
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 **THIRD_PARTY_GRP_TEXT**
☐ General Public ☐ Government ☐ Excavator other than Operator/subcontractor
THIRD_PARTY_TYPE_TEXT
 b. Type: ☐ Road Work ☐ Pipeline ☐ Water ☐ Electric ☐ Sewer ☐ Phone/Cable/Fiber ☐ Landowner ☐ Railroad
☐ Building Construction ☐ Other: **THIRD_PARTY_TYPEO**
- NOTIF** c. Did operator get prior notification of excavation activity? **NOTIF_DATE**
☐ No ☐ Yes: Date received: / / / / mo. / / / / day / / / / yr. **NOTIF_RCVD_TEXT**
NOTIF_RCVD Notification received from: ☐ One Call System ☐ Excavator ☐ General Contractor ☐ Landowner
- MARKED** d. Was pipeline marked?
☐ No ☐ Yes (*If Yes, check applicable items i - iv*)
TEMP_MARK_TEXT i. Temporary markings: ☐ Flags ☐ Stakes ☐ Paint
PERM_MARK ii. Permanent markings: ☐ Yes ☐ No
ACC_MARK_TEXT iii. Marks were (*check one*) ☐ Accurate ☐ Not Accurate
MKD_IN_TIME iv. Were marks made within required time? ☐ Yes ☐ No

F4 - OTHER OUTSIDE FORCE DAMAGE**FIRE_EXPLO_TEXT**

10. ☐ Fire/Explosion as primary cause of failure **FIRE_EXPLO_TEXT**
 Fire/Explosion cause: ☐ Man made ☐ Natural Describe in Part G
11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe
12. ☐ Rupture of Previously Damaged Pipe
13. ☐ Vandalism

F5 – MATERIAL OR WELDS**Material**

14. ☐ Body of Pipe ⇒ ☐ **PIPE_BODY_TEXT** Dent ☐ Gouge ☐ Wrinkle Bend ☐ Arc Burn ☐ Other: **PIPE_BODYO**
15. ☐ Component ⇒ ☐ **COMPONENT_TEXT** Valve ☐ Fitting ☐ Vessel ☐ Extruded Outlet ☐ Other: **COMPONENTO**
16. ☐ Joint ⇒ ☐ **JOINT_TEXT** Gasket ☐ O-Ring ☐ Threads ☐ Fusion ☐ Other: **JOINTO**

Weld

17. ☐ Butt ⇒ ☐ **BUTT_TEXT** Pipe ☐ Fabrication ☐ Other: **BUTTO**
18. ☐ Fillet ⇒ ☐ **FILLET_TEXT** Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other: **FILLETO**
19. ☐ Pipe Seam ⇒ ☐ **PIPE_SEAM_TEXT** LF ERW ☐ DSAW ☐ Seamless ☐ Flash Weld ☐ Other: **PIPE_SEAMO**
- ☐ HF ERW ☐ SAW ☐ Spiral

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

- FAIL_TYPEMAT** **FAIL_TYPECONS**
- a. Type of failure: ☐ Construction Defect ⇒ ☐ **CONS_DEF_TEXT** 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-f, if known ☐ No **PRS_TEST**
- d. Date of test: **TEST_MO** / **TEST_DAY** / **TEST_YR** mo. / day / yr.
- e. Time held at test pressure: / / hr. **TEST_TP**
- f. Estimated test pressure at point of incident: **TEST_PRS** PSIG

**F6 – EQUIPMENT OR OPERATIONS**

20. ☐ Malfunction of Control/Relief Equipment ⇒ ☐ **MALFUNC_TEXT** Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other: **MALFUNCO**
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ☐ **THREADS_TEXT** Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other: **THREADSO**
22. ☐ Leaking Seals
23. ☐ Incorrect Operation **IO_TYPE_TEXT**
- a. Type: ☐ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures ☐ Other: **IO_TYPEO**
- b. Number of employees involved in incident who failed post-incident drug test: / / **IO_DRUG** Alcohol test: / / **IO_ALCO**
- c. Was person involved in incident qualified per OQ rule? ☐ Yes ☐ No **IO_QUAL** d. Hours on duty for person involved: / / **IO_QUAL_HRS**

F7 – OTHER

24. ☐ Miscellaneous, describe: **MISC**
25. ☐ Unknown **UNKNOWN_TEXT**
- ☐ 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)

NARRATIVE

Note: Field names not on the form are as following:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
FF	<i>Identify if incident was cause by fire first or not</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'. If FF criteria is true then SIGNIFICANT = 'NO'.</i>
IYEAR	<i>Year incident occurred, derived from incident date</i>
TOTAL_COST_IN84	<i>Converted Property Damage to 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
GASPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
OPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
PPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
MAP_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury and if FF criteria is false then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>