



U.S. Department of Transportation  
Research and Special Programs  
Administration

## INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date     DOR    

No.     RPTID      
(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>. REPORT\_TYPE

### 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)     OPERATOR\_ID            OWNER\_OPERATOR\_ID
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known)     /    /    /    /    /
- c. Name of Operator     NAME
- d. Operator street address     OPSTREET
- e. Operator address     OPCITY         OPCOUNTY         OPSTATE         OPZIP      
City, County or Parrish, State and Zip Code

2. Time and date of the incident  
    IHOUR            IDATE      
    /    /    /    /    /            /    /    /    /    /      
hr.                      month                      day                      year
3. Location of incident
- a.
- b.     ACCCITY         ACCCOUNTY      
City and County or Parrish
- c.     ACSTATE         ACZIP      
State and Zip Code
- d. Mile Post/Valve Station     MPVST
- e. Survey Station No.     SURVNO
- f. Latitude:     LATITUDE     Longitude:     LONGITUDE      
(if not available, see instructions for how to provide specific location)
- g. Class location description     OFFSHORE, OFFSHORE\_TEXT, CLASS      
Onshore:  Class 1     Class 2     Class 3     Class 4  
Offshore:  Class 1 (complete rest of this item)  
Area     OFFAREA     Block #     BNUMB      
State     OFFST     or Outer Continental Shelf      OCS
- h. Incident on Federal Land other than Outer Continental Shelf  
 Yes     No     IFED
- i. Is pipeline Interstate  Yes     No     INTER\_TEXT
4. Type of leak or rupture     LRTYPE\_TEXT      
    LEAK\_TEXT      
 Leak:  Pinhole     Connection Failure (complete sec. F5)  
 Puncture, diameter (inches)     PUNC\_DIAM      
    RUPTURE\_TEXT      
 Rupture:  Circumferential – Separation  
 Longitudinal  
– Tear/Crack, length (inches)     RUPLN      
– Propagation Length, total, both sides (feet)     PROPLN      
 N/A  
 Other:     LRTYPEO

5. Consequences (check and complete all that apply)     FATAL
- a.  Fatality    Total number of people:     /    /    /    /      
    EFAT      
Employees:     /    /    /    /        General Public:     /    /    /    /      
Non-employee Contractors:     /    /    /    /         NFAT         GPFAT
- b.  Injury requiring inpatient hospitalization        INJURE      
Total number of people:     /    /    /    /      
Employees:     /    /    /    /        General Public:     /    /    /    /      
Non-employee Contractors:     /    /    /    /         NINJ         GPINJ
- c.  Property damage/loss (estimated)    Total \$     TOTAL\_COST      
Gas loss \$     GASPRP        Operator damage \$     OPPRP      
Public/private property damage \$     PPPRP      
    HIGHCON
- d.  Release Occurred in a 'High Consequence Area'  
    IGNITE
- e.  Gas ignited – No explosion    f.  Explosion  
    EVAC            EXPLO      
    EVACNO
- g.  Evacuation (general public only)     /    /    /    /    /     people  
Reason for Evacuation:     EVAC\_REASON\_TEXT      
 Emergency worker or public official ordered, precautionary  
 Threat to the public     Company policy
6. Elapsed time until area was made safe:  
    STHH     hr.        STMIN     min.
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 49 CFR section:     MAOPSEC 1-4, C      
 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  
    OVERPRS

### PART B – PREPARER AND AUTHORIZED SIGNATURE

    PNAME      
(type or print) Preparer's Name and Title

    PHONE      
Area Code and Telephone Number

    PEMAIL      
Preparer's E-mail Address

      
Area Code and Facsimile Number

      
(type or print) Name and Title

      
Date    Area Code and Telephone Number

**PART C - ORIGIN OF THE INCIDENT**

1. Incident occurred on **TYSYS\_TEXT**
- Transmission System
  - Gathering System
  - Transmission Line of Distribution System
2. Failure occurred on **PRTFL\_TEXT**
- Body of pipe       Pipe Seam
  - Joint
  - Component
  - Other: **PRTFO**

- MLKD\_TEXT**
3. Material involved (pipe, fitting, or other component)
- Steel      **PLAS\_DUCT**      **PLAS\_BRIT**      **PLAS\_JNT**
  - 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: **MLKDO**
4. Part of system involved in incident **PRTSY\_TEXT**
- Pipeline       Regulator/Metering System
  - Compressor Station       Other: **PRTSYO**
5. 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.
3. Specification **SPEC** **SMYS** / / / / /
4. Seam type **SEAM** **SMYS**
5. Valve type **VALVE**
6. Pipe or valve manufactured by **MANU** in year / / / /

**PART E - ENVIRONMENT**

- LOCLK\_TEXT**
1. Area of incident
- In open ditch
  - Under pavement       Above ground
  - Under ground       Under water
  - Inside/under building       Other: **LOCLKO**
2. Depth of cover: **DEPTH\_COV** inches
- MANYR** in year / / / /

**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
2.  Internal Corrosion
- PIPE\_COAT\_TEXT** a. Pipe Coating
- Bare
  - Coated
- PROT**
- 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
  - Stress Corrosion Cracking
  - Other: **COR\_CAUSEO**
- d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
- No
  - Yes, Year Protection Started: / / / / **CPYR**
- e. Was pipe previously damaged in the area of corrosion? **PREV\_DAM\_YR** **PREV\_DAM\_MO**
- No
  - Yes, How long prior to incident: / / / / years / / / / months

**F2 - NATURAL FORCES**

3.  Earth Movement ⇒ **EARTH\_MOVE\_TEXT**
- Earthquake
  - Subsidence
  - Landslide
  - Other: **EARTH\_MOVEO**
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
  - Professional Excavator
  - Operator/subcontractor
- b. Type: **THIRD\_PARTY\_TYPE\_TEXT**
- Road Work
  - Pipeline
  - Water
  - Electric
  - Sewer
  - Phone/Cable
  - Landowner
  - Railroad
  - Other: **THIRD\_PARTY\_TYPEO**
- NOTIF** 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 **NOTIF\_RCVD\_TEXT**
- MARKED** d. Was pipeline marked?
- No
  - Yes (If Yes, check applicable items i - iv)
- i. Temporary markings: **TEMP\_MARK\_TEXT**
- Flags
  - Stakes
  - Paint
- ii. Permanent markings: **PERM\_MARK**
- Yes
  - No
- iii. Marks were (check one) **ACC\_MARK\_TEXT**
- Accurate
  - Not Accurate
- iv. Were marks made within required time? **MKD\_IN\_TIME**
- Yes
  - No

**F4 - OTHER OUTSIDE FORCE DAMAGE**

- FIRE\_EXPLO\_TEXT**
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 ⇒  **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  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-g if you indicate **any** cause in part F5.



- a. Type of failure: **FAIL\_TYPE\_TEXT**
- 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 **PIPE\_DAMAGE**
- c. Was part which leaked pressure tested before incident occurred?  Yes, complete d-g  No **PRS\_TEST**
- d. Date of test: TEST\_MO / TEST\_DAY / TEST\_YR mo. / day / yr.
- e. Test medium:  Water  Natural Gas  Inert Gas  Other: TEST\_MEDO **TEST\_MED\_TEXT**
- f. Time held at test pressure: TEST\_TP hr.
- g. Estimated test pressure at point of incident: TEST\_PRS PSIG

**F6 – EQUIPMENT AND 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.  Ruptured or Leaking Seal/Pump Packing

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 who failed post-incident drug test: IO\_DRUG / Alcohol test: IO\_ALCO
- c. Were most senior employee(s) involved qualified?  Yes  No **IO\_SENIOR**
- d. Hours on duty: IO\_SEN\_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:

<b>Field Name</b>	<b>Field Name Description</b>
<b>DATAFILE_AS_OF</b>	<i>Data as of date</i>
<b>IYEAR</b>	<i>Year incident occurred, derived from incident date</i>
<b>SIGNIFICANT</b>	<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'.</i>
<b>TOTAL_COST_IN84</b>	<i>Converted Property Damage to 1984 dollars</i>
<b>TOTAL_COST_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>GASPRCURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>OPPRCURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>PPPRCURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>MAP_CAUSE</b>	<i>Cause by PHMSA for 20 year incident trending</i>
<b>MAP_SUBCAUSE</b>	<i>SubCause by PHMSA for 20 year incident trending</i>
<b>SERIOUS</b>	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>