



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

OPERATOR_ID

a. Operator's 5-digit Identification Number (when known) / / / / /

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 / / hr. **IDATE** / / month / / day / / year

3. Location of incident

a. Nearest street or road

b. **ACCITY** **ACCOUNTY**

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 ☐ **OC**

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: ☐ Pinhole ☐ Connection Failure (complete sec. F5)

☐ Puncture, diameter (inches) **PUNC_DIAM**

☐ 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 **EFAT** Total number of people: / / / /

Employees: / / / / General Public: / / / /

Non-employee Contractors: / / / / **NFAT** **GFAT**

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**

d. ☐ Release Occurred in a 'High Consequence Area'

HIGHCON

e. ☐ Gas ignited - No explosion **IGNITE** f. ☐ Explosion **EXPLO**

g. ☐ Evacuation (general public only) **EVAC** **EVACNO** / / / / 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. **STMMN** / / min.

7. Telephone Report **TELRN**

/ / / / / **TELD** / / / /
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

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 <input type="radio"/> Transmission System <input type="radio"/> Gathering System <input type="radio"/> Transmission Line of Distribution System 2. Failure occurred on PRTFL_TEXT <input type="radio"/> Body of pipe <input type="radio"/> Pipe Seam <input type="radio"/> Joint <input type="radio"/> Component <input type="radio"/> Other: PRTFO	MLKD_TEXT 3. Material involved (pipe, fitting, or other component) <input type="radio"/> Steel PLAS_DUCT PLAS_BRIT PLAS_JNT <input type="radio"/> Plastic (If plastic, complete all items that apply in a-c) Plastic failure was: <input type="checkbox"/> a. ductile <input type="checkbox"/> b. brittle <input type="checkbox"/> c. joint failure <input type="radio"/> Material other than plastic or steel: MLKDO 4. Part of system involved in incident PRTSY_TEXT <input type="radio"/> Pipeline <input type="radio"/> Regulator/Metering System <input type="radio"/> Compressor Station <input type="radio"/> 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 <input type="radio"/> In open ditch <input type="radio"/> Above ground <input type="radio"/> Under pavement <input type="radio"/> Under water <input type="radio"/> Under ground <input type="radio"/> Other: LOCLKO 2. Depth of cover: DEPTH_COV inches MANYR in year / / / /	
PART F - APPARENT CAUSE	
<i>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</i>	
F1 - CORROSION	
1. <input type="checkbox"/> External Corrosion 2. <input type="checkbox"/> Internal Corrosion	<div style="border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> <p style="color: red; font-size: small;">If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="color: red; font-size: small;">a. Pipe Coating PIPE_COAT_TEXT</p> <input type="radio"/> Bare <input type="radio"/> Coated </div> <div style="width: 30%;"> <p style="color: red; font-size: small;">b. Visual Examination VIS_EXAM_TEXT</p> <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other: VIS_EXAMO </div> <div style="width: 30%;"> <p style="color: red; font-size: small;">c. Cause of Corrosion COR_CAUSE_TEXT</p> <input type="radio"/> Galvanic <input type="radio"/> Stray Current <input type="radio"/> Improper Cathodic Protection <input type="radio"/> Microbiological <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Other: COR_CAUSEO </div> </div> <p style="color: red; font-size: small;">d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?</p> <input type="radio"/> No <input type="radio"/> Yes, Year Protection Started: / / / / CPYR <p style="color: red; font-size: small;">e. Was pipe previously damaged in the area of corrosion? PREV_DAM_YR PREV_DAM_MO</p> <input type="radio"/> No <input type="radio"/> Yes, How long prior to incident: / / / / years / / / / months </div>
F2 - NATURAL FORCES	
3. <input type="checkbox"/> Earth Movement ⇒ <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other: EARTH_MOVEO 4. <input type="checkbox"/> Lightning FLOODS_TEXT 5. <input type="checkbox"/> Heavy Rains/Floods ⇒ <input type="radio"/> Washouts <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Scouring <input type="radio"/> Other: FLOODSO 6. <input type="checkbox"/> Temperature ⇒ <input type="radio"/> Thermal stress <input type="radio"/> Frost heave <input type="radio"/> Frozen components <input type="radio"/> Other: TEMPERO 7. <input type="checkbox"/> High Winds	
F3 - EXCAVATION	
8. <input type="checkbox"/> Operator Excavation Damage (including their contractors) / Not Third Party 9. <input type="checkbox"/> Third Party Excavation Damage (complete a-d) a. Excavator group THIRD_PARTY_GRP_TEXT <input type="radio"/> General Public <input type="radio"/> Government <input type="radio"/> Professional Excavator <input type="radio"/> Operator/subcontractor b. Type: <input type="radio"/> Road Work <input type="radio"/> Pipeline <input type="radio"/> Water <input type="radio"/> Electric <input type="radio"/> Sewer <input type="radio"/> Phone/Cable <input type="radio"/> Landowner <input type="radio"/> Railroad <input type="radio"/> Other: THIRD_PARTY_TYPEO 10. <input type="checkbox"/> Did operator get prior notification of excavation activity? <input type="radio"/> No <input type="radio"/> Yes: Date received: / / / / mo. / / / / day / / / / yr. Notification received from: <input type="radio"/> One Call System <input type="radio"/> Excavator <input type="radio"/> Contractor <input type="radio"/> Landowner NOTIF_RCVD_TEXT 11. <input type="checkbox"/> Was pipeline marked? <input type="radio"/> No <input type="radio"/> Yes (If Yes, check applicable items i - iv) i. Temporary markings: <input type="radio"/> Flags <input type="radio"/> Stakes <input type="radio"/> Paint TEMP_MARK_TEXT ii. Permanent markings: <input type="radio"/> Yes <input type="radio"/> No PERM_MARK iii. Marks were (check one) <input type="radio"/> Accurate <input type="radio"/> Not Accurate ACC_MARK_TEXT iv. Were marks made within required time? <input type="radio"/> Yes <input type="radio"/> No MKD_IN_TIME	
F4 - OTHER OUTSIDE FORCE DAMAGE	
10. <input type="checkbox"/> Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: <input type="radio"/> Man made <input type="radio"/> Natural FIRE_EXPLO_TEXT 11. <input type="checkbox"/> Car, truck or other vehicle not relating to excavation activity damaging pipe 12. <input type="checkbox"/> Rupture of Previously Damaged Pipe 13. <input type="checkbox"/> 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**
- 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:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
IYEAR	<i>Year incident occurred, derived from incident date</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'.</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 then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>