DOT	US Department of Transportation
PHMSA	Pipelines and Hazardous Materials Safety Administration
OPS	Office of Pipeline Safety
	Southwest Region

Senior Accident Investigator	Richard J. Lopez
Region Director	R. M. Seeley
Date of Report	06/16/2011
Subject	Failure Investigation Report – Whitecap (Chevron), 18" Offshore Failure

Operator, Location, & Consequences

Date of Failure	3/25/2010
Commodity Released	Crude Oil
City/County & State	Gulf of Mexico
OPID & Operator Name	31563, Whitecap Pipe Line Company
Unit # & Unit Name	73780, Whitecap - Offshore
SMART Activity #	130425
Milepost / Location	Outer Continental Shelf, Ship Shoal Area, Block 157
Type of Failure	Leak/Outside force damage from contact with other pipeline
Fatalities	None
Injuries	None
Description of area	Gulf of Mexico (not HCA)
impacted	
Property Damage	\$2,201,260

Executive Summary

On March 25, 2010, Chevron Pipe Line (CPL) was notified of a sheen on water in the vicinity of the 18inch Whitecap Pipe Line in Ship Shoals (SS) Block 182 area. CPL contacted Apache Corporation, who had recently completed work in this area, and requested their assistance in investigating the reported leak. CPL took operational control of the Mr. Fred (a diver support vessel (DSV)) and began investigating the reported leak. No leaks were found in this area but the search for the leak source continued. After additional over flights it was learned that the origination point could be in the SS 157 area. CPL moved the DSV and initiated a new investigation. The pipeline was shut-in on March 26, 2010, in an attempt to curtail sheen on the water and to help in the identification of the leak. On Saturday, March 27, 2010, the source of discharge was identified as the 18-inch Whitecap pipeline at a crossing with the 36-inch Tennessee Gas Pipeline (TGP) pipeline. The point of failure is not classified as a High Consequence Area (HCA).

There was no fire, explosion or injuries. Approximately two hundred and fifty gallons of crude was released. The accident was not reported to the National Response Center (NRC) by CPL. A written report was submitted to PHMSA on April 18, 2010.

Diver investigation results indicated that the 18-inch Whitecap crude pipeline and TGP's 36-inch natural gas pipeline made contact. TGP's pipeline was resting on top of the Whitecap pipeline. The contact damaged the protective concrete coating on both lines. It also caused a dent on the 18-inch Whitecap pipeline.

To determine the exact cause of the failure, segments of pipe from the failed area were cut and sent to Stress Engineering for metallurgical evaluation. The metallurgical evaluation determined that the stresses attributed to the dent in conjunction with cyclic operational pressure conditions generated cracks on the pipeline that resulted in the thru-wall leak.

Pressure at the point of failure was reported by Chevron to be 400 psig. The maximum operating pressure (MOP) of the line is 1407 psig.

System Details

Operator's System Description: The Whitecap Crude Oil Pipe Line System is a 44-mile crude gathering system that originates at Chevron's Ship Shoal 208 "F" Platform and ends at Shell Pipe Line Company's Ship Shoal 28 "A" Platform. Chevron purchased the pipeline from Unocal. They chose to incorporate it as the Whitecap Crude Oil Pipe Line and use Chevron personnel to operate it. Crude is gathered from fields located in the Ship Shoal, South Marsh Island, and Eugene Island areas and is ultimately delivered



Figure 1: Whitecap Pipeline Showing accident location.

to the Shell's St. James Terminal located in St. James Parish, Louisiana via the Whitecap and other pipelines. Additional detail schematics are in Appendix A.

Pipe Specifications: The Whitecap pipeline was constructed of 18-inch nominal outside diameter pipe with a wall thickness of 0.406 inches, grade X-52, seamless, carbon steel pipe. It was installed in 1968. A corrosion mitigation system was designed and installed on the pipeline. It is comprised of a coating and a cathodic protection system. The coating system consists of coal tar glass and 2.79-inch concrete weight coating. Cathodic protection is provided by galvanic anodes that were installed at the time of original construction. The maximum operating pressure of the pipeline system is 1407 psig. It was established in 1968 by hydrostatic tests.

Events leading up to the Failure

On March 25, 2010, Chevron Pipe Line (CPL) was notified of a sheen on water in the vicinity of the 18inch Whitecap pipeline in Ship Shoals (SS) Block 182 area. CPL contacted Apache Corporation who had recently completed work in the SS 182 and requested their assistance investigating the reported leak. CPL took operational control of the Mr. Fred (a diver support vessel (DSV)) and began investigating the reported leak. No leaks were found in this area but the search for the leak source continued.

After additional over flights it was learned that the origination point could be in the SS 157 area. CPL moved the DSV to SS Block 157 and initiated a new investigation. The pipeline was shut-in on March 26, 2010 to curtail sheen on the water and to help in the identification of the leak. On Saturday, March 27, 2010, divers working for CPL identified the source of discharge as the 18-inch Whitecap pipeline at a crossing with the 36-inch Tennessee Gas Pipeline (TGP) pipeline.

Diver investigation results indicated that the 18-inch Whitecap crude pipeline and TGP's 36-inch natural gas pipeline made contact. TGP's pipeline was resting on top of the Whitecap pipeline.

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Operating conditions were normal prior to the accident. Chevron reported that the pressure at the point of failure never exceeded 400 psig. The MOP of the pipeline is 1407 psig.

Emergency Response

At 0745 CDT on March 29, 2010, the CalDive vessel, CalDive 1, arrived on scene and relieved the Mr. Fred. CPL secured 18-inch clamps for repair operations. Additionally, a pollution dome was installed to capture crude that could be released while repairs were being made. Previously released crude dissipated naturally.

For safety purposes during repairs TGP began reducing the pressure on the gas line from 600 psig to approximately 50-35 psig on March 29th. This was accomplished by flaring several days at the SS 198 Platform. The CalDive 1 remained on scene and continued damage assessment when weather conditions permitted. Over-flights were also continued to monitor the sheen.

Summary of return to service

CPL prepared an "Incident Repair and Start-Up Plan" to repair the damages and return the line back to service. The key steps are listed below:

- Lowered pressure on pipeline to static head.
- Complete the Lock out/Tag out process and begin the repair process.
- Install the pollution dome over the cutout site.
- Proceed with damaged pipe segment cutout.
- Install replacement pipe.
- Install sandbags, matting, etc. at crossing.
- Return the line to service.

Investigation Details

Integrity Testing (Prior to the Accident): In line inspections had been performed on the segment where the pipeline leaked. A magnetic flux leakage (MFL) inspection was performed in 2002. In addition to the MFL inspection, a geometry inspection was performed in 2004. The test results did not reveal metal loss or damages to the pipeline where the failure occurred. Chevron also reported that there had not been any leaks on this system since it was constructed in 1968.

In 2006, Chevron also performed tests and inspections that were required by MMS' Notice to Lessees and Operators (NTL) issued in 2005 after Hurricanes Katrina and Rita. To comply with the NTL, Chevron arranged for a geophysical survey to be performed. The geophysical systems included an echo sounder to collect water depths, the magnetometer for detection of ferrous objects, such as, pipelines. The geophysical system also included side scan sonar to provide lateral seafloor coverage. The geophysical survey performed after Hurricanes Katrina and Rita indicated that the TGP pipeline at the crossing was exposed and it was noted that there were sandbags at the crossing. However, none of these inspections indicated pipe contact, damage or movement at the failure site. As a result it is difficult to determine exactly when contact between the pipelines was initiated.

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The accident occurred at a pipeline crossing at a water depth of 50-feet. The distance to an upstream launcher is 15.15 miles and 29.32 miles to a downstream receiver. The crossing of the TGP and the Whitecap line was installed per drawings and specifications prepared at the time of construction in 1968. The point of failure was at the 1:00 o'clock position. A 7-inch crack in a flattened area 1-inch deep, 16-inch wide and 6-ft 11-inch long on the 18-inch CPL pipeline was found by the divers.

Metallurgical Analysis: To determine the exact cause of the accident segments of pipe were cut and sent to Stress Engineering for metallurgical evaluation. A metallurgical analysis was performed by Stress Engineering Services, Inc. to determine the cause of the accident. The analysis indicated that the cause of the release was attributable to external impact loading from a 36-inch pipeline that crossed over the 18-inch Whitecap pipeline and to cyclic operational pressure conditions. The full report is included in Appendix C.

As part of the investigation, PHMSA reviewed pipeline control and operational data. A review of the data (Event logs) indicated that the system was not over pressured at the time of failure (see Appendix D).

Findings and Contributing Factors

It was hypothesized in the Metallurgical Analysis that during a hurricane the 36-inch pipeline was lifted vertically and then gravity caused the larger pipeline to fall and impact the 18-inch pipeline. The impact caused a large dent. The stresses attributed to the dent in conjunction with cyclic operational pressure conditions generated cracks on the pipeline that resulted in the thru-wall leak.

Integrity tests had been performed on the segment where the pipeline leaked. A magnetic flux leakage (MFL) inspection was performed in 2002 and a geometry inspection was performed in 2004. There were no indications from the ILI inspections.

In 2006, Chevron performed tests and inspections required by MMS's NTL. The NTL tests were not effective in detecting the contact between the TGP pipeline and the Whitecap which eventually led to failure.

The crossing of the TGP and the Chevron line was installed per drawings and specifications prepared at the time of construction in 1968. A review of this information found that the original design was inadequate. The crossing was redesigned and in compliance with MMS requirements when the repairs were made.

Appendices

Appendix A - System Map

Appendix B - Operator's Accident Report to PHMSA

- Appendix C Metallurgical Evaluation Report
- Appendix D Support Documents

Appendix A – System Maps

This document is on file at PHMSA

Appendix B – Operator's Accident Report to PHMSA

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in exceed \$100,000 for each violation for each day that such violation persists except t penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.	a civil penalty not to hat the maximum civil	OMB NO: 2137-0047 EXPIRATION DATE: 01/31	/2013
	Report Date:	04/18/2010)
U.S Department of Transportation	No.	20100045 - 15	592
Pipeline and Hazardous Materials Safety Administration		(DOT Use Only	/)
ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS			
A federal agency may not conduct or sponsor, and a person is not required to respo with a collection of information subject to the requirements of the Paperwork Reduct OMB Control Number. The OMB Control Number for this information collection is 2' to be approximately 10 hours per response (5 hours for a small release), including th completing and reviewing the collection of information. All responses to this collectio burden estimate or any other aspect of this collection of information, including sugge Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, V	nd to, nor shall a person ion Act unless that collec 137-0047. Public reportin the time for reviewing inst on of information are mar stions for reducing this b Nashington, D.C. 20590.	be subject to a penalty for failur tion of information displays a cu ng for this collection of informati ructions, gathering the data nee ndatory. Send comments regar nurden to: Information Collection	re to comply urrent valid ion is estimated eded, and ding this n Clearance
Important: Please read the separate instructions for completing this form before yo examples. If you do not have a copy of the instructions, you can obtain one from the http://www.phmsa.dot.gov/pipeline.	u begin. They clarify the PHMSA Pipeline Safety	information requested and pro Community Web Page at	vide specific
PART A - KEY REPORT INFORMATION			
Report Type: (select all that apply)	Original:	Supplemental:	Final:
	Culture itte :1	Yes	Yes
Create Date:	Submitted		
1 Operator's OPS-issued Operator Identification Number (OPID):	31563		
2. Name of Operator	WHITECAP PIPE I	INF COMPANY, L.L.C.	
3. Address of Operator:			
3a. Street Address	14141 SOUTHWES	ST FREEWAY	
3b. City	SUGAR LAND		
3c. State	Texas		
3d. Zip Code	77478		
4. Local time (24-hr clock) and date of the Accident:	03/25/2010 17:36		
5. Location of Accident:	00.00555		
Latitude:	28.68555		
6 National Response Center Report Number (if applicable):	91.04555		
 Table in the period of the peri	03/25/2010 17:36		
8. Commodity released: (select only one, based on predominant	Crude Oil		
volume released)	Crude Oil		
 Specify Commodity Subtype: 			
- If "Other" Subtype, Describe:			
 If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: 			
 If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): 			
9 Estimated volume of commodity released unintentionally (Barrels):	5 70		
10. Estimated volume of intentional and/or controlled release/blowdown	5.10		
(Barrels):			
11. Estimated volume of commodity recovered (Barrels):			
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor emproyees working for the Operator			
12d. Workers working on the right-of-way, but NOT			
associated with this Operator			
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			

13d. Workers working on the right-of-way, but NOT		
associated with this Operator		
13f Total injuries (sum of above)		
14. Was the pipeline/facility shut down due to the Accident?	Yes	
- If No, Explain:		
- If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)		
14a. Local time and date of shutdown:	03/26/2010 13:20	
14b. Local time pipeline/facility restarted:	05/01/2010 14:30	
- Still shut down? (* Supplemental Report Required)		
15. Did the commodity ignite?	No	
16. Did the commodity explode?		
18. Time sequence, (use, local time, 24-hour clock):	0	
18a. Local time Operator identified Accident:	03/25/2010 17:36	
18b. Local time Operator resources arrived on site:	03/25/2010 17:36	
PART B - ADDITIONAL LOCATION INFORMATION		
1. Was the origin of Accident onshore?	No	
If Yes, Complete Ques	tions (2-12)	
If No, Complete Questi	ons (13-15)	
- If Onshore:		
2. State:		
4. Oily 5. County or Parich		
6. Operator-designated location		
Specify:		
7. Pipeline/Facility name:		
8. Segment name/ID:		
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?		
10. Location of Accident:		
11. Area of Accident (as found):		
Specity:		
- If Other, Describe:		
12 Did Accident occur in a crossing?		
- If Yes, specify below:		
- If Bridge crossing -		
Cased/ Uncased:		
- If Railroad crossing –		
Cased/ Uncased/ Bored/drilled		
- If Road crossing –		
Cased/ Uncased/ Bored/drilled		
- If Water crossing –		
Cased/ Uncased		
- Name of body of water, if commonly known:		
- Approx. water depth (ft) at the point of the Accident:		
- Select:		
- If Offshore:	50	
13. Approximate water depth (tt) at the point of the Accident:	50 On the Outer Continental Shalf (OCS)	
14. Origin of Accident.	On the Outer Continental Shell (OCS)	
- State		
- Area:		
- Block/Tract #:		
- Nearest County/Parish:		
- On the Outer Continental Shelf (OCS) - Specify:	·	
- Area:	Ship Shoal	
- Block #:	157	
15. Area of Accident:		
PART C - ADDITIONAL FACILITY INFORMATION		
PART C - ADDITIONAL FACILITY INFORMATION	Below water, pipe buried or jetted below seabed	
PART C - ADDITIONAL FACILITY INFORMATION 1. Is the pipeline or facility:	Below water, pipe buried or jetted below seabed	
PART C - ADDITIONAL FACILITY INFORMATION 1. Is the pipeline or facility: 2. Part of system involved in Accident: VOLVENT	Below water, pipe buried or jetted below seabed Interstate Offshore Pipeline, Including Riser and Riser Bend	
PART C - ADDITIONAL FACILITY INFORMATION 1. Is the pipeline or facility: 2. Part of system involved in Accident: - If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	Below water, pipe buried or jetted below seabed Interstate Offshore Pipeline, Including Riser and Riser Bend	

- If Pipe, specify:	Pipe Body
3a. Nominal diameter of pipe (in):	18
3b. Wall thickness (in):	.406
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	52.000
3d. Pipe specification:	API 5L X52
3e. Pipe Seam, specify:	Longitudinal ERW - Unknown Frequency
- If Other, Describe:	
3f. Pipe manufacturer:	Not available at this time
3g. Year of manufacture:	1968
3h. Pipeline coating type at point of Accident, specify:	Coal Tar
- If Other, Describe:	
 If Weld, including heat-affected zone, specify: 	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	1968
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
- If Mechanical Puncture – Specify Approx, size:	·
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	Crack
- If Other. Describe:	Unknown at this time
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx, size; in, (widest opening) by	
Approx. size: in. (widest opening) by in. (length circumferentially or axially)	
Approx. size: in. (widest opening) by in. (length circumferentially or axially)	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe:	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION	
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic	No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds	No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial	No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination:	No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned:	No No
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Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply:	No No No No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water	No No No No
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Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface	No No No No No No No Yes
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Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well	No No No No No No Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Firiyate Well - Drinking water: (Select one or both) - Private Well - Public Water Intake - Surface demonstration: - Public Water Intake	No No No No No No Yes Yes
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): - Column - Wild Information - Private Well	No No No No No No No Yes Yes 5.70 S.70
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Private Well - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known:	No No No No No No No Yes Yes 5.70 Gulf of Mexico
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility bean identified on an other travel of facility or thaconserver on the contex or the contex or thack the	No No No No No No No Yes Yes 5.70 Gulf of Mexico No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Surface - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area	No No No No No No No Yes Yes 5.70 Gulf of Mexico No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Private Well - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? - Dinking water or prove High	No No No No No No Yes Yes 5.70 Gulf of Mexico No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Vegetation - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (<i>Select one or both</i>) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	No No No No No No No Yes Yes 5.70 Gulf of Mexico No No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify ICA type(s): (Salect all that apply) Ta. If Yes, specify	No Yes Yes 5.70 Gulf of Mexico No No No
Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Viegetation - Viegetation - Suiface - Groundwater - Soil - Vegetation - Viegetation - Vieget	No No No No No No No Yes Yes S.70 Gulf of Mexico No No

determination for this Accident site in the Operator's	
Integrity Management Program?	
- High Population Area. Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
- Other Populated Area	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
 Unusually Sensitive Area (USA) - Ecological 	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
8 Estimated cost to Operator	
8a. Estimated cost of public and non-Operator private	
property damage paid/reimbursed by the Operator	\$ 0
8b. Estimated cost of commodity lost	\$ 1,260
8c. Estimated cost of Operator's property damage & repairs	\$ 2,200,000
8d. Estimated cost of Operator's emergency response	\$ 0
8e. Estimated cost of Operator's environmental remediation	\$ 0
81. Estimated other costs	\$ 0
Describe.	\$ 2,201,260
	φ 2,201,200
PART E - ADDITIONAL OPERATING INFORMATION	
A. Estimated assessment the assistant different time of the Assistant (asis)	400.00
A Stimated pressure at the point and time of the Accident (psig): Asymptotic pressure (MOR) at the point and time of the	400.00
Accident (nsig):	1,407.00
3. Describe the pressure on the system or facility relating to the	Pressure did not exceed MOP
Accident (psig):	
4. Net is shuding a pressure as dustings as guined by DLINACA as subtings	
4. Not including pressure reductions required by PHMSA regulations	
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure	Νο
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the	Νο
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?	No
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 	No
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 	No
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 	No
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 	No
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore 	No
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 	No Yes
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? 	No Yes
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (Complete 5a. – 5f. below) 	No Yes
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release 	No Yes Manual
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 	No Yes Manual
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 	No Yes Manual Manual
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 	No Yes Manual Manual 232 320
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal 	No Yes Manual Manual 232,320
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of downstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? 	No Yes Manual Manual 232,320 Yes
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of downstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves 	No Yes Manual Annual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic) 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) 	No Yes Manual Anual Anual Anual Anual Select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other - 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other - 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other - 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other - 	No Yes Manual 232,320 Yes (select all that apply)
 4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP? If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5f. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other - If Other, Describe: 	No Yes Manual Manual 232,320 Yes (select all that apply)

 Low operating pressure(s) 	
- Low flow or absence of flow	
Incompatible commodity	
- Other -	
- IT Other, Describe:	200/ SMVS Degulated Trunkling/Transmission
51. Function of pipeline system.	
system in place on the pipeline or facility involved in the Accident?	Yes
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	No
the detection of the Accident?	
6d. Did SCADA-based information (such as alarm(s),	
the confirmation of the Accident?	NO
7 Was a CPM leak detection system in place on the pipeline or facility	
involved in the Accident?	No
- If Yes:	
7a. Was it operating at the time of the Accident?	
7b. Was it fully functional at the time of the Accident?	
7c. Did CPM leak detection system information (such as	
alarm(s), alert(s), event(s), and/or volume calculations) assist	
With the detection of the Accident?	
A DIA DEMI LEAK DETECTION SYSTEM INTORMATION (SUCH AS	
with the confirmation of the Accident?	
8. How was the Accident initially identified for the Operator?	Notification From Public
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including	
contractors", "Air Patrol", or "Guard Patrol by Operator or its	
contractor" is selected in Question 8, specify the following:	
9. Was an investigation initiated into whether or not the controller(s) or	No, the Operator did not find that an investigation of the
control room issues were the cause of or a contributing factor to the	controller(s) actions of control room issues was necessary
Accident?	investigate)
- If No, the Operator did not find that an investigation of the	
controller(s) actions or control room issues was necessary due to:	The leak was too small to detect by SCADA.
(provide an explanation for why the operator did not investigate)	
- If Yes, specify investigation result(s): (select all that apply)	
- Investigation reviewed work schedule rotations,	
Continuous hours of service (while working for the	
Investigation did NOT review work schedule rotations	
Investigation did NOT review work schedule rotations, continuous hours of service (while working for the	
Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not:	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues	
Investigation identified no controller issues Investigation identified no controller issues Investigation identified no controller issues Investigation identified incorrect controller action or controller action or	
Investigation identified that fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s)	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures - Investigation identified incorrect procedures - Investigation identified that fatigue - Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures	
- Investigation identified incorrect procedures - Investigation identified incorrect procedures - Investigation identified incorrect procedures - Investigation identified incorrect controller issues - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect controller(s)	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation	
- Investigation identified incorrect procedures - Investigation identified incorrect procedures - Investigation identified incorrect controller (s) response - Investigation identified incorrect controller (s) response - Investigation identified incorrect procedures - Investigation identified incorrect controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected response	
- Investigation identified incorrect procedures - Investigation identified incorrect controller (s) - Investigation identified incorrect controller (s) - Investigation identified that fatigue may have affected the controller error - Investigation identified incorrect controller action or controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operator) - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above:	
- Investigation identified incorrect procedures - Investigation identified incorrect controller associated with fatigue - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified incorrect procedures - Investigation identified incorrect controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: Describe:	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: Describe:	
- Investigation identified incorrect procedures - Investigation identified incorrect controller action or controller (s) involved or impacted the involved controller(s) response - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: - Investigation identified areas other than those above: - Investigation identified areas intervent the those above: - Investigation identified areas other than those above: - Investigation areas other than those above: - Investigation areas other than those above: - Investigation areas other than those above:	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue Provide an explanation for why not: - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: Describe: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested	
- Investigation identified incorrect procedures - Investigation identified maintenance activities that affected controller(s) involved or impacted the involved controller(s) response - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: Describe: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's	No
- Investigation identified incorrect procedures - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: - Investigation identified areas other tha	No
- Investigation identified incorrect procedures - Investigation identified that fatigue - Investigation identified no control room issues - Investigation identified no control room issues - Investigation identified that fatigue may have affected the controller error - Investigation identified incorrect controller action or controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect control room equipment operation - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: Describe: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:	No
- Investigation identified incorrect procedures - Investigation identified that fatigue - Investigation identified no control room issues - Investigation identified no control room issues - Investigation identified no controller issues - Investigation identified that fatigue may have affected the controller error - Investigation identified incorrect controller action or controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect procedures - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: Describe: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes: 1a. Specify how many were tested:	No
- Investigation identified incorrect procedures - Investigation identified incorrect controller action or controller error - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response - Investigation identified incorrect control room equipment operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above: - Investigation identified areas other tha	No

2. As a result of this Accident, were any Operator contractor employees	
tested under the post-accident drug and alcohol testing requirements of	No
DOT's Drug & Alcohol Testing regulations?	
- If Yes:	
Do Chasifu have many ware testade	
za. Specity now many were tested.	
2b. Specify how many failed:	
PART G - APPARENT CAUSE	
Select only one boy from DADT C in cheded column on left renrease	ting the ADDADENT Cause of the Assident and ensurer
Select only one box from PART G in shaded column on left represent	ting the APPARENT Cause of the Accident, and answer
the questions on the right. Describe secondary, contributing or root	causes of the Accident in the narrative (PART H).
Apparent Cause:	G4 - Other Outside Force Damage
	64 Other Oddalde i Olee Damage
G1 - Corrosion Failure - only one sub-cause can be picked from shad	ded left-hand column
Corrosion Failure – Sub Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
If Other Describe:	
- II Ourier, Describe:	an (appart all that apply)
3. The type(s) of corrosion selected in Question 2 is based on the following	ig: (select all that apply)
- Field examination	
 Determined by metallurgical analysis 	
- Other:	
- If Other Describe:	
- II Ottlei, Describe.	
4. was the falled item buried under the ground?	
- If Yes :	
□4a. Was failed item considered to be under cathodic	
protection at the time of the Accident?	
If Ves - Vear protection started:	
the Was shielding testing on dishanding of section suident at	
4b. was shielding, tenting, or disbonding or coating evident at	
the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been	
conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No	
Ad Was the failed item externally coated or painted?	
40. Was the failed item externally coaled of painted?	
5. was there observable damage to the coating or paint in the vicinity of	
the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other	
7 Turne of correction (coloct all that conclude	
r. Type of contosion (select all that apply): -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Frosion	
Othor	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the follow	ving (select all that apply): -
- Field examination	
- Determined by metallurgical analysis	
Othor:	
- Other:	
- If Other, Describe:	
9. Location of corrosion (select all that apply): -	
- Low point in pipe	
- Flbow	
Othor	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	

11. Was the interior coated or lined with protective coating?		
12. Were cleaning/dewatering pigs (or other operations) routinely		
utilized?		
13. Were corrosion coupons routinely utilized?		
Complete the following if any Corrosion Failure sub-cause is selected Question 3) is Tank/Vessel.	ed AND the "Item Involved in Accident" (from PART C,	
14. List the year of the most recent inspections:		
14a. API Std 653 Out-of-Service Inspection		
- No Out-of-Service Inspection completed		
14b. API Std 653 In-Service Inspection		
- No In-Service Inspection completed		
Complete the following if any Corrosion Failure sub-cause is selected Question 3) is Pipe or Weld.	ed AND the "Item Involved in Accident" (from PART C,	
15. Has one or more internal inspection tool collected data at the point of Accident?	of the	
15a. If Yes, for each tool used, select type of internal inspection too	ol and indicate most recent year run: -	
Magnetic Flux Leakage Tool		
Most recent y	year:	
- Ultrasonic		
Most recent y	year:	
- Geometry Most recent y	NOSE:	
- Caliper	yoar.	
Most recent v	vear:	
- Crack	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Most recent v	vear:	
- Hard Spot	<u>joan</u>	
Most recent v	vear:	
- Combination Tool	<u></u>	
Most recent y	year:	
- Transverse Field/Triaxial	· · · · · · · · · · · · · · · · · · ·	
Most recent y	year:	
- Other		
Most recent y	year:	
Desc	cribe:	
16. Has one or more hydrotest or other pressure test been conducted sir	ince	
original construction at the point of the Accident?		
If Yes -		
Most recent year tes	SSTEC:	
I est pressu		
If Yes, and an investigative dig was conducted of the point of the Accide		
- If tes, and all investigative dig was conducted at the point of the Accide Most recent year conducted:	4.	
- If Yes, but the point of the Accident was not identified as a dig site:	ı	
- If it es, but the point of the Accident was not identified as a dig site. Most recent year conducted:	;. •	
18 Has one or more non-destructive examination been conducted at the	e	
point of the Accident since January 1, 2002?	•	
18a. If Yes, for each examination conducted since January 1, 2002, sele	ect type of non-destructive examination and indicate most	
recent year the examination was conducted:		
- Radiography		
Most recent year conducted:	1:	
- Guided Wave Ultrasonic		
Most recent year conducted:	l:	
- Handheld Ultrasonic Tool		
Most recent year conducted:	<u>l:</u>	
- Wet Magnetic Particle Test		
Most recent year conducted:	1:	
- Dry Magnetic Particle Test	J	
Most recent year conducted:	1:	
- Ulilei Maat rooont voor ast duited		
iviost recent year conducted:	rihe:	
Describe: Describe: G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column		
Natural Force Damage – Sub-Cause:		
- If Farth Movement, NOT due to Heavy Rains/Floods:		
1 Specify:		
- If Other Describe:	:	
- If Heavy Rains/Floods:	<u>· 1</u>	

2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is sel	ected.
6. Were the natural forces causing the Accident generated in	
conjunction with an extreme weather event?	
6a. If Yes, specify: (select all that apply)	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one sub-cause can be picked from si	haded left-hand column
Excavation Damage – Sub-Cause:	
If Execution Domago by Operator (First Party)	
- If Excavation Damage by Operator (First Party).	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
If Province Demons due to Execution Activity	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.
1. Has one or more internal inspection tool collected data at the point of	
the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool a	nd indicate most recent year run: -
- Magnetic Flux Leakage	
Most recent year conducted:	
- Olliasonic Most recent year conducted:	
- Geometry	
Most recent vear conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
Most recent year conducted:	
- Uliter Most recent year conducted:	
Most recent year conducted.	
2. Do you have reason to believe that the internal inspection was	
completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted	
since original construction at the point of the Accident?	
- It Yes:	
Most recent year tested:	
I est pressure (psig):	
segment?	
- If Yes, and an investigative dig was conducted at the point of the Ac	cident:
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
5. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	

5a. If Yes, for each examination, conducted since January 1, 2002,	select type of non-destructive examination and indicate most	
recent year the examination was conducted:	1	
Most recent year conducted:		
- Guided Wave Ultrasonic		
Most recent year conducted:		
- Handheld Ultrasonic Tool		
Most recent year conducted:		
- Wet Magnetic Particle Test		
- Dry Magnetic Particle Test		
Most recent year conducted		
- Other		
Most recent year conducted:		
Describe:		
Complete the following if Excavation Damage by Third Party is selec	ted as the sub-cause.	
6. Did the operator get prior potification of the excavation activity?		
6a. If Yes. Notification received from: (select all that apply) -	1	
- One-Call System		
- Excavator		
- Contractor		
- Landowner		
Complete the following mandatory CGA-DIRT Program questions if a	ny Excavation Damage sub-cause is selected.	
7. Do you want PHMSA to upload the following information to CGA-		
DIRT (www.cga-diff.com)?		
- Public		
- If "Public". Specify:		
- Private		
- If "Private", Specify:		
- Pipeline Property/Easement		
- Power/Transmission Line		
- Railroad		
- Dedicated Public Utility Easement		
- Federal Land		
- Data Not collected		
9. Type of excavator:		
10. Type of excavation equipment:		
11. Type of work performed:		
12. Was the One-Call Center notified?		
12a. If Yes, specify ticket number:		
12b. If this is a State where more than a single One-Call Center		
exists, list the name of the One-Call Center notified:		
13. Type of Locator:		
14. Were facilities marked correctly?		
16. Did the damage cause an interruption in service?		
16a. If Yes, specify duration of the interruption (hours)		
17. Description of the CGA-DIRT Root Cause (select only the one predor	ninant first level CGA-DIRT Root Cause and then, where	
available as a choice, the one predominant second level CGA-DIRT Root	Cause as well):	
Root Cause:		
 If One-Call Notification Practices Not Sufficient, specify: 		
 If Locating Practices Not Sufficient, specify: 		
- If Excavation Practices Not Sufficient, specify:		
- If Other/None of the Above, explain:		
G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column		
Other Outside Force Damage – Sub-Cause:	Other Outside Force Damage	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary	Cause of Incident:	
- IT Damage by Car, Truck, or Other Motorized Vehicle/Equipment NO	I Engaged in Excavation:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Fourier	nent or Vessels Set Adrift or Which Have Otherwise Lost	
Their Mooring:		
2. Select one or more of the following IF an extreme weather event was a	a factor:	
- Hurricane		

- Tropical Storm							
- Tornado							
- Heavy Rains/Flood							
- Other							
- If Other, Describe:							
- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:							
- If Electrical Arcing from Other Equipment or Facility:							
- If Previous Mechanical Damage NOT Related to Excavation:							
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	m PART C. Question 3) is Pipe or Weld.						
2. Here one or more internal increation tool collected data at the point of							
3. Has one or more internal inspection tool collected data at the point of the Accident?							
3a If Yes for each tool used select type of internal inspection tool and indicate most recent year rup:							
- Magnetic Flux Leakage							
Most recent year conducted:							
- Ultrasonic							
Most recent year conducted:							
- Geometry							
Most recent year conducted:							
- Caliper							
Most recent year conducted:							
- Crack Most recent year conducted:							
- Hard Spot							
- Tiald Spot							
- Combination Tool							
Meet recent year conducted:							
- Transverse Field/Triavial							
- Transverse Field/Triaxial Meet recent year conducted:							
- Other							
Most recent year conducted:							
Describe:							
4. Do you have reason to believe that the internal inspection was							
completed BEFORE the damage was sustained?							
5. Has one or more hydrotest or other pressure test been conducted							
since original construction at the point of the Accident?							
- If Yes:							
Most recent year tested:							
Test pressure (psig):							
seament?							
- If Yes, and an investigative dig was conducted at the point of the Acciden	it:						
Most recent year conducted:							
- If Yes, but the point of the Accident was not identified as a dig site:							
Most recent year conducted:							
7. Has one or more non-destructive examination been conducted at the							
point of the Accident since January 1, 2002?							
7a. If Yes, for each examination conducted since January 1, 2002, se	elect type of non-destructive examination and indicate most						
- Padiography							
Most recent year conducted:							
- Guided Wave Ultrasonic							
Most recent year conducted:							
- Handheld Ultrasonic Tool							
Most recent year conducted:							
- Wet Magnetic Particle Test							
Most recent year conducted:							
- Dry Magnetic Particle Test							
Most recent year conducted:							
- Olliel Most recent year conducted:							
Niost recent year conducted.							
- If Intentional Damage:							
8. Specify:							
- If Other, Describe:							
- If Other Outside Force Damage:							
	The pipeline failure occurred at the point where a 36-inch						
9. Describe:	diameter foreign pipeline crosses over the subject failed WPL 18-inch pipeline. It is speculated that during a						

G5 - Material Failure of Pipe or Weld - only one sub-cause can be	preceeding hurricane, the 36-inch foreign pipeline was lifted vertically due to the on-botton currents; once lifted, gravity caused the 36-inch foreign pipeline to fall on the 18-inch WPL pipeline with enough force to cause the specific damage observed that resulted in the leak.
Use this section to report material failures ONLY IF the "Item Involved "Weld "	d in Accident" (from PART C, Question 3) is "Pipe" or
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: (select all the	at apply)
- Field Examination	
- Determined by Metallurgical Analysis - Other Analysis	
- If "Other Analysis", Describe:	
 Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required) 	
- If Construction, Installation, or Fabrication-related:	
2. List contributing factors: (select all that apply)	
- raugue or vibration-related	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Original Manufacturing-related (NOT girth weld or other welds for	med in the field):
2. List contributing factors: (select all that apply)	
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe: Mochanical Strose:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify: - Other - Describe:	
Complete the following if any Material Failure of Pine or Wold sub-sa	use is selected
A Additional fasteres (solast off that early):	
- Dent	1
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool a	nd indicate most recent year run:
- Magnetic Flux Leakage	
- Ultrasonic	
Most recent year run:	<u> </u>
- Geometry	
Most recent year run:	
- Caliper Most recent year run:	<u> </u>
- Crack	
Most recent year run:	
- Hard Spot	
Most recent year run:	

Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	
Describe:	
6 Has one or more hydrotest or other pressure test been conducted	
since original construction at the point of the Accident?	
Most recent year tested:	
Test pressure (psig):	
7 Has one or more Direct Assessment been conducted on the ningline	
comport?	
If Veg. and an investigative dig was conducted at the point of the As	nident
- If res, and an investigative dig was conducted at the point of the Ad	
Wost recent year conducted.	
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
8. Has one or more non-destructive examination(s) been conducted at	
the point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, s	elect type of non-destructive examination and indicate most
recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted	
- Dry Magnetic Particle Test	
Most recent year conducted:	
Othor	
- Other Most recent year conducted:	
Describe.	
C6 Equipment Exilure, only one cub cause can be calected from t	he shaded left hand column
Go – Equipment Fature - only one sub-cause can be selected from t	ne snaded ieit-nand column
Faulisment Failure - Sub Causes	
Equipment Failure – Sub-Cause:	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment:	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) -	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve	
Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve	
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Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - Stopple/Control Fitting - Stopple/Control Fitting - Other - If Other – Describe: - If Pump or Pump-related Equipment: 2. Specify: - If Other – Describe: - If Other – Describe: <t< td=""><td></td></t<>	
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	hat apply)
- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	
- Loss of electricity	
- Improper installation	
Mignotohod itoma (different menufacturer for tubing and tubing	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with	
transported commodity	
 Valve vault or valve can contributed to the release 	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Other	
- If Other, Describe:	
G7 - Incorrect Operation - only one sub-cause can be selected from	n the shaded left-hand column
Incorrect Operation – Sub-Cause:	
- If Damage by Operator of Operator's Contractor NOT Related to Ex Damage:	cavation and NOT due to motorized vehicle/Equipment
- If Tank Vessel or Sump/Senarator Allowed or Caused to Overfill o	r Overflow:
1. Specify:	
- If Other, Describe:	
- If Valve Left or Placed in Wrong Position, but NOT Resulting in a Ta Overpressure:	ank, Vessel, or Sump/Separator Overflow or Facility
- If Pineline or Equinment Overpressured:	
- If Equipment Not Installed Properly:	
- If Wrong Equipment Specified or Installed:	
- If Other Incorrect Operation:	
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is select	ted.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): -	ited.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure	ited.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Follow procedure	ited.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure Other:	ited.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other:	sted.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other: - If Other, Describe: 4. What category type was the activity that caused the Accident?	sted.
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other: - If Other, Describe: 4. What category type was the activity that caused the Accident? 5. Was the task(s) that led to the Accident identified as a covered task	
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other: - If Other, Describe: 4. What category type was the activity that caused the Accident? 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
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Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other: - If Other, Describe: 4. What category type was the activity that caused the Accident? 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? G8 - Other Accident Cause - only one sub-cause can be selected f Other Accident Cause – Sub-Cause: - If Miscellaneous:	com the shaded left-hand column
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other: - If Other, Describe: 4. What category type was the activity that caused the Accident? 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? G8 - Other Accident Cause - only one sub-cause can be selected f Other Accident Cause – Sub-Cause: - If Miscellaneous: 1. Describe:	rom the shaded left-hand column
Complete the following if any Incorrect Operation sub-cause is select 3. Was this Accident related to (select all that apply): - - Inadequate procedure - No procedure established - Failure to follow procedure - Other: - If Other, Describe: 4. What category type was the activity that caused the Accident? 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? G8 - Other Accident Cause - only one sub-cause can be selected f Other Accident Cause – Sub-Cause: - If Miscellaneous: 1. Describe: - If Unknown:	rom the shaded left-hand column
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on the 18-inch pipeline with enough force to cause the specific damage observed. The external impact loading from the 36-inch pipeline was the primary cause of the failure as it generated a severe dent, causing elevated stresses. These stresses, in conjunction with the cyclic internal operating pressure conditions of the 18-inch pipeline, generated cracks that resulted in the thru-wall

leak.

File Full Name

PART I - PREPARER AND AUTHORIZED SIGNATURE

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Date	02/15/2011

Appendix C – Metallurgical Evaluation Report

This document is on file at PHMSA

Appendix D – Support Documents

<u>SCADA</u>

Please provide the following information.

• Timeline of events.

At 1736 CDT on 25 MAR 10 an unknown party reported a mystery sheen to NRC, #935149, in the Gulf of Mexico near OCS block SS 154. At 1913 CDT CNAEP Emergency Management Advisor contacted the CPL Hotline to inquire of any recent incidents reported. At that time, CPL began investigating any CPL operated pipelines in the area. Sometime on 25 MAR MMS contacted CPL Sr. Land Representative regarding the NRC report.

At 0730 CDT on 26 MAR 10 CPL Control Center was contacted and initiated an investigation with a review of the scada data with no obvious indication of a release. An overflight of the 18" Whitecap Crude Line was immediately dispatched and discovered a sheen in the vicinity of SS 157. At 1100 CDT another overflight was conducted and found the sheen remaining in the area. At 1200 CDT CPL initiated shutdown procedures for the Whitecap pipeline, completed @ 1320 CDT.

On 26 MAR 10 the CalDive vessel Mr. Fred was contracted by CPL and arrived on scene of a Sub Sea Tie In for the Whitecap line and a 3rd Party Producer. This section had recently undergone repairs by the 3rd Party. Divers inspected the area and reported no indications of a release. The dive vessel proceeded to inspect other portions of the line throughout 27 and 28 MAR. Surface dives continued through 27 and 28 MAR 10 with shortened dives due to weather related issues.

Several overflights were conducted by CPL and USCG to monitor the sheen. The Whitecap line was brought to minimum pressure on 27 MAR 10 and has remained shut in.

At 1800 CDT on 28 MAR 10 divers indentified oil droplets in the area of the Whitecap pipeline and a foreign line crossing, however a hole was not visible in the Whitecap pipeline. It was determined that the foreign line was owned by Tennessee Gas (TGP) and was a 36" Natural Gas pipeline. Divers reported that all external coatings on the 18" White Cap and 36" TGP were non-existent, allowing the 2 lines to touch. The TGP line was lying perpendicular to the Whitecap line, on top and in direct contact. CPL began working with TGP to reduce the pressure on the gas line to create a safe working environment.

At 0745 CDT on 29 MAR 10 the CalDive vessel CalDive 1 arrived on scene and relieved the Mr. Fred. CPL secured (2) 18" clamps for repair operations and sourced another from a 3rd Party.

TGP began reducing the pressure on the gas line from 600 to 50-35 psi on 29 MAR 10 via flaring at SS 198 Platform and is expected to take several days. The CalDive 1 will remain on scene and continue damage assessment when weather conditions improve. Overflights will continue to monitor the sheen. The total volume released has been

estimated @ 250 gallons using reverse dispersion analysis based on overflight data from first light on 27 MAR 10.



Alarm Screen. ٠

	PL	M Detail				34 Hr. Trends	Term Trêr		matiés	tême.	Dismiss
Name	55206_S	S26 M Calculat	ing: na U	Description:	26201 - 5821 Inhibit Status Pt	-	à.	Auto Inkibil:	na in	hibit no DEA inh	left: no.
	Retiod	Deviation	Mater In	Méter Out	Linepast	Tank	Meter Lietta	To Deviation S	Alarm	Curr. Day Balance:	-39.9
ST1	1	0.7	1.3	2.0	0.0	0.0	0.7	51.0	no	Prev. Day Balance	-261.3
572	10	.2.0	12.5	14.5	0.0	0.0	2.0	16.0	no	Deviation (Inst.):	0.7
873	20	-2.4	16.9	14.5	0.0	0.0	-2.4	-14.0	nú	A CONTRACTOR OF A CONTRACTOR A CONTR	
UT1	1	-13.9	224.0	210.1	0.0	0.0	-13.9	-6.2	na		
LT2	12	-78.7	2112.9	2034.1	0.0	0.0	-78.7	-3.7	no		
LT3	24	-193.8	4319.0	4125.2	0.0	0.0	-193.8	-4.5	no		
Day		-39.9	1157.7	1117.8	0.0	0.0	-39.9	1	Bala	ince Signature Plo	ŧ
West	C	-555.8	125145.8	124590.1	0.0	0.0	-555.8	1545	192.0		
Month	1	-758.3	364178.0	363419.7	0.0	0.0	-758.3				
Total	inepack:	0.0	Total Lin	wasch Change:	0.0						
		-	and the	(And a set of the later.)							
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511	Vo	lume	0.0	0.0 0.0	0.0	0.0	0.0	112			
STE	Vo	lume	0.0	0.0 0.	0.0	0.0	0.0				
STE	Vo	lume	175.0	0.0 -150	0.0	1035.2 -8	87.3	-10			
LTI	Vo	lume	0.0	0.0 -230	0.0	0.0 -1	02.7				
LT2	Vo	lume	0,0	0.0 0.	.0 0.0	0.0	0.0				
113	Vo	lume	750.0	0.0 -750	0.0	17.4	17.4				
Baiane	e Tuning F	attor	1.0000	Suspension Als	erm Timer Delsy (m	unst 📕	0		5m 32		
Diagon	on Filter C	onelani,	1,0000	Stale Timesut	(hearing)		1				
Sustion.	action vinto	and the second	2,0000								