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

Principal Investigator	Michael Yazemboski
Region Director	Byron Coy
Date of Report	08/05/2011
Subject	Failure Investigation Report – Buckeye External Corrosion Pit near Shippingport, PA

Operator, Location, & Consequences

Date of Failure	03/20/2011
Commodity Released	Diesel
City/County & State	Shippingport/Beaver County, PA
OpID & Operator Name	1845 Buckeye Pipeline LP
Unit # & Unit Name	3221 Coraopolis Area – PA
SMART Activity #	133920
Milepost / Location	Latitude: 40.62252, Longitude: -80.4181
Type of Failure	Pipeline Leak due to localized external corrosion pit
Fatalities	0
Injuries	0
Description of area impacted	HCA area
Property Damage	\$118,617

Executive Summary

On March 20, 2011, Buckeye Pipeline reported a leak on their 10" line 820 that runs from their Coraopolis Terminal to the Midland Terminal. The leak was located in a wooded area behind a Gypsum plant near the intersection of Ferry Hill Road and Shippingport Road in Shippingport, PA. The leak was due to an isolated external corrosion pit located in the 12:00 position on the pipe. Approximately 300 barrels of diesel fuel were spilled as a result of the leak and it was estimated that 238 barrels were recovered. The spill follow the natural terrain from the leak site to a stormwater drainage canal located behind the Gypsum plant, where it was contained and prevented from entering the Ohio River. Buckeye was able to isolate the line by closing block valves upstream and downstream of the leak site. Once isolated, Buckeye drained the leaking segment of line into tank trucks located at their Midland Terminal. On March 23, Buckeye repaired the leak by cutting out and replacing a 10' section of pipe with new pipe. The line was returned to full operation on March 23 around 10:00am.

System Details

The leak was on Buckeye's Line 820. Line 820 is a 10" line running from Buckeye's Coraopolis Terminal to their Midland Terminal located in Shippingport, PA. (Appendix A / Appendix B)

The Coraopolis Unit contains 145 miles of 6", 10", and 12" pipe that runs from Midland Terminal to the Indiana Terminal located in Indiana, PA and to the Pittsburgh airport.

Events Leading up to the Failure

The leak was initially reported to the NRC by a local resident (Appendix C).

Buckeye was in the process of pumping Ultra Low Sulfur Diesel (ULSD) fuel from Buckeye's Coraopolis Terminal to their Midland Terminal located in Shippingport, PA. The pressure at the site at the time of failure was 462 psig which was below the MAOP of 1147 psig. A resident reported a spray of product that could be seen rising above the trees in a wooded area behind the Gypsum plant. Buckeye responded and determined that it was their line 820 that was leaking.

Emergency Response

On March 20, 2011, at approximately 14:02, Buckeye was notified by emergency responders of a possible leak on the Buckeye line in Shippingport, PA. Buckeye immediately dispatched local field personnel and began a controlled shutdown and isolation of the line. The appropriate internal and external notifications were made to report the release and dispatch teams of responders to contain the product and repair the defect in the line. Buckeye was able to isolate the line by closing block valves upstream and downstream of the leak site. Once isolated, Buckeye drained the leaking segment of line into tank trucks located at their Midland Terminal. Buckeye established a local command center on site. Local, State, and Federal agencies responded. Buckeye successfully implemented their Oil Spill Response Plan (dated 7/13/2010) and Emergency Plan Procedures.

Failure Investigation Report – Buckeye External Corrosion Pit near Shippingport, PA Failure Date: 03/20/2011

Summary of Return-to-Service

On March 23, 2011, Buckeye repaired the leak by cutting out and replacing a 10' section of pipe with new pipe. A successful pressure test was conducted prior to returning the line to service. During the start up phase, the pressure in the line was increased in incremental steps until final operating pressure was achieved. The line was returned to full operation on March 23, 2011.

Investigation Details

In April 2010, Buckeye identified a washout condition near the leak location. A review of the records indicated that approximately 2' of pipe was exposed and that the coating was intact and not damaged. This washout area was scheduled to be monitored during future patrols of the area until permanent remediation could be implemented. This condition is not believed to be a contributing factor in causing the leak.

The damaged pipe was cut out and replaced on 3/23/2011. The pipe segment containing the defect was sent to a laboratory for metallurgical analysis to determine the exact cause of the release. Most of the product has been recovered as remediation efforts continue. A professional metallurgical analysis indicates it is likely that the corrosive low pH water directly contacting the exposed segment of pipeline caused the localized external pitting corrosion leading to the through wall defect and the surrounding metal loss.

Findings & Contributing Factors

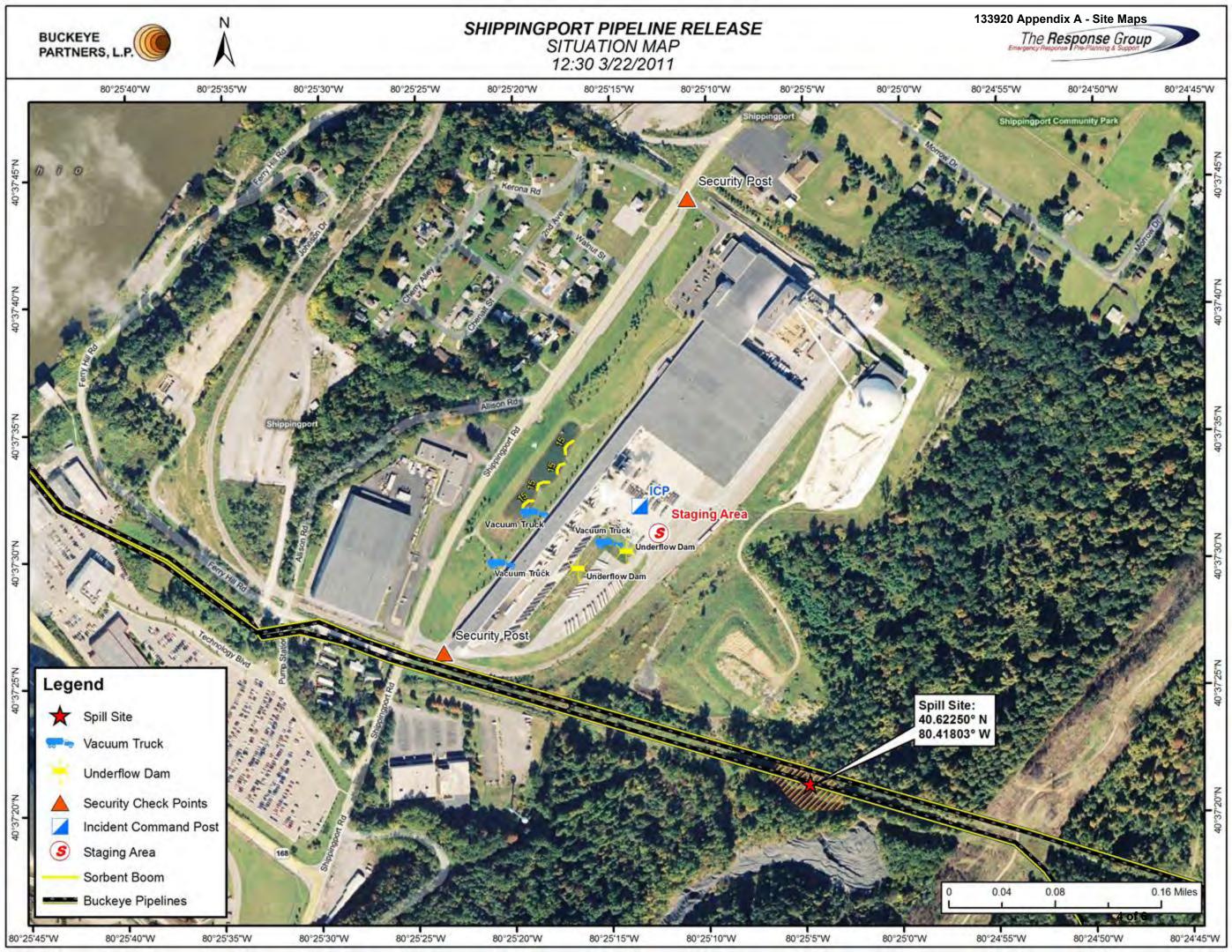
The cause has been determined to be due to low pH water directly contacting the exposed segment of pipeline causing the localized external pitting leading to the through wall defect and the surrounding metal loss (Appendix D). The corrosion is limited to the section of exposed piping where the coating had become disbonded.

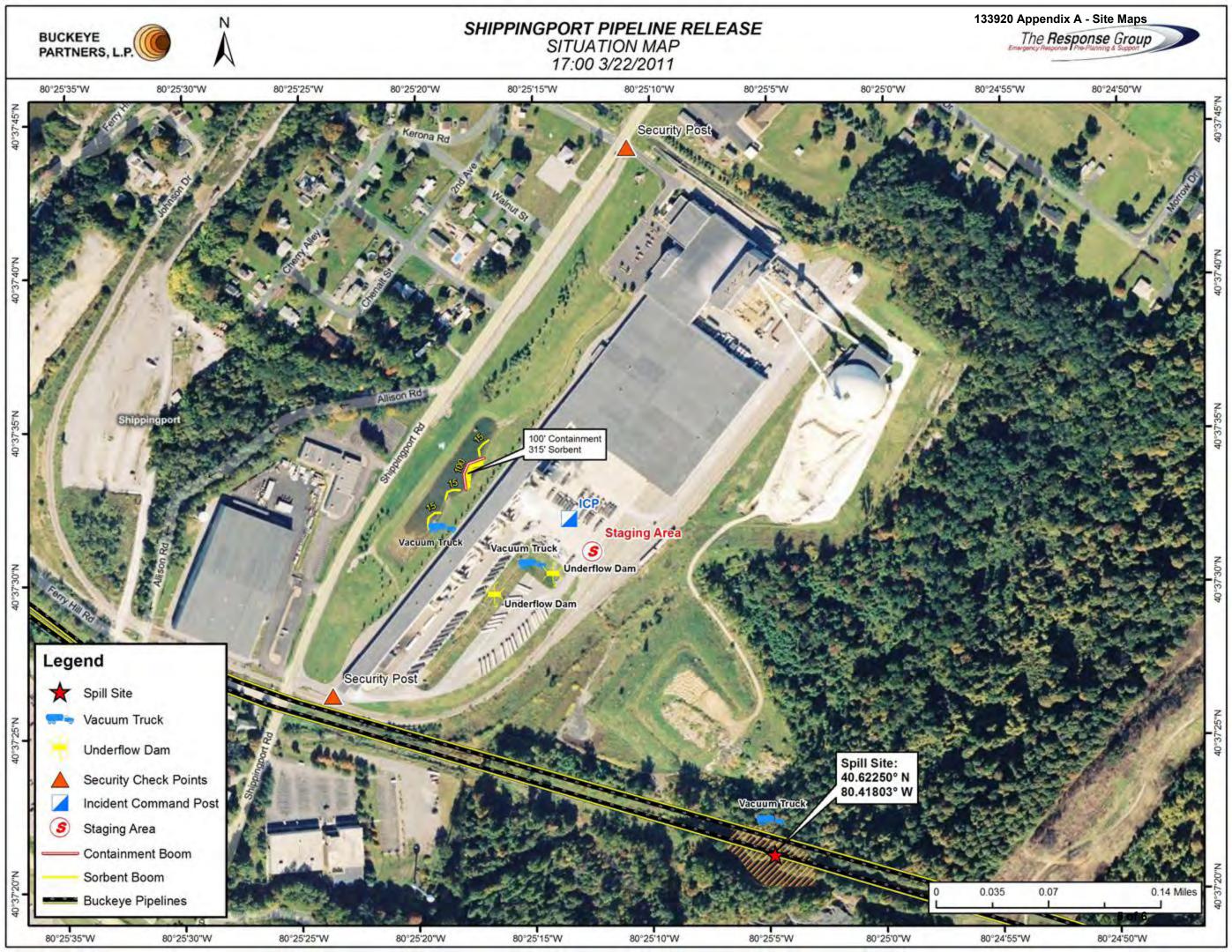
Appendices

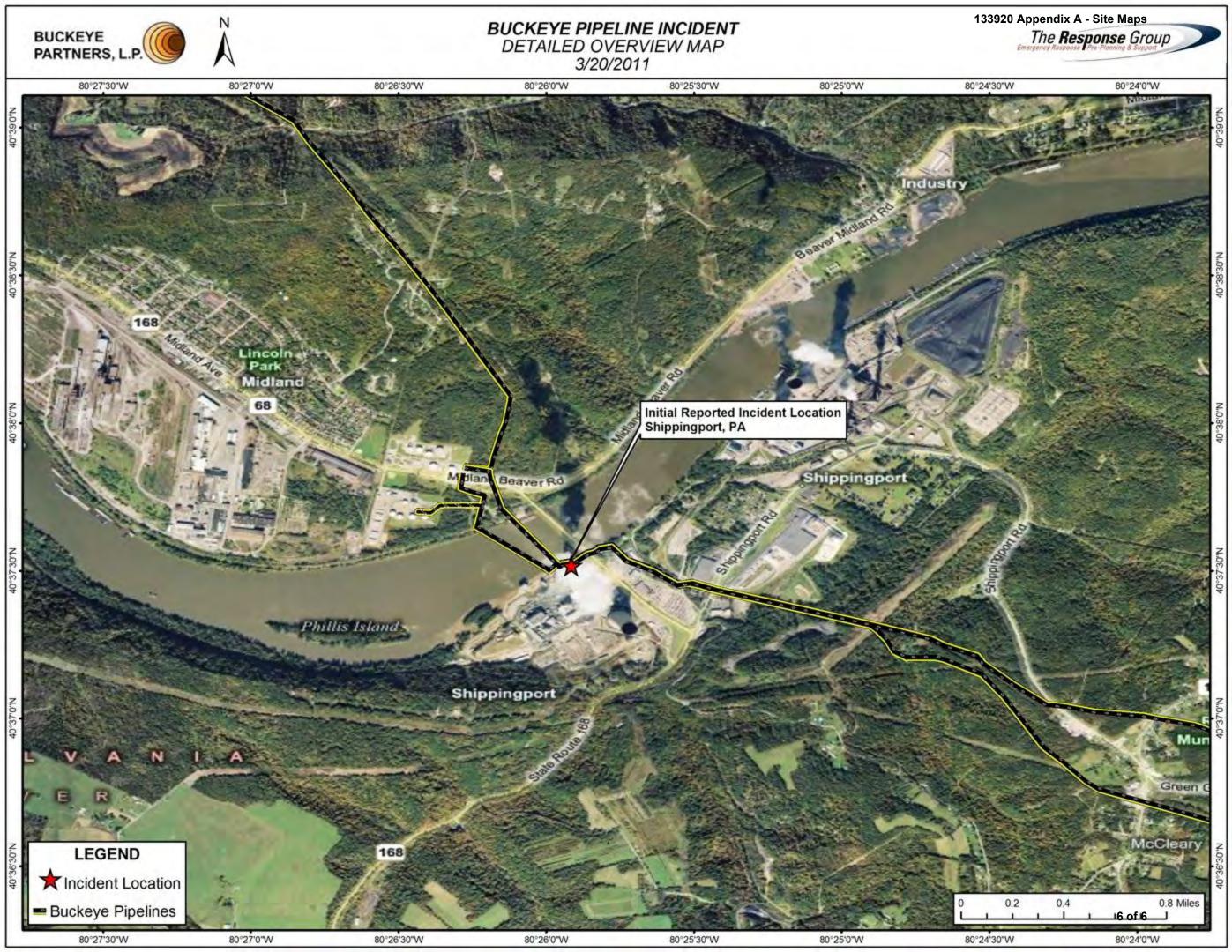
Appendix A - Site Maps Appendix B - Photographs Appendix C - NRC Reports Appendix D - Buckeye Accident Report





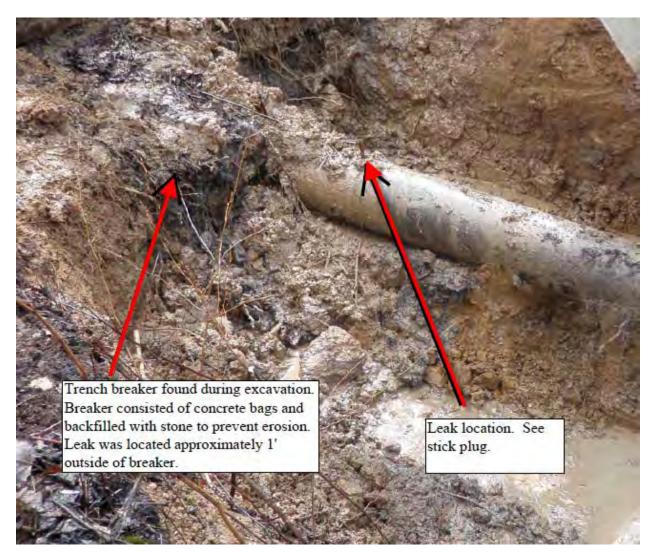






133920 Appendix B - Photos





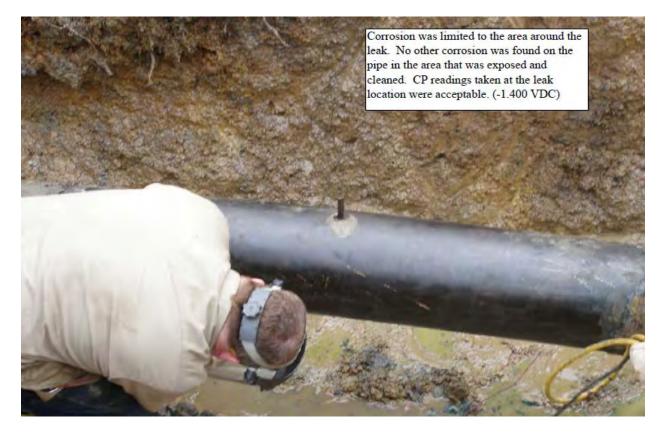




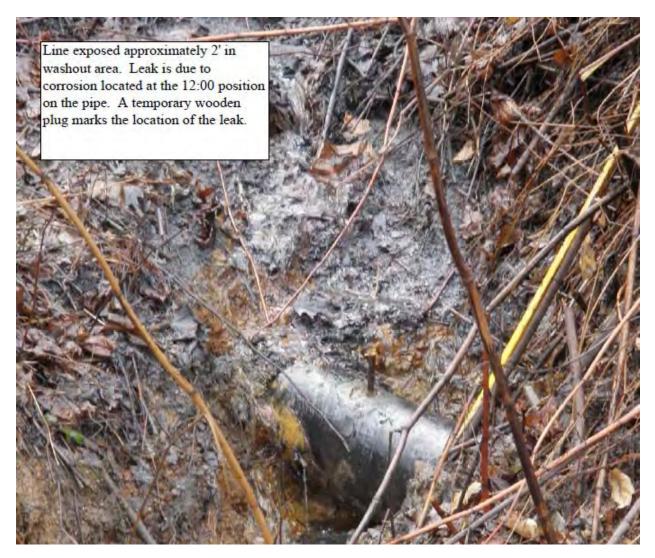




133920 Appendix B - Photos







133920 Appendix B - Photos



Menu

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	Pipeline & Hazardou	us	HMIS->INCIDEN	ſS->TELEPHO	NICS	
PHM		(Version 3.4.06 PRO	D) Rules c	of Behavior	Home	Logout
		Return to Search]				
NRC Number: Call Date:	970587 03/20/2011	Call Time:	14:24:10			
	<u>Ca</u>	ller Information				
First Name:	TERRY	Last Name:	ERICKSON			
Company Name:	BEAVER COUNTY 911					
Address:						
City:		State:	PA			
Country:	USA	Zip:				
Phone 1:	7247750880	Phone 2:				
Organization Type:	LOCAL	Is caller the spiller?	⊖Yes ●No ⊖No Re	sponse		
Confidential:	⊖Yes ●No ⊖No Res	ponse				
	Disch	arger Information				
First Name:		Last Name:	UNKNOWN			
Company Name:	BUCKEYE PIPELINE					
Address:						
City:	SHIPPINGPORT	State:	PA			
Country:	USA	Zip:				
Phone 1:		Phone 2:				
Organization Type:	PRIVA					
	Sr	bill Information				
State:	PA	County:	BEAVER			
Nearest City:	SHIPPINGPORT	Zip Code:				
Location	I		,			
Spill Date:	03/20/2011 (mm/dd/yyyy)	Spill Time:	14:00:00 (24hh:mm:s	is)		
DTG Type:	OCCURRED			1		
Incident Type	PIPELINE	Reported Incident Type	PIPELINE			
	E TO UNKNOWN CAUSES A P AIR AND IT IS GOING IN			UT		
Materials Involved						
Material / Chris Name	Chris Code Total C	Qty.	Water Qty.			
UNKNOWN OIL		NOWN AMOUNT	0 UNKNOWN AMOUNT			

Medium Type:	WATER			
Additional Medium Informa				
OHIO RIVER				
Injuries:		Fatalites:		
Evacuations:	◯Yes ◉No ◯Unknown	No. of Evacuations:		
Damages:	⊖Yes No Unknown	Damage Amount:		
Federal Agency Notified: Other Agency Notified:	○Yes ○No ●Unknown ○Yes ○No ●Unknown	State Agency Notified:	⊖Yes ⊖No මUnknown	
Remedial Actions FIRE DEPT IS ON SCE	NE AND HAZMAT IS EN RO	DUTE.		
Additional Info				
Latitude				
Degrees:	Minutes:	Seconds:	Quadrant:	
Degrees:	Minutes:	Seconds:	Quadrant:	
Distance from City:		Direction:		
Section:		Township:		
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		[Return to Search]			
NRC Number: Call Date:	970594 03/20/2011	Call Time:	15:33:36		
		Caller Information			
First Name:	CARL	Last Name:	OSTACH		
Company Name:	BUCKEYE PARTNE	ERS			
Address:	469 MOON CLINTC	N ROAD			
City:	CORAOPOLIS	State:	PA		
Country:	USA	Zip:	15108		
Phone 1:	4122929019	Phone 2:	4122997010		
Organization Type:	PRIVA	Is caller the spiller?	●Yes ○No ○No Response	3	
Confidential:	⊖Yes ●No ⊖N	No Response			
		Discharger Information			
First Name:	CARL	Last Name:	OSTACH		
Company Name:	BUCKEYE PARTNE	ERS			
Address:	469 MOON CLINTC	ON ROAD			
City:	CORAOPOLIS	State:	PA		
Country:	USA	Zip:	15108		
Phone 1:	4122929019	Phone 2:	4122997010		
Organization Type:	PRIVA				
		Spill Information			
State:	PA	County:	BEAVER		
Nearest City: Location	SHIPPINGPORT	Zip Code:			
Spill Date:	03/20/2011 (mm/dd	/yyyy) Spill Time:	15:10:00 (24hh:mm:ss)		
DTG Type:	DISCOVERED				
Incident Type	PIPELINE	Reported Incident Typ	e PIPELINE		
	TRA LOW SULFUR DIE ND HAS ENTERED INT(SEL FUEL RELEASED FROM A O THE OHIO RIVER.	A PIPELINE DUE TO		
Materials Involved					
Material / Chris Name	Chris Code	Total Qty.	Water Qty.]	
OIL: DIESEL	ODS	0 UNKNOWN AMOUNT	0 UNKNOWN AMOUNT		

Medium Type:	WATER			
Additional Medium Informa				
OHIO RIVER				
Injuries:		Fatalites:		
Evacuations:	◯Yes ●No ◯Unknown	No. of Evacuations:		
Damages:	○Yes No Unknown	Damage Amount:		
Federal Agency Notified:	◯Yes ◯No ◉Unknown	State Agency Notified:	◯Yes ◯No ◉Unknown	
Other Agency Notified:	○Yes ○No ●Unknown			
Remedial Actions				
CONTRACTORS FOR CLE AGENCIES ARE ON SIT	ANUP, PUBLIC RESPONDED	RS SUCH AS POLICE, :	INE SECTION, ACTIVATED FIRE AND OTHER	
Latitude				
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Degrees:	Minutes:	Seconds:	Quadrant:	
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	[F	Return to Search]				
NRC Number: Call Date:	970718 03/21/2011	Call Time:	17:11:57			
	Cal	ler Information				
First Name:	CARL	Last Name:	OSTACH			
Company Name:	BUCKEYE PARTNERS					
Address:	469 MOON CLINTON ROA	١D				
City:	CORAOPOLIS	State:	PA			
Country:	USA	Zip:	15108			
Phone 1:	4122929019	Phone 2:	4122997010			
Organization Type:	PRIVA	Is caller the spiller?	●Yes ○No ○No	Response		
Confidential:	⊖Yes ●No ⊖No Resp	oonse				
	Disch	arger Information			_	
First Name:	CARL	Last Name:	OSTACH			
Company Name:	BUCKEYE PARTNERS					
Address:	469 MOON CLINTON ROA	\D				
City:	CORAOPOLIS	State:	PA			
Country:	USA	Zip:	15108			
Phone 1:	4122929019	Phone 2:	4122997010			
Organization Type:	PRIVA			I		
	Sp	ill Information			_	
State:	PA	County:	BEAVER			
Nearest City: Location	SHIPPINGPORT	Zip Code:	15077			
ROUTE 168 SHIPPIN	NGPORT RD.					
Spill Date:	03/20/2011 (mm/dd/yyyy)	Spill Time:	15:10:00 (24hh:m	m:ss)		
DTG Type:	DISCOVERED					
Incident Type	PIPELINE	Reported Incident Type	e PIPELINE			
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Materials Involved						
Material / Chris Name	Chris Code	Total Qty.	Water Qty	/.		
OIL: DIESEL	ODS	300 BARREL(S)			

TeleDetail

L			
Medium Type:	SOIL		
Additional Medium Inform			
/ NO OFF SITE IMPAG	T		
Injuries:		Fatalites:	
Evacuations:	○Yes ●No ○Unknown	No. of Evacuations:	
Damages:	○Yes No ○Unknown	Damage Amount:	
Federal Agency Notified:	◯Yes ◯No ◉Unknown	State Agency Notified:	◯Yes ◯No ◉Unknown
Other Agency Notified:	🔿 Yes 🔿 No 🖲 Unknown		
Remedial Actions			
	EN RECOVERED, ALL PROD	UCT IS CONTAINED AT	THIS TIME AND NO
ADDITIONAL ASSISTAN	NCE IS REQUESTED.		
A. 1. P.C 1 C.			
Additional Info			
ADDITIONAL INFORMAT	ATED REPORT; REFER TO FION.	NRC REPORT #970594*	** CALLER HAD NO
Latitude			
Degrees:	Minutes:	Seconds:	Quadrant:
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Degrees:	Minutes:	Seconds:	Quadrant:
Distance from City:		Direction:	
Section:		Township:	
Range:	_	Milepost:	
Rescinded Comm	ents (max 250 characters)		
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NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a exceed \$100,000 for each violation for each day that such violation persists except th penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0047 EXPIRATION DATE: 01/3	1/2013
A	Report Date:	04/18/201	1
U.S Department of Transportation	No.	20110120 - 1	5845
Pipeline and Hazardous Materials Safety Administration		(DOT Use On	
ACCIDENT REPORT - HAZ PIPELINE SYS		D	
A federal agency may not conduct or sponsor, and a person is not required to respon with a collection of information subject to the requirements of the Paperwork Reduction OMB Control Number. The OMB Control Number for this information collection is 21 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 collection burden estimate or any other aspect of this collection of information, including sugges Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, W	on Act unless that collect 37-0047. Public reporting time for reviewing inst n of information are man stions for reducing this b	tion of information displays a ong for this collection of informa ructions, gathering the data ne ndatory. Send comments rega urden to: Information Collection	current valid tion is estimate eded, and irding this
INSTRUCTIONS			
Important: Please read the separate instructions for completing this form before you examples. If you do not have a copy of the instructions, you can obtain one from the http://www.phmsa.dot.gov/pipeline.			ovide specific
Report Type: (select all that apply)	Original:	Supplemental:	Final:
Last Revision Date:	06/07/2011	Yes	<u> </u>
Constant Revision Date. Operator's OPS-issued Operator Identification Number (OPID):	1845		
Operator's OPS-issued Operator Identification Number (OPID): Sector 2. Name of Operator	BUCKEYE PARTN	FRSIP	
3. Address of Operator:	BOCKLIL FARIN	LNO, LF	
3a. Street Address	FIVE TEK PARK	999 HAMILTON BOULEV	ARD
3b. City	BREINIGSVILLE		
3c. State	Pennsylvania		
3d. Zip Code	18031		
4. Local time (24-hr clock) and date of the Accident:	03/20/2011 14:02		
5. Location of Accident:			
Latitude:	40.62252		
Longitude:	-80.4181		
 National Response Center Report Number (if applicable): Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): 	970587 03/20/2011 14:24		
8. Commodity released: (select only one, based on predominant	Refined and/or Pet	roleum Product (non-HVL)	which is a
volume released)	Liquid at Ambient C		
- Specify Commodity Subtype:	Diesel, Fuel Oil, Ke	rosene, Jet Fuel	
- 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):	300.00		
10. Estimated volume of intentional and/or controlled release/blowdown			
(Barrels):			
11. Estimated volume of commodity recovered (Barrels):	268.00		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:	[
12a. Operator employees 12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
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	1		
13d. Workers working on the right-of-way, but NOT			

associated with this Operator 136. General public 137. Total injuries (sum of above) 14. Was the pipeline/facility restarted: 0320/2011 14:10 144. Local time pipeline/facility restarted: 0320/2011 14:10 145. Local time pipeline/facility restarted: 0320/2011 14:10 15. Did the commodity (gnile ? No 16. Did the commodity (gnile ? No 17. Number of general public vacuated: 0 18. Local time operator identified Accident: 0320/2011 14:02 18. Local time operator identified Accident: 0320/2011 14:02 18. Local time Operator resources arrived on site: 0 18. Local time Operator resources arrived on site: 0320/2011 14:02 18. Local time Operator resources arrived on site: 0320/2011 15:16 PART B - ADDITIONAL LOCATION INFORMATION 1. Was the ongin of Accident onshore? Yes If No, Complete Questions (2 : 12) If No, Complete Questions (2 : 12) If No acting and the operator designated location: MilepoxValue Station MilepoxValue Station MilepoxValue Station MilepoxValue Station MilepoxValue Station If No accident on Accident: Specify: 17. Area of Accident on: Specify: 18. Local into Accident in: Depth-of-Cover (in): 19. Seguent ram	133920 Appendix D - Buckeye Acc	cident Supplemental Report		
13f. Total injuries (sum of above) Yes 14. Was the pipeline/facility vest down due to the Accident? Yes 14 No. Explain: 137 14 No. Explain: 0320/2011 14:10 14 Local time and date of shutdown: 0322/2011 15:23 - Still shut down? (* Supplemental Report Required) No 15. Did the commodity ignite/ No 16. Did the commodity explode? No 17. Number of general public evacuated 0 18. Time sequence (use local time, Q-at-hour clock): 10 18. Local time Operator resources arrived on site: 0320/2011 14:102 18. Local time Operator identified Accident: 0320/2011 14:102 18. State: Perinsylvania 3. Zip Code: 16/077 4. City Shippingport 5. County or Parish Beaver 6. Operator-designated location: Milepost/valve Station Milepost/valve Station	associated with this Operator			
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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: - Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Matter consider - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:	- If Bridae crossina —			
- If Railroad crossing – Cased/ Uncased/ Bored/drilled - If Road crossing – Cased/ Uncased/ Bored/drilled - If Water crossing – Cased/ Uncased Cased/ Uncased - Cased/ Uncased - - Name of body of water, if commonly known: - - Approx. water depth (ft) at the point of the Accident: - - If Offshore: - 13. Approximate water depth (ft) at the point of the Accident: - 14. Origin of Accident: - - In State waters - Specify: - - State: - - Area: - - Block/Tract #: - - On the Outer Continental Shelf (OCS) - Specify: - - Area: - - Block #: -				
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: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
- If Road crossing – Cased/ Uncased/ Bored/drilled - If Water crossing – Cased/ Uncased Cased/ Uncased - - Name of body of water, if commonly known: - - Approx. water depth (ft) at the point of the Accident: - - If Offshore: - 13. Approximate water depth (ft) at the point of the Accident: - 14. Origin of Accident: - - In State waters - Specify: - - State: - - Area: - - Block/Tract #: - - On the Outer Continental Shelf (OCS) - Specify: - - Area: - - Block #: -				
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: - Approx. water depth (ft) at the point of the Accident: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
- If Water crossing – Cased/ Uncased - Name of body of water, if commonly known: - - Approx. water depth (ft) at the point of the Accident: - - If Offshore: - 13. Approximate water depth (ft) at the point of the Accident: - 14. Origin of Accident: - - In State waters - Specify: - - State: - - Area: - - Block/Tract #: - - On the Outer Continental Shelf (OCS) - Specify: - - Area: - - Block #: -				
Cased/ Uncased - Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Nearest County/Parish: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:	Cased/ Uncased/ Bored/drilled			
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:	- If Water crossing –			
- Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
- Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:	- Name of body of water, if commonly known:			
- Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
- If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
- In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
- State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:	0			
Area: Block/Tract #: Nearest County/Parish: On the Outer Continental Shelf (OCS) - Specify: Area: Block #:				
Block/Tract #: Nearest County/Parish: On the Outer Continental Shelf (OCS) - Specify: Area: Block #:				
- Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #:				
On the Outer Continental Shelf (OCS) - Specify: Area: Block #:				
- Area: - Block #:				
- Block #:				
15. Area of Accident:	- Block #:			
	Area of Accident:			
PART C - ADDITIONAL FACILITY INFORMATION	RT C - ADDITIONAL FACILITY INFORMATION			
1. Is the pipeline or facility: Interstate	s the pipeline or facility:	Interstate		
2. Part of system involved in Accident: Onshore Pipeline, Including Valve Sites				
2. Fait or system motived in Accident. Unshore Pipeline, including valve Sites	an or system involved in ACCident.	Onshore Fipeline, including valve Siles		
- If Onshore Breakout Tank or Storage Vessel, Including Attached				
Appurtenances, specify:		Dine		
3. Item involved in Accident: Pipe				
- If Pipe, specify: Pipe Body	- IT Pipe, specity:	Hibe Rodà		

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3a. Nominal diameter of pipe (in):	10
3b. Wall thickness (in):	.279
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	42,000
3d. Pipe specification:	X42
3e. Pipe Seam , specify:	Seamless
- If Other, Describe:	
3f. Pipe manufacturer:	
3g. Year of manufacture:	
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:	
Year item involved in Accident was installed:	1951
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
	LCan
 If Mechanical Puncture – Specify Approx. size: 	
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	Pinhole
	Filliole
- If Other, Describe:	
 If Rupture - Select Orientation: 	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION	
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	No
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	1
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	1
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	1
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds	1
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial	No
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 Yes
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial	No
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 Yes
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:	No Yes Yes
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 Yes Yes
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 Yes Yes
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	No Yes Yes
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	No Yes Yes
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	No Yes Yes
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	No Yes Yes
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	No Yes Yes No
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:	No Yes Yes
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: Sa. If Yes, specify all that apply: - Soil - Vegetation - Wildlife	No Yes Yes No
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:	No Yes Yes No
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:	No Yes Yes No
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	No Yes Yes No
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 - Sufface - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Groundwater - Surface - Groundwater - Groundwater	No Yes Yes No
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)	No Yes Yes No
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 - Sufface - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Groundwater - Surface - Groundwater - Groundwater	No Yes Yes No
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)	No Yes Yes No
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 - Orean/Seawater - Surface - Private Well - Private Well - Public Water Intake	No Yes Yes No
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 - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels):	No Yes Yes No
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: Sa. If Yes, specify all that apply: - Ocean/Seawater - 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): Sc. Name of body of water, if commonly known:	No Yes Yes No
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: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): Sc. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility	No Yes Yes No No
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 - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Drinking water: (Select one or both) - Private Well - Drinking 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 Yes Yes No
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 - Groundwater - Surface - Dinking water: (Select one or both) - Private Well - Drinking water; (Select one or both) - Private Well - Drinking 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?	No Yes Yes No No
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: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Private Well - Rublic 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?	No Yes Yes No No No No Yes Yes Yes Yes Yes Yes
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: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Birds - 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?	No Yes Yes No No
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: 4. Anticipated remediation: 4. 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 - 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?	No Yes Yes No No No No Yes Yes Yes Yes Yes Yes
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: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Surface - 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)? - Did the released commodity reach or occur in one or more High Consequence Area (HCA)? - Terrestrial commonly known: - A If Yee, specify HCA type(s): (Select all that apply) - A and the apply: - Difference Area (HCA)? - Difference Area (HCA)? - Difference Area (HCA)? - A and the apply)	No Yes Yes No No No No Yes Yes Yes Yes Yes Yes
If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION I. Wildlife impact: 1a. If Yes, specify all that apply:	No Yes Yes No No No No Yes Yes Yes Yes Yes Yes
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: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Surface - 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)? - Did the released commodity reach or occur in one or more High Consequence Area (HCA)? - Terrestrial commonly known: - A If Yee, specify HCA type(s): (Select all that apply) - A and the apply: - Difference Area (HCA)? - Difference Area (HCA)? - Difference Area (HCA)? - A and the apply)	No Yes Yes No No No No Yes Yes Yes Yes Yes Yes

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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	Yes
Was this HCA identified in the "could affect"	Mar
determination for this Accident site in the Operator's	Yes
Integrity Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water Was this HCA identified in the "could affect"	Yes
determination for this Accident site in the Operator's	Yes
Integrity Management Program?	Tes
- Unusually Sensitive Area (USA) - Ecological	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
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	\$ 0
8c. Estimated cost of Operator's property damage & repairs	\$ 111,959
8d. Estimated cost of Operator's emergency response	\$ 0
8e. Estimated cost of Operator's environmental remediation	\$ 6,658
8f. Estimated other costs	\$ 0
Describe:	
8g. Estimated total costs (sum of above)	\$ 118,617
PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Accident (psig):	462.00
2. Maximum Operating Pressure (MOP) at the point and time of the	1,147.00
Accident (psig):	1,141.00
3. Describe the pressure on the system or facility relating to the	Pressure did not exceed MOP
Accident (psig):	
4. Not including pressure reductions required by PHMSA regulations	
(such as for repairs and pipe movement), was the system or facility	No
relating to the Accident operating under an established pressure	No
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	Yes
2?	
- If Yes - (Complete 5a. – 5f. below)	
5a. Type of upstream valve used to initially isolate release	
source:	Remotely Controlled
5b. Type of downstream valve used to initially isolate release	Demotely Controlled
source:	Remotely Controlled
5c. Length of segment isolated between valves (ft):	88,806
5d. Is the pipeline configured to accommodate internal	
inspection tools?	Yes
- If No, Which physical features limit tool accommodation?	(select all that apply)
- 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	
- Other -	
- If Other, Describe:	
- If Other, Describe: 5e. For this pipeline, are there operational factors which	
 - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool 	No
 - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? 	
- If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? - If Yes, Which operational factors complicate execution? (select all that a	
 - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? 	

- Low low of absence of how - Incompatible commodity - Other - - If Other, Describe: - Second		
- Other: - If Other, Describe: - 20% SMYS Regulated Trunkline/Transmission S. Was a Supervisory Control and Data Acquisition (SCADA)-based 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 dup/functional at the time of the Accident? Yes 6b. Was it operating at the time of the Accident? Yes 6b. Was it dup/functional at the time of the Accident? Yes 6b. Was it dup/functional at the time of the Accident? Yes 6b. Was it dup/functional at the dime of the Accident? Yes 6b. Was it dup/functional at the dime of the Accident? Yes f6b. Oti SCADA-based information (such as alarm(b), aler(s), even(s), and/or volume calculations) assist with the confirmation of the Accident? Yes 7b. Was it operating at the time of the Accident? Yes 7b. Was it operating at the time of the Accident? Yes 7c. Dud CPM leak detection system in flormation (such as alarm(b), aler(s), even(s), and/or volume calculations) assist No the detection or system information (such as alarm(b), aler(s), even(s), and/or volume calculations) assist with the detection system information (such as alarm(b), aler(s), even(s), and/or volume calculations) assist No with the continnation of the Accident? Yes f1. Dud CPM leak detection system information (such as alarm(b), aler(s), even(s), and/or volume calculations) assist No with the continnation of the Accident? f1. Other, Specify: becorder in statement information (such as alarm(c), aler(s) even(s), and/or volume calculations) assist No f1. FORE: Specify: becorder in albit dentified for the Operator? becortion or its control or its con	- Low flow or absence of flow	
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Describe:		
1. As a result of this Accident, were any Operator employees tested	1 As a result of this Accident were any Operator employees tested	
		No
under the post-accident drug and alcohol testing requirements of DOT's No		
Drug & Alcohol Testing regulations?		
- If Yes:	- If Yes:	
1a. Specify how many were tested:	1a. Specify how many were tested:	
1b. Specify how many failed:		
to. Opecity now many failed.		

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:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
PART G – APPARENT CAUSE	
Select only one box from PART G in shaded column on left represen	ting the APPARENT Cause of the Accident. and answer
the questions on the right. Describe secondary, contributing or root	
	······································
Apparent Cause:	G1 - Corrosion Failure
G1 - Corrosion Failure - only one sub-cause can be picked from sha	ded left-hand column
Corrosion Failure – Sub Cause:	
- If External Corrosion:	
1. Results of visual examination:	Localized Pitting
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
8	
- Selective Seam	
- Other:	Yes
	A professional metallurgical analysis claims it is likely that
	the corrosive low pH water directly contacting the exposed
- If Other, Describe:	segment of pipeline caused the localized external pitting
	corrosion leading to the through wall defect and the
	surrounding metal loss.
3. The type(s) of corrosion selected in Question 2 is based on the followir	ng: (select all that apply)
- Field examination	
- Determined by metallurgical analysis	Yes
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	No
- If Yes :	
□4a. Was failed item considered to be under cathodic	
protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of 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:	
	Vaa
4d. Was the failed item externally coated or painted?	Yes
5. Was there observable damage to the coating or paint in the vicinity of	No
the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other:	
7. Type of corrosion (select all that apply): -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- 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	
- Other:	
- If Other, Describe:	
9. Location of corrosion (select all that apply): -	
- Low point in pipe	

- Elbow	
- Other:	
- 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 A Question 3) is Tank/Vessel.	ND 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 A Question 3) is Pipe or Weld.	ND the "Item Involved in Accident" (from PART C,
15. Has one or more internal inspection tool collected data at the point of the Accident?	Yes
15a. If Yes, for each tool used, select type of internal inspection tool and	indicate most recent year run: -
Magnetic Flux Leakage Tool	Yes
Most recent year	2006
- Ultrasonic	
Most recent year	
- Geometry	
Most recent year	
- Caliper	
Most recent year	
- Crack Most recent year	
- Hard Spot	
Most recent year	
- Combination Tool	Yes
Most recent year	
- Transverse Field/Triaxial	Yes
Most recent year	
- Other	
Most recent year	
Describe	
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	Yes
If Yes -	
Most recent year tested	2007
Test pressure:	
17. Has one or more Direct Assessment been conducted on this segment?	No
- If Yes, and an investigative dig was conducted at the point of the Accident::	
Most recent year conducted:	
- If Yes, 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	
point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select ty	No
recent year the examination was conducted since January 1, 2002, select ty	
- 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:	
- Other	
Most recent year conducted:	
Describe	
G2 - Natural Force Damage - only one sub-cause can be picked from sl	naded left-handed column
Natural Force Damage – Sub-Cause:	
naturar i orce Damaye - oub-cause.	

- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Describe:	
- If Heavy Rains/Floods:	
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 s	haded left-hand column
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
If Draviaua Domana due to Evenuation Activity	
- If Previous Damage due to Excavation Activity:	
	m PART C. Question 3) is Pipe or Weld.
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 1. Has one or more internal inspection tool collected data at the point of	m PART C, Question 3) is Pipe or Weld.
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 1. Has one or more internal inspection tool collected data at the point of the Accident?	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage	
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Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage Most recent year conducted: - Ultrasonic Most recent year conducted: - Geometry	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage Most recent year conducted: - Ultrasonic Most recent year conducted: - Geometry Most recent year conducted:	
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Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage Most recent year conducted: - Ultrasonic Most recent year conducted: - Geometry Most recent year conducted: - Caliper Most recent year conducted:	
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Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage Most recent year conducted: - Ultrasonic Most recent year conducted: - Geometry Most recent year conducted: - Caliper Most recent year conducted: - Crack	
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Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - 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: - Crack Most recent year conducted: - Crack Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Transverse Field/Triaxial	
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Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - 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: - Crack Most recent year conducted: - Crack Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: - Transverse Field/Triaxial 2. Do you have reason to believe that the internal inspection was	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - 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: - Crack Most recent year conducted: - Crack Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: - Dother	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - 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: - Crack Most recent year conducted: - Crack Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: - Transverse Field/Triaxial 2. Do you have reason to believe that the internal inspection was	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - 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: - Crack Most recent year conducted: - Crack Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: - Dother Most recent year conducted: - Dother Most recent year conducted: - Other Most recent year con	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - 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: - Crack Most recent year conducted: - Crack Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year conducted: - Other Most recent year conducted: - Describe: 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? - If Yes: Most recent year tested:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (fro 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 - Magnetic Flux Leakage - Ultrasonic Most recent year conducted: - Geometry Most recent year conducted: - Caliper Most recent year conducted: - Crack Most recent year conducted: - Combination Tool Most recent year conducted: - Other Most recent year conducted <	Ind indicate most recent year run: - Image: Imag

- If Yes, but the point of the Accident was not identified as a dig site:		
Most recent vear 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,	I select type of non-destructive examination and indicate most	
recent year the examination was conducted:	1	
- 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:		
- Other		
Most recent year conducted:		
Describe:		
Complete the following if Excavation Damage by Third Party is select	ted as the sub-cause.	
6. Did the operator get prior notification of the excavation activity?		
6a. If Yes, Notification received from: (select all that apply) -		
- 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-dirt.com)?		
8. Right-of-Way where event occurred: (select all that apply) -		
- Public		
- If "Public", Specify:		
- Private		
- If "Private", Specify:		
- Pipeline Property/Easement		
- Power/Transmission Line		
- Railroad		
- Dedicated Public Utility Easement		
- Federal Land		
- Data not collected		
- Unknown/Other		
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 facility locate marks visible in the area of excavation?		
15. 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 predom	ninant first level CGA-DIRT Root Cause and then where	
available as a choice, the one predominant second level CGA-DIRT Root		
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 sub-	elected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:		
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary	Cause of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NO		

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- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipr	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	factor
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engage	ed 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.
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 in	dicate most recent year run:
- 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 Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most 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):	
Has one or more Direct Assessment been conducted on the pipeline segment?	
segment? - If Yes, and an investigative dig was conducted at the point of the Accide	L
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?	alact type of non-destructive eveningtion and indicate most
7a. If Yes, for each examination conducted since January 1, 2002, s recent year the examination was conducted:	erect type of non-destructive examination and indicate most
- 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:	
- Other	
Most recent year conducted:	
- If Intentional Damage:	
- If Intentional Damage: 8. Specify:	
- If Other, Describe:	
	1

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- If Other Outside Force Damage:	
9. Describe:	
G5 - Material Failure of Pipe or Weld - only one sub-cause can be	selected from the shaded left-hand column
Use this section to report material failures ONLY IF the "Item Involve "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)	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- 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:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- Other - Describe:	
Openalists the following if any Material Follows of Director Mald sub-	
Complete the following if any Material Failure of Pipe or Weld sub-ca	use is selected.
4. Additional factors: (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Buckle - Wrinkle	
- Buckle - Wrinkle - Misalignment	
- Buckle - Wrinkle - Misalignment - Burnt Steel	
- Buckle - Wrinkle - Misalignment - Burnt Steel - Other:	
- Buckle - Wrinkle - Misalignment - Burnt Steel - Other: - If Other, Describe:	
Buckle Wrinkle Misalignment Burnt Steel Other: If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of	
- Buckle - Wrinkle - Misalignment - Burnt Steel - Other: - If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of the Accident?	nd indicate most recent year run:
- Buckle - Wrinkle - Misalignment - Burnt Steel - 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:
- Buckle - Wrinkle - Misalignment - Burnt Steel - 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 - Magnetic Flux Leakage	nd indicate most recent year run:
- Buckle - Wrinkle - Misalignment - Burnt Steel - 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 - Magnetic Flux Leakage Most recent year run:	nd indicate most recent year run:
Buckle Wrinkle Misalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Ultrasonic	Ind indicate most recent year run:
Buckle Wrinkle Misalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Ultrasonic Most recent year run:	Ind indicate most recent year run:
- Buckle - Wrinkle - Misalignment - Burnt Steel - Other: - If Other, Describe: - Ultrasonic - Most recent year run: - Geometry	nd indicate most recent year run:
Buckle Wrinkle Misalignment Burnt Steel Other: If Other, Describe: Steal Steal	nd indicate most recent year run:
Buckle Wrinkle Misalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Ultrasonic Most recent year run: Geometry Most recent year run: Caliper	nd indicate most recent year run:
- Buckle - Wrinkle - Misalignment - Burnt Steel - Other: - If Other, Describe: - Other:	nd indicate most recent year run:
- Buckle - Wrinkle - Misalignment - Burnt Steel - Other:	nd indicate most recent year run:
Buckle Wrinkle Winkle Misalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Othrect transmitter Geometry Most recent year run: Caliper Most recent year run: Crack Most recent year run:	nd indicate most recent year run:
Buckle Wrinkle Misalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Otherset flux Leakage Most recent year run: Geometry Most recent year run: Caliper Most recent year run: Crack Most recent year run: Hard Spot	nd indicate most recent year run:
Buckle Wrinkle Winkle Misalignment Burnt Steel Other: If Other, Describe: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Ultrasonic Most recent year run: Geometry Most recent year run: Caliper Most recent year run: Crack Most recent year run: Hard Spot	nd indicate most recent year run:
Buckle Wrinkle Wisalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Otherset Otherset Most recent year run: Caliper Most recent year run: Crack Most recent year run: - Crack - Most recent year run: -	nd indicate most recent year run:
Buckle Wrinkle Winkle Misalignment Burnt Steel Other: If Other, Describe: If Other, Describe: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: - Magnetic Flux Leakage Most recent year run: - Ultrasonic Most recent year run: - Caliper Most recent year run: - Crack Most recent year run: - Hard Spot Most recent year run: - Combination Tool	Ind indicate most recent year run:
Buckle Wrinkle Wisalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Most recent year run: Otherset Otherset Most recent year run: Caliper Most recent year run: Crack Most recent year run: Ard Spot Most recent year run: Combination Tool	Ind indicate most recent year run:
Buckle Wrinkle Winkle Misalignment Burnt Steel Other: If Other, Describe: S. Has one or more internal inspection tool collected data at the point of the Accident? Sa. If Yes, for each tool used, select type of internal inspection tool a Magnetic Flux Leakage Most recent year run: Others Geometry Most recent year run: Caliper Most recent year run: Other Crack Most recent year run: Other Other Other Most recent year run: Other Other Most recent year run: Other Other Most recent year run: Other Other Other Most recent year run: Other Other Most recent year run: Other Other Most recent year run: Other Most recent year run: Other Most recent year run: Other Other Most recent year run: Other Othe	Ind indicate 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?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline	
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:	
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, so	last turns of non-destructive exemination and indicate most
	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:	
- Other	
Most recent year conducted:	
Describe:	
Describe.	
G6 - Equipment Failure - only one sub-cause can be selected from t	he shaded left-hand column
Co Equipment l'anale only one sub-cause can be selected non t	
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	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- ESD System Failure	
- Other	
- Other - If Other - Describe:	
Other Other If Other – Describe: If Pump or Pump-related Equipment:	
Other Other If Other – Describe: If Pump or Pump-related Equipment: 2. Specify:	
Other O	
Other Other If Other – Describe: If Pump or Pump-related Equipment: 2. Specify:	
Other O	
Other O	
Other O	
Other O	
Other O	
Other - Other - If Other – Describe: -	
Other O	
Other If Other – Describe: If Other – Describe:	
Other - Other - If Other – Describe: -	aterial:
Other If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Defective or Loose Tubing or Fitting: If Failure of Equipment Body (except Pump), Tank Plate, or other M	aterial:
Other If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Defective or Loose Tubing or Fitting: If Defective or Loose Tubing or Fitting: If Failure of Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure:	aterial:
Other If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Defective or Loose Tubing or Fitting: If Failure of Equipment Body (except Pump), Tank Plate, or other M	aterial:
Other - Other - If Other – Describe: - If Other – Describe:	
Other If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Defective or Loose Tubing or Fitting: If Defective or Loose Tubing or Fitting: If Failure of Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure:	
Other If Other – Describe: If Other – Describe: If Other of Pump-related Equipment: Specify: If Other – Describe: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: S. Describe: Complete the following if any Equipment Failure sub-cause is selected	d.
Other If Other – Describe: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: 5. Describe: Complete the following if any Equipment Failure sub-cause is selected 6. Additional factors that contributed to the equipment failure: (select all the selected of the equipment failure: (select all the sel	d.
Other If Other – Describe: If Other – Describe: If Other of Pump-related Equipment: Specify: If Other – Describe: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: S. Describe: Complete the following if any Equipment Failure sub-cause is selected	d.

 No support or loss of support 	
- Manufacturing defect	
- Loss of electricity	
- Improper installation	
- Mismatched items (different manufacturer for tubing and tubing	
fittings)	
- 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 Incorrect Operation – Sub-Cause: - If Damage by Operator or Operator's Contractor NOT Related to Exe Damage:	
-	- Overflaum
- If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or 1. Specify:	Overnow:
- If Other, Describe:	
- If Valve Left or Placed in Wrong Position, but NOT Resulting in a Ta Overpressure:	nk, Vessel, or Sump/Separator Overflow or Facility
- If Pipeline or Equipment 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.
3. Was this Accident related to (select all that apply): -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure - Other:	
- 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 fr	om the shaded left-hand column
Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	1
2. Specify:	
PART H - NARRATIVE DESCRIPTION OF THE ACCIDEN	IT

On March 20th 2011 at approximately 14:02, Buckeye was notified by emergency responders of a possible leak on the Buckeye line in Shippingport, PA. Buckeye immediately dispatched local field personnel and began a controlled shutdown and isolation of the line containing Ultra Low Sulfur Diesel (ULSD). The appropriate internal and external notifications were made to report the release and dispatch teams of responders to contain the product and repair the defect in the line. The damaged pipe was cut out and replaced with certified pipe on 3/23/11. The pipe segment containing the defect was sent to a laboratory for metallurgical analysis to determine the exact cause of the release. Once the permanent repair was completed on March 23rd, the line was restarted at a temporarily reduced MOP. As an extra precaution, the line is operating at the reduced MOP until the analysis of the pipeline is completed. Most of the product has been recovered as remediation efforts continue.

A professional metallurgical analysis claims it is likely that the corrosive low pH water directly contacting the exposed segment of pipeline caused the localized external pitting corrosion leading to the through wall defect and the surrounding metal loss.

PART I - PREPARER AND AUTHORIZED SIGNATURE

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