APPENDIX B

SAMPLE FORMS

REPORT OF MAIN AND SERVICE LINE INSPECTION

FORM 1

COMPANY: _____

This form is to be completed each time a transmission or distribution main or service line is uncovered for inspection or any other reason, such as making service connections, main extensions, replacements, etc.

DATE: _____

1. **Location:** _____
2. **Name of Inspection:** _____
3. **Designation of Line: Transmission** _____ **Distribution** _____ **Service** _____
4. **Age of Pipe:** _____**Years** **Line Size:** _____**Inches**
5. **Maximum Operating Pressure:** _____
6. **Pipe Specification:** _____
7. **Cathodic Protection:** _____
8. **Coating: Type** _____
9. **External Condition: Smooth** _____ **Pitted** _____ **Depth of Pits** _____
10. **Internal Condition: Smooth** _____ **Pitted** _____ **Depth of Pits** _____
11. **Other Structures in the Area Endangering Pipeline:** _____

    _____

    _____
12. **Condition of Right-of-Way:** _____

    _____

    _____
13. **Corrective Measures Taken if Needed:** _____

    _____

    _____
14. **Anodes Installed: How many?** _____ **Size** _____ **Location** _____
15. **Soil: Kind: Sand ( ) Clay ( ) Loam ( ) Cinders ( ) Refuse ( )**
    Packing: Loose ( ) Medium ( ) Hard ( )
    Moisture Content: Dry ( ) Damp ( ) Wet ( )

GAS LEAK AND REPAIR REPORT

FORM 2

COMPANY: _____

Receipt of Report:

Date: _____ **Time:** _____

Location of Leak: _____

(address, intersection, etc.)

Reported by: _____

(Name) **(Address)**

Description of Leak: _____

(inside/outside)

Leak Detected by: _____

Leak Reported by: _____

Report Received by: _____

Dispatched

Date: _____ **Time:** _____

Investigation Assigned to: _____

(Name)

Assigned as Immediate Action Required? Yes _____ **No** _____

Investigation

Date: _____ **Time:** _____

Investigation by: _____ **Leak Found? Yes** _____ **No** _____

CGI Used? Yes _____ **No** _____ **Leak Grad: 1** _____ **2** _____ **3** _____

Location of Leak: _____

_____

Cause of Leak: _____

Condition Made Safe: Date: _____ **Time:** _____

Repair Report

Length of Pipe Exposed: _____ **feet**

Leak at: Threads ____ **Coupling** ____ **Weld (give type)** ___ **Valve** ____ **Other** ____

Pipe: Size:____ **inches/Steel( ) Plastic( ) Cast Iron( ) Other( ) Depth ( )**

Coating: Enamel ( ) Wrapped ( ) Galvanized ( ) Other ( )

Condition: Excellent ( ) Good ( ) Fair ( ) Poor ( )

Soil Conditions: Sand ( ) Clay ( ) Loam ( ) Other (describe) _____

Moisture: Dry _____ **Damp** _____ **Wet** _____

Repairs Made: _____

_____

Repair Coating Type: Mastic ( ) Hot Applied Tape ( ) Other (describe) _____

Anodes Installed: How many? ____ **Anode Weight** ____ **lbs Depth Installed** _____

Repairs Made by: _____ **Date** _____

(Name)

Foreman: _____ **Supervisor:** _____

(Signature) **(Signature)**

Posted by: _____ **Date:** _____

GAS DISTRIBUTION INSPECTION AND LEAKAGE REPAIR

FORM 3

COMPANY: _____
ADDRESS: _____
_____
_____

Grade of Leak Case
Grade I _____
Grade II _____
Grade III _____

SKETCH SHOWING LEAKS LOCATED	METER SET
	Meter No. _____ (if inspected)

LEAK DATA

Detected By		Collecting		Probable Source		C.G.I. Test	
Mobile Flame Pack		In Building		Mainline		Gas Percent (%)	
Flame Pack		Near Building		Service Line		L.E.L.	
Visual/Vegetation		In Manhole		Service Tap		P.P.M.	
Combustible Meter		In Soil		Valve		Negative	
Odor		In Air		Meter Set			
Bar Hole		Other		Tee			

Pressure		Surface		Leak Course	
Low		Lawn		Corrosion	
Intermediate		Soil		Outside Force	
High		Paved		Construction Defect	
		Other		Material Failure	
				Other	

Component	Explanation	Part of System		Pipe Type	Size	Year Installed
Pipe		Main		Steel		
Valve		Service		Cast Iron		
Fitting		Meter Set		Plastic		
Drip		Customer Piping		Other		
Drip Connection		Other				
Regulator						
Other						

Pipe Condition: Good: _____ Fair: _ Poor: _

Coating Condition: Good: _____ Fair: _ Poor: _

Date Repaired: _____ Date Rechecked: _

Remarks: _____
_____
_____

PATROLLING OF PIPELINE SYSTEM

FORM 4

COMPANY: _____

Period Covered: Began _____ **Ended** _____

Areas Covered: _____

_____

_____

Map References: _____

_____

_____

Leakage Indications Discovered (describe locations and indications, such as a condition of vegetation):

_____

_____

_____

_____

Describe any unusual conditions at highway and railroad crossings: _____

_____

_____

_____

Other Factors noted which could affect present or future safety or operations of the gas system:

_____

_____

_____

_____

Follow-up (repairs, maintenance or test resulting from this inspection): _____

_____

_____

_____

Comments: _____

_____

_____

Number of Persons in Patrol Party: _____

Signature of Person in Charge of Patrol Party: _____

Date: _____

INSPECTION REPORT FOR MOST MASTER METER SYSTEMS

FORM 5

COMPANY: _____

Name of Building: _____ **Town:** _____

Location: _____

Inspector(s): _____

Check List

1. **Supply Main: Average pressure:** _____ **Location:** _____
   Method of Leak Test: _____
   Results: _____
2. **Service Line: Size:** _____ **Location:** _____
   Method of Leak Test: _____
   Results: _____
   Entrance Above or Below Ground? _____
   Is Meter Stop Accessible and in Good Working Order? _____
3. **Meter: Make:** _____ **Size:** _____ **Number:** _____
   Location: _____
   Case and Fittings Tested for Leaks? _____
   Method of Leak Test: _____
   Results: _____
4. **Regulators: Make:** _____ **Size:** _____ **Number:** _____
   Delivery Pressure: _____ **Vented Properly to Outside?** _____
   Relief Valve: Make: _____ **Size:** _____
   Were Regulator and Fittings Tested for Leaks? _____
   Results: _____
   Was there Indication of Leakage on Meter with Appliances off? _____

Signed: _____ **Date:** _____

REGULATOR INSPECTION REPORT

FORM 6

COMPANY: _____

Location: _____

Regulator Information

Make: _____ **Type:** _____

Size: _____ **Office Size:** _____

Pressure Rating: Inlet: _____ **Outlet:** _____

M.A.O.P. of System to which it is Connected: _____

_____

Operating Pressure: Inlet: _____ **Outlet:** _____

Lock Up Pressure: _____

Monitoring Regulator or Relief Setting: _____

Was the Regulator Stroked (to fully open)? Yes _____ **No** _____

General Condition of the Station:

Atmospheric Corrosion:	**Yes** _____	**No** _____
Support Piping Rigid:	**Yes** _____	**No** _____
Station Guards:	**Yes** _____	**No** _____
Area Clean of Weeds and Grass:	**Yes** _____	**No** _____

Capacity at Inlet and Outlet pressure: _____

Corrections Made: _____

Remarks: _____

_____

_____

_____

Inspector: _____

Signature: _____ **Date:** _____

RELIEF VALVE INSPECTION REPORT

FORM 7

COMPANY: _____

Location: _____

Relief Valve Information

Make: _____ **Type:** _____

Size: _____ **Office Size:** _____

Type of Loadings:

Spring: _____ **Pilot:** _____ **Other:** _____

Range: _____

Pressure Setting: _____

Connecting Pipe Size: _____

Vent Stack Size: _____

Capacity: _____

General Condition of:

Relief Valve: _____

Recording Gauge: _____

Support Piping: _____

General Area: _____

Repairs Required: _____

_____

_____

Repairs Made: _____

_____

_____

Remarks: _____

_____

_____

Inspector: _____

Signature: _____ **Date:** _____

VALVE LOCATIONS

FORM 8

COMPANY: _____

Distribution Valve Location and Reference

NOTE: All Reference Distances are nearest to the face of the curb, fire hydrant, pavement, telephone pole, power pole, tree or sidewalk at the ground line.

North **Valve No.**_____ **Size of Valve:** _____ **Type of Street Surface:** _____ **Depth of Box Below Surface:** _____	**North** **Valve No.** _____ **Size of Valve:** _____ **Type of Street Surface:** _____ **Depth of Box Below Surface:** _____
North **Valve No.** _____ **Size of Valve:** _____ **Type of Street Surface:** _____ **Depth of Box Below Surface:** _____	**North** **Valve No.** _____ **Size of Valve:** _____ **Type of Street Surface:** _____ **Depth of Box Below Surface:** _____

VALVE INSPECTION REPORT

FORM 9

COMPANY: _____

****

Valve Number	Location (Form 8)	Date Inspected	Inspected By

****

Valve Number	Location (Form 8)	Date Inspected	Inspected By

****

Valve Number	Location (Form 8)	Date Inspected	Inspected By

****

Valve Number	Location (Form 8)	Date Inspected	Inspected By

MONTHLY ODORIZATION REPORT

FORM 10

COMPANY: _____

Odorizer Location: _____

Month of: _____ **Period:** _____ **to** _____

Odorizer Information

Make: _____ **Type:** _____

Tank Capacity: _____ **gal. or lb.**

Brand Name of Odorant Used: _____

Odorant Usage:

1. **Odorant in tank at First of the Month:** _____
2. **Odorant Added During this Month:** _____
3. **Total Odorant to Account for (Items 1 + 2):** _____
4. **Odorant in Tank at End of the Month:** _____
5. **Odorant Used During this Month (Items 3 – 4):** _____
6. **Gas Delivery this Month:** _____ **mmcf**
7. **Rate of Odorization in lbs. or gal./mmcf:**

$$\frac{\text{Odorant Used in lbs./gal (Item 5)}}{\text{Gas Delivery in mmcf (Item 6)}} = \text{\_\_\_\_\_ lbs. or gals./mmcf}$$

[Note: mmcf = million cubic foot]

Superintendent/Inspector: _____

Signature: _____ **Date:** _____

"Sniff Test" and/or "Odorometer Test"
ODORIZATION CHECK REPORT

FORM 11

Annual Period _____

COMPANY: _____

Location: _____
Date: _____
Odor Level: _____ **Nil**
_____ **Barely Detectable**
_____ **Readily Detectable**
_____ **Strong**

List other odors present: _____
_____
Remarks: (Odorometer Reading) _____
Observed By: _____

Location: _____
Date: _____
Odor Level: _____ **Nil**
_____ **Barely Detectable**
_____ **Readily Detectable**
_____ **Strong**

List other odors present: _____
_____
Remarks: (Odorometer Reading) _____
Observed By: _____

Location: _____
Date: _____
Odor Level: _____ **Nil**
_____ **Barely Detectable**
_____ **Readily Detectable**
_____ **Strong**

List other odors present: _____
_____
Remarks: (Odorometer Reading) _____
Observed By: _____

Location: _____
Date: _____
Odor Level: _____ **Nil**
_____ **Barely Detectable**
_____ **Readily Detectable**
_____ **Strong**

List other odors present: _____
_____
Remarks: (Odorometer Reading) _____
Observed By: _____

TELEPHONIC REPORT OF CUSTOMER LEAK

FORM 12

COMPANY: _____

Customer Leak Information

Time Call Received: _____ **a.m./p.m.** **Date:** _____
Name of Caller: _____ **Caller's Phone Number:** _____
Name of Customer if not Caller: _____
Address of Leak: _____
_____
_____

Nature of Complaint: Odor ( ) Blowing Gas ( ) Dead Vegetation ( )
Other (describe): _____
_____

Is the gas odor or sound inside the residence? Yes _____ **No** _____
If so, where is it located? (at the water heater, at the heating system, at the stove, in the hall, in the kitchen, etc.): _____
_____

Is the gas odor or sound outside the residence? Yes _____ **No** _____
If so, where is it located? (at the meter, near the street, at the house, in the ditch, at the pool, at the gas grill, etc.): _____
_____

How long have you been smelling or hearing the gas? _____
Will someone be home for us to check the leak? Yes _____ **No** _____

Leak Response Information

Time Dispatched Investigator: _____ **am/p.m.** **Date:** _____
Name of Investigator: _____
Time of Investigator Arrival at Scene of Leak: _____ **a.m./p.m.**
Action Taken: _____
_____
_____
_____

Time of Investigator Completion at Scene of Leak: _____ **a.m./p.m.**
Additional Follow-up (if needed): Yes _____ **No** _____
If so, what type of follow-up: _____
_____
_____

Additional Remarks: _____
_____
_____

Signature of Investigator: _____
Signature of Supervisor: _____

DAILY LEAK LOG

FORM 12A

COMPANY:_____ **Location:** _____

Date: _____

No.	Time Received	Caller's Name Phone Number	Order Code	Address of Leak Reported Condition	Time Dispatched	Time Arrived	Tech. & No.	Action Taken	Time Compl.	Superv. Initials
1	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
2	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
3	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
4	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
5	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
6	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
7	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
8	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
9	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
10	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
11	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	
12	a.m. p.m.				a.m. p.m.	a.m. p.m.			a.m. p.m.	

ATMOSPHERIC CORROSION CONTROL INSPECTION

FORM 13

COMPANY: _____

Location: _____

Inspector: _____ **Date:** _____

This form is to be completed when above ground piping is inspected for corrosion from atmospheric conditions or corrosive conditions that cannot be controlled by cathodic protection. Inspect all exposed piping every three years for atmospheric corrosion per §§192.479, 192.481 and 192.491.

Designation of Line: **Transmission ( ) Distribution ( ) Service ( )**

Line Size: _____

Area of Corrosion: **Pipe ( ) Meter Set ( ) Fitting ( )**
Regulator ( ) Support ( ) Vent ( )
Other (describe): _____

Corrective Measures Taken: **Painted:** _____ **Coated:** _____
Other (describe): _____
Type of Paint or Coating Used: _____

If General Painting of Exposed Piping is Undertaken, List Addresses Below:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

CATHODIC PROTECTION WORKSHEET

FORM 14

COMPANY: _____

Test Location Number	Location:_____ Tests By:_____ For Year: _____ * Indicates Test Station TEST LOCATION	Soil Resistivity (Ohms-cm)	Current Drain (milliamps) 1st-Qtr Month: _____	2nd-Qtr Month: _____	3rd-Qtr Month: _____	4th-Qtr Month: _____	Pipe-To-Soil Readings (–Volts) 1st-Qtr Month: _____	2nd-Qtr Month: _____	3rd-Qtr Month: _____	4th-Qtr Month: _____

CORROSION CONTROL – RECTIFIER INSPECTION

FORM 15

COMPANY: _____

LOCATION: _____

BRAND OF RECTIFIER: _____

RECTIFIER SERIAL NUMBER: _____

Date	Supply Voltage	Output Volts	Output Amps	Rectifier Condition	Remarks

PIPELINE TEST REPORT

FORM 16

OPERATING COMPANY: _____

Testing Company: _____

This form must be completed for each section of newly installed section of pipe or service line and on each service line that is disconnected from the main for any reason.

Test Data

Type of Pipe: _____

Size of Pipe: _____ **inches** **Length of Line:** _____

Location of Line: _____

_____

_____

Tested with: **Nitrogen ( )** **Air ( )** **Natural Gas ( )** **Water ( )**

Other (describe): _____

Time Started: _____ **a.m./p.m.** **Time Ended:** _____ **a.m./p.m.**

Test Pressure Start: _____ **psig**

Test Pressure Stop: _____ **psig**

Line Loss: **Yes** _____ **No** _____ **Amount Loss:** _____**mcf**

Reason for Line Loss: _____

_____

_____

_____

Corrective Measures Taken: _____

_____

_____

_____

Remarks: _____

_____

_____

Company Representative: _____

Signature: _____ **Date:** _____

GENERAL MAINTENANCE SCHEDULE

1	**Patrol Pipeline Systems**	**192.705 192.721**	**Use Form 4**
2	**Patrol River Crossings, Railroad and Highway Crossings**	**192.705 192.721**	**Use Form 4**
3	**Gas Leak Detection Surveys**	**192.723**	**Use Form 3**
	Downtown and Other Business Areas	**192.723**	**Use Form 3**
	Distribution of Mains and Services	**192.723**	**Use Forms 3 and 4**
4	**Pressure Regulating Stations**	**192.739**	**Use Form 6**
5	**Regulator Stations and Recording of Pressures**	**192.741**	**Maintain and Save all Recording Charts (Date Charts and File by Date)**
6	**Pressure Relief Valves**	**192.743**	**Use Form 7**
7	**Valve Maintenance on Distribution Lines**	**192.747**	**Use Forms 8 and 9**
8	**Odorization of Gas**	**192.625**	**Use Forms 10 and 11**
9	**Corrosion Control – External**	**192.465**	**Use Form 14**
10	**Corrosion Control – Atmospheric**	**192.481**	**Use Form 13**
11	**Corrosion Control – Examination**	**192.459**	**Use Form 1**
12	**Corrosion Control – Rectifiers**	**192.465**	**Use Form 15**
13	**Testing of Piping**	**192.501 to 192.517**	**Use Form 16**

NOTE: Certain components of this maintenance schedule may not be applicable to some smaller "Master Meter Operators."

GENERAL MAINTENANCE SCHEDULE

			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1	Patrol Pipeline Systems	192.705 192.721												
2	Patrol River Crossings, Railroad and Highway Crossings	192.705 192.721												
3	Gas Leak Detection Surveys	192.723												
	Downtown and Other Business Areas	192.723												
	Distribution Mains and Services	192.723												
4	Pressure Regulating Stations	192.739												
5	Regulator Stations and Recording of Pressures	192.741												
6	Pressure Relief Valves	192.743												
7	Valve Maintenance on Distribution Lines	192.747												
8	Odorization of Gas	192.625												
9	Corrosion Control – External	192.465												
10	Corrosion Control – Atmospheric	192.481												
11	Corrosion Control – Examination	192.459	Examine and record observations anytime buried piping is exposed.											
12	Corrosion Control – Rectifiers	192.465												
13	Testing of Piping	192.501 to 192.571	Test and record new pipe installations or connections per these code sections.											

NOTE: Certain components of this maintenance schedule may not be applicable to some smaller "Master Meter Operators." Shade in the month you intend to perform the maintenance and post in a prominent location as a reminder.