

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0522 EXPIRATION DATE: 10/31/2017
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## INCIDENT REPORT – GAS DISTRIBUTION SYSTEM

Report Date \_\_\_\_\_  
 No. \_\_\_\_\_  
(DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

### PART A – KEY REPORT INFORMATION

Report Type: (select all that apply)     Original     Supplemental     Final

Last Revision Date \_\_\_\_\_

1. Operator's OPS-issued Operator Identification Number (OPID):    / / / / / / / /

2. Name of Operator: \_\_\_\_\_

3. Address of Operator:

3.a \_\_\_\_\_  
(Street Address)

3.b \_\_\_\_\_  
(City)

3.c State: / / /

3.d Zip Code: / / / / / / - / / / / / /

4. Local time (24-hr clock) and date of the Incident:  
 / / / / / /    / / /    / / /    / / /  
Hour                      Month                      Day                      Year

5. Location of Incident:

5.a \_\_\_\_\_  
(Street Address or location description)

5.b \_\_\_\_\_  
(City)

5.c \_\_\_\_\_  
(County or Parish)

5.d State: / / /

5.e Zip Code: / / / / / / - / / / / / /

5.f Latitude:    / / / . / / / / / / / /

Longitude: - / / / / / . / / / / / / / /

6. National Response Center Report Number :  
 / / / / / / / /

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:

/ / / / / /    / / /    / / /    / / /  
Hour                      Month                      Day                      Year

8. Incident resulted from:

- Unintentional release of gas
- Intentional release of gas
- Reasons other than release of gas

9. Gas released : (select only one, based on predominant volume released)

- Natural Gas
- Propane Gas
- Synthetic Gas
- Hydrogen Gas
- Landfill Gas
- Other Gas ➡ \*Name: \_\_\_\_\_

10. Estimated volume of gas released:   /  /    /  /    /  /   Thousand Cubic Feet (MCF)

11. Were there fatalities?  Yes  No

If Yes, specify the number in each category:

- 11.a Operator employees   /  /  /  /  /
- 11.b Contractor employees working for the Operator   /  /  /  /  /
- 11.c Non-Operator emergency responders   /  /  /  /  /
- 11.d Workers working on the right-of-way, but NOT associated with this Operator   /  /  /  /  /
- 11.e General public   /  /  /  /  /
- 11.f Total fatalities (sum of above)   /  /  /  /  /

12. Were there injuries requiring inpatient hospitalization?  Yes  No

If Yes, specify the number in each category:

- 12.a Operator employees   /  /  /  /  /
- 12.b Contractor employees working for the Operator   /  /  /  /  /
- 12.c Non-Operator emergency responders   /  /  /  /  /
- 12.d Workers working on the right-of-way, but NOT associated with this Operator   /  /  /  /  /
- 12.e General public   /  /  /  /  /
- 12.f Total injuries (sum of above)   /  /  /  /  /

13. Was the pipeline/facility shut down due to the incident?

Yes  No ➡ Explain: \_\_\_\_\_

If Yes, complete Questions 13.a and 13.b: (use local time, 24-hr clock)

13.a Local time and date of shutdown   /  /     /  /     /  /     /  /    
Hour Month Day Year

13.b Local time pipeline/facility restarted   /  /     /  /     /  /     /  /    
Hour Month Day Year

Still shut down\*  
(\*Supplemental Report required)

14. Did the gas ignite?  Yes  No

15. Did the gas explode?  Yes  No

16. Number of general public evacuated:   /  /    /  /    /  /  

17. Time sequence (use local time, 24-hour clock):

- 17.a Local time operator identified failure   /  /  /  /  /     /  /     /  /     /  /    
Hour Month Day Year
- 17.b Local time operator resources arrived on site   /  /  /  /  /     /  /     /  /     /  /    
Hour Month Day Year

**PART B – ADDITIONAL LOCATION INFORMATION**

1. Was the Incident on Federal land?  Yes  No

2. Location of Incident: *(select only one)*

- Operator-controlled property
- Public property
- Private property
- Utility Right-of-Way / Easement

3. Area of Incident: *(select only one)*

- Underground Specify:  Under soil  Under a building  Under pavement  
 Exposed due to excavation  In underground enclosed space (e.g., vault)  
 Other \_\_\_\_\_  
Depth-of-Cover (in): / / / / /
- Aboveground Specify:  Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)  
 Overhead crossing  
 In or spanning an open ditch  Inside a building  
 In other enclosed space  Other \_\_\_\_\_
- Transition Area Specify:  Soil/air interface  Wall sleeve  Pipe support or other close contact area  
 Other \_\_\_\_\_

4. Did Incident occur in a crossing?  Yes  No

If Yes, specify type below:

- Bridge crossing ⇨ Specify:  Cased  Uncased
- Railroad crossing ⇨ *(Select all that apply)*  Cased  Uncased  Bored/drilled
- Road crossing ⇨ *(Select all that apply)*  Cased  Uncased  Bored/drilled
- Water crossing ⇨ *(Select all that apply)*  Cased  Uncased  Bored/drilled

Name of body of water (If commonly known): \_\_\_\_\_

Approx. water depth (ft): / / / / /

**PART C – ADDITIONAL FACILITY INFORMATION**

1. Indicate the type of pipeline system:

- privately owned
- municipally owned
- investor owned
- cooperative
- Other ⇒ Specify: \_\_\_\_\_

2. Part of system involved in Incident: (*select only one*)  Main  Service  Service Riser  Outside Meter/Regulator set  
 Inside Meter/Regulator set  Farm Tap Meter/Regulator set  
 District Regulator/Metering Station  
 Other \_\_\_\_\_

2.a. Year "Part of system involved in Incident" was installed:    /   /    or  Unknown

3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:

\*3.a Nominal diameter of pipe (in):    /   /   /   /   /   

\*3.b Pipe specification (e.g., API 5L, ASTM D2513): \_\_\_\_\_

3.c Pipe manufacturer: \_\_\_\_\_ or  Unknown

3.d Year of manufacture:    /   /    or  Unknown

4. Material involved in Incident:  Steel  Cast/Wrought Iron  Ductile Iron  Copper  Plastic  
 Reconditioned Cast Iron  Unknown  
 Other ⇒ Specify: \_\_\_\_\_

4.a. If Steel ⇒ Specify seam type: \_\_\_\_\_ or  None or  Unknown

4.b. If Steel ⇒ Specify wall thickness (*inches*):    /   /   /   /    or  Unknown

4.c. If Plastic ⇒ Specify type:  Polyvinyl Chloride (PVC)  Polyethylene (PE)  Cross-linked Polyethylene (PEX)  
 Polybutylene (PB)  Polypropylene (PP)  Acrylonitrile Butadiene Styrene (ABS)  
 Polyamide (PA)  Cellulose Acetate Butyrate (CAB)  
 Other \_\_\_\_\_  
 Unknown

4.d. If Plastic ⇒ Specify Standard Dimension Ratio (SDR):    /   /   /   /    or wall thickness:    /   /   /   /    or  Unknown

4.e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒  
Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE    /   /   /   /    or  Unknown

5. Type of release involved: (*select only one*)

- Mechanical Puncture ⇒ Approx. size:    /   /   /   /   /   in. (axial) by    /   /   /   /   /   in. (circumferential)
- Leak ⇒ Select Type:  Pinhole  Crack  Connection Failure  Seal or Packing  Other
- Rupture ⇒ Select Orientation:  Circumferential  Longitudinal  Other \_\_\_\_\_  
Approx. size:    /   /   /   /   /   in. (widest opening) by    /   /   /   /   /   in. (length circumferentially or axially)
- Other ⇒ \*Describe: \_\_\_\_\_

**PART D – ADDITIONAL CONSEQUENCE INFORMATION**

1. Class Location of Incident: *(select only one)*

- Class 1 Location
- Class 2 Location
- Class 3 Location
- Class 4 Location

2. Estimated Property Damage :

2.a Estimated cost of public and non-Operator private property damage \$ / / / / / / / / / / / / /

2.b Estimated cost of Operator's property damage & repairs \$ / / / / / / / / / / / / /

2.c Estimated cost of Operator's emergency response \$ / / / / / / / / / / / / /

2.d Estimated other costs \$ / / / / / / / / / / / / /

Describe: \_\_\_\_\_

2.e Total estimated property damage (sum of above) \$ / / / / / / / / / / / / /

Cost of Gas Released

2.f Estimated cost of gas released \$ / / / / / / / / / / / / /

3. Estimated number of customers out of service:

3.a Commercial entities / / / / / / /

3.b Industrial entities / / / / / / /

3.c Residences / / / / / / /

**PART E – ADDITIONAL OPERATING INFORMATION**

- 1. Estimated pressure at the point and time of the Incident (psig):       /      /      /      /      /
- 2. Normal operating pressure at the point and time of the Incident (psig):       /      /      /      /      /
- 3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):       /      /      /      /      /
- 4. Describe the pressure on the system relating to the Incident: *(select only one)*
  - Pressure did not exceed MAOP
  - Pressure exceeded MAOP, but did not exceed 110% of MAOP
  - Pressure exceeded 110% of MAOP

- 5. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?
  - No
  - Yes ➔
    - 5.a Was it operating at the time of the Incident?       Yes       No
    - 5.b Was it fully functional at the time of the Incident?       Yes       No
    - 5.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident?       Yes       No
    - 5.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?       Yes       No

- 6. How was the Incident initially identified for the Operator? *(select only one)*
  - SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)
  - Static Shut-in Test or Other Pressure or Leak Test
  - Controller
  - Air Patrol
  - Notification from Public
  - Notification from Third Party that caused the Incident
  - Local Operating Personnel, including contractors
  - Ground Patrol by Operator or its contractor
  - Notification from Emergency Responder
  - Other \_\_\_\_\_

6.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following: *(select only one)*  
 Operator employee       Contractor working for the Operator

- 7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? *(select only one)*
  - Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator *(Supplemental Report required)*
  - No, the facility was not monitored by a controller(s) at the time of the Incident
  - No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)*  
\_\_\_\_\_  
\_\_\_\_\_
  - Yes, Specify investigation result(s): *(select all that apply)*
    - Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue
    - Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue *(provide an explanation for why not)*  
\_\_\_\_\_  
\_\_\_\_\_
    - Investigation identified no control room issues
    - Investigation identified no controller issues
    - Investigation identified incorrect controller action or controller error
    - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
    - Investigation identified incorrect procedures
    - Investigation identified incorrect control room equipment operation
    - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
    - Investigation identified areas other than those above ➔ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART F – DRUG & ALCOHOL TESTING INFORMATION**

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

- No
- Yes ➔ 1.a Specify how many were tested:   /  /  /    
1.b Specify how many failed:   /  /  /

2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

- No
- Yes ➔ 2.a Specify how many were tested:   /  /  /    
2.b Specify how many failed:   /  /  /

**PART G – APPARENT CAUSE**

Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).

**G1 – Corrosion Failure** – \*only one sub-cause can be picked from shaded left-hand column

**External Corrosion**

1. Results of visual examination:
  - Localized Pitting     General Corrosion
  - Other \_\_\_\_\_
2. Type of corrosion: *(select all that apply)*
  - Galvanic     Atmospheric     Stray Current     Microbiological     Selective Seam
  - Other \_\_\_\_\_
3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*
  - Field examination     Determined by metallurgical analysis
  - Other \_\_\_\_\_
4. Was the failed item buried under the ground?
  - Yes ⇒ 4.a Was failed item considered to be under cathodic protection at the time of the incident?
    - Yes ⇒ Year protection started:   /  /  /  /  /
    - No
  - 4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident?
    - Yes     No
  - 4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident?
    - Yes, CP Annual Survey ⇒ Most recent year conducted:   /  /  /  /
    - Yes, Close Interval Survey ⇒ Most recent year conducted:   /  /  /  /
    - Yes, Other CP Survey ⇒ Most recent year conducted:   /  /  /  /
    - No
  - No ⇒ 4.d Was the failed item externally coated or painted?     Yes     No
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
  - Yes     No
6. Pipeline coating type, if steel pipe is involved: *(select only one)*
  - Fusion Bonded Epoxy     Coal Tar     Asphalt
  - Polyolefin     Extruded Polyethylene     Field Applied Epoxy
  - Cold Applied Tape     Paint     Composite     None
  - Other \_\_\_\_\_
  - Unknown

**Internal Corrosion**

7. Results of visual examination:
  - Localized Pitting     General Corrosion     Not cut open
  - Other \_\_\_\_\_
8. Cause of corrosion: *(select all that apply)*
  - Corrosive Commodity     Water drop-out/Acid     Microbiological     Erosion
  - Other \_\_\_\_\_
9. The cause(s) of corrosion selected in Question 8 is based on the following; *(select all that apply)*
  - Field examination     Determined by metallurgical analysis
  - Other \_\_\_\_\_
10. Location of corrosion: *(select all that apply)*
  - Low point in pipe     Elbow     Drop-out
  - Other \_\_\_\_\_
11. Was the gas/fluid treated with corrosion inhibitors or biocides?     Yes     No
12. Were any liquids found in the distribution system where the Incident occurred?
  - Yes     No



Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.

13. Date of the most recent Leak Survey conducted: / / / / / / / / / /  
 Month Day Year

14. Has one or more pressure test been conducted since original construction at the point of the Incident?

- Yes ⇨ Most recent year tested: / / / / / / Test pressure (psig): / / / / / / / /  
 No

**G2 – Natural Force Damage** – \*only one sub-cause can be picked from shaded left-handed column

<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other _____
<input type="checkbox"/> Heavy Rains/Floods	2. Specify: <input type="radio"/> Washouts/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other _____
<input type="checkbox"/> Lightning	3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other _____
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Other Natural Force Damage	5. Describe: _____

Complete the following if any Natural Force Damage sub-cause is selected.

6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?  Yes  No

- 6.a. If Yes, specify: (select all that apply)  Hurricane  Tropical Storm  Tornado  
 Other \_\_\_\_\_

**G3 – Excavation Damage** – \*only one **sub-cause** can be picked from shaded left-hand column

<input type="checkbox"/> <b>Excavation Damage by Operator (First Party)</b>	
<input type="checkbox"/> <b>Excavation Damage by Operator's Contractor (Second Party)</b>	
<input type="checkbox"/> <b>Excavation Damage by Third Party</b>	
<input type="checkbox"/> <b>Previous Damage due to Excavation Activity</b>	<p><b>Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.</b></p> <p>1. Date of the most recent Leak Survey conducted:    <u>   </u>/<u>   </u>/<u>   </u>  <span style="margin-left: 100px;">Month</span>    <span style="margin-left: 50px;">Day</span>    <span style="margin-left: 50px;">Year</span></p> <p>2. Has one or more pressure test been conducted since original construction at the point of the Incident?</p> <p style="margin-left: 40px;"><input type="radio"/> Yes ⇨ Most recent year tested: <u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u></p> <p style="margin-left: 40px;">Test pressure (psig): <u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u>/<u>   </u></p> <p style="margin-left: 40px;"><input type="radio"/> No</p>

**Complete the following if Excavation Damage by Third Party is selected.**

3. Did the operator get prior notification of the excavation activity?     Yes     No
- 3.a If Yes, Notification received from: *(select all that apply)*     One-Call System     Excavator     Contractor     Landowner

**Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.**

4. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?     Yes     No
5. Right-of-Way where event occurred: *(select all that apply)*
- Public ⇨ Specify:     City Street     State Highway     County Road     Interstate Highway     Other
  - Private ⇨ Specify:     Private Landowner     Private Business     Private Easement
  - Pipeline Property/Easement
  - Power/Transmission Line
  - Railroad
  - Dedicated Public Utility Easement
  - Federal Land
  - Data not collected
  - Unknown/Other
6. Type of excavator: *(select only one)*
- Contractor     County     Developer     Farmer     Municipality     Occupant
  - Railroad     State     Utility     Data not collected     Unknown/Other
7. Type of excavation equipment: *(select only one)*
- Auger     Backhoe/Trackhoe     Boring     Drilling     Directional Drilling
  - Explosives     Farm Equipment     Grader/Scraper     Hand Tools     Milling Equipment
  - Probing Device     Trencher     Vacuum Equipment     Data not collected     Unknown/Other
8. Type of work performed: *(select only one)*
- Agriculture     Cable TV     Curb/Sidewalk     Building Construction     Building Demolition
  - Drainage     Driveway     Electric     Engineering/Surveying     Fencing
  - Grading     Irrigation     Landscaping     Liquid Pipeline     Milling
  - Natural Gas     Pole     Public Transit Authority     Railroad Maintenance     Road Work
  - Sewer (Sanitary/Storm)     Site Development     Steam     Storm Drain/Culvert     Street Light
  - Telecommunications     Traffic Signal     Traffic Sign     Water     Waterway Improvement
  - Data not collected     Unknown/Other

*(This CGA-DIRT section continued on next page with Question 9.)*

9. Was the One-Call Center notified?  Yes  No

9.a If Yes, specify ticket number: /

9.b If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:  
\_\_\_\_\_

10. Type of Locator:  Utility Owner  Contractor Locator  Data not collected  Unknown/Other

11. Were facility locate marks visible in the area of excavation?  No  Yes  Data not collected  Unknown/Other

12. Were facilities marked correctly?  No  Yes  Data not collected  Unknown/Other

13. Did the damage cause an interruption in service?  No  Yes  Data not collected  Unknown/Other

13.a If Yes, specify duration of the interruption: / / / / / / hours

14. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):*

One-Call Notification Practices Not Sufficient: *(select only one)*

- No notification made to the One-Call Center
- Notification to One-Call Center made, but not sufficient
- Wrong information provided

Locating Practices Not Sufficient: *(select only one)*

- Facility could not be found/located
- Facility marking or location not sufficient
- Facility was not located or marked
- Incorrect facility records/maps

Excavation Practices Not Sufficient: *(select only one)*

- Excavation practices not sufficient (other)
- Failure to maintain clearance
- Failure to maintain the marks
- Failure to support exposed facilities
- Failure to use hand tools where required
- Failure to verify location by test-hole (pot-holing)
- Improper backfilling

One-Call Notification Center Error

Abandoned Facility

Deteriorated Facility

Previous Damage

Data Not Collected

Other / None of the Above *(explain)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### G4 – Other Outside Force Damage – \*only one sub-cause can be selected from the shaded left-hand column

<input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	1. Vehicle/Equipment operated by: ( <i>select only one</i> ) <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment 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: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other _____
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility	
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	<b>Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.</b> 3. Date of the most recent Leak Survey conducted: / / / / / / Month Day Year 4. Has one or more pressure test been conducted since original construction at the point of the Incident? <input type="radio"/> Yes ⇨ Most recent year tested: / / / / / / Test pressure (psig): / / / / / / / / <input type="radio"/> No
<input type="checkbox"/> Intentional Damage	5. Specify: <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of transported commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other _____
<input type="checkbox"/> Other Outside Force Damage	6. Describe: _____

**G5 – Pipe, Weld, or Joint Failure** – \*only one **sub-cause** can be selected from the shaded left-hand column

<input type="checkbox"/> <b>Body of Pipe</b>	1. Specify: <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Other _____
<input type="checkbox"/> <b>Butt Weld</b>	2. Specify: <input type="radio"/> Pipe <input type="radio"/> Fabrication <input type="radio"/> Other _____
<input type="checkbox"/> <b>Fillet Weld</b>	3. Specify: <input type="radio"/> Branch <input type="radio"/> Hot Tap <input type="radio"/> Fitting <input type="radio"/> Repair Sleeve <input type="radio"/> Other _____
<input type="checkbox"/> <b>Pipe Seam</b>	4. Specify: <input type="radio"/> LF ERW <input type="radio"/> HF ERW <input type="radio"/> Flash Weld <input type="radio"/> DSAW <input type="radio"/> SAW <input type="radio"/> Spiral <input type="radio"/> Other _____
<input type="checkbox"/> <b>Threaded Metallic Pipe</b>	
<input type="checkbox"/> <b>Mechanical Fitting</b>	<p>5. Specify the mechanical fitting involved:  <input type="radio"/> Stub type fitting <input type="radio"/> Nut follower type fitting <input type="radio"/> Bolted type fitting  <input type="radio"/> Other _____</p> <p>6. Specify the type of mechanical fitting:  <input type="radio"/> Service Tee <input type="radio"/> Coupling <input type="radio"/> Service Head Adapter  <input type="radio"/> Basement Adapter <input type="radio"/> Riser <input type="radio"/> Elbow  <input type="radio"/> Other _____</p> <p>7. Manufacturer: _____</p> <p>8. Year manufactured:    /    /    /    /    /</p> <p>9. Year installed:        /    /    /    /    /</p> <p>10. Other attributes: _____</p> <p>11. Specify the two materials being joined:</p> <p>11.a First material being joined:  <input type="checkbox"/> Steel <input type="checkbox"/> Cast/Wrought Iron  <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Copper <input type="checkbox"/> Plastic  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other ⇒ Specify: _____</p> <p>11.b If Plastic ⇨ Specify: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE)  <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB)  <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)  <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB)  <input type="radio"/> Other ⇒ Specify: _____</p> <p>11.c Second material being joined:  <input type="checkbox"/> Steel <input type="checkbox"/> Cast/Wrought Iron  <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Copper <input type="checkbox"/> Plastic  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other ⇒ Specify: _____</p> <p>11.d If Plastic ⇨ Specify: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE)  <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB)  <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)  <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB)  <input type="radio"/> Other ⇒ Specify: _____</p> <p>12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint?  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>12.a If Yes, specify: <input type="radio"/> Cat. I <input type="radio"/> Cat. II <input type="radio"/> Cat. III <input type="radio"/> DOT 192.283</p>

<input type="checkbox"/> <b>Compression Fitting</b>	<p>13. Fitting type: _____</p> <p>14. Manufacturer: _____</p> <p>15. Year manufactured:    / / / / /</p> <p>16. Year installed:        / / / / /</p> <p>17. Other attributes _____</p> <p>18. Specify the two materials being joined:</p> <p>18.a First material being joined:</p> <p><input type="checkbox"/> Steel                    <input type="checkbox"/> Cast/Wrought Iron</p> <p><input type="checkbox"/> Ductile Iron          <input type="checkbox"/> Copper          <input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other ⇒ Specify: _____</p> <p>18.b If Plastic ⇒ Specify :    <input type="radio"/> Polyvinyl Chloride (PVC)      <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)      <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)      <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)      <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p> <p>18.c Second material being joined:</p> <p><input type="checkbox"/> Steel                    <input type="checkbox"/> Cast/Wrought Iron</p> <p><input type="checkbox"/> Ductile Iron          <input type="checkbox"/> Copper          <input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other ⇒ Specify: _____</p> <p>18.d If Plastic ⇒ Specify:    <input type="radio"/> Polyvinyl Chloride (PVC)      <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)      <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)      <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)      <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p>
<input type="checkbox"/> <b>Fusion Joint</b>	<p>19. Specify:    <input type="radio"/> Butt, Heat Fusion    <input type="radio"/> Butt, Electrofusion    <input type="radio"/> Saddle, Heat Fusion</p> <p><input type="radio"/> Saddle, Electrofusion    <input type="radio"/> Socket, Heat Fusion    <input type="radio"/> Socket, Electrofusion</p> <p><input type="radio"/> Other _____</p> <p>20. Year installed:        / / / / /</p> <p>21. Other attributes: _____</p> <p>22. Specify the two materials being joined:</p> <p>22.a First material being joined:</p> <p><input type="radio"/> Polyvinyl Chloride (PVC)      <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)      <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)      <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)      <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p> <p>22.b Second material being joined:</p> <p><input type="radio"/> Polyvinyl Chloride (PVC)      <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)      <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)      <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)      <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p>
<input type="checkbox"/> <b>Other Pipe, Weld, or Joint Failure</b>	<p>23. Describe: _____</p>

**Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.**

24. Additional Factors: *(select all that apply)*    Dent    Gouge    Pipe Bend    Arc Burn    Crack    Lack of Fusion  
 Lamination    Buckle    Wrinkle    Misalignment    Burnt Steel  
 Other \_\_\_\_\_

25. Was the Incident a result of:  
 Construction defect, specify: ⇒  Poor workmanship    Procedure not followed    Poor construction/installation procedures  
 Material defect, specify: ⇒  Long seam    Other \_\_\_\_\_  
 Design defect  
 Previous damage

26. Has one or more pressure test been conducted since original construction at the point of the Incident?  
 Yes ⇒ Most recent year tested: / / / / /   Test pressure (psig): / / / / / /  
 No

**G6 – Equipment Failure**– \*only one **sub-cause** can be selected from the shaded left-hand column

<input type="checkbox"/> <b>Malfunction of Control/Relief Equipment</b>	1. Specify: <i>(select all that apply)</i> <input type="radio"/> Control Valve <input type="radio"/> Instrumentation <input type="radio"/> SCADA <input type="radio"/> Communications <input type="radio"/> Block Valve <input type="radio"/> Check Valve <input type="radio"/> Relief Valve <input type="radio"/> Power Failure <input type="radio"/> Stopple/Control Fitting <input type="radio"/> Pressure Regulator <input type="radio"/> Other _____
<input type="checkbox"/> <b>Threaded Connection Failure</b>	2. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting <input type="radio"/> Other _____
<input type="checkbox"/> <b>Non-threaded Connection Failure</b>	3. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Other Seal or Packing <input type="radio"/> Other _____
<input type="checkbox"/> <b>Valve</b>	4. Specify: <input type="radio"/> Manufacturing defect <input type="radio"/> Other _____ 4.a Valve type: _____ 4.b Manufactured by: _____ 4.c Year manufactured: / / / / /
<input type="checkbox"/> <b>Other Equipment Failure</b>	5. Describe: _____ _____

**G7 – Incorrect Operation** – \*only one **sub-cause** can be selected from the shaded left-hand column

<input type="checkbox"/> <b>Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage</b>	
<input type="checkbox"/> <b>Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure</b>	
<input type="checkbox"/> <b>Pipeline or Equipment Overpressured</b>	
<input type="checkbox"/> <b>Equipment Not Installed Properly</b>	
<input type="checkbox"/> <b>Wrong Equipment Specified or Installed</b>	
<input type="checkbox"/> <b>Other Incorrect Operation</b>	1. Describe: _____

**Complete the following if any Incorrect Operation sub-cause is selected.**

2. Was this Incident related to: *(select all that apply)*
- Inadequate procedure
  - No procedure established
  - Failure to follow procedure
  - Other:\* \_\_\_\_\_
3. What category type was the activity that caused the Incident:
- Construction
  - Commissioning
  - Decommissioning
  - Right-of-Way activities
  - Routine maintenance
  - Other maintenance
  - Normal operating conditions
  - Non-routine operating conditions (abnormal operations or emergencies)
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?  Yes  No
- 4.a If Yes, were the individuals performing the task(s) qualified for the task(s)?
- Yes, they were qualified for the task(s)
  - No, but they were performing the task(s) under the direction and observation of a qualified individual
  - No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

**G8 – Other Incident Cause** – \*only one **sub-cause** can be selected from the shaded left-hand column

<input type="checkbox"/> <b>Miscellaneous</b>	1. Describe: _____ _____
<input type="checkbox"/> <b>Unknown</b>	2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* <i>(*Supplemental Report required)</i>



**PART H – NARRATIVE DESCRIPTION OF THE INCIDENT**

*(Attach additional sheets as necessary)*

**PART I – PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Authorized Signer

Date

Authorized Signer Telephone Number

Authorized Signer's Title

Authorized Signer's E-mail Address