



U.S. Department of Transportation
Pipeline and Hazardous Materials Safety
Administration

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date _____
No. _____
(DOT Use Only)

INSTRUCTIONS

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

PART A – GENERAL REPORT INFORMATION

Check: Original Report Supplemental Report Final Report

1. Operator Name and Address

- a. Operator's 5-digit Identification Number / / / / /
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number / / / / /
- c. Name of Operator _____
- d. Operator street address _____
- e. Operator address _____
City, County or Parish, State and Zip Code

2. Time and date of the incident

/ / / / / / / / / / / / / /
hr. month day year

3. Incident Location

- a. _____
Street or nearest street or road
- b. _____
City and County or Parish
- c. _____
State and Zip Code
- d. Latitude: / / / / / Longitude: / / / / /
(if not available, see instructions for how to provide specific location)
- e. Class location description
 Class 1 Class 2 Class 3 Class 4
- f. Incident on Federal Land Yes No

4. Type of leak or rupture

- Leak: Pinhole Connection Failure (complete sec. F5)
 Puncture, diameter or cross section (inches) _____
- Rupture (if applicable):
 Circumferential – Separation
 Longitudinal
- Tear/Crack, length (inches) _____
- Propagation Length, total, both sides (feet) _____
- N/A
- Other: _____

5. Consequences (check and complete all that apply)

- a. Fatality Total number of people: / / / / /
Employees: / / / / / General Public: / / / / /
Non-employee Contractors: / / / / /
- b. Injury requiring inpatient hospitalization
Total number of people: / / / / /
Employees: / / / / / General Public: / / / / /
Non-employee Contractors: / / / / /
- c. Property damage/loss (estimated) Total \$ _____
Gas loss \$ _____ Operator damage \$ _____
Public/private property damage \$ _____
- d. Gas ignited Explosion No Explosion
- e. Gas did not ignite Explosion No Explosion
- f. Evacuation (general public only) / / / / / people
Evacuation Reason:
 Unknown
 Emergency worker or public official ordered, precautionary
 Threat to the public
 Company policy

6. Elapsed time until area was made safe:

/ / / hr. / / / min.

7. Telephone Report

/ / / / / / / / / / / / / /
NRC Report Number month day year

8. a. Estimated pressure at point and time of incident:

_____ PSIG

b. Max. allowable operating pressure (MAOP): _____ PSIG

c. MAOP established by:

- Test Pressure _____ psig
- 49 CFR § 192. 619 (a)(3)

PART B – PREPARER AND AUTHORIZED SIGNATURE

(type or print) Preparer's Name and Title

Area Code and Telephone Number

Preparer's E-mail Address

Area Code and Facsimile Number

Authorized Signature (type or print) Name and Title

Date Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT

- 1. Incident occurred on
 - Main Meter Set
 - Service Line Other: _____
 - Pressure Limiting and Regulating Facility
- 2. Failure occurred on
 - Body of pipe Pipe Seam
 - Joint Component
 - Other: _____
- 3. Material involved (*pipe, fitting, or other component*)
 - Steel
 - Cast/Wrought Iron
 - Polyethylene Plastic (complete all items that apply in a-c)
 - Other Plastic (complete all items that apply in a-c)
Plastic failure was: a. ductile b. brittle c. joint failure
 - Other material: _____
- 4. Year the pipe or component which failed was installed: / / /

PART D – MATERIAL SPECIFICATION (if applicable)

- 1. Nominal pipe size (NPS) / / / in.
- 2. Wall thickness / / / in.
- 3. Specification _____ SMYS / / / / / / /
- 4. Seam type _____
- 5. Valve type _____
- 6. Pipe or valve manufactured by _____ in year / / /

PART E – ENVIRONMENT

- 1. Area of incident
 - In open ditch
 - Under pavement Above ground
 - Under ground Under water
 - Inside/under building Other: _____
- 2. Depth of cover: _____ inches

PART F – APPARENT CAUSE

Important: There are 25 numbered causes in this section. Check the box to the left of the primary cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

F1 – CORROSION

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a – e.

- 1. External Corrosion
 - a. Pipe Coating
 - Bare
 - Coated
 - Unknown
 - b. Visual Examination
 - Localized Pitting
 - General Corrosion
 - Other: _____
 - c. Cause of Corrosion
 - Galvanic Stray Current
 - Improper Cathodic Protection
 - Microbiological
 - Other: _____
 - d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
 No Yes Unknown Year Protection Started: / / /
 - e. Was pipe previously damaged in the area of corrosion?
 No Yes Unknown How long prior to incident: / / / years / / / months
- 2. Internal Corrosion

F2 – NATURAL FORCES

- 3. Earth Movement ⇒ Earthquake Subsidence Landslide Other: _____
- 4. Lightning
- 5. Heavy Rains/Floods ⇒ Washouts Flotation Mudslide Scouring Other: _____
- 6. Temperature ⇒ Thermal stress Frost heave Frozen components Other: _____
- 7. High Winds

F3 - EXCAVATION

- 8. Operator Excavation Damage (*including their contractors*) / Not Third Party
- 9. Third Party Excavation Damage (*complete a-d*)
 - a. Excavator group
 - General Public Government Excavator other than Operator/subcontractor
 - b. Type: Road Work Pipeline Water Electric Sewer Phone/Cable/Fiber Landowner Railroad Building Construction Other: _____
 - c. Did operator get prior notification of excavation activity?
 No Yes: Date received: / / mo. / / day / / yr.
Notification received from: One Call System Excavator General Contractor Landowner
 - d. Was pipeline marked?
 No Yes (*If Yes, check applicable items i – iv*)
 - i. Temporary markings: Flags Stakes Paint
 - ii. Permanent markings: Yes No
 - iii. Marks were (*check one*) Accurate Not Accurate
 - iv. Were marks made within required time? Yes No

F4 – OTHER OUTSIDE FORCE DAMAGE

- 10. Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: Man made Natural *Describe in Part G*
- 11. Car, truck or other vehicle not relating to excavation activity damaging pipe
- 12. Rupture of Previously Damaged Pipe
- 13. Vandalism

F5 – MATERIAL OR WELDS

Material

14. Body of Pipe ⇒ Dent Gouge Wrinkle Bend Arc Burn Other: _____
15. Component ⇒ Valve Fitting Vessel Extruded Outlet Other: _____
16. Joint ⇒ Gasket O-Ring Threads Fusion Other: _____

Weld

17. Butt ⇒ Pipe Fabrication Other: _____
18. Fillet ⇒ Branch Hot Tap Fitting Repair Sleeve Other: _____
19. Pipe Seam ⇒ LF ERW DSAW Seamless Flash Weld Other: _____
- HF ERW SAW Spiral

Complete a-f if you indicate **any** cause in part F5.



- a. Type of failure:
- Construction Defect ⇒ Poor Workmanship Procedure not followed Poor Construction Procedures
 - Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? Yes No
- c. Was part which leaked pressure tested before incident occurred? Yes, **complete d-f, if known** No
- d. Date of test: / / / mo. / / / day / / / yr.
- e. Time held at test pressure: / / / hr.
- f. Estimated test pressure at point of incident: _____ PSIG

F6 – EQUIPMENT OR OPERATIONS

20. Malfunction of Control/Relief Equipment ⇒ Valve Instrumentation Pressure Regulator Other: _____
21. Threads Stripped, Broken Pipe Coupling ⇒ Nipples Valve Threads Mechanical Couplings Other: _____
22. Leaking Seals

23. Incorrect Operation
- a. Type: Inadequate Procedures Inadequate Safety Practices Failure to Follow Procedures Other: _____
- b. Number of employees involved in incident who failed post-incident drug test: / / / / Alcohol test: / / / /
- c. Was person involved in incident qualified per OQ rule? Yes No d. Hours on duty for person involved: / / / /

F7 – OTHER

24. Miscellaneous, describe: _____
25. Unknown
- Investigation Complete Still Under Investigation (submit a supplemental report when investigation is complete)

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)

(This area is intentionally left blank for the user to provide a narrative description of factors contributing to the event.)