



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

MECHANICAL FITTING FAILURE REPORT FORM FOR CALENDAR YEAR 20____ FOR DISTRIBUTION OPERATORS

INITIAL REPORT
SUPPLEMENTAL REPORT

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 1 hour per submission, 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.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME OF OPERATOR

3. HEADQUARTERS NAME & ADDRESS

2. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
_ / _ / _ / _ / _

Number and Street

City and County

State and Zip Code

PART B - PREPARER AND AUTHORIZED SIGNATURE

(Type or print) Preparer's Name and Title

Area Code and Telephone Number

Preparer's email address

Area Code and Facsimile Number

Preparer's address:

Number and Street

City and County

State and Zip Code

Date Submitted

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Authorized Alternative Reporting Submissions Only:

Name and Title of Person Signing

Area Code and Telephone Number

Authorized Signature

PART C – MECHANICAL FITTING FAILURE DATA – (If the data about the “Manufacturer”, “Part or Model Number”, or” Lot Number” cannot be located with reasonable effort or if the data is unknown, enter “Unavailable”; do not leave data fields blank.)

- 1) State in Which Fitting Failed: _____
- 2) Date of Failure: _____
- 3) Specify the Mechanical Fitting Involved: Stab Nut Follower Bolted Other Compression Type Fitting _____
- 4) Specify the Type of Mechanical Fitting: Service or Main Tee Tapping Tee Transition Fitting Coupling Riser
 Adapter Valve Sleeve End Cap Other _____
- 5) Leak Location: Aboveground or Belowground;
 Inside or Outside;
 Main-to-Main or Main-to-Service or Service-to-Service or Meter Set
- 6) Year Installed: _____
- 7) Year Manufactured: _____
- 8) If Neither Year Installed or Year Manufactured is Known, Provide Decade Installed: _____
- 9) Manufacturer: _____
- 10) Part or Model Number: _____
- 11) Lot Number: _____
- 12) Other Attributes: _____
- 13) Fitting Material: Steel Plastic Combination Plastic and Steel Brass Unknown Other _____
- 14) Specify the Two Materials Being Joined:
 - a) First Pipe
 Nominal Size: 1/4" 1/2" 3/4" 1" 1-1/4" 1-1/2" 1-3/4" 2" 3" 4" 6" 8" or larger
 Unit: IPS or CTS or NPS

 Material: Steel Cast/Wrought Iron Ductile Iron Copper Plastic Unknown Other _____
 ❖ If Plastic ⇨ Specify: Polyethylene (PE) Polyvinyl Chloride (PVC) Cross-linked Polyethylene (PEX)
 Polybutylene (PB) Polypropylene (PP) Acrylonitrile Butadiene Styrene (ABS) Polyamide (PA)
 Cellulose Acetate Butyrate (CAB) Other ⇨ Specify: _____
 - b) Second Pipe
 Nominal Size: 1/4" 1/2" 3/4" 1" 1-1/4" 1-1/2" 1-3/4" 2" 3" 4" 6" 8" or larger
 Unit: IPS or CTS or NPS

 Material: Steel Cast/Wrought Iron Ductile Iron Copper Plastic Unknown Other _____
 ❖ If Plastic ⇨ Specify: Polyethylene (PE) Polyvinyl Chloride (PVC) Cross-linked Polyethylene (PEX)
 Polybutylene (PB) Polypropylene (PP) Acrylonitrile Butadiene Styrene (ABS) Polyamide (PA)
 Cellulose Acetate Butyrate (CAB) Other ⇨ Specify: _____
- 15) Apparent Cause of Leak:
 - Corrosion
 - Natural Forces Was there thermal expansion/contraction? Yes or No
 - Excavation Damage Time excavation damage occurred? At time of leak discovery or Previous to leak discovery
 - Other Outside Force Damage
 - Material or Welds/Fusions Was the leak due to Construction/Installation Defect or Material Defect or Design Defect
 - Equipment
 - Incorrect Operation
 - Other Explain: _____
- 16) How did the leak occur? Leaked Through Seal or Leaked Through Body or Pulled Out
- 17) Operator's Internal Mechanical Fitting Failure Tracking Number (optional): _____

Record Identification Number <<This number will be auto-generated by PHMSA for each submitted mechanical fitting failure report.>>