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.

Form Approved OMB NO: 2137-0522 Expires: 10/31/2017



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

## INCIDENT REPORT – NATURAL AND OTHER GAS TRANSMISSION AND GATHERING PIPELINE SYSTEMS

Report Date	
No.	
(DC	T 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.

	ollection of information. All responses to this collection of information are mandatory. Send	
comments regarding this burden estimate or any ot	ther aspect of this collection of information, including suggestions for reducing this burden to:	
·	Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.	
INSTRUCTIONS Discoursed the senset	to instructions for completing this form before you begin. They elevify the	
	te instructions for completing this form before you begin. They clarify the fic examples. If you do not have a copy of the instructions, you can obtain	
	mmunity Web Page at <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a> .	
PART A – KEY REPORT INFORMATION	Report Type: (select all that apply)	
Last Revision Date	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	
Operator's OPS-issued Operator Identification N	Number (OPID): / / / / /	
2. Name of Operator:		
3. Address of Operator:		
3.a(Street Address)		
3.b		
(City)		
3.c State: / / /		
3.d Zip Code: / / / / / / - /	<u> </u>	
4. Local time (24-hr clock) and date of the Incident	: 6. National Response Center Report Number:	
/ / / / / / / / / / / / / / / / / / /	<u> </u>	
Hour Month Day	Year 7. Local time (24-hr clock) and date of initial telephonic report to the	
5. Location of Incident:	National Response Center (if applicable):	
Latitude: / / / . / / / / / / / Longitude: - / / / / . / / / / / / / / / / / / / /	/ / / / / <u>/ / / / / / / / / / / / / / </u>	
Longitude <u>f f f f f f f f f f f f</u>	. noul World Day Fear	
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 predo	ominant volume released)	
☐ Natural Gas		
☐ Propane Gas		
☐ Synthetic Gas		
☐ Hydrogen Gas ☐ Landfill Gas		
☐ Other Gas 🖒 Name:		
10. Estimated volume of gas released unintentional	ally: / / /,/ / / Thousand Cubic Feet (MCF)	
11. Estimated volume of intentional and controlled	release/blowdown: / / /,/ / / Thousand Cubic Feet (MCF)	
12. Estimated volume of accompanying liquid released: / / /,/ / / Barrels		
	<u>, , , , , , , , , , , , , , , , , , , </u>	

13. Were there fatalities? O Yes O No If Yes, specify the number in each category	<i>/</i> :	14. Were there injuries requiring inpatient hosp  If Yes, specify the number in each catego	
13.a Operator employees	<u> </u>	14.a Operator employees	<u> </u>
13.b Contractor employees working for the Operator	<u> </u>	14.b Contractor employees working for the Operator	<u> </u>
13.c Non-Operator emergency responders	<u> </u>	14.c Non-Operator emergency responders	<u>                                     </u>
13.d Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>	14.d Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>
13.e General public	<u> </u>	14.e General public	<u>/ / / / /</u>
13.f Total fatalities (sum of above)	<u> </u>	14.f Total injuries (sum of above)	<u>                                     </u>
15. Was the pipeline/facility shut down due to the O Yes O No	he incident?		
If Yes, complete Questions 15.a and 15.b:	(use local time, 24-	hr clock)	
15.a Local time and date of shutdown	/ / / / / Hour	//	
15.b Local time pipeline/facility restarted	/ / / / / Hour		ll shut down* oplemental Report required)
16. Did the gas ignite? O Yes O No			
17. Did the gas explode? O Yes O No			
18. Number of general public evacuated: /	/ / /,/ / /		
19. Time sequence: (use local time, 24-hour of	clock)		
19.a Local time operator identified failure	/ / /		<u>/</u>
19.b Local time operator resources arrived		<u> </u>	

PART B – ADDITIONAL LOCATION INFORMATION	
Was the origin of the Incident onshore?     O Yes (Complete Questions 2-12)     O No (Complete Questions 2-12)	Questions 13-15)
If Onshore:	If Offshore:
2. State: / / /	13. Approximate water depth (ft.) at the point of the Incident:
3. Zip Code: / / / / / - / / / /	<u> </u>
4 5	14. Origin of Incident:
City County or Parish	☐ In State waters
<ul> <li>Operator designated location: (select only one)</li> <li>☐ Milepost/Valve Station (specify in shaded area below)</li> <li>☐ Survey Station No. (specify in shaded area below)</li> </ul>	⇒ Specify: State: //     Area:      Block/Tract #: ////
	Nearest County/Parish:
7. Pipeline/Facility name:	☐ On the Outer Continental Shelf (OCS)  ⇒ Specify:
8. Segment name/ID:	
9. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No	Area:
10. Location of Incident: (select only one)	Block #: ///
Operator-controlled property	15. Area of Incident: (select only one)
☐ Pipeline right-of-way	☐ Shoreline/Bank crossing or shore approach ☐ Below water, pipe buried or jetted below seabed
11. Area of Incident (as found): (select only one)	☐ Below water, pipe on or above seabed☐ Splash Zone of riser
<ul> <li>□ Belowground storage or aboveground storage vessel, including attached appurtenances</li> <li>□ Underground ⇒ Specify: ○ Under soil</li> <li>○ Under a building ○ Under pavement</li> <li>○ Exposed due to excavation</li> <li>○ In underground enclosed space (e.g., vault)</li> </ul>	☐ Portion of riser outside of Splash Zone, including riser bend ☐ Platform
O Other  Depth-of-Cover (in): //,// / /  Aboveground ⇒ Specify:	
O Typical aboveground facility piping or appurtenance O Overhead crossing O In or spanning an open ditch O Inside a building O Inside other enclosed space O Other  □ Transition Area ⇒ Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area O Other	
12. Did Incident occur in a crossing? O Yes O 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  ➡ Specify: O Cased O Uncased  Name of body of water, if commonly known:	
Approx. water depth (ft) at the point of the Incident:	

PART C – ADDITIONAL FACILITY I	NFORMATION			
Is the pipeline or facility:				
☐ Interstate				
☐ Intrastate				
2. Part of system involved in Incident: (select only one)  ☐ Belowground Storage, Including Associated Equipment and Piping ☐ Aboveground Storage, Including Associated Equipment and Piping ☐ Onshore Compressor Station Equipment and Piping ☐ Onshore Regulator/Metering Station Equipment and Piping ☐ Onshore Pipeline, Including Valve Sites ☐ Offshore Platform, Including Platform-mounted Equipment and Piping ☐ Offshore Pipeline, Including Riser and Riser Bend				
3. Item involved in Incident: (select of	only one)			
☐ Pipe ⇔ Specify: O Pipe	Body O Pipe Seam			
3.a Nominal diameter of pipe	e (in): / <u>////////</u>			
3.b Wall thickness (in): /	<u> </u>			
3.c SMYS (Specified Minimu	m Yield Strength) of pipe (ps	si):	<u>/ /</u>	
3.d Pipe specification:				
3.e Pipe Seam   ⇒ Specify:	O Longitudinal ERW - High	h Frequency	O Single SAW	O Flash Welded
	O Longitudinal ERW - Lov		O DSAW	O Continuous Welded
	O Longitudinal ERW – Un O Spiral Welded ERW O Lap Welded	oknown Frequency O Spiral Welded SAW O Seamless	O Spiral Welded DSA\ O Other	
3.f Pipe manufacturer:				
3.g Year of manufacture: /				
3.h Pipeline coating type at po		00.17	O A . I . II	0.5.1.6
⇒ Specify:	O Fusion Bonded Epoxy		O Asphalt	O Polyolefin
	O Extruded Polyethylene O Composite	O Field Applied Epoxy O None	O Cold Applied Tape O Other	
☐ Weld, including heat-affected If Pipe Girth Weld is selected, co 3.a. through h. and list the differe ☐ Valve ☐ Mainline ➡ Sp	mplete items 3.a. through h. ent value(s) in Part H - Narrat ecify: O Butterfly O Che O Other	above. If the values differ ive Description of the Incidence O Gate O Plug	on either side of the gir dent. O Ball O Globe	
		acturer:		
O Relief Valve	3.j Year of manufacture:	<u> </u>		
O Auxiliary or Othe	er Valve			
☐ Compressor				
☐ Meter				
<ul><li>☐ Scraper/Pig Trap</li><li>☐ Separator/Separator Filter</li></ul>				
Strainer/Filter				
☐ Dehydrator/Drier/Treater				
☐ Regulator/Control Valve				
☐ Drip/Drip Collection Device☐ Pulsation Bottle				
☐ Cooler				
☐ Repair Sleeve or Clamp				
☐ Hot Tap Equipment				
☐ Stopple Fitting☐ Flange				
□ Relief Line				
☐ Auxiliary Piping (e.g. drain lin	es)			
☐ Tubing				
☐ Instrumentation☐ Underground Gas Storage or	Cavorn			
☐ Pressure Vessel	Cavelli			
Other				
Year item involved in Incident was	installed: /_ / / /_	/		

<ol> <li>Material involved in Incident: (select only one)</li> <li>□ Carbon Steel</li> </ol>	
☐ Carbon Steel	
☐ Material other than Carbon Steel or Plastic 🖈 *Specify:	
6. Type of Incident involved: (select only one)	/ / // (in (giroumforantial)
<ul> <li>☐ Mechanical Puncture ⇒ Approx. size: /_/_/_/_/in. (axial) by /_/_</li> <li>☐ Leak ⇒ Select Type: O Pinhole O Crack O Connection Failure</li> </ul>	
☐ Rupture ➡ Select Orientation: O Circumferential O Longitudinal	O Other
Approx. size: /// in. (widest opening) by //_	
☐ Other ➡ *Describe:	
BART D. ARRITIONAL CONSEQUENCE INFORMATION	
PART D – ADDITIONAL CONSEQUENCE INFORMATION  1. Class Location of Incidents, (solication), and	
<ol> <li>Class Location of Incident: (select only one)</li> <li>☐ Class 1 Location</li> </ol>	
☐ Class 2 Location	
Class 3 Location	
☐ Class 4 Location	
<ol> <li>Did this Incident occur in a High Consequence Area (HCA)?</li> <li>☐ No</li> </ol>	
☐ Yes 🖒 2.a Specify the Method used to identify the HCA: O Method	d 1 O Method 2
3. What is the PIR (Potential Impact Radius) for the location of this Incident? /_/,	<u>/ / / /</u> feet
4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire re	resulting from the Incident? O Yes O No
5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat	t/fire resulting from the Incident? O Yes O No
6. Were any of the fatalities or injuries reported for persons located outside the PIR?	O Yes O No
7. Estimated Property Damage:	
7.a Estimated cost of public and non-Operator private property damage \$ /	/
7.b Estimated cost of Operator's property damage & repairs \$	<u> </u>
7.c Estimated cost of Operator's emergency response \$ //	<u> </u>
7.d Estimated other costs \$	<u> </u>
Describe	_
7.e Total estimated property damage (sum of above) \$	\$ <u>/                                   </u>
Cost of Gas Released	
7.f Estimated cost of gas released unintentionally \$ 1	<u>                                     </u>
7.g Estimated cost of gas released during street intentional and controlled blowdown	<u>                                     </u>
7.h Total estimated cost of gas released (sum of 7.f & 7.g above) \$	<u> </u>

PART E – ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Incident (psig):	<u>/ / /,/ / /</u>
2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the	Incident (psig): / / /,/ / / /
2a. MAOP established by 49 CFR section:  □ 192.619 (a)(1) □ 192.619 (a)(2) □ □ 192.619 (a)(3) □ □ 192.619  □ Other Specify Other:	
<ul> <li>3. Describe the pressure on the system or facility relating to the Incident: (selection of Pressure did not exceed MAOP</li> <li>Pressure exceeded MAOP, but did not exceed 110% of MAOP</li> <li>Pressure exceeded 110% of MAOP</li> </ul>	
<ul> <li>4. Not including pressure reductions required by PHMSA regulations (such as f relating to the Incident operating under an established pressure restriction with p □ No □ Yes ➡ (Complete 4.a and 4.b below)</li> </ul>	or repairs and pipe movement), was the system or facility pressure limits below those normally allowed by the MAOP?
4.a Did the pressure exceed this established pressure restriction?	O Yes O No
4.b Was this pressure restriction mandated by PHMSA or the State?	O PHMSA O State O Not mandated
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Includ ☐ No ☐ Yes ➡ (Complete 5.a – 5.e below)	
5.a Type of upstream valve used to initially isolate release source:	O Manual O Automatic O Remotely Controlled
5.b Type of downstream valve used to initially isolate release source:	O Manual O Automatic O Remotely Controlled O Check Valve
5.c Length of segment isolated between valves (ft): / / /	<u>/ / / /</u>
5.d Is the pipeline configured to accommodate internal inspection tools  ☐ Yes	?
□ No ➡ Which physical features limit tool accommodation	on? (select all that apply)
O Changes in line pipe diameter	
O Presence of unsuitable mainline valves O Tight or mitered pipe bends	
O Other passage restrictions (i.e. unbarred to	ee's, projecting instrumentation, etc.) agnetic flux leakage internal inspection tools)
5.e For this pipeline, are there operational factors which significantly co	mplicate the execution of an internal inspection tool run?
<ul><li>□ No</li><li>□ Yes ⇒ Which operational factors complicate execution</li></ul>	n? (select all that apply)
O Excessive debris or scale, wax, or other w O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other   Describe:	all build-up
5.f Function of pipeline system: (select only one)  ☐ Transmission System ☐ Transmission Line of Distribution ☐ Type A Gathering ☐ Type B Gathering ☐ Storage Gathering ☐ Offshore Gathering	n System

6.	Was a S □ No	•	ory Control and Data Acquis	ition (SCADA)-ba	ased system in pla	ace on the p	ipeline or facility involved in the Incident?	
	☐ Yes		6.a Was it operating at the	e time of the Inci	dent?	O Yes	O No	
			6.b Was it fully functional a	at the time of the	Incident?	O Yes	O No	
			•	rmation (such as		, event(s), a O Yes	nd/or volume or pack calculations) assist with O No	
			6.d Did SCADA-based info confirmation of the Incident		s alarm(s), alert(s)	, event(s), a O Yes	and/or volume calculations) assist with the O No	
7.	How was	s the Inc	cident initially identified for th	e Operator? (se	elect only one)			
			sed information (such as ala in Test or Other Pressure o		vent(s), and/or vol	lume or pack	k calculations)	
	☐ Cor	ntroller			☐ Local Operati	ng Personne	el, including contractors	
	☐ Air	Patrol					or or its contractor	
			from Public		☐ Notification from	om Emerger	ncy Responder	
			from Third Party that caused		☐ Other			
			er", "Local Operating Persor estion 7, specify the following			trol", or "Gro	ound Patrol by Operator or its contractor" is	
			O Operator employee	O Contractor v	working for the Op	erator		
8.			ation initiated into whether o	r not the controll	er(s) or control roc	om issues w	ere the cause of or a contributing factor to the	
			• •	ontrol room and/o	or controller action	s has not ve	et been completed by the operator (Supplement	ıtal
	Re	port red	quired)			,	(	
			e facility was not monitored I	•				
	☐ 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)							
	(μ	oviu <del>e</del> a	п ехріапаціон юг шту ше ор	erator did riot iri	restigate)			
	_							_
	一	Yes s	pecify investigation result(s):	(select all that	 annly)			_
	_					nours of serv	vice (while working for the Operator) and other	
			tors associated with fatigue				3 : : : ; : : ; : : : ; : : : : : : : :	
O Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and								
		oth	er factors associated with fa	itigue <i>(provide a</i>	n explanation for t	why not)		
		_						_
		$\overline{\circ}$	Investigation identified no	control room issu	ues			
		0	Investigation identified no					
		0	Investigation identified inco					
		O		t fatigue may ha	ve affected the co	ntroller(s) in	volved or impacted the involved controller(s)	
		O	sponse Investigation identified inc	orrect procedure	ıs.			
		Ö	Investigation identified inc	•		eration		
		0					operations, procedures, and/or controller	
		0	Investigation identified are	as other than the	ose above 🖒 Des	scribe:		
							-	

PART F – DRUG & ALCOHOL TESTING INFORMATION	
As a result of this Incident, were any Operator employees tes     Drug & Alcohol Testing regulations?	ed under the post-accident drug and alcohol testing requirements of DOT's
O No	
O Yes 🖒 *1.a Specify how many were tested: //	<u>1</u>
*1.b Specify how many failed: /_/	<u> 1</u>
2. As a result of this Incident, were any Operator contractor emp DOT's Drug & Alcohol Testing regulations?	oyees tested under the post-accident drug and alcohol testing requirements of
O No	
O Yes 🖒 *2.a Specify how many were tested: //	<u></u>
*2.b Specify how many failed: /_/	<u></u>

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 <b>sub-cause</b> can be picked from shaded left-hand column
☐ External Corrosion	Results of visual examination:     O Localized Pitting O General Corrosion     O Other
	Type of corrosion: (select all that apply)     O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam O Other
	The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)     O Field examination O Determined by metallurgical analysis     O Other
	4. Was the failed item buried under the ground?  O Yes   4. Was failed item considered to be under cathodic protection at the time of the incident?  O Yes   Year protection started: //////  O No
	<ul><li>4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident?</li><li>O Yes O No</li></ul>
	<ul> <li>4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident?</li> <li>O Yes, CP Annual Survey ⇒ Most recent year conducted:</li></ul>
	O Yes, Close Interval Survey ⇒ Most recent year conducted: / / / / / O Yes, Other CP Survey ⇒ Most recent year conducted: / / / / / O No
	O No ⇒ 4.d Was the failed item externally coated or painted? O Yes O No
	<ol> <li>Was there observable damage to the coating or paint in the vicinity of the corrosion?</li> <li>Yes O No</li> </ol>
☐ Internal Corrosion	Results of visual examination:     O Localized Pitting O General Corrosion O Not cut open     O Other
	7. Cause of corrosion: (select all that apply)  O Corrosive Commodity  O Water drop-out/Acid  O Microbiological  O Erosion  O Other
	8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply)  O Field examination O Determined by metallurgical analysis O Other
	9. Location of corrosion: (select all that apply)  O Low point in pipe O Elbow O Drop-out

O Not applicable - Not mainline pipe

13. Were corrosion coupons routinely utilized?
O Not applicable - Not mainline pipe

10. Was the gas/fluid treated with corrosion inhibitors or biocides? O Yes O No
11. Was the interior coated or lined with protective coating? O Yes O No
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?

O Yes

O Yes

O No

O No

O Other \_

Complete the following if any Corrosion Failu Pipe or Weld.	ire sub-cause is selected AND the "Item Involved in Incident" (from PART C, Question 3) is	
14. Has one or more internal inspection tool co	ellected data at the point of the Incident?	
14.a. If Yes, for each tool used, select typ	e of internal inspection tool and indicate most recent year run:	
O Magnetic Flux Leakage Tool	<u> </u>	
O Ultrasonic	1 1 1 1	
O Geometry	1 1 1 1	
O Caliper	1 1 1 1	
O Crack	1 1 1 1	
O Hard Spot		
O Combination Tool		
O Transverse Field/Triaxial		
O Other	<u> </u>	
O Yes A Most recent year tested: / / / / / Test pressure (psig): / / / / / O No  16. Has one or more Direct Assessment been conducted on this segment?  O Yes, and an investigative dig was conducted at the point of the Incident A Most recent year conducted: / / / / / O Yes, but the point of the Incident was not identified as a dig site A Most recent year conducted: / / / / / O No  17. Has one or more non-destructive examination been conducted at the point of the Incident since January 21, 2002?  O Yes O No  17. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic Tool O Wet Magnetic Particle Test O Dry Magnetic Particle Test O Other		
G2 - Natural Force Damage - *only one sub-cause can be picked from shaded left-hand column		
☐ Earth Movement, NOT due to Heavy Rains/Floods	Specify: O Earthquake O Subsidence O Landslide O Other	
☐ Heavy Rains/Floods	2. Specify: O Washout/Scouring O Flotation O Mudslide O Other	
☐ Lightning	3. Specify: O Direct hit O Secondary impact such as resulting nearby fires	
☐ Temperature	4. Specify: O Thermal Stress O Frost Heave O Frozen Components O Other	
☐ High Winds		
☐ Other Natural Force Damage	5. Describe:	
Complete the following if any Natural Force I	Damage sub-cause is selected.	
	t generated in conjunction with an extreme weather event? O Yes O No	
6.a If Yes, specify: (select all that apply)	O Hurricane O Tropical Storm O Tornado O Other	

G3 – Excavation Damage - *○	nly one <b>sub-cause</b> can be picked from shaded left-hand column
☐ Excavation Damage by Operator (First Party)	
☐ Excavation Damage by Operator's Contractor (Second Party)	
☐ Excavation Damage by Third Party	
☐ Previous Damage due to Excavation Activity	Complete Questions 1-5 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.
	Has one or more internal inspection tool collected data at the point of the Incident?     O Yes O No
	1.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:
	O Magnetic Flux Leakage / / / / /
	O Ultrasonic <u>/ / / /</u>
	O Geometry <u>/ / / /</u>
	O Caliper <u>/ / / / /</u>
	O Crack /_ / / / /
	O Hard Spot / / / / /
	O Combination Tool / / / / /
	O Transverse Field/Triaxial / / / / /
	O Other
	2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No
	3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
	O Yes   → Most recent year tested: / / / / /
	Test pressure (psig): / / /, / / / O No
	4. Has one or more Direct Assessment been conducted on the pipeline segment?
	O Yes, and an investigative dig was conducted at the point of the Incident  ⇒ Most recent year conducted: / / / / / /
	O Yes, but the point of the Incident was not identified as a dig site
	⇒ Most recent year conducted: / / / / /
	O No
	5. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002?  O Yes O No
	5.a If Yes, for each examination conducted since January 1, 2002, select type of non- destructive examination and indicate most recent year the examination was conducted:
	O Radiography / / / / /
	O Guided Wave Ultrasonic / / / / /
	O Handheld Ultrasonic Tool
	O Wet Magnetic Particle Test / / / / /
	O Dry Magnetic Particle Test
	O Other /_ / / / /
Complete the following if Excavation Damage	e by Third Party is selected as the sub-cause.
6. Did the operator get prior notification of the	
6.a If Yes, Notification received from: (se	

Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.
7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? OYes O No
8. Right-of-Way where event occurred: (select all that apply)
☐ Public ➡ Specify: O City Street O State Highway O County Road O Interstate Highway O Other ☐ Private ➡ Specify: O Private Landowner O Private Business O Private Easement
☐ Pipeline Property/Easement ☐ Power/Transmission Line ☐ Railroad ☐ Dedicated Public Utility Easement ☐ Federal Land ☐ Data not collected
☐ Unknown/Other
9. Type of excavator: (select only one)
O Contractor O County O Developer O Farmer O Municipality O Occupant O Railroad O State O Utility O Data not collected O Unknown/Other
10. Type of excavation equipment: (select only one)
O Auger O Backhoe/Trackhoe O Boring O Drilling O Directional Drilling O Explosives O Farm Equipment O Probing Device O Trencher O Vacuum Equipment O Data not collected O Unknown/Other
11. Type of work performed: (select only one)  O Agriculture O Cable TV O Curb/Sidewalk O Building Construction O Building Demolition O Engineering/Surveying O Grading O Irrigation O Natural Gas O Pole O Public Transit Authority O Sewer (Sanitary/Storm) O Traffic Signal O Traffic Sign O Data not collected O Curb/Sidewalk O Building Construction O Engineering/Surveying O Engineering/Surveying O Engineering/Surveying O Railroad Maintenance O Road Work O Storm Drain/Culvert O Water O Waterway Improvement
40 W 41 0 0 110 4 117 10 OV
12. Was the One-Call Center notified? O Yes O No
*12.a If Yes, specify ticket number: / / / / / / / / / / / / / / / /
- · · · · · · ·
*12.b If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
- · · · · · · ·
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*12.b 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:  O Utility Owner  O Contract Locator  O Data not collected  O Unknown/Other
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*12.b 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:  O Utility Owner  O Contract Locator  O Data not collected  O Unknown/Other  14. Were facility locate marks visible in the area of excavation?  O No  O Yes  O Data not collected  O Unknown/Other  15. Were facilities marked correctly?  O No  O Yes  O Data not collected  O Unknown/Other  16. Did the damage cause an interruption in service?  O No  O Yes  O Data not collected  O Unknown/Other  16.a If Yes, specify duration of the interruption:  /_/_/_/_/ hours
*12.b 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:  O Utility Owner  O Contract Locator  O Data not collected  O Unknown/Other  14. Were facilities marks visible in the area of excavation?  O No  O Yes  O Data not collected  O Unknown/Other  15. Were facilities marked correctly?  O No  O Yes  O Data not collected  O Unknown/Other  O No  O Yes  O Data not collected  O Unknown/Other  O No  O Yes  O Data not collected  O Unknown/Other
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17. 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)
O No notification made to the One-Call Center
O Notification to One-Call Center made, but not sufficient
O Wrong information provided
□ Locating Practices Not Sufficient: (select only one)
O Facility could not be found/located
O Facility marking or location not sufficient
O Facility was not located or marked
O Incorrect facility records/maps
☐ Excavation Practices Not Sufficient: (select only one)
O Excavation practices not sufficient (other)
O Failure to maintain clearance
O Failure to maintain the marks
O Failure to support exposed facilities
O Failure to use hand tools where required
O Failure to verify location by test-hole (pot-holing)
O Improper backfilling
☐ One-Call Notification Center Error
☐ <u>Abandoned Facility</u>
☐ <u>Deteriorated Facility</u>
☐ Previous Damage
☐ Data Not Collected
☐ Other / None of the Above (explain)

G4 - Other Outside Force Damage - *only one sub-cause can be picked from shaded left-hand column					
☐ Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident					
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	Vehicle/Equipment operated by: (select only one)     Operator Operator's Contractor O Third Party				
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	Select one or more of the following IF an extreme weather event was a factor:     O Hurricane O Tropical Storm O Tornado     O Heavy Rains/Flood O Other				
☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation					
☐ Electrical Arcing from Other Equipment or Facility					
☐ Previous Mechanical Damage NOT Related to Excavation	Complete Questions 3-7 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.  3. Has one or more internal inspection tool collected data at the point of the Incident?  O Yes O No				
	3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:				
	O Magnetic Flux Leakage / / / / /				
	O Ultrasonic / / / / /				
	O Geometry / / / /				
	O Caliper /_ / / /				
	O Crack / / / /				
	O Hard Spot / / / / /				
	O Combination Tool / / / / /				
	O Transverse Field/Triaxial // // ///				
	O Other <u>/ / / / /</u>				
	4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No				
	<ul><li>5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?</li></ul>				
	O Yes   → Most recent year tested: / / / / /  Test pressure (psig): / / /,/ / /				
	O No				
	6. Has one or more Direct Assessment been conducted on the pipeline segment?				
	O Yes, and an investigative dig was conducted at the point of the Incident				
	⇔ Most recent year conducted: / / / / / /				
	O Yes, but the point of the Incident was not identified as a dig site				
	(This section continued on next page with Question 7.)				

	7. Has one or more non-destructive examination since January 1, 2002?  O Yes O No	on been conducted at the point of the Incident		
	7.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:			
	O Radiography	<u>/ / / / /</u>		
	O Guided Wave Ultrasonic	<u>/ / / / / / </u>		
	O Handheld Ultrasonic Tool	<u>/ / / / / /</u>		
	O Wet Magnetic Particle Test	<u>/ / / / / /</u>		
	O Dry Magnetic Particle Test	<u>/ / / / / /</u>		
	O Other			
☐ Intentional Damage	8. Specify: O Vandalism O Theft of transported commodity O Other	• •		
☐ Other Outside Force Damage	9. Describe:			

## Use this section to report material failures ONLY IF the "Item Involved in G5 - Material Failure of Pipe or Weld Incident" (from PART C, Question 3) is "Pipe" or "Weld." Only one sub-cause can be picked from shaded left-hand column 1. The sub-cause selected below is based on the following: (select all that apply) ☐ Field Examination ☐ Determined by Metallurgical Analysis ☐ Other Analysis ☐ Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required) 2. List contributing factors: (select all that apply) ☐ Construction-, Installation-, or ☐ Fatigue- or Vibration-related: Fabrication-related O Mechanically-induced prior to installation (such as during transport of pipe) O Mechanical Vibration □ Original Manufacturing-related O Pressure-related (NOT girth weld or other welds O Thermal formed in the field) O Other \_ ☐ Mechanical Stress ☐ Other 3. Specify: O Stress Corrosion Cracking O Sulfide Stress Cracking ■ Environmental Cracking-related O Hydrogen Stress Cracking O Other Complete the following if any Material Failure of Pipe or Weld sub-cause is selected. 4. Additional factors (select all that apply): O Dent O Gouge O Pipe Bend O Arc Burn O Crack O Lack of Fusion O Lamination O Buckle O Wrinkle O Misalignment O Burnt Steel O Other \_ 5. Has one or more internal inspection tool collected data at the point of the Incident? O Yes O No 5.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: O Magnetic Flux Leakage Tool O Ultrasonic O Geometry O Caliper O Crack O Hard Spot O Combination Tool O Transverse Field/Triaxial O Other 6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? O Yes ⇒ \*Most recent year tested: / / / / \*Test pressure (psig): / / /,/ / / O No 7. Has one or more Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Incident ⇒ Most recent year conducted: O Yes, but the point of the incident was not identified as a dig site 8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002? O Yes O No 8.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic Tool O Wet Magnetic Particle Test O Dry Magnetic Particle Test O Other

G6 - Equipment Failure - *only one sub-cause can be picked from shaded left-hand column						
☐ Malfunction of Control/Relief Equipment	Specify: (select all that apply)     O Control Valve					
☐ Compressor or Compressor-related Equipment	Specify: O Seal/Packing Failure O Body Failure O Crack in Body     O Appurtenance Failure O Pressure Vessel Failure     O Other					
☐ Threaded Connection/Coupling Failure	Specify: O Pipe Nipple O Valve Threads O Mechanical Coupling     O Threaded Pipe Collar O Threaded Fitting     O Other					
☐ Non-threaded Connection Failure	Specify: O O-Ring O Gasket O Seal (NOT compressor seal) or Packing     O Other					
☐ Defective or Loose Tubing or Fitting						
☐ Failure of Equipment Body (except Compressor), Vessel Plate, or other Material						
☐ Other Equipment Failure	5. Describe:					
Complete the following if any Equipment Fai	lure sub-cause is selected.					
6. Additional factors that contributed to the equ	uipment failure: (select all that apply)					
O Excessive vibration						
O Overpressurization						
O No support or loss of support O Manufacturing defect						
O Loss of electricity						
O Improper installation						
	ufacturer for tubing and tubing fittings)					
O Dissimilar metals						
O Breakdown of soft goods due to d	ompatibility issues with transported gas/fluid					
O Valve vault or valve can contribut	ed to the release					
O Alarm/status failure						
O Misalignment						
O Thermal stress						
O Other						

G7 - Incorrect Operation - *only one sub-cause can be picked from shaded left-hand column				
☐ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage				
☐ Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	01	/alve Misalignment Miscommunication Other	O Incorrect Reference Data/Calculation O Inadequate Monitoring	
☐ Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure				
☐ Pipeline or Equipment Overpressured				
☐ Equipment Not Installed Properly				
☐ Wrong Equipment Specified or Installed				
☐ Other Incorrect Operation	2. Describe:			
Complete the following if any Incorrect Oper	ation sub-cause is	s selected.		
3. Was this Incident related to: (select all that O Inadequate procedure O No procedure established O Failure to follow procedure O Other:				
4. What category type was the activity that cate   O Construction O Commissioning O Decommissioning O Right-of-Way activities O Routine maintenance O Other maintenance O Normal operating conditions O Non-routine operating conditions	used the Incident:			
<ul> <li>5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? O Yes O No</li> <li>5.a If Yes, were the individuals performing the task(s) qualified for the task(s)?</li> <li>O Yes, they were qualified for the task(s)</li> <li>O No, but they were performing the task(s) under the direction and observation of a qualified individual</li> <li>O 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</li> </ul>				
G8 - Other Incident Cause - *only one sub-cause can be picked from shaded left-hand column				
☐ Miscellaneous	1. Describe:			
☐ Unknown	2. Specify:		emplete, cause of Incident unknown stigation, cause of Incident to be determined* eport required)	

PART H = NARRATIVE DESCRIPTION OF THE INCIDENT (Attach	additional sneets as nece	essary)
PART I – PREPARER AND AUTHORIZED SIGNATURE		
TAKT THE ALEK ARE ACTIONIZED GIONATORE		
Preparer's Name (type or print)		Preparer's Telephone Number
Proposala Title (tura or print)		
Preparer's Title (type or print)		
Preparer's E-mail Address		Preparer's Facsimile Number
Troparot 3 E mail Address		i repaire o i acomine riumbei
Authorized Signer Name	 Date	Authorized Signer Telephone Number
	Date	The state of the s
Authorized Signer Title		Authorized Signer E-mail Address