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: 02/28/2014



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

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

Rep	ort 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.

comments regarding this burden estimate or any oth	er aspect of this collection of information, including suggestions for reducing this burden to: ffice of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.
INSTRUCTIONS	The of Epointe Galety (FFII 30) 1200 New Gelacy Avenue, GE, vvasimigion, B.G. 20000.
Important: Please read the separate information requested and provide specific one from the PHMSA Pipeline Safety Con	e instructions for completing this form before you begin. They clarify the c examples. If you do not have a copy of the instructions, you can obtain numity 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
*1. Operator's OPS-issued Operator Identification N *2. Name of Operator: *3. Address of Operator: *3.a	
*4. Local time (24-hr clock) and date of the Incident:	·
*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 Natural Gas Propane Gas Synthetic Gas Hydrogen Gas Other Gas Name:	minant volume released)
*10. Estimated volume of gas released unintentional 11. Estimated volume of intentional and controlled relationships.	elease/blowdown: / / // / / Thousand Cubic Feet (MCF)
12. Estimated volume of accompanying liquid release	sed: <u>/ / /,/ / / Barrels</u>

*13. Were there fatalities? O Yes O No If Yes, specify the number in each category:		*14. Were there injuries requiring inpatient If Yes, specify the number in each cat	•
*13.a Operator employees / / /	/ /	*14.a Operator employees	<u> </u>
*13.b Contractor employees working for the Operator / / /	/_/	*14.b Contractor employees working for the Operator	<u>/ / / / /</u>
*13.c Non-Operator emergency responders / / / /	/ /	*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 /_ / /	/ /	*14.e General public	<u>/ / / / / /</u>
13.f Total fatalities (sum of above) / / /	/ /	14.f Total injuries (sum of above)	<u>/ / / / /</u>
15. Was the pipeline/facility shut down due to the incider O Yes O No	nt?		
If Yes, complete Questions 15.a and 15.b: (use local	al time, 24-	clock)	
15.a Local time and date of shutdown / / /	/ / / Hour	/ / / Day Year	
	/ / / Hour		Still shut down* *Supplemental 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: / / /	/,/ / /	<u>_/</u>	
19. Time sequence: (use local time, 24-hour clock)			
19.a Local time operator identified Incident	/ /	/ / / / / / / / / / / / / Month Day	
19.b Local time operator resources arrived on site	Ho <u>/ / /</u> Ho	<u> </u>	Year <u>/ /</u> Year

PART B – ADDITIONAL LOCATION INFORMATION	
*1. 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>
	*14. Origin of Incident:
4 5 County or Parish	☐ In State waters
6. Operator designated location: (select only one)	⇔ Specify: State: // Area:
☐ Milepost/Valve Station (specify in shaded area below)☐ Survey Station No. (specify in shaded area below)	Block/Tract #: ///
	Nearest County/Parish:
7. Dipolipo/Equility page:	☐ On the Outer Continental Shelf (OCS) ⇒ Specify: Area:
7. Pipeline/Facility name:	Block #: ///
8. Segment name/ID:	
*9. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No	*15. Area of Incident: <i>(select only one)</i> ☐ Shoreline/Bank crossing or shore approach
	☐ Below water, pipe buried or jetted below seabed
*10. Location of Incident: (select only one)	☐ Below water, pipe on or above seabed
 ☐ Operator-controlled property ☐ Pipeline right-of-way 	☐ Splash Zone of riser☐ Portion of riser outside of Splash Zone, including riser bend
	☐ Platform
*11. Area of Incident (as found): (select only one) Belowground storage or aboveground storage vessel,	
including attached appurtenances	
☐ Underground ⇒ Specify: O Under soil	
O Under a building O Under pavement O Exposed due to excavation	
O In underground enclosed space (e.g., vault)	
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)	
O Cased O Uncased O 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:	
<u> </u>	
(select only one of the following)	
O Shoreline/Bank crossing O Below water, pipe in bored/drilled crossing	
O Below water, pipe fir bored/drilled crossing O Below water, pipe buried below bottom (NOT in	
bored/drilled crossing) O Below water, pipe on or above bottom	

PART C - ADDITIONAL FACILITY INF	ORMATION			
*1. Is the pipeline or facility: ☐ Interstate ☐ Intrastate				
*2. Part of system involved in Incident: Belowground Storage, Including Aboveground Storage, Including Onshore Compressor Station Ed Onshore Regulator/Metering Station Polymore Pipeline, Including Valvanta Offshore Platform, Including Plator Offshore Pipeline, Including Rise	Associated Equipment and Associated Equipment and Quipment and Piping ation Equipment and Piping ve Sites Itform-mounted Equipment a	Piping		
*3. Item involved in Incident: (select online in Pipe specify: O Pipe Boots 3.a Nominal diameter of pipe (in 3.b Wall thickness (in): //. 3.c SMYS (Specified Minimum 3.d Pipe specification:	ody O Pipe Seam n): / / // / // / // Yield Strength) of pipe (psi):	<u> </u>	<u>/ /</u>	
*3.e Pipe Seam ➡ Specify:	O Longitudinal ERW - High C Longitudinal ERW - Low F Longitudinal ERW – Unkn Spiral Welded ERW	Frequency	O Single SAW O DSAW O Spiral Welded DSAV O Other	
3.f Pipe manufacturer: 3.g Year of manufacture: //				
	O Fusion Bonded Epoxy CO Control Cont	O Coal Tar O Field Applied Epoxy O None	O Asphalt O Cold Applied Tape O Other	O Polyolefin O Paint
O Relief Valve O Auxiliary or Other \	olete items 3.a. through h. ab value(s) in Part H - Narrative fy: O Butterfly O Check O Other	ove. If the values differ be Description of the Incide Control of the Open Control of the Incide Control of the Incide Control of the Incide Control of the Incidence of the Inc	on either side of the gir lent.	
□ Compressor □ Meter □ Scraper/Pig Trap □ Separator/Separator Filter □ 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 lines) □ Tubing □ Instrumentation □ Underground Gas Storage or Caller Pressure Vessel □ Other	avern			

	Material involved in Incident: (select only one) ☐ Carbon Steel		
	☐ Plastic ☐ Material other than Carbon Steel or Plastic *Specify:		
*6	Type of Incident involved: (select only one)		
0.	☐ Mechanical Puncture	_///.//in. (circumferential)	
	☐ Leak ➡ Select Type: O Pinhole O Crack O Connection	_	
	□ Rupture → Select Orientation: O Circumferential O Longitudina		
	Approx. size: ///.in. (widest opening) by /_ Other	· -	ally)
	Li Ottlei Ly Describe.		
	RT D – ADDITIONAL CONSEQUENCE INFORMATION		
*1.	Class Location of Incident: (select only one) Class 1 Location		
	Class 2 Location		
	☐ Class 3 Location		
*0	Class 4 Location		
^2.	Did this Incident occur in a High Consequence Area (HCA)? ☐ No		
	☐ Yes 🖒 2.a Specify the Method used to identify the HCA: O Me	ethod 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 resulting from the Incident? O Yes	O No
	Were any structures outside the PIR impacted or otherwise damaged NOT by	•	O No
*6.	Were any of the fatalities or injuries reported for persons located outside the P	PIR? O Yes	_
*7			O No
7.	Estimated Property Damage:		_
7.	Estimated Property Damage: *7.a Estimated cost of public and non-Operator private property damage	\$/ / / /,/ / / /,/ / /	_
٠.			_
<i>"1.</i>	*7.a Estimated cost of public and non-Operator private property damage	\$ <i> </i>	_
	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs	\$ <u> </u>	_
7.	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs Describe	\$ /	_
7.	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs	\$ /	_
7.	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs Describe	\$ /	_
7.	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs Describe 7.e Total estimated property damage (sum of above)	\$ /	_
~/.	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs Describe 7.e Total estimated property damage (sum of above) Cost of Gas Released	\$ /	_
7.	*7.a Estimated cost of public and non-Operator private property damage *7.b Estimated cost of Operator's property damage & repairs *7.c Estimated cost of Operator's emergency response *7.d Estimated other costs Describe 7.e Total estimated property damage (sum of above) Cost of Gas Released *7.f Estimated cost of gas released unintentionally *7.g Estimated cost of gas released during	\$ /	_

*1. Estimated pressure at the point and time of the Incident (psig):	PART E – ADDITIONAL OPERATING INFORMATION	
*3. Describe the pressure on the system or facility relating to the Incident: (select only one) Pressure did not exceed MAOP Pressure exceeded MAOP Pressure exceeded 110% of MAOP Pressure exceeded 110% of MAOP *4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Incident operating under an established pressure restriction with pressure limits below those normally allowed by the MAOP? No	*1. Estimated pressure at the point and time of the Incident (psig):	<u>/ / /,/ / /</u>
Pressure du not exceed MAOP but did not exceed 110% of MAOP Pressure exceeded MAOP, but did not exceed 110% of MAOP Pressure exceeded MAOP, but did not exceed 110% of MAOP Pressure exceeded MAOP, but did not exceed 110% of MAOP Pressure exceeded the locident operating under an established pressure restriction with pressure limits below those normally allowed by the MAOP ? Pressure exceeded this established pressure restriction? O Yes O No Pressure exceed this established pressure restriction? O Yes O No Pressure exceeded this established pressure restriction? O PHMSA O State O Not mandated O No O PHMSA O State O No O PHMSA O State O No Pressure exceeded O PHMSA O State O No O PHMSA O State O PHMSA	*2. Maximum Allowable Operating Pressure (MAOP) at the point and ti	me of the Incident (psig): / / /,/ / /
relating to the Incident operating under an established pressure restriction with pressure limits below those normally allowed by the MAOP? No	☐ Pressure did not exceed MAOP ☐ Pressure exceeded MAOP, but did not exceed 110% of MAOP	nt: (select only one)
No		
□ Yes ⇒ (Complete 4.a and 4.b below) *4.a Did the pressure exceed this established pressure restriction? ○ Yes ○ No *4.b Was this pressure restriction mandated by PHMSA or the State? ○ PHMSA ○ State ○ Not mandated *5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? □ No □ Yes ⇒ (Complete 5.a – 5.e below) ○ Automatic ○ Remotely Controlled 5.b Type of upstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled 5.b Type of downstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled 5.b Type of downstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled 5.b Type of downstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled 5.b Type of downstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled 5.b Type of downstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled 5.c Length of segment isolated between valves (ft): □ ////////////////////////////////////		on with pressure limits below those normally allowed by the MAOP?
*4.a Did the pressure exceed this established pressure restriction?		
*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, Including Riser and Riser Bend" selected in PART C, Question 2? No		on? O Yes O No
*5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? No Yes \$\infty (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 5.c Length of segment isolated between valves (ft): (I / / / / / / / / / / / / / / / / / / /		
No	individual production managed by trimer of the	- Charles Control of the managed
5.a Type of upstream valve used to initially isolate release source:		e, Including Riser and Riser Bend" selected in PART C, Question 2?
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):	☐ Yes 🖒 (Complete 5.a – 5.e below)	
Check Valve	5.a Type of upstream valve used to initially isolate release sou	rce: O Manual O Automatic O Remotely Controlled
5.d Is the pipeline configured to accommodate internal inspection tools? Yes No \$\to\$ Which physical features limit tool accommodation? (select all that apply) Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other \$\triangle\$ Describe: 5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? No Yes \$\triangle\$ Which operational factors complicate execution? (select all that apply) Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) Low flow or absence of flow Incompatible commodity Other \$\triangle\$ Describe: *5.f Function of pipeline system: (select only one) Transmission System Transmission Line of Distribution System Type A Gathering	5.b Type of downstream valve used to initially isolate release s	
Yes	5.c Length of segment isolated between valves (ft): / /	/
Yes	5.d Is the pipeline configured to accommodate internal inspect	on tools?
O Changes in line pipe diameter O Presence of unsuitable mainline valves Tight or mitered pipe bends O Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) O Other ➡ Describe: 5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? No No Yes ➡ Which operational factors complicate execution? (select all that apply) Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) Low flow or absence of flow Incompatible commodity Other ➡ Describe: *5.f Function of pipeline system: (select only one) Transmission System Type A Gathering Type B Gathering		
O Presence of unsuitable mainline valves O Tight or mitered pipe bends O Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) O Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) O Other ➡ Describe: 5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? No Yes ➡ Which operational factors complicate execution? (select all that apply) Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) Low flow or absence of flow Incompatible commodity Other ➡ Describe: *5.f Function of pipeline system: (select only one) □ Transmission System □ Transmission Line of Distribution System □ Type A Gathering □ Type B Gathering	☐ No ➡ Which physical features limit tool according	nmodation? (select all that apply)
O Tight or mitered pipe bends O Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) O Other Describe: 5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? No Yes Which operational factors complicate execution? (select all that apply) Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) Low flow or absence of flow Incompatible commodity Other Describe: *5.f Function of pipeline system: (select only one) Transmission System Type A Gathering Type B Gathering		
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O Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) O Other Describe: 5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? No No Sexessive debris or scale, wax, or other wall build-up O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other Describe: *5.f Function of pipeline system: (select only one) Transmission System Type A Gathering Type B Gathering		barred tee's, projecting instrumentation, etc.)
O Other ➡ Describe: 5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? No No Yes ➡ Which operational factors complicate execution? (select all that apply) Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) Low flow or absence of flow Incompatible commodity Other ➡ Describe: *5.f Function of pipeline system: (select only one) Transmission System Type A Gathering Type B Gathering		
No Yes Which operational factors complicate execution? (select all that apply) ○ Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) ○ Low flow or absence of flow Incompatible commodity ○ Other Describe: *5.f Function of pipeline system: (select only one) □ Transmission System □ Type A Gathering □ Type B Gathering		
□ No □ Yes ➡ Which operational factors complicate execution? (select all that apply) □ Excessive debris or scale, wax, or other wall build-up □ Low operating pressure(s) □ Low flow or absence of flow □ Incompatible commodity □ Other ➡ Describe: □ Transmission System □ Transmission Line of Distribution System □ Type A Gathering □ Type B Gathering	5.e For this pipeline, are there operational factors which signific	cantly complicate the execution of an internal inspection tool run?
O Excessive debris or scale, wax, or other wall build-up O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other → Describe: *5.f Function of pipeline system: (select only one) □ Transmission System □ Type A Gathering □ Type B Gathering	<u> </u>	,
O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other ➡ Describe: *5.f Function of pipeline system: (select only one) □ Transmission System □ Type A Gathering □ Type B Gathering	☐ Yes ➡ Which operational factors complicate	execution? (select all that apply)
C Low flow or absence of flow C Incompatible commodity C Other ➡ Describe: *5.f Function of pipeline system: (select only one) ☐ Transmission System ☐ Type A Gathering ☐ Type B Gathering	O Excessive debris or scale, wax, or	other wall build-up
O Incompatible commodity O Other ➡ Describe:		
*5.f Function of pipeline system: (select only one) ☐ Transmission System ☐ Type A Gathering ☐ Type B Gathering		
*5.f Function of pipeline system: (select only one) ☐ Transmission System ☐ Type A Gathering ☐ Type B Gathering	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
☐ Transmission System ☐ Transmission Line of Distribution System ☐ Type A Gathering ☐ Type B Gathering	·	
☐ Type A Gathering ☐ Type B Gathering		stribution System
	The state of the s	√ ****
☐ Storage Gathering ☐ Offshore Gathering	☐ Storage Gathering ☐ Offshore Gathering	

Yes	*6.	Was a □ No	•	sory Control and Data Acqui	sition (SCADA)-bas	ed system in pla	ce on the pi	peline or facility involved in the Incident?
"6.b Was it fully functional at the time of the Incident?				*6.a Was it operating at th	e time of the Incide	ent?	O Yes	O No
*6.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? *6.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident? *7. 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) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) SCADA-based information for event(s), alert(s), and/or volume or pack calculations or including contractors SCADA-based information for event(s), alert(s), and/or volume or pack calculations or including contractors. **CADA-based information or including contractors.** **CADA-based information for event(s), alert(s), and/or volume or pack calculations, or including or "Ground Patrol by Operator or its contractors." **Air Patrol SCADA-based information for event(s), alert(s), and alert(s			,				O Yes	O No
the detection of the Incident? *6.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident? *7. 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 Publ				•				
7. 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 Ontroller Notification from Public Notification from Third Party that caused the Incident Notification from Third Party that caused the Incident Notification from Third Party that caused the Incident Other 7.a. If "Controller," "Local Operating Personnel, including contractors," "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 7, specify the following: (select only one) Operator employee O Contractor working for the Operator 8. 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) 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 reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue O Investigation identified no control room issues Investigation identified incorrect controller action or controller erro Investigation identified incorrect controller action or controller erro Investigation identified incorrect control room equipment operation Investigation identified maintenance activities that affected control room operations, procedures, a						(),	_	
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						alarm(s), alert(s),	_	
Static Shut-in Test or Other Pressure or Leak Test Controller	*7.	How w	as the Ir	ncident initially identified for t	he Operator? (sele	ect only one)		
Controller				· ·		nt(s), and/or volu	me or pack	calculations)
Air Patrol Ground Patrol by Operator or its contractor Notification from Public Notification from Emergency Responder Notification from Third Party that caused the Incident Other "7.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 7, specify the following: (select only one) Operator employee O Contractor working for the Operator Operator Operator employee O Contractor working for the Operator				t-in Test or Other Pressure o		.		
Notification from Public							-	_
Notification from Third Party that caused the Incident				from Dublio				
*7.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 7, specify the following: (select only one) O operator employee O Contractor working for the Operator *8. 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 (Supplementa 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) O Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue O Investigation identified no control room issues O Investigation identified no control room issues O Investigation identified no controller action or controller error O Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response O Investigation identified incorrect control room equipment operation O Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response							-	•
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O Investigation identified areas other than those above 🖒 Describe:			O	investigation identified are	as other than those	e above 🖒 Desc	cribe:	

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

Select only one box from PART G in the shaded column on the left representing the PART G - APPARENT CAUSE 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 *1. Results of visual examination: ☐ External Corrosion O Localized Pitting O General Corrosion O Other *2. Type of corrosion: (select all that apply) O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam O Other *3. 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.a Was failed item considered to be under cathodic protection at the time of the incident? O Yes ⇒ Year protection started: / / / / / *4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident? O Yes O No *4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident? O Yes, CP Annual Survey ⇒ Most recent year conducted: O Yes, Close Interval Survey ⇒ Most recent year conducted: O Yes, Other CP Survey ⇒ Most recent year conducted: O No ⇒ 4.d Was the failed item externally coated or painted? O Yes O No *5. Was there observable damage to the coating or paint in the vicinity of the corrosion? O Yes O No □ Internal Corrosion *6. 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 Other *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

O Not applicable - Not mainline pipe

Were corrosion coupons routinely utilized?
 Not applicable - Not mainline pipe

12. Were cleaning/dewatering pigs (or other operations) routinely utilized?

O Yes

O Yes

O No

O No

Complete the following if any Corrosion Failu Pipe or Weld.	re 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	Illected 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	<u> </u>
O Geometry	
O Caliper	
O Crack	
O Hard Spot	
O Combination Tool	
O Transverse Field/Triaxial	
O Other	
O Yes, but the point of the Incident v O No 17. Has one or more non-destructive examinat O Yes O No	conducted at the point of the Incident ⇒ Most recent year conducted: / / / / / / / / / / / / / / / / / / /
G2 - Natural Force Damage	*only one sub-cause can be picked from shaded left-hand column
☐ Earth Movement, NOT due to Heavy Rains/Floods	*1. 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.
	at 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 sub-cause 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.
	*1. 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 <u>/ / / / /</u>
	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):
	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
	 Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002? Yes 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 <u>/ / / / /</u>
	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: (so	• • • • • • • • • • • • • • • • • • • •

Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-c	ause is selecteu.
*7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? OYe	es 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	ghway 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: <i>(select only one)</i> 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 Grader/Scraper O Hand Tools O Probing Device O Trencher O Vacuum Equipment O Data not collecte	O Milling Equipment O Unknown/Other
O Probing Device O Trencher O Vacuum Equipment O Data not collecte	ed O Unknown/Other
*11. Type of work performed: (select only one)	
O Agriculture O Cable TV O Curb/Sidewalk O Building Construction O Drainage O Driveway O Electric O Engineering/Surveyin	
O Grading O Irrigation O Landscaping O Liquid Pipeline	ng O Fencing O Milling
O Natural Gas O Pole O Public Transit Authority O Railroad Maintenance	
O Sewer (Sanitary/Storm) O Site Development O Steam O Storm Drain/Culvert	
O Telecommunications OTraffic Signal O Traffic Sign O Water O Data not collected O Unknown/Other	O Waterway Improvement
*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 0	-
	One-Call Center notified:
*12.b If this is a State where more than a single One-Call Center exists, list the name of the C	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 C *13. Type of Locator: O Utility Owner O Contract Locator O Data not of the C *14. Were facility locate marks visible in the area of excavation? O No O Yes O Data not of the C *15. Were facilities marked correctly? O No O Yes O Data not of the Contract Locator O Data	Cone-Call Center notified: collected O Unknown/Other collected O Unknown/Other at collected O Unknown/Other
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on of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available ne 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
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 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	*1. Vehicle/Equipment operated by: (select only one) O Operator O 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	*2. 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.					
	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 / / / / /					
	4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No					
	5. 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					
	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 No					
	(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
		ed since January 1, 2002, select type of non- trecent year the examination was conducted:
	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? *Test pressure (psig): / / /,/ / O Yes ⇒ *Most recent year tested: / / / / / 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	*1. Specify: (select all that apply) O Control Valve O Instrumentation O SCADA O Communications O Block Valve O Check Valve O Relief Valve O Power Failure O Stopple/Control Fitting O Pressure Regulator O ESD System Failure O Other					
☐ Compressor or Compressor-related Equipment	*2. 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	*4. 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 ed	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						
O Mismatched items (different manufacturer 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	O Valve vault or valve can contributed to the release					
O Alarm/status failure	O Alarm/status failure					
O Misalignment						
O Thermal stress						
O Other						

G7 - Incorrect Operation - *on	nly one sub-cause	can be picked from sh	aded 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	0	Valve 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: _		
	(abnormal operation of the task(s) orming the task(s)	ons or emergencies) d task in your Operator qualified for the task(s	-
G8 – Other Incident Cause -	*only one sub-cau	use can be picked from	n shaded left-hand column
☐ Miscellaneous	*1. Describe:		
☐ Unknown	*2. Specify:		omplete, cause of Incident unknown stigation, cause of Incident to be determined* eport required)

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT (Attach additional sh	eets as nece	essary)
*PART I – PREPARER AND AUTHORIZED SIGNATURE		
*Preparer's Name (type or print)		Preparer's Telephone Number
. Topolo. o Tourio (typo or printy		Sparor o Totophono Humbol
Preparer's Title (type or print)		
Preparer's E-mail Address		Preparer's Facsimile Number
i reparer a Littian Audresa		i reparer a r acomme number
Authorized Signature	*Date	*Authorized Signature Telephone Number
*Authorized Signature's Name (type or print)	•	
♥		
	•	A #
Authorized Signature's Title (type or print)		Authorized Signature's E-mail Address