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 the violation continues up to a maximum of \$1,000,000 for any related series of violations as provided in 49 USC 60122.

Form Approved OMB No. 2137-0522



INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date	
No	
	(DOT Use Only)

INSTRI	JCT	ION	ıs

Administration

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

Onice of Fipeline Salety Web Fage at Intp.//o							
	ginal Report 🔲 Supplemental Report 🗎 Final Report						
1. Operator Name and Address							
a. Operator's 5-digit Identification Number / / / / / /							
b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number <u>/ / / / / / / / / / / / / / / / / / /</u>							
c. Name of Operator							
d. Operator street address							
e. Operator address							
2. Time and date of the incident	5. Consequences (check and complete all that apply)a. ☐ Fatality Total number of people: / / / /						
/// //// //// ///	Employees: <u> </u> General Public: <u> </u>						
3. Incident Location	Non-employee Contractors:						
a Street or nearest street or road	b. Injury requiring inpatient hospitalization						
b City and County or Parish	Total number of people: //_/						
C.	Employees: <u> </u> General Public: <u> </u>						
State and Zip Code	Non-employee Contractors:						
d. Latitude: / / / / / Longitude: / / / / / (if not available, see instructions for how to provide specific location)	c. Property damage/loss (estimated) Total \$						
e. Class location description	Gas loss \$ Operator damage \$						
O Class 1 O Class 2 O Class 3 O Class 4	Public/private property damage \$						
f. Incident on Federal Land O Yes O No	d. \square Gas ignited O Explosion O No Explosion						
4. Type of leak or rupture	e. ☐ Gas did not ignite O Explosion O No Explosion						
O Leak: OPinhole OConnection Failure (complete sec. F5)	f. Evacuation (general public only) L people						
O Puncture, diameter or cross section (inches)	Evacuation Reason:						
O Rupture (if applicable):	O Unknown O Emergency worker or public official ordered, precautionary						
O Circumferential – Separation	O Threat to the public						
O Longitudinal	O Company policy						
- Tear/Crack, length (inches)	6. Elapsed time until area was made safe:						
- Propagation Length, total, both sides (feet)	//_/ hr. //_/ min. 7. Telephone Report						
O N/A O Other:	7. Telephone Report						
	NRC Report Number month day year						
	8. a. Estimated pressure at point and time of incident:						
	PSIG						
	b. Max. allowable operating pressure (MAOP):PSIG						
	c. MAOP established by: O Test Pressure psig O 49 CFR § 192. 619 (a)(3)						
PART B - PREPARER AND AUTHORIZED SIGNATURE							
(type or print) Preparer's Name and Title	Area Code and Telephone Number						
	Area Code and Facsimile Number						
Preparer's E-mail Address	Area Code and Pacsimile Number						
Authorized Signature (type or print) Name	and Title Date Area Code and Telephone Number						

PART C - ORIGIN OF THE INCIDENT						
Incident occurred on O Main O Meter Set O Service Line O Other: O Pressure Limiting and Regulating Facility Failure occurred on O Body of pipe O Pipe Seam	3. Material involved (pipe, fitting, or other component) O Steel O Cast/Wrought Iron O Polyethelene Plastic (complete all items that apply in a-c) O Other Plastic (complete all items that apply in a-c) Plastic failure was: □ a.ductile □ b.brittle □ c.joint failure					
O Joint O Component	O Other material:					
O Other:	4. Year the pipe or component which failed was installed: //_/_/					
PART D - MATERIAL SPECIFICATION (if applicable)	PART E – ENVIRONMENT					
1. Nominal pipe size (NPS) in.	1. Area of incident O In open ditch O Under pavement O Above ground					
2. Wall thickness <u>[</u>	O Under ground O Under water					
3. Specification SMYS / / / / / / / /	O Inside/under building O Other:					
4. Seam type	2. Depth of cover: inches					
5. Valve type	in constitution of					
6. Pipe or valve manufactured by	•					
PART F – APPARENT CAUSE cause of the incident. Check cause you indicate. See the incident.	bered causes in this section. Check the box to the left of the primary one circle in each of the supplemental items to the right of or below the astructions for this form for guidance.					
	1 (2) Internal Corrosion is checked, complete all subparts a – e.					
a. Pipe Coating b. Visual Exar O Bare O Localiz	od Pitting O Stray Current					
1. External Corrosion Coated C	l Corrosion O Improper Cathodic Protection					
Unknown O Other:	O Microbiological O Other:					
)						
\Box d. Was corroded part of pipeline consider	lered to be under cathodic protection prior to discovering incident?					
O No O Yes O Unknov	yn Year Protection Started: / / / / /					
2. Internal Corrosion e. Was pipe previously damaged in the	area of corrosion? vn How long prior to incident: //_/years // months					
U O NO O TES O OTIMATO	The world prior to include it					
F2 - NATURAL FORCES						
3. ☐ Earth Movement ⇒ O Earthquake O Subsidenc	e O Landslide O Other:					
 4.	O Mudslide O Scouring O Other:					
6. ☐ Temperature ⇒ O Thermal stress O Frost heav						
7. High Winds						
F3 - EXCAVATION						
8.	Not Third Party					
 Third Party Excavation Damage (complete a-d) a. Excavator group 						
O General Public O Government O Excavator othe	than Operator/subcontractor					
O Building Construction O Other:	C O Sewer O Phone/Cable/Fiber O Landowner O Railroad					
c. Did operator get prior notification of excavation activity?						
O No O Yes: Date received: /_ / / mo. / / / day / / yr. Notification received from: O One Call System O Excavator O General Contractor O Landowner						
d. Was pipeline marked? O No O Yes (If Yes, check applicable items i – iv)						
i. Temporary markings: O Flags O Stakes O Paint						
iii. Marks were <i>(check one)</i> O Accurate O Not Accurate						
iv. Were marks`made within required time? O Yes O No F4 – OTHER OUTSIDE FORCE DAMAGE						
10. ☐ Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: O Man made O Natural Describe in Part G						
11. Car, truck or other vehicle not relating to excavation activity damaging pipe						
12. Rupture of Previously Damaged Pipe 13. Vandalism						
13. Wanuansin						

F5 – MATERIAL OR WEL	.DS					
Material		_	_	_	_	
14. Body of Pipe	\Rightarrow	O Dent	O Gouge	O Wrinkle Bend	O Arc Burn	O Other:
15. Component	\Rightarrow	O Valve	O Fitting	O Vessel	O Extruded Outlet	O Other:
16. 🚨 Joint	\Rightarrow	O Gasket	O O-Ring	O Threads	O Fusion	O Other:
Weld						
17. 🔲 Butt	\Rightarrow	O Pipe	O Fabrication			O Other:
18. 🔲 Fillet	\Rightarrow	O Branch	O Hot Tap	O Fitting	O Repair Sleeve	O Other:
19. Dipe Seam	\Rightarrow	O LF ERW	O DSAW	O Seamless	O Flash Weld	
		O HF ERW	O SAW	O Spiral		O Other:
Complete a-f if you	 indica		in part E5			
1		ale arry cause	πι μαιτ Ευ.		=	
a. Type of failure:		efect ⇒ O Poor	Markmanahin	O Procedure not t	Door Co	nstruction Procedures
_			workmansnip	O Procedure not	ollowed O Poor Col	instruction Procedures
Material b. Was failure du			ned in transportation	to the construction o	r fahrication site?	O Yes O No
				urred? O Yes, con		O No
d. Date of test:	/	<u>/ /</u> mo. <u>/ /</u>	<u>/</u> day //	_/ yr.		
e. Time held at te			/ hr.	_ ,		
					PSIG	
F6 – EQUIPMENT OR OF		-	<u> </u>			
20. Malfunction of Co			⇒ O Valve (O Instrumentation C	Pressure Regulator	O Other:
21. Threads Stripped					Mechanical Couplings	
22. Leaking Seals	DIORC	in tipe coupling	- O Nippics V	o vaive rineaus e	Weenaniea Couplings	o duici.
23. Incorrect Operation		. 5	0	. 5 .: 0 - 1		O 011
						s O Other:
					///////// Alcohol te	
c. Was person in	volved	in incident qualifie	ed per OQ rule?	O Yes O No	d. Hours on duty for pe	erson involved: / / /
F7 - OTHER						
24. Miscellaneous, de	scribe	:				<u> </u>
25. Unknown		_				
O Investigation	Comp	olete O Still U	nder Investigation (submit a supplementa	al report when investigati	on is complete)
PART G - NARRATIVE D	ESCR	RIPTION OF FACT	TORS CONTRIBUT	ING TO THE EVENT	(Attach additional s	sheets as necessary)