NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed \$25,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$500,000 as provided in 49 USC 1678.

Form Approved OMB No. 2137-0522

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

## INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date	
No	
No(DOT Use Only)	

**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 <a href="http://ops.dot.gov">http://ops.dot.gov</a>.

DADT A CENEDAL DEPORT INFORMATION Charles T	Original Papert     Cumplemental Papert     Cincl Parert
	Original Report ☐ Supplemental Report ☐ Final Report
Operator Name and Address	
a. Operator's 5-digit Identification Number (when known) / / /	
b. If Operator does not own the pipeline, enter Owner's 5-digit Iden	tification Number (when known) //_/_/_//
c. Name of Operator	
d. Operator street address	<del></del>
e. Operator addressCity, County or Parrish, State and Zip Code	
2. Time and date of the incident	5. Consequences <i>(check and complete all that apply)</i> a. □ Fatality Total number of people: //_//
<u>/ / / / / / / / / / / / / / / / / / / </u>	Employees:         General Public:
3. Location of incident	Non-employee Contractors:
a Nearest street or road	b. ☐ Injury requiring inpatient hospitalization Total number of people: //_/_/
b City and County or Parrish	Employees:
C	Non-employee Contractors:
State and Zip Code	c.  Property damage/loss (estimated) Total \$
d. Mile Post/Valve Station	Gas loss \$ Operator damage \$
e. Survey Station No	Public/private property damage \$
f. Latitude: Longitude: (if not available, see instructions for how to provide specific location)	d.   Release Occurred in a 'High Consequence Area'
g. Class location description	e. ☐ Gas ignited – No explosion f. ☐ Explosion
Onshore: O Class 1 O Class 2 O Class 3 O Class 4	g.   Evacuation (general public only)  L / / / people
Offshore: O Class 1 (complete rest of this item)	Reason for Evacuation:
Area Block #	O Emergency worker or public official ordered, precautionary
State $\underline{I}$ or Outer Continental Shelf $\Box$	O Threat to the public O Company policy
h. Incident on Federal Land other than Outer Continental Shelf	6. Elapsed time until area was made safe:
O Yes O No i. Is pipeline Interstate O Yes O No	/_ hr// min.
4. Type of leak or rupture	7. Telephone Report
O Leak: OPinhole OConnection Failure (complete sec. F5)	NRC Report Number month day year
O Puncture, diameter (inches)	8. a. Estimated pressure at point and time of incident:
O Rupture: O Circumferential – Separation	PSIG
O Longitudinal	b. Max. allowable operating pressure (MAOP):PSIG
- Tear/Crack, length (inches)	c. MAOP established by 49 CFR section: ☐ 192.619 (a)(1) ☐ 192. 619 (a)(2) ☐ 192. 619 (a)(3)
- Propagation Length, total, both sides (feet)	$\square$ 192.619 (a)(4) $\square$ 192.619 (c)
O N/A O Other:	d. Did an overpressurization occur relating to the incident? OYes O No
PART B – PREPARER AND AUTHORIZED SIGNATURE	
	•
	Area Code and Telephone Number
(type or print) Preparer's Name and Title	
	Area Code and Facsimile Number
Preparer's E-mail Address	
	Date Area Code and Telephone Number
Authorized Signature (type or print) Name	

PART C - ORIGIN OF THE INCIDENT	
1. Incident occurred on O Transmission System O Gathering System O Transmission Line of Distribution System  2. Failure occurred on O Body of pipe O Pipe Seam O Joint O Component O Other:	3. Material involved (pipe, fitting, or other component)  ○ Steel  ○ Plastic (If plastic, complete all items that apply in a-c) Plastic failure was: □ a.ductile □ b.brittle □ c.joint failure  ○ Material other than plastic or steel:  4. Part of system involved in incident ○ Pipeline ○ Regulator/Metering System ○ Compressor Station ○ Other:  5. Year the pipe or component which failed was installed: / / / / / / /
PART D – MATERIAL SPECIFICATION (if applicable)	PART E - ENVIRONMENT
1. Nominal pipe size (NPS)      //	1. Area of incident O In open ditch O Under pavement O Above ground O Under ground O Under water O Inside/under building O Other:
Pipe or valve manufactured by	in year / <u>/////</u>
PART F – APPARENT CAUSE the incident. Check one circle indicate. See the instructions for	
a. Pipe Coating O Bare O Localiz O Coated O Other:	ded Pitting  Al Corrosion  Microbiological  Stress Corrosion Cracking  Other:
2. Internal Corrosion  O No O Yes, Year Protect  e. Was pipe previously damaged in the	dered to be under cathodic protection prior to discovering incident? ion Started: //_/_// e area of corrosion? or to incident: //_/_/ years //_/ months
F2 - NATURAL FORCES  3. □ Earth Movement ⇒ O Earthquake O Subsidence 4. □ Lightning  5. □ Heavy Rains/Floods ⇒ O Washouts O Flotation 6. □ Temperature ⇒ O Thermal stress O Frost heav 7. □ High Winds  F3 - EXCAVATION  8. □ Operator Excavation Damage (including their contractors) / 9. □ Third Party Excavation Damage (complete a-d) a. Excavator group	O Mudslide O Scouring O Other: ve O Frozen components O Other:  Not Third Party
C. Did operator get prior notification of excavation activity?  O No O Yes: Date received: /_ / mo. /_ /_ Notification received from: O One Call System  d. Was pipeline marked?  O No O Yes (If Yes, check applicable items i – iv)	Stakes O Paint O Not Accurate Ses O No Cause: O Man made O Natural

F5 – MATERIAL AND WE	ELDS					
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 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. 🚨 Pipe Seam	$\Rightarrow$	O LF ERW	O DSAW	O Seamless	O Flash Weld	
		O HF ERW	O saw	O Spiral		O Other:
Complete a-g if you	indica	 te <b>anv</b> cause	in nart F5			
a. Type of failure		ie uny cade	, ii paici oi			
		efect ⇒ O Poor	Workmanshin	O Pro	ved O Poor Co	Instruction Procedures
Material			vvoriandi lomp			Mediadion i recedures
		damage sustair	ned in transportatior	n to the construction or	r fabrication site?	O Yes O No
c. Was part whic	h leaked	pressure tested	before incident occ	curred? O Yes, cor	mplete d-g O No	
d. Date of test:	11	/ mo. //	/ day //_	<u>/</u> yr.		
e. Test medium:	O v	Vater O Natu	ral Gas O Inert	Gas O Other:		
f. Time held at te	st pressu	ure: / /	<u>/</u> hr.			
	•				PSIG	
F6 – EQUIPMENT AND C						
20. Malfunction of Co			⇒ O Valve	O Instrumentation O	Pressure Regulator	O Other:
21. Threads Stripped					Mechanical Couplings	
22. Ruptured or Leak			- C Tuppics	o vaive micaas c	Wicerianical Couplings	<u> </u>
	— — —					
23. L Incorrect Operation		o Drooduros	O Inadaguata Safa	oty Brootions O Fail	uro to Follow Brooduro	s O Other:
					_/ Alcohol test: //	
c. Were most ser	nior empl	loyee(s) involved	d qualified?	O Yes O No	d	l. Hours on duty: / / /
F7 - OTHER						
_	escribe:					
25. Unknown	Camania	O C4:11 I	ladau lavastinatias	(ab.mait a amalamaanta		ion is sometate)
O Investigation	Comple	ete O Still C	inder investigation (	(submit a suppiementa	al report when investigat	ion is complete)
PART G - NARRATIVE D	DESCRI	PTION OF FAC	TORS CONTRIBUT	TING TO THE EVENT	(Attach additional s	sheets as necessary)