



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

Gas Transmission Integrity Management Program Reporting Form

Report Date _____

No. _____
(DOT Use Only)

Form Approval OMB No.2137-0610

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0610. The filling out of this information is mandatory and will take approximately 6 hours to complete.

INSTRUCTIONS

Important: Please read the separate instructions for completing this on-line information template 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>.

GENERAL REPORT INFORMATION

Date: _____

Period Ending: _____

OPERATOR INFORMATION

Operator ID: _\ _\ _\ _\ _\ _\ _\ _\

Operator Name: _____

RELATED OPERATORS INCLUDED IN THE PLAN

Operator ID

Operator ID

Operator ID

Operator ID

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PERFORMANCE METRICS

I have not identified any HCAs.

I have identified HCAs.

Number of total miles (system), should match miles on annual report: _____

Number of total miles of pipelines inspected: _____

Number of High Consequence Area (HCA) miles in the IMP program: _____

Data for Baseline Assessments Only

Number of HCA miles inspected via IMP Baseline assessments (physical pipe miles): _____

Number of immediate repairs completed in HCA as a result of IMP Baseline assessments : _____

Number of scheduled repairs completed in HCA as a result of IMP Baseline assessments: _____

Data for REassessments Only

Number of HCA miles inspected via IMP reassessments (physical pipe miles): _____

Number of immediate repairs completed in HCA as a result of IMP reassessments : _____

Number of scheduled repairs completed in HCA as a result of IMP reassessments: _____

	LEAKS	FAILURES	INCIDENTS
External corrosion	_____	_____	_____
Internal corrosion	_____	_____	_____
Stress corrosion cracking	_____	_____	_____
Manufacturing	_____	_____	_____
Construction	_____	_____	_____
Equipment	_____	_____	_____
Third party damage	_____	_____	_____
Incorrect operations	_____	_____	_____
Weather related and outside forces	_____	_____	_____

PREPARER AND AUTHORIZED SIGNATURE			

(type or print) Preparer's Name and Title			
_____			_____
Preparer's E-mail Address			Area Code and Telephone Number
_____		_____	_____
Authorized Signature		(type or print) Name and Title	Date Area Code and Telephone Number
SENIOR EXECUTIVE OFFICER'S SIGNATURE CERTIFYING INFORMATION AS REQUIRED BY 49 U.S.C. 60109(F)			

(type or print) Name and Title			
_____			_____
E-mail Address			Area Code and Telephone Number
_____		_____	
Signature		Date	
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