

Corrected to read 191 for gas form.

NOTICE: This report is required by 49 CFR Part 195. 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.

OMB NO: XXXX-XXXX

EXPIRATION DATE: mm/dd/yyyy



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

INCIDENT REPORT – GAS TRANSMISSION AND GATHERING PIPELINE SYSTEMS

Report 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 XXXX-XXXX. Public reporting for this collection of information is estimated to be approximately (X) minutes 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.

INSTRUCTIONS

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 PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline>.

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply) Original Supplemental Final

Edit Key

Green = Completely new item on the form.

Yellow = Existing item in which the wording was either changed or expanded on the new form.

Blue = Existing item that was slightly re-ordered or re-organized (not a lot of blue as this was very subjective) so most items are yellow and green.

1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / / / /

2. Name of Operator: _____

3. Address of Operator:

3.a _____
(Street Address)

3.b _____
(City)

3.c State: / /

3.d Zip Code: / / / / / / - / / / /

Moved physical address questions for the incident to Part B, items 2-4.

4. Local time (24-hr clock) and date of the Incident:
/ / / / / / / /
Hour Month Day Year

6. National Response Center Report Number:
/ / / / / / / /

5. Location of Incident:
Latitude: / / / . / / / / / / / /
Longitude: - / / / / . / / / / / / / /

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable):
/ / / / / / / /
Hour Month Day Year

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 predominant volume released)

- Natural Gas
- Propane Gas
- Synthetic Gas
- Hydrogen Gas
- Other Gas → Name: _____

10. Estimated volume of gas released unintentionally: / / / / / / / / 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

13. Were there fatalities? Yes No
 If Yes, specify the number in each category:
- 13.a Operator employees / / / / /
 - 13.b Contractor employees working for the Operator / / / / /
 - 13.c Non-Operator emergency responders / / / / /
 - 13.d Workers working on the right-of-way, but NOT associated with this Operator / / / / /
 - 13.e General public / / / / /
 - 13.f Total fatalities (sum of above) / / / / /

14. Were there injuries requiring inpatient hospitalization? Yes No
 If Yes, specify the number in each category:
- 14.a Operator employees / / / / /
 - 14.b Contractor employees working for the Operator / / / / /
 - 14.c Non-Operator emergency responders / / / / /
 - 14.d Workers working on the right-of-way, but NOT associated with this Operator / / / / /
 - 14.e General public / / / / /
 - 14.f Total injuries (sum of above) / / / / /

15. Was the pipeline/facility shut down due to the incident?
 Yes No Explain: _____
- If Yes, complete Questions 15.a and 15.b: (use local time, 24-hr clock)
- 15.a Local time and date of shutdown
 Hour: / / / / / Month: / / Day: / / Year: / /
- 15.b Local time pipeline/facility restarted
 Hour: / / / / / Month: / / Day: / / Year: / / Still shut down*
 (*Supplemental Report required)
16. Did the gas ignite? Yes No
17. Did the gas explode? Yes No
18. Number of general public evacuated: / / / / /
19. Time sequence: (use local time, 24-hour clock)
- 19.a Local time operator identified Incident
 Hour: / / / / / Month: / / Day: / / Year: / /
- 19.b Local time operator resources arrived on site
 Hour: / / / / / Month: / / Day: / / Year: / /

PART B – ADDITIONAL LOCATION INFORMATION

1. Was the origin of the Incident onshore?
 Yes (Complete Questions 2-12) No (Complete Questions 13-15)

If Onshore:

2. State: / /

3. Zip Code: / / - / /

4. City 5. County or Parish

6. Operator designated location: (select only one)
 Milepost/Valve Station (specify in shaded area below)
 Survey Station No. (specify in shaded area below)

/ /

7. Pipeline/Facility name:

8. Segment name/ID:

9. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? Yes No

10. Location of Incident: (select only one)

- Operator-controlled property
- Pipeline right-of-way

11. Area of Incident (as found): (select only one)

- Belowground storage or aboveground storage vessel, including attached appurtenances
- Underground ⇨ Specify: Under soil
 - Under a building Under pavement
 - Exposed due to excavation
 - In underground enclosed space (e.g., vault)
 - Other _____
- Aboveground ⇨ Specify:
 - Depth-of-Cover (in): / / / / / / / / / /
 - Typical aboveground facility piping or appurtenance
 - Overhead crossing
 - In or spanning an open ditch
 - Inside a building Inside other enclosed space
 - Other _____
- Transition Area ⇨ Specify: Soil/air interface Wall sleeve Pipe support or other close contact area Other _____

12. Did Incident occur in a crossing? Yes 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: Cased Uncased

Name of body of water, if commonly known:

Approx. water depth (ft) at the point of the Incident:

/ / / /

(select only one of the following)

- Shoreline/Bank crossing
- Below water, pipe in bored/drilled crossing
- Below water, pipe buried below bottom (NOT in bored/drilled crossing)
- Below water, pipe on or above bottom

If Offshore:

13. Approximate water depth (ft.) at the point of the Incident:

/ / / /

14. Origin of Incident:

- In State waters
 - ⇨ Specify: State: / / /
 - Area: _____
 - Block/Tract #: / / / / / / / /
 - Nearest County/Parish: _____

- On the Outer Continental Shelf (OCS)
 - ⇨ Specify: Area: _____
 - Block #: / / / / / / / /

15. Area of Incident: (select only one)

- Shoreline/Bank crossing or shore approach
- Below water, pipe buried or jetted below seabed
- Below water, pipe on or above seabed
- Splash Zone of riser
- Portion of riser outside of Splash Zone, including riser bend
- Platform

PART C – ADDITIONAL FACILITY INFORMATION

1. 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 only one)

Pipe ⇒ Specify: Pipe Body Pipe Seam

3.a Nominal diameter of pipe (in): / / / / /

3.b Wall thickness (in): / / / / /

3.c SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / /

3.d Pipe specification: _____

3.e Pipe Seam ⇒ Specify:

<input type="radio"/> Longitudinal ERW - High Frequency	<input type="radio"/> Single SAW	<input type="radio"/> Flash Welded
<input type="radio"/> Longitudinal ERW - Low Frequency	<input type="radio"/> DSAW	<input type="radio"/> Continuous Welded
<input type="radio"/> Longitudinal ERW - Unknown Frequency		<input type="radio"/> Furnace Butt Welded
<input type="radio"/> Spiral Welded ERW	<input type="radio"/> Spiral Welded SAW	<input type="radio"/> Spiral Welded DSAW
<input type="radio"/> Lap Welded	<input type="radio"/> Seamless	<input type="radio"/> Other _____

3.f Pipe manufacturer: _____

3.g Year of manufacture: / / / / /

3.h Pipeline coating type at point of Incident

⇒ Specify:

<input type="radio"/> Fusion Bonded Epoxy	<input type="radio"/> Coal Tar	<input type="radio"/> Asphalt	<input type="radio"/> Polyolefin
<input type="radio"/> Extruded Polyethylene	<input type="radio"/> Field Applied Epoxy	<input type="radio"/> Cold Applied Tape	<input type="radio"/> Paint
<input type="radio"/> Composite	<input type="radio"/> None	<input type="radio"/> Other _____	

Weld, including heat-affected zone ⇒ Specify: Pipe Girth Weld Other Butt Weld Fillet Weld Other _____

Valve Mainline ⇒ Specify: Butterfly Check Gate Plug Ball Globe Other _____

3.i Mainline valve manufacturer: _____

3.j Year of manufacture: / / / / /

- Relief Valve
- Auxiliary or Other Valve

- 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 Cavern
- Pressure Vessel
- Other _____

4. Year item involved in Incident was installed: / / / / /

5. 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)

Mechanical Puncture ⇨ Approx. size: /_/_/_/_/_/_/_/_/ in. (axial) by /_/_/_/_/_/_/_/_/ in. (circumferential)

Leak ⇨ Select Type: Pinhole Crack Connection Failure Seal or Packing Other

Rupture ⇨ Select Orientation: Circumferential Longitudinal Other _____

Approx. size: /_/_/_/_/_/_/_/_/ in. (widest opening) by /_/_/_/_/_/_/_/_/ in. (length circumferentially or axially)

Other ⇨ Describe: _____

PART D – ADDITIONAL CONSEQUENCE INFORMATION

1. Class Location of Incident: *(select only one)*

- Class 1 Location
- Class 2 Location
- Class 3 Location
- 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: Method 1 Method 2

3. What is the PIR (Potential Impact Radius) for the location of this Incident? / / / / feet

- 4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? Yes No
- 5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? Yes No
- 6. Were any of the fatalities or injuries reported for persons located outside the PIR? Yes No

7. Estimated cost to Operator:

- 7.a Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator \$ / / / / / / / / / / / / / / / /
- 7.b Estimated cost of gas released unintentionally \$ / / / / / / / / / / / / / / / /
- 7.c Estimated cost of gas released during intentional and controlled blowdown \$ / / / / / / / / / / / / / / / /
- 7.d Estimated cost of Operator's property damage & repairs \$ / / / / / / / / / / / / / / / /
- 7.e Estimated cost of Operator's emergency response \$ / / / / / / / / / / / / / / / /
- 7.f Estimated other costs \$ / / / / / / / / / / / / / / / /
Describe _____
- 7.g Estimated total costs (sum of above) \$ / / / / / / / / / / / / / / / /

PART E – ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Incident (psig): 1 1 1/1 1 1 1

2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig) : 1 1 1/1 1 1 1

3. Describe the pressure on the system or facility relating to the Incident: (select only one)

- Pressure did not exceed MAOP
- Pressure exceeded MAOP, but did not exceed 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
- 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.f below)

5.a 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
 Check Valve

5.c Length of segment isolated between valves (ft): 1 1 1 1/1 1 1

5.d Is the pipeline configured to accommodate internal inspection tools?

- Yes
- No ⇨ 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 ⇨ 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
- Storage Gathering

6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?

No

Yes →

6.a Was it operating at the time of the Incident? Yes No

6.b Was it fully functional at the time of the Incident? Yes 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? Yes No

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? Yes No

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 Third Party that caused the Incident

Local Operating Personnel, including contractors

Ground Patrol by Operator or its contractor

Notification from Emergency Responder

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

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 (Supplemental 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)

Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue

Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue (provide an explanation for why not)

Investigation identified no control room issues

Investigation identified no controller issues

Investigation identified incorrect controller action or controller error

Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response

Investigation identified incorrect procedures

Investigation identified incorrect control room equipment operation

Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response

Investigation identified areas other than those above → Describe: _____

PART F – DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

No

Yes ⇨ 1.a Specify how many were tested: / / /

1.b Specify how many failed: / / /

2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

No

Yes ⇨ 2.a Specify how many were tested: / / /

2.b Specify how many failed: / / /

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 sub-cause can be picked from shaded left-hand column

External Corrosion

1. Results of visual examination:
 Localized Pitting General Corrosion
 Other _____
2. Type of corrosion: (select all that apply)
 Galvanic Atmospheric Stray Current Microbiological Selective Seam
 Other _____
3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)
 Field examination Determined by metallurgical analysis
 Other _____
4. Was the failed item buried under the ground?
 Yes ⇒ 4.a Was failed item considered to be under cathodic protection at the time of the incident?
 Yes ⇒ Year protection started: / / / / /
 No
- 4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident?
 Yes No
- 4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident?
 Yes, CP Annual Survey ⇒ Most recent year conducted: / / / / /
 Yes, Close Interval Survey ⇒ Most recent year conducted: / / / / /
 Yes, Other CP Survey ⇒ Most recent year conducted: / / / / /
 No
- No ⇒ 4.d Was the failed item externally coated or painted? Yes No
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
 Yes No

Listed as "cause of corrosion" on current form. Deleted "improper cathodic protection."

Internal Corrosion

6. Results of visual examination:
 Localized Pitting General Corrosion Not cut open
 Other _____
7. Cause of corrosion: (select all that apply)
 Corrosive Commodity Water drop-out/Acid Microbiological Erosion
 Other _____
8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply)
 Field examination Determined by metallurgical analysis
 Other _____
9. Location of corrosion: (select all that apply)
 Low point in pipe Elbow Drop-out
 Other _____
10. Was the gas/fluid treated with corrosion inhibitors or biocides? Yes No
11. Was the interior coated or lined with protective coating? Yes No
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?
 Not applicable - Not mainline pipe Yes No
13. Were corrosion coupons routinely utilized?
 Not applicable - Not mainline pipe Yes No

Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.

14. Has one or more internal inspection tool collected data at the point of the Incident?

Yes No

14.a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

- Magnetic Flux Leakage Tool / / / / /
- Ultrasonic / / / / /
- Geometry / / / / /
- Caliper / / / / /
- Crack / / / / /
- Hard Spot / / / / /
- Combination Tool / / / / /
- Transverse Field/Triaxial / / / / /
- Other _____ / / / / /

15. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?

Yes ⇒ Most recent year tested: / / / / / Test pressure (psig): / / / / /

No

16. Has one or more Direct Assessment been conducted on this segment?

Yes, and an investigative dig was conducted at the point of the Incident ⇒ Most recent year conducted: / / / / /

Yes, but the point of the Incident was not identified as a dig site ⇒ Most recent year conducted: / / / / /

No

17. Has one or more non-destructive examination been conducted at the point of the Incident since January 21, 2002?

Yes No

17.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:

- Radiography / / / / /
- Guided Wave Ultrasonic / / / / /
- Handheld Ultrasonic Tool / / / / /
- Wet Magnetic Particle Test / / / / /
- Dry Magnetic Particle Test / / / / /
- Other _____ / / / / /

G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-hand column

<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other _____
<input type="checkbox"/> Heavy Rains/Floods	2. Specify: <input type="radio"/> Washout/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other _____
<input type="checkbox"/> Lightning	3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other _____
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Other Natural Force Damage	5. Describe: _____

Separate item on current form.

Complete the following if any Natural Force Damage sub-cause is selected.

6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? Yes No

6.a. If Yes, specify: (select all that apply) Hurricane Tropical Storm Tornado Other _____

G3 – Excavation Damage - only 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?
 Yes No

1.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

<input type="radio"/> Magnetic Flux Leakage	/	/	/	/	/	/	/	/	/
<input type="radio"/> Ultrasonic	/	/	/	/	/	/	/	/	/
<input type="radio"/> Geometry	/	/	/	/	/	/	/	/	/
<input type="radio"/> Caliper	/	/	/	/	/	/	/	/	/
<input type="radio"/> Crack	/	/	/	/	/	/	/	/	/
<input type="radio"/> Hard Spot	/	/	/	/	/	/	/	/	/
<input type="radio"/> Combination Tool	/	/	/	/	/	/	/	/	/
<input type="radio"/> Transverse Field/Triaxial	/	/	/	/	/	/	/	/	/
<input type="radio"/> Other _____	/	/	/	/	/	/	/	/	/

2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? Yes No

3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
 Yes ⇒ Most recent year tested: / / / / / / / / / /
 Test pressure (psig): / / / / / / / / / /
 No

4. Has one or more Direct Assessment been conducted on the pipeline segment?
 Yes, and an investigative dig was conducted at the point of the Incident
 ⇒ Most recent year conducted: / / / / / / / / / /
 Yes, but the point of the Incident was not identified as a dig site
 ⇒ Most recent year conducted: / / / / / / / / / /
 No

5. 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:

<input type="radio"/> Radiography	/	/	/	/	/	/	/	/	/
<input type="radio"/> Guided Wave Ultrasonic	/	/	/	/	/	/	/	/	/
<input type="radio"/> Handheld Ultrasonic Tool	/	/	/	/	/	/	/	/	/
<input type="radio"/> Wet Magnetic Particle Test	/	/	/	/	/	/	/	/	/
<input type="radio"/> Dry Magnetic Particle Test	/	/	/	/	/	/	/	/	/
<input type="radio"/> Other _____	/	/	/	/	/	/	/	/	/

Complete the following if Excavation Damage by Third Party is selected as the sub-cause.

6. Did the operator get prior notification of the excavation activity? Yes No

6.a If Yes, Notification received from: (select all that apply) One-Call System Excavator Contractor Landowner

Date of notification was removed.

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)? Yes No

8. Right-of-Way where event occurred: (select all that apply)

- Public Specify: City Street State Highway County Road Interstate Highway Other
- Private Specify: Private Landowner Private Business Private Easement
- Pipeline Property/Easement
- Power/Transmission Line
- Railroad
- Dedicated Public Utility Easement
- Federal Land
- Data not collected
- Unknown/Other

The CGA-DIRT section (#s7-17) is new to the form although some items similar to the CGA-DIRT questions appear on the current form.

9. Type of excavator: (select only one)

- Contractor County Developer Farmer Municipality Occupant
- Railroad State Utility Data not collected Unknown/Other

10. Type of excavation equipment: (select only one)

- Auger Backhoe/Trackhoe Boring Drilling Directional Drilling
- Explosives Farm Equipment Grader/Scraper Hand Tools Milling Equipment
- Probing Device Trencher Vacuum Equipment Data not collected Unknown/Other

11. Type of work performed: (select only one)

- Agriculture Cable TV Curb/Sidewalk Building Construction Building Demolition
- Drainage Driveway Electric Engineering/Surveying Fencing
- Grading Irrigation Landscaping Liquid Pipeline Milling
- Natural Gas Pole Public Transit Authority Railroad Maintenance Road Work
- Sewer (Sanitary/Storm) Site Development Steam Storm Drain/Culvert Street Light
- Telecommunications Traffic Signal Traffic Sign Water Waterway Improvement
- Data not collected Unknown/Other

12. Was the One-Call Center notified? Yes 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:

13. Type of Locator: Utility Owner Contract Locator Data not collected Unknown/Other

14. Were facility locate marks visible in the area of excavation? No Yes Data not collected Unknown/Other

15. Were facilities marked correctly? No Yes Data not collected Unknown/Other

16. Did the damage cause an interruption in service? No Yes Data not collected Unknown/Other

16.a If Yes, specify duration of the interruption: / / / / / / hours

(This CGA-DIRT section continued on next page with Question 17.)

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)

- No notification made to the One-Call Center
- Notification to One-Call Center made, but not sufficient
- Wrong information provided

Locating Practices Not Sufficient: (select only one)

- Facility could not be found/located
- Facility marking or location not sufficient
- Facility was not located or marked
- Incorrect facility records/maps

Excavation Practices Not Sufficient: (select only one)

- Excavation practices not sufficient (other)
- Failure to maintain clearance
- Failure to maintain the marks
- Failure to support exposed facilities
- Failure to use hand tools where required
- Failure to verify location by test-hole (pot-holing)
- 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

<input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident																																																							
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	1. Vehicle/Equipment operated by: (select only one) <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party																																																						
<input type="checkbox"/> 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: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other _____																																																						
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation																																																							
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility																																																							
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	<p>Complete Questions 3-7 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.</p> <p>3. Has one or more internal inspection tool collected data at the point of the Incident? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:</p> <table border="0"> <tr> <td><input type="radio"/> Magnetic Flux Leakage</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Ultrasonic</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Geometry</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Caliper</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Crack</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Hard Spot</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Combination Tool</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Transverse Field/Triaxial</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td><input type="radio"/> Other</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> <td>/</td> </tr> </table> <p>4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?</p> <p><input type="radio"/> Yes ⇒ Most recent year tested: / / / / / / Test pressure (psig): / / / / / / / /</p> <p><input type="radio"/> No</p> <p>6. Has one or more Direct Assessment been conducted on the pipeline segment?</p> <p><input type="radio"/> Yes, and an investigative dig was conducted at the point of the Incident ⇒ Most recent year conducted: / / / / / /</p> <p><input type="radio"/> Yes, but the point of the Incident was not identified as a dig site ⇒ Most recent year conducted: / / / / / /</p> <p><input type="radio"/> No</p> <p><i>(This section continued on next page with Question 7.)</i></p>	<input type="radio"/> Magnetic Flux Leakage	/	/	/	/	/	<input type="radio"/> Ultrasonic	/	/	/	/	/	<input type="radio"/> Geometry	/	/	/	/	/	<input type="radio"/> Caliper	/	/	/	/	/	<input type="radio"/> Crack	/	/	/	/	/	<input type="radio"/> Hard Spot	/	/	/	/	/	<input type="radio"/> Combination Tool	/	/	/	/	/	<input type="radio"/> Transverse Field/Triaxial	/	/	/	/	/	<input type="radio"/> Other	/	/	/	/	/
<input type="radio"/> Magnetic Flux Leakage	/	/	/	/	/																																																		
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<input type="radio"/> Transverse Field/Triaxial	/	/	/	/	/																																																		
<input type="radio"/> Other	/	/	/	/	/																																																		

	<p>7. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002? <input type="radio"/> Yes <input type="radio"/> No</p> <p>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:</p> <p><input type="radio"/> Radiography / / / / /</p> <p><input type="radio"/> Guided Wave Ultrasonic / / / / /</p> <p><input type="radio"/> Handheld Ultrasonic Tool / / / / /</p> <p><input type="radio"/> Wet Magnetic Particle Test / / / / /</p> <p><input type="radio"/> Dry Magnetic Particle Test / / / / /</p> <p><input type="radio"/> Other _____ / / / / /</p>
<p><input type="checkbox"/> Intentional Damage</p>	<p>8. Specify:</p> <p><input type="radio"/> Vandalism <input type="radio"/> Terrorism</p> <p><input type="radio"/> Theft of transported commodity <input type="radio"/> Theft of equipment</p> <p><input type="radio"/> Other _____</p>
<p><input type="checkbox"/> Other Outside Force Damage</p>	<p>9. Describe: _____</p>

Listed as "Material and Welds" on current form.

G5 - Material Failure of Pipe or Weld Use this section to report material failures ONLY IF the "Item Involved in 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)

<input type="checkbox"/> Construction-, Installation-, or Fabrication-related	2. List contributing factors: (select all that apply) <input type="checkbox"/> Fatigue- or Vibration-related <input type="radio"/> Mechanically-induced prior to installation (such as during transport of pipe) <input type="radio"/> Mechanical Vibration <input type="radio"/> Pressure-related <input type="radio"/> Thermal <input type="radio"/> Other _____ <input type="checkbox"/> Mechanical Stress <input type="checkbox"/> Other _____
<input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)	

<input type="checkbox"/> Environmental Cracking-related	3. Specify: <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Sulfide Stress Cracking <input type="radio"/> Hydrogen Stress Cracking <input type="radio"/> Other _____
---	---

Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.

4. Additional factors (select all that apply):
 Dent Gouge Pipe Bend Arc Burn Crack Lack of Fusion
 Lamination Buckle Wrinkle Misalignment Burnt Steel
 Other _____

5. Has one or more internal inspection tool collected data at the point of the Incident? Yes No

5.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

<input type="radio"/> Magnetic Flux Leakage Tool	/ / / / / /
<input type="radio"/> Ultrasonic	/ / / / / /
<input type="radio"/> Geometry	/ / / / / /
<input type="radio"/> Caliper	/ / / / / /
<input type="radio"/> Crack	/ / / / / /
<input type="radio"/> Hard Spot	/ / / / / /
<input type="radio"/> Combination Tool	/ / / / / /
<input type="radio"/> Transverse Field/Triaxial	/ / / / / /
<input type="radio"/> Other _____	/ / / / / /

6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
 Yes Most recent year tested: / / / / / / Test pressure (psig): / / / / / /
 No

7. Has one or more Direct Assessment been conducted on the pipeline segment?
 Yes, and an investigative dig was conducted at the point of the Incident Most recent year conducted: / / / / / /
 Yes, but the point of the incident was not identified as a dig site Most recent year conducted: / / / / / /
 No

8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?
 Yes 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:

<input type="radio"/> Radiography	/ / / / / /
<input type="radio"/> Guided Wave Ultrasonic	/ / / / / /
<input type="radio"/> Handheld Ultrasonic Tool	/ / / / / /
<input type="radio"/> Wet Magnetic Particle Test	/ / / / / /
<input type="radio"/> Dry Magnetic Particle Test	/ / / / / /
<input type="radio"/> Other _____	/ / / / / /

Listed as "Equipment and Operations" on current gas transmission incident form.

G6 - Equipment Failure - only one **sub-cause** can be picked from shaded left-hand column

<input type="checkbox"/> Malfunction of Control/Relief Equipment	1. Specify: <i>(select all that apply)</i> <input type="radio"/> Control Valve <input type="radio"/> Instrumentation <input type="radio"/> SCADA <input type="radio"/> Communications <input type="radio"/> Block Valve <input type="radio"/> Check Valve <input type="radio"/> Relief Valve <input type="radio"/> Power Failure <input type="radio"/> Stopple/Control Fitting <input type="radio"/> Pressure Regulator <input type="radio"/> ESD System Failure <input type="radio"/> Other _____
<input type="checkbox"/> Compressor or Compressor-related Equipment	2. Specify: <input type="radio"/> Seal/Packing Failure <input type="radio"/> Body Failure <input type="radio"/> Crack in Body <input type="radio"/> Appurtenance Failure <input type="radio"/> Pressure Vessel Failure <input type="radio"/> Other _____
<input type="checkbox"/> Threaded Connection/Coupling Failure	3. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Mechanical Coupling <input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting <input type="radio"/> Other _____
<input type="checkbox"/> Non-threaded Connection Failure	4. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Seal (NOT compressor seal) or Packing <input type="radio"/> Other _____
<input type="checkbox"/> Defective or Loose Tubing or Fitting	
<input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
<input type="checkbox"/> Other Equipment Failure	5. Describe: _____ _____

Complete the following if any Equipment Failure sub-cause is selected.

6. Additional factors that contributed to the equipment failure: *(select all that apply)*

- Excessive vibration
- Overpressurization
- No support or loss of support
- Manufacturing defect
- Loss of electricity
- Improper installation
- Mismatched items (different manufacturer for tubing and tubing fittings)
- Dissimilar metals
- Breakdown of soft goods due to compatibility issues with transported gas/fluid
- Valve vault or valve can contributed to the release
- Alarm/status failure
- Misalignment
- Thermal stress
- Other _____

G7 - Incorrect Operation - only one **sub-cause** can be picked from shaded left-hand column

<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	<div style="border: 1px solid red; padding: 5px; color: red;"> "Incorrect Operation" became its own cause category so it is no longer a sub-cause under the "Equipment and Operations" cause category. </div>
<input type="checkbox"/> Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	1. Specify: <input type="radio"/> Valve Misalignment <input type="radio"/> Incorrect Reference Data/Calculation <input type="radio"/> Miscommunication <input type="radio"/> Inadequate Monitoring <input type="radio"/> Other: _____
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure	
<input type="checkbox"/> Pipeline or Equipment Overpressured	
<input type="checkbox"/> Equipment Not Installed Properly	
<input type="checkbox"/> Wrong Equipment Specified or Installed	
<input type="checkbox"/> Other Incorrect Operation	2. Describe: _____

Complete the following if any Incorrect Operation sub-cause is selected.

3. Was this Incident related to: *(select all that apply)*

- Inadequate procedure
- No procedure established
- Failure to follow procedure
- Other: _____

Items 3-5.a are new; however, on the current form, "inadequate procedure" & "failure to follow procedure" appear as a type of incorrect operation.

4. What category type was the activity that caused the Incident:

- Construction
- Commissioning
- Decommissioning
- Right-of-Way activities
- Routine maintenance
- Other maintenance
- Normal operating conditions
- Non-routine operating conditions (abnormal operations or emergencies)

5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? Yes No

5.a If Yes, were the individuals performing the task(s) qualified for the task(s)?

- Yes, they were qualified for the task(s)
- No, but they were performing the task(s) under the direction and observation of a qualified individual
- 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

G8 – Other Incident Cause - only one **sub-cause** can be picked from shaded left-hand column

<input type="checkbox"/> Miscellaneous	1. Describe: _____ _____
<input type="checkbox"/> Unknown	2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required)

