

Notice: Each operator shall, within 60 days after completion of the inspection of all its underwater pipelines subject to §192.612(a) for natural gas pipelines and §195.413(a) for hazardous liquid pipelines, report the following information:

Form Approved  
OMB No. xxxx-xxxx  
Expires: mm/dd/yyyy



## OFFSHORE PIPELINE CONDITION REPORT

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

Report Date: \_\_\_\_\_  
No. \_\_\_\_\_  
(DOT Use Only)

### Instructions:

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://www.phmsa.dot.gov/pipeline>.

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 **xxxx-xxxx**. The filling out of this information is mandatory and will take **XX** minutes to complete.

### Part A – Operator Information

- Pipeline Type: a) Natural Gas  b) Hazardous Liquid
- Operator ID: /\_/\_/\_/\_/\_/\_/\_/ 3. Operator Name: \_\_\_\_\_
- Operator Address:  
a) \_\_\_\_\_ b) \_\_\_\_\_  
(street) (city)  
d) \_\_\_\_\_ e) \_\_\_\_\_  
(state) (zip code)

### Part B – Reporter Information

- Date of Report: mm/dd/yyyy
- Name of Person Submitting Report: \_\_\_\_\_  
a) Job Title: \_\_\_\_\_  
b) Phone Number: \_\_\_\_\_  
c) Email Address: \_\_\_\_\_

### Part C – Exposed Pipeline Segment Information:

- Total Length of Pipeline Inspected: \_\_\_\_\_ (in miles)
- Length of Exposed Pipeline Segment: \_\_\_\_\_ (in miles)
  - Date of Installation of Exposed Segment: mm/dd/yyyy
  - Location of Exposed Segment: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_
  - Location per the Minerals Management Service (if known): \_\_\_\_\_
  - State Offshore Area: \_\_\_\_\_ e) Block/Tract #: /\_/\_/\_/\_/\_/\_/

### Part D – Pipeline Segments Considered Hazards to Navigation (if different from above):

- Length of Pipeline Segment that is a Hazard to Navigation: \_\_\_\_\_ (in miles)
  - Date of Installation of Pipeline Segment: mm/dd/yyyy
  - Location of Pipeline Segment: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_
  - Location per the Minerals Management Service (if known): \_\_\_\_\_
  - State Offshore Area: \_\_\_\_\_ e) Block/Tract #: /\_/\_/\_/\_/\_/\_/

# INSTRUCTIONS FOR FORM PHMSA F XXXX.XX OFFSHORE PIPELINE CONDITION REPORT

## GENERAL INSTRUCTIONS

Reporting requirements are in Part 191 of Title 49 of the Code of Federal Regulations (CFR) Transportation of Natural and Other Gas by Pipeline: Annual Reports, Incident Reports, and Safety-Related Condition Reports and Part 195 Transportation of Hazardous Liquids by Pipeline, Subpart B - Annual, Accident, and Safety-Related Condition Reporting.

As stipulated in §191.27 for natural gas pipelines and §195.57 for hazardous liquid pipelines, filing offshore pipeline condition reports are required of each operator within 60 days after completion of the inspection of all its underwater pipelines subject to §192.612(a) for natural gas pipelines and §195.413(a) for hazardous liquid pipelines.

If you need copies of the Form PHMSA F XXXX.XX and/or instructions they can be found on the Pipeline Safety Community main page, <http://phmsa.dot.gov/pipeline>, by clicking the Forms hyperlink and scrolling down to the section entitled "Accident/Incident/Annual Reporting Forms." If you have questions about this report or these instructions, please call (202) 366-8075. Please type or print all entries when submitting forms by mail or Fax.

## REPORTING METHODS

**Use one of the following methods to submit your report. We prefer online reporting over hardcopy submissions.** If you prefer, you can mail or fax your completed reports to DOT/PHMSA.

Note: Submit a copy of your report directly to the State Regulatory Agency in addition to submitting to DOT/PHMSA, if that is the requirement in your state.

### 1. Online:

- a. Navigate to the Pipeline Safety Community main page <http://phmsa.dot.gov/pipeline>, click the ONLINE DATA ENTRY link listed in the fourth column of hyperlinks
- b. Click on the Offshore Pipeline Condition Report link
- c. Enter Operator ID and PIN [If an operator does not have an Operator ID or a PIN, the website (<http://opsweb.rspsa.dot.gov/cfdocs/opsapps/pipes/main.cfm>) includes directions on how to obtain one.]

- d. Click "add" to begin
- e. Click "submit" when finished. A confirmation page will appear for you to print and save for your records

**If you submit your report online, PLEASE DO NOT MAIL OR FAX the completed report to DOT as this may result in duplicate entries.**

**2. Mail to:**

DOT/PHMSA Office of Pipeline Safety  
Information Resources Manager,  
1200 New Jersey Ave., SE  
East Building, 2<sup>nd</sup> Floor, (PHP-10)  
Room Number E22-321  
Washington, DC 20590

**3. Fax to: Information Resources Manager at (202) 366-4566.**

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## **PART A - OPERATOR INFORMATION**

**Complete the next four items to finish Part A**

**1. Pipeline Type** - Please select the type of pipeline system this offshore condition report is being submitted for (i.e., is this a natural gas pipeline system that you file annual reports for using the "Natural or Other Gas Transmission & Gathering System" annual report form; or is this a hazardous liquid pipeline system which you file annual reports for using the "Hazardous Liquid or Carbon Dioxide System" annual report form).

**2. Operator's 5 Digit Identification Number** \_/ \_/ \_/ \_/ \_/.

*(Note: Depending on when your ID was issued, it may not contain five digits)*

**3. Operator Name** - This is the company name used when registering for an Operator ID and PIN in the Online Data Entry System.

The Pipeline and Hazardous Materials Safety Administration (PHMSA) assigns the operator's five-digit identification number. Contact us at (202) 366-8075 if you need assistance with an identification number.

A company may submit separate reports for subsidiaries or affiliate operations under the appropriate operator name and ID number.

**4. Operator Address** - This should be the operator location office filing the offshore pipeline condition report. If there is no location office, please use the headquarters address of the operator as submitted on the annual reports.

## **PART B - Reporter Information**

For the items in this section, please provide the specific information related to the person submitting the offshore pipeline condition report.

**1. Date of Report** - refers to the actual date the offshore pipeline condition report is submitted to PHMSA.

**2. Name of Person Submitting Report** - Please provide the name of the person submitting the offshore pipeline condition report.

a): **Job Title** - Please provide the official job title of the

person submitting the offshore pipeline condition report.

b): **Phone Number** - Please provide the phone number of the person submitting this offshore pipeline condition report.

c): **Email Address** - Please provide the email address of the person submitting this offshore pipeline condition report.

## **PART C - Exposed Pipeline Segment Information**

1. **Total Length of Pipeline Inspected** - Please provide the total length in miles of the pipeline inspected (not just the mileage of the exposed segment). If this is an offshore condition report for a hazardous liquid pipeline, please provide the total length in miles and NOT kilometers as stated in the regulations.

2. **Length of Exposed Pipeline Segment** - Please provide the length of the exposed segment in miles.

a): **Date of Installation of Exposed Segment** - Provide the date in mm/dd/yyyy format for when the exposed segment was installed.

b): **Location of Exposed Segment:** Provide the latitude and longitude of the exposed segment. Please follow the guidance below when determining the GPS coordinates.

The latitude and longitude of the offshore pipeline condition are to be reported as Decimal Degrees with a minimum of 5 decimal places (e.g. Lat: 38.89664 Long: -77.04327). If you have coordinates in degrees/minutes or degrees/minutes/seconds, use the formula below to convert to decimal degrees:

degrees + (minutes/60) + (seconds/3600) = decimal degrees  
e.g. 38° 53' 47.904" = 38 + (53/60) + (47.904/3600) = 38.89664°

All locations in the United States will have a **negative** longitude coordinate. Be sure a negative (-) sign precedes your longitude coordinate on your report. If you cannot locate the incident with a GPS or some other means, the U.S. Census Bureau provides a tool for determining them at the following URL <http://tiger.census.gov/cgi-bin/mapbrowse-tbl>. You can use the online tool to identify the geographic location of the incident. The tool displays the latitude and longitude in decimal degrees below the map. Any questions regarding the required format, conversion or how to use the tool noted above can be directed to PHMSA's GIS Manager at (202)493-0591.

c): **Location per the Minerals Management Service:** - *Only if known*, please provide the location of the exposed pipeline segment as

it is referenced by the Minerals Management Service (MMS).

**d): State Offshore Area and e) Block/Tract #:** Area and Block/Tract numbers should be provided for either State or OCS waters, whichever is applicable.

The data collected through this question is intended to allow persons familiar with the area in which the offshore condition is located to identify the location and understand it in its local context. Accordingly, it is not necessary to take measurements to determine which county/parish is "nearest" in cases where the offshore condition location is approximately equidistant from two (or more). In such cases, the name of one of the nearby counties/parishes should be provided.

## **PART D - Pipeline Segments Considered Hazards to Navigation**

**Note:** Only list pipeline segments for Part D that are different from the segments previously reported in Part C.

**1. Please list the length of pipeline segment (in miles) that is considered to be a hazard to navigation.**

**Note:** *Hazard to navigation means, [for the purposes of 192 and 195] a pipeline where the top of the pipe is less than 12 inches (305 millimeters) below the underwater natural bottom (as determined by recognized and generally accepted practices) in waters less than 15 feet (4.6 meters) deep, as measured from the mean low water.*

**a): Date of Installation of Pipeline Segment** - Provide the date in mm/dd/yyyy format for when the pipeline segment was installed.

**b): Location of Pipeline Segment:** Provide the latitude and longitude of the pipeline segment. Please follow the guidance given in Part C, 2, (b) when determining the GPS coordinates.

**c): Location per the Minerals Management Service:** - *Only if known*, please provide the location of the pipeline segment as it is referenced by the Minerals Management Service (MMS).

**d): State Offshore Area and e) Block/Tract #:** Area and Block/Tract numbers should be provided for either State or OCS waters, whichever is applicable. Please refer to Part C, 2, (d) & (e) regarding the data collected for this item.