

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: 2137-0047.

EXPIRATION DATE: mm/dd/yyyy



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

ACCIDENT REPORT – HAZARDOUS LIQUID 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 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), 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>. Note: Certain low consequence accidents only require the information indicated in the shaded fields.

PART A – KEY REPORT INFORMATION

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

**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: / / / / / / - / / / / /

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

**6. National Response Center Report Number (if applicable):
/ / / / / / / /

**5. Location of Accident:
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. Commodity released: (select only one, based on predominant volume released)

- Crude Oil
- Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions
 - Gasoline (non-Ethanol) Diesel, Fuel Oil, Kerosene, Jet Fuel
 - Mixture of Refined Products (transmix or other mixture)
 - Other ⇨ Name: _____
- HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions
 - Anhydrous Ammonia
 - LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)
 - Other HVL ⇨ Name: _____
- CO₂ (Carbon Dioxide)
- Biofuel / Alternative Fuel (including ethanol blends)
 - Fuel Grade Ethanol Ethanol Blend ⇨ % Ethanol: / / / /
 - Biodiesel ⇨ Blend (e.g. B2, B20, B100): B/ / / / / Other ⇨ Name: _____

**9. Estimated volume of commodity released unintentionally: / / / / / / / / / / / / / / Barrels

**10. Estimated volume of intentional and/or controlled release/blowdown: / / / / / / / / / / / / / / Barrels

**11. Estimated volume of commodity recovered: / / / / / / / / / / / / / / Barrels

**12. Were there fatalities? Yes No

If Yes, specify the number in each category:

12.a Operator employees / / / / /
 12.b Contractor employees
 working for the Operator / / / / /
 12.c Non-Operator
 emergency responders / / / / /
 12.d Workers working on the
 right-of-way, but NOT
 associated with this Operator / / / / /
 12.e General public / / / / /
 12.f Total fatalities (sum of above) / / / / /

**13. Were there injuries requiring inpatient hospitalization? 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 injuries (sum of above) / / / / /

**14. Was the pipeline/facility shut down due to the Accident?

Yes No ⇨ Explain: _____

If Yes, complete Questions 14.a and 14.b: (*use local time, 24-hr clock*)

**14.a Local time and date of shutdown / / / / / / / / / / / / / / / / / / / /
 Hour Month Day Year

14.b Local time pipeline/facility restarted / / / / / / / / / / / / / / / / / / / /
 Hour Month Day Year

Still shut down*
 (*Supplemental Report required)

**15. Did the commodity ignite? Yes No

**16. Did the commodity explode? Yes No

17. Number of general public evacuated: / / / / / , / / / / /

18. Time sequence: (*use local time, 24-hour clock*)

18.a Local time Operator identified Accident / / / / / / / / / / / / / / / / / / / /
 Hour Month Day Year

18.b Local time Operator resources arrived on site / / / / / / / / / / / / / / / / / / / /
 Hour Month Day Year

| PART B – ADDITIONAL LOCATION INFORMATION | |
|--|---|
| <p>**1. Was the origin of the Accident onshore? <input type="radio"/> Yes (Complete Questions 2-12) <input type="radio"/> No (Complete Questions 13-15)</p> | |
| <p>If Onshore:</p> <p>**2. State: / / /</p> <p>**3. Zip Code: / / / / - / / / / /</p> <p>**4. _____ **5 _____ City County or Parish</p> <p>6. Operator-designated location: (select only one) <input type="checkbox"/> Milepost/Valve Station (specify in shaded area below) <input type="checkbox"/> Survey Station No. (specify in shaded area below) /</p> <p>7. Pipeline/Facility name: _____</p> <p>8. Segment name/ID: _____</p> <p>9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>**10. Location of Accident: (select only one) <input type="checkbox"/> Totally contained on Operator-controlled property <input type="checkbox"/> Originated on Operator-controlled property, but then flowed or migrated off the property <input type="checkbox"/> Pipeline right-of-way</p> <p>**11. Area of Accident (as found): (select only one) <input type="checkbox"/> Tank, including attached appurtenances <input type="checkbox"/> Underground ⇨ Specify: <input type="radio"/> Under soil <input type="radio"/> Under a building <input type="radio"/> Under pavement <input type="radio"/> Exposed due to excavation <input type="radio"/> In underground enclosed space (e.g., vault) <input type="radio"/> Other _____ Depth-of-Cover (in): / / / / / / / / / / <input type="checkbox"/> Aboveground ⇨ Specify: <input type="radio"/> Typical aboveground facility piping or appurtenance <input type="radio"/> Overhead crossing <input type="radio"/> In or spanning an open ditch <input type="radio"/> Inside a building <input type="radio"/> Inside other enclosed space <input type="radio"/> Other _____ <input type="checkbox"/> Transition Area ⇨ Specify: <input type="radio"/> Soil/air interface <input type="radio"/> Wall sleeve <input type="radio"/> Pipe support or other close contact area <input type="radio"/> Other _____</p> <p>**12. Did Accident occur in a crossing?: <input type="radio"/> Yes <input type="radio"/> No If Yes, specify type below: <input type="checkbox"/> Bridge crossing ⇨ Specify: <input type="radio"/> Cased <input type="radio"/> Uncased <input type="checkbox"/> Railroad crossing ⇨ (select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <input type="checkbox"/> Road crossing ⇨ (select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <input type="checkbox"/> Water crossing ⇨ Specify: <input type="radio"/> Cased <input type="radio"/> Uncased Name of body of water, if commonly known: _____ Approx. water depth (ft) at the point of the Accident: / / / / / / / / / / (select only one of the following) <input type="radio"/> Shoreline/Bank crossing <input type="radio"/> Below water, pipe in bored/drilled crossing <input type="radio"/> Below water, pipe buried below bottom (NOT in bored/drilled crossing) <input type="radio"/> Below water, pipe on or above bottom</p> | <p>If Offshore:</p> <p>13. Approximate water depth (ft.) at the point of the Accident: / / / / / / / / / /</p> <p>**14. Origin of Accident: <input type="checkbox"/> In State waters ⇨ Specify: State: / / / / Area: _____ Block/Tract #: / / / / / / / / / / Nearest County/Parish: _____</p> <p><input type="checkbox"/> On the Outer Continental Shelf (OCS) ⇨ Specify: Area: _____ Block #: / / / / / / / / / /</p> <p>15. Area of Accident: (select only one) <input type="checkbox"/> Shoreline/Bank crossing or shore approach <input type="checkbox"/> Below water, pipe buried or jettied below seabed <input type="checkbox"/> Below water, pipe on or above seabed <input type="checkbox"/> Splash Zone of riser <input type="checkbox"/> Portion of riser outside of Splash Zone, including riser bend <input type="checkbox"/> Platform</p> |

| PART C – ADDITIONAL FACILITY INFORMATION | |
|---|--|
| **1. Is the pipeline or facility: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate | |
| **2. Part of system involved in Accident: (select only one) <input type="checkbox"/> Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances ⇨ <input type="radio"/> Atmospheric or Low Pressure <div style="text-align: right;"><input type="radio"/> Pressurized</div> <input type="checkbox"/> Onshore Terminal/Tank Farm Equipment and Piping <input type="checkbox"/> Onshore Equipment and Piping Associated with Belowground Storage <input type="checkbox"/> Onshore Pump/Meter Station Equipment and Piping <input type="checkbox"/> Onshore Pipeline, Including Valve Sites <input type="checkbox"/> Offshore Platform/Deepwater Port, Including Platform-mounted Equipment and Piping <input type="checkbox"/> Offshore Pipeline, Including Riser and Riser Bend | |
| **3. Item involved in Accident: (select only one) <input type="checkbox"/> Pipe ⇨ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam <div style="margin-left: 20px;"> **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 <div style="margin-left: 40px;"> <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 _____ </div> 3.f Pipe manufacturer: _____ 3.g Year of manufacture: / / / / / **3.h Pipeline coating type at point of Accident ⇨ Specify: <input type="radio"/> Fusion Bonded Epoxy <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <div style="margin-left: 40px;"> <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 _____ </div> <input type="checkbox"/> Weld, including heat-affected zone ⇨ Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld <input type="radio"/> Other _____ <input type="checkbox"/> Valve <input type="radio"/> Mainline ⇨ Specify: <input type="radio"/> Butterfly <input type="radio"/> Check <input type="radio"/> Gate <input type="radio"/> Plug <input type="radio"/> Ball <input type="radio"/> Globe <div style="margin-left: 40px;"><input type="radio"/> Other _____</div> 3.i Mainline valve manufacturer: _____ 3.j Year of manufacture: / / / / / <div style="margin-left: 20px;"> <input type="radio"/> Relief Valve <input type="radio"/> Auxiliary or Other Valve </div> <input type="checkbox"/> Pump <input type="checkbox"/> Meter/Prover <input type="checkbox"/> Scraper/Pig Trap <input type="checkbox"/> Sump/Separator <input type="checkbox"/> Repair Sleeve or Clamp <input type="checkbox"/> Hot Tap Equipment <input type="checkbox"/> Stopple Fitting <input type="checkbox"/> Flange <input type="checkbox"/> Relief Line <input type="checkbox"/> Auxiliary Piping (e.g. drain lines) <input type="checkbox"/> Tubing <input type="checkbox"/> Instrumentation <input type="checkbox"/> Tank/Vessel ⇨ Specify: <input type="radio"/> Single Bottom System <input type="radio"/> Double Bottom System <input type="radio"/> Tank Shell <input type="radio"/> Chime <div style="margin-left: 40px;"> <input type="radio"/> Roof/Roof Seal <input type="radio"/> Roof Drain System <input type="radio"/> Mixer <input type="radio"/> Pressure Vessel Head or Wall <input type="radio"/> Appurtenance <input type="radio"/> Other _____ </div> <input type="checkbox"/> Other _____ </div> | |
| 4. Year item involved in Accident was installed: / / / / / | |

****5. Material involved in Accident: (select only one)**

- Carbon Steel
- Material other than Carbon Steel ➡ Specify: _____

6. Type of Accident 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)
- Overfill or Overflow
- Other ➡ Describe: _____

PART D – ADDITIONAL CONSEQUENCE INFORMATION

1. Wildlife impact: Yes No
 1.a If Yes, specify all that apply:
 Fish/aquatic
 Birds
 Terrestrial
2. Soil contamination: Yes No
3. Long term impact assessment performed or planned: Yes No
4. Anticipated remediation: Yes No (not needed)
 4.a If Yes, specify all that apply:
 Surface water Groundwater Soil Vegetation Wildlife
5. Water contamination: Yes (Complete 5.a – 5.c below) No
 5.a Specify all that apply:
 Ocean/Seawater
 Surface
 Groundwater
 Drinking water (Select one or both) Private Well Public Water Intake
- 5.b Estimated amount released in or reaching water: / / / , / / / , / / / / / Barrels
- 5.c Name of body of water, if commonly known: _____

**6. At the location of this Accident, had the pipeline segment or facility been identified as one that “could affect” a High Consequence Area (HCA) as determined in the Operator’s Integrity Management Program? Yes No

**7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? Yes No

**7.a If Yes, specify HCA type(s): *(select all that apply)*

- Commercially Navigable Waterway
 Was this HCA identified in the “could affect” determination for this Accident site in the Operator’s Integrity Management Program?
 Yes No
- High Population Area
 Was this HCA identified in the “could affect” determination for this Accident site in the Operator’s Integrity Management Program?
 Yes No
- Other Populated Area
 Was this HCA identified in the “could affect” determination for this Accident site in the Operator’s Integrity Management Program?
 Yes No
- Unusually Sensitive Area (USA) – Drinking Water
 Was this HCA identified in the “could affect” determination for this Accident site in the Operator’s Integrity Management Program?
 Yes No
- Unusually Sensitive Area (USA) – Ecological
 Was this HCA identified in the “could affect” determination for this Accident site in the Operator’s Integrity Management Program?
 Yes No

**8. Estimated cost to Operator:

- 8.a Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator \$ / / / , / / / , / / / / /
- 8.b Estimated cost of commodity lost \$ / / / , / / / , / / / / /
- 8.c Estimated cost of Operator’s property damage & repairs \$ / / / , / / / , / / / / /
- 8.d Estimated cost of Operator’s emergency response \$ / / / , / / / , / / / / /
- 8.e Estimated cost of Operator’s environmental remediation \$ / / / , / / / , / / / / /
- 8.f Estimated other costs \$ / / / , / / / , / / / / /
 Describe _____
- 8.g Estimated total costs (sum of above) \$ / / / , / / / , / / / / /

PART E – ADDITIONAL OPERATING INFORMATION

**1. Estimated pressure at the point and time of the Accident (psig): _____ / _____ / _____ / _____ / _____ / _____

**2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig) : _____ / _____ / _____ / _____ / _____ / _____

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

- Pressure did not exceed MOP
- Pressure exceeded MOP, but did not exceed 110% of MOP
- Pressure exceeded 110% of MOP

**4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?

- 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 initially isolated between valves (ft): _____ / _____ / _____ / _____ / _____ / _____

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)

- | | |
|--|---|
| <input type="checkbox"/> > 20% SMYS Regulated Trunkline/Transmission | <input type="checkbox"/> > 20% SMYS Regulated Gathering |
| <input type="checkbox"/> ≤ 20% SMYS Regulated Trunkline/Transmission | <input type="checkbox"/> ≤ 20% SMYS Regulated Gathering |
| <input type="checkbox"/> ≤ 20% SMYS "Unregulated" Trunkline/Transmission | <input type="checkbox"/> ≤ 20% SMYS "Unregulated" Gathering |

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

No

Yes ➔

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

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

6.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident? 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 Accident? Yes No

7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?

No

Yes ➔

7.a Was it operating at the time of the Accident? Yes No

7.b Was it fully functional at the time of the Accident? Yes No

7.c Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident? Yes No

7.d Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? Yes No

8. How was the Accident initially identified for the Operator? (select only one)

CPM leak detection system or SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations)

Static Shut-in Test or Other Pressure or Leak Test

Controller

Local Operating Personnel, including contractors

Air Patrol

Ground Patrol by Operator or its contractor

Notification from Public

Notification from Emergency Responder

Notification from Third Party that caused the Accident

Other _____

8.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify the following: (select only one)

Operator employee Contractor working for the Operator

9. 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 Accident? (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 Accident

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 Accident, 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 Accident, 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 Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident 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 Accident?
 Yes ⇨ Year protection started: / / / / /
 No
 4.b Was shielding, tenting, or disbonding of coating evident at the point of the Accident?
 Yes No
 4.c Has one or more Cathodic Protection Survey been conducted at the point of the Accident?
 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

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 Other _____
- **10. Was the commodity 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 Accident" (from PART C, Question 3) is Tank/Vessel.

- **14. List the year of the most recent inspections:
 14.a API Std 653 Out-of-Service Inspection / / / / / No Out-of-Service Inspection completed
 14.b API Std 653 In-Service Inspection / / / / / No In-Service Inspection completed

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

**15. Has one or more internal inspection tool collected data at the point of the Accident?

Yes No

15.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 _____ / / / / /

**16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?

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

No

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

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

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

No

18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?

Yes No

18.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: _____ |

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

**6. Were the natural forces causing the Accident 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 Accident" (from PART C, Question 3) is Pipe or Weld.

**1. Has one or more internal inspection tool collected data at the point of the Accident?
 Yes No

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

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

- 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 Accident
 ⇒ Most recent year conducted: / / / / /
- Yes, but the point of the Accident 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 Accident 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:

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

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 Accident | |
| <input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation | **1. Vehicle/Equipment operated by: (<i>select only one</i>) <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 Accident" (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 Accident? <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> <p><input type="radio"/> Magnetic Flux Leakage / / / / / /</p> <p><input type="radio"/> Ultrasonic / / / / / /</p> <p><input type="radio"/> Geometry / / / / / /</p> <p><input type="radio"/> Caliper / / / / / /</p> <p><input type="radio"/> Crack / / / / / /</p> <p><input type="radio"/> Hard Spot / / / / / /</p> <p><input type="radio"/> Combination Tool / / / / / /</p> <p><input type="radio"/> Transverse Field/Triaxial / / / / / /</p> <p><input type="radio"/> Other _____ / / / / / /</p> <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 Accident?</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 Accident ⇒ Most recent year conducted: / / / / / /</p> <p><input type="radio"/> Yes, but the point of the Accident 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> |

| | |
|--|---|
| | <p>7. Has one or more non-destructive examination been conducted at the point of the Accident 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 <u> / / / / / </u></p> <p><input type="radio"/> Guided Wave Ultrasonic <u> / / / / / </u></p> <p><input type="radio"/> Handheld Ultrasonic Tool <u> / / / / / </u></p> <p><input type="radio"/> Wet Magnetic Particle Test <u> / / / / / </u></p> <p><input type="radio"/> Dry Magnetic Particle Test <u> / / / / / </u></p> <p><input type="radio"/> Other _____ <u> / / / / / </u></p> |
| <input type="checkbox"/> Intentional Damage | <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> |
| <input type="checkbox"/> Other Outside Force Damage | <p>**9. Describe: _____</p> |

G5 - Material Failure of Pipe or Weld

Use this section to report material failures ONLY IF the "Item Involved in Accident" (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)

Construction-, Installation-, or Fabrication-related

Original Manufacturing-related (NOT girth weld or other welds formed in the field)

2. List contributing factors: (select all that apply)

- Fatigue- or Vibration-related:
 Mechanically-induced prior to installation (such as during transport of pipe)
 Mechanical Vibration
 Pressure-related
 Thermal
 Other _____
 Mechanical Stress
 Other _____

Environmental Cracking-related

3. Specify: Stress Corrosion Cracking Sulfide Stress Cracking
 Hydrogen Stress Cracking 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 Accident? Yes No

5.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 _____ / / / / / /

**6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?

- 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 Accident ⇒ Most recent year conducted: / / / / / /
 Yes, but the point of the Accident 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 Accident 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:

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

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

| | |
|--|---|
| <input type="checkbox"/> Malfunction of Control/Relief Equipment | <p>**1. Specify: <i>(select all that apply)</i></p> <p> <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"/> ESD System Failure <input type="radio"/> Other _____ </p> |
| <input type="checkbox"/> Pump or Pump-related Equipment | <p>**2. Specify: <input type="radio"/> Seal/Packing Failure <input type="radio"/> Body Failure <input type="radio"/> Crack in Body</p> <p> <input type="radio"/> Appurtenance Failure <input type="radio"/> Other _____ </p> |
| <input type="checkbox"/> Threaded Connection/Coupling Failure | <p>**3. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Mechanical Coupling</p> <p> <input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting <input type="radio"/> Other _____ </p> |
| <input type="checkbox"/> Non-threaded Connection Failure | <p>**4. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Seal (NOT pump seal) or Packing</p> <p> <input type="radio"/> Other _____ </p> |
| <input type="checkbox"/> Defective or Loose Tubing or Fitting | |
| <input type="checkbox"/> Failure of Equipment Body (except Pump), Tank Plate, or other Material | |
| <input type="checkbox"/> Other Equipment Failure | <p>**5. Describe: _____</p> <p>_____</p> |

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 commodity
 - 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 | |
| <input type="checkbox"/> Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow | 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 a Tank, Vessel, or Sump/Separator Overflow or Facility 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 Accident related to: *(select all that apply)*
- Inadequate procedure
 - No procedure established
 - Failure to follow procedure
 - Other: _____
- **4. What category type was the activity that caused the Accident:
- 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 Accident 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 Accident 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 Accident unknown <input type="radio"/> Still under investigation, cause of Accident to be determined* (*Supplemental Report required) |

INSTRUCTIONS FOR FORM PHMSA F 7000-1 (Rev. xx-2009)
ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

GENERAL INSTRUCTIONS

Each hazardous liquid pipeline operator shall file a written report for an accident that meets the criteria in 49 CFR §195.50 as soon as practicable but not more than 30 days after discovery of the accident, using the appropriate form. Hazardous liquid releases during maintenance activities need not be reported if the spill was less than 5 barrels, not otherwise reportable under 49 CFR §195.50, did not result in water pollution as described by 49 CFR §195.52(a)(4), was confined to company property or pipeline right-of-way, and was cleaned up promptly. Any spill of 5 gallons or more to water shall be reported.

If you need copies of the Form PHMSA F 7000-1 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 PHMSA/OPS Forms (accidents/incidents/annuals). 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.

195.50 Reporting accidents.

An accident report is required for each failure in a pipeline system subject to this part in which there is a release of the hazardous liquid or carbon dioxide transported resulting in any of the following:

- (a) Explosion or fire not intentionally set by the operator.**
- (b) Release of 5 gallons (19 liters) or more of hazardous liquid or carbon dioxide, except that no report is required for a release of less than 5 barrels (0.8 cubic meters) resulting from a pipeline maintenance activity if the release is:
 - (1) Not otherwise reportable under this section;**
 - (2) Not one described in §195.52(a)(4);**
 - (3) Confined to company property or pipeline right-of-way; and**
 - (4) Cleaned up promptly;****
- (c) Death of any person;**
- (d) Personal injury necessitating hospitalization;**
- (e) Estimated property damage, including cost of clean-up and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding \$50,000.**

195.52 Telephonic Notice of Certain Accidents.

(a) At the earliest practicable moment following discovery of a release of the hazardous liquid or carbon dioxide transported resulting in an event described in §195.50, the operator of the system shall give notice, in accordance with paragraph (b) of this section, of any failure that:

- (1) Caused a death or a personal injury requiring hospitalization;**
- (2) Resulted in either a fire or explosion not intentionally set by the operator;**
- (3) Caused estimated property damage, including cost of cleanup and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding \$50,000;**
- (4) Resulted in pollution of any stream, river, lake, reservoir, or other similar body of water that violated applicable water quality standards, caused a discoloration of the surface of the water or adjoining shoreline, or deposited a sludge or emulsion beneath the surface of the water or upon adjoining shorelines; or**
- (5) In the judgment of the operator was significant even though it did not meet the criteria of any other paragraph of this section.**

(b) Reports made under paragraph (a) of this section are made by telephone to 800-424-8802 (for those without 800 access: 202-267-2675) and must include the following information:

- (1) Name and address of the operator.**
- (2) Name and telephone number of the reporter.**
- (3) The location of the failure.**
- (4) The time of the failure.**
- (5) The fatalities and personal injuries, if any.**
- (6) All other significant facts known by the operator that are relevant to the cause of the failure or extent of the damages.**

Telephonic reports are assigned an NRC number, which operators should note. **When applicable, National Response Center call information must be reported in Question 6 of the Form PHMSA F 7000-1.**

§ 195.54 Accident reports.

(a) Each operator that experiences an accident that is required to be reported under §195.50 shall as soon as practicable, but not later than 30 days after discovery of the accident, prepare and file an accident report on DOT Form 7000–1, or a facsimile.

(b) Whenever an operator receives any changes in the information reported or additions to the original report on DOT Form 7000–1, it shall file a supplemental report within 30 days.

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.

1. Online:

- a. Go to the PHMSA website at the following URL:
<http://opswweb.rspa.dot.gov/cfdocs/opsapps/pipes/main.cfm>.

(Alternatively, go to the Pipeline Safety Community main page <http://phmsa.dot.gov/pipeline>, click the ONLINE DATA ENTRY link listed in the third column of hyperlinks, click on the Hazardous Liquid or Carbon Dioxide Systems Accident Report link)

- b. Enter Operator ID and PIN [If an operator does not have an Operator ID or a PIN, the website (<http://opswweb.rspa.dot.gov/cfdocs/opsapps/pipes/main.cfm>) includes directions on how to obtain one.]
- c. Click “add” to begin
- d. Click “submit” when finished. NOTE: For supplemental reports use steps 1a and 1b then click on the report ID to make corrections. Click “save” when finished.
- e. 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, 2nd Floor, (PHP-10)
Room Number E22-321
Washington, DC 20590

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

RESCINDING A REPORT

An operator who reports an accident and upon subsequent investigation determines that the event did not meet the criteria in 49 CFR 195.50 may request that its report be rescinded. Requests for rescission should be submitted on operator letterhead and mailed or faxed to the Information Resources Manager at the address/fax number above. Requests may also be submitted by email to InformationResources@dot.gov. Requests should include the following information:

- a. The Report ID, the unique 8-digit identifier assigned by PHMSA,
- b. Operator name,
- c. PHMSA-issued operator ID number,
- d. The number assigned by the National Response Center when telephonic report was made in accordance with 49 CFR 192.52 (if telephonic report was required),
- e. Date of the accident,
- f. Location of the accident (e.g., for onshore accidents: city, county, state), and
- g. A brief statement as to why the report should be rescinded.

SPECIAL INSTRUCTIONS

1. Certain data fields must be completed before an Original Report will be accepted. The data fields that must be completed for an Original Report to be accepted are indicated on the form by a double asterisk (**). If filing a hardcopy of this report, the report will not be accepted by PHMSA unless all of these fields have been completed. If filing on-line, your Original Report will not be able to be submitted until the required information has been provided, although your partially completed form can be saved on-line so that you can return at a later time to provide the missing information.
2. An entry should be made in each applicable space or check box, unless otherwise directed by the section instructions.
3. If the data is unavailable, enter “unknown” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank.
4. If possible, provide an **estimate** in lieu of answering a question with “unknown” or leaving the field blank. Estimates should be based on best-available information and reasonable effort.
5. For unknown or estimated data entries, the operator should file a supplemental report when additional information becomes available to finalize the report.
6. If the question is not applicable, please enter “N/A” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank.

-
7. For questions requiring numeric answers, all data fields should be filled in using zeroes when appropriate. When decimal points are required, **the decimal point should be placed in a separate block** in the data field.

Examples:

(Part C, item 3.a,) Nominal diameter of pipe (in): /0/0/2/4/ (24 inches)
/3/./5/ (3.5 inches)
(Part C, item 3.b), Wall thickness (in) /0/./3/1/2/ (0.312 inches)
(Part C, item 3.c), SMYS /0/5/2/./0/0/0/ (52,000 psi)

8. If **OTHER** is checked for any answer to a question, please include an explanation or description on the line provided next to the item checked.

9. Pay close attention to each question for the phrase:

a. *(select all that apply)*

b. *(select only one)*

If the phrase does not exist for a given question, then “select only one” is the default instruction. “Select all that apply” means that you should choose all answers that are applicable. “Select only one” means that you should select the single, primary or most applicable answer. **DO NOT SELECT MORE ANSWERS THAN REQUESTED.**

10. **Date format** = mm/dd/yy or for year = /yyyy/

11. **Time format:** All times are reported as a 24-hour clock:

Time format Examples:

a. (0000) = midnight = /0/0/0/0/

b. (0800) = 8:00 a.m. = /0/8/0/0/

c. (1200) = Noon = /1/2/0/0/

d. (1715) = 5:15 p.m. = /1/7/1/5/

e. (2200) = 10:00 p.m. = /2/2/0/0/

12. **Local time** always refers to time at the site of the accident.

SPECIFIC INSTRUCTIONS

PART A – GENERAL REPORT INFORMATION

Report Type: *(select all that apply)*

Check the appropriate report box or boxes to indicate the type of report being filed. Depending on the descriptions below, the following combinations of boxes may be

selected:

- Original Report only
- Original Report plus Final Report
- Supplemental Report only
- Supplemental Report plus Final Report

Original Report

Select this type of report if this is the FIRST report filed for this accident.

If all of the information requested is known and provided at the time the initial report is filed, including final property damages and accident cause information, check the box for “Final Report” as well as the box for “Original Report,” indicating that no further information will be forthcoming.

Supplemental Report

Select this type of report only if you have already filed an “Original Report” AND you are now providing new, updated, and/or corrected information. Multiple supplements are to be submitted as needed in order to provide new, updated, and/or corrected information as it becomes available.

For Supplemental Reports filed by fax or mail, please check the **Supplemental Report** box, complete Part A, Items 1 through 6, and then enter information that has changed or is being added. Please do not enter previously submitted information that has not changed other than Items 1-6, which are needed to provide a way to identify previously filed reports.

For Supplemental Reports filed online, all data previously submitted will automatically populate in the form. Page through the form to make edits and additions where needed.

Operators are encouraged to file supplemental reports within one year in those instances where the supplemental report is used to update information from investigations that were still ongoing when the prior report was filed.

Final Report

Select this type of report if you are filing an “Original Report” for which no further information will be forthcoming (as described under “Original Report” above) or if you have already filed an “Original Report” AND you are now providing new, updated, and/or corrected information via a “Supplemental Report” AND you are reasonably certain that no further information will be forthcoming. (Note: If an Operator files one of the two types of “Final” Reports and then subsequently finds that new information needs to be provided, it should submit another “Supplemental Report” and select the appropriate box or boxes – “Supplemental + Final” (if appropriate) – for the newly submitted report and include an explanation in the PART H Narrative.)

Supplemental reports must be filed within 30 days following the Operator’s awareness of new, additional, or updated information. Failure to comply with these requirements can result in enforcement actions, including the assessment of civil penalties not to exceed \$100,000 for each violation for each day that such violation persists up to a maximum of \$1,000,000

Required Fields for Small Releases:

If the release is at least 5 gallons but is less than 5 barrels with no additional consequences (see below), complete only the fields indicated by light-grey shading. If the spill is to water as described in 49 CFR §195.52(a)(4) or is otherwise reportable under §195.50, then the entire Form F 7000-1 must be completed.

The entire form must be completed for any releases that

- Involve death or personal injury requiring hospitalization; or
- Involve fire or explosion; or
- Are 5 barrels or more; or
- Have property damage greater than \$50,000; or
- Result in pollution of a body of water.
- In the judgment of the operator was significant even though it did not meet these criteria.

If any of these events occurred, complete the entire Form F 7000-1.

In Part A, answer questions from 1 thru 18 by providing the requested information or by checking the appropriate box.

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

The Pipeline and Hazardous Materials Safety Administration (PHMSA) assigns the operator's identification number. Most OPIDs are 5 digits. Older OPIDs may contain fewer digits. If your OPID contains fewer than 5 digits, insert leading zeros to fill all blanks. Contact us at (202) 366-8075 if you need assistance with an identification number during our business hours of 8:30 AM to 5:00 PM Eastern Time.

2. Name of Operator

This is the company name used when registering for an Operator ID and PIN in the Online Data Entry System. For online entries, the Name of Operator should be automatically filled in based on the Operator Identification Number entered in question 1. If the name that appears does not coincide with the Operator ID, contact PHMSA at the number provided in Question 1.

3. Address of Operator

Enter the address of the operator's business office to which any correspondence related to the accident report should be sent.

4. Local time (24-hour clock) and date of the Accident.

For pipeline systems crossing multiple time zones, enter the time at the location of the accident.

See page 5 for examples of **Date format** and **Time format** expressed as a 24-hour clock

5. Location of Accident:

The latitude and longitude of the accident are to be reported as Decimal Degrees with a minimum of 5 decimal places (e.g. Lat: 38.89664 Long: -77.04327), using the NAD83 or WGS84 datums.

If you have coordinates in degrees/minutes or degrees/minutes/seconds use the formula below to convert to decimal degrees:

$$\text{degrees} + (\text{minutes}/60) + (\text{seconds}/3600) = \text{decimal degrees}$$

$$\text{e.g. } 38^{\circ} 53' 47.904'' = 38 + (53/60) + (47.904/3600) = 38.89664^{\circ}$$

All locations in the United States will have a negative longitude coordinate, **which has already been printed on the form.**

If you cannot locate the accident with a GPS or some other means, the U.S. Census Bureau provides a tool for determining latitude and longitude, (<http://tiger.census.gov/cgi-bin/mapbrowse-tbl>). You can use the online tool to identify the geographic location of the accident. 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 Amy Nelson (202.493.0591 or amy.nelson@dot.gov).

6. National Response Center (NRC) Report Number

Accidents meeting the criteria outlined in §195.52 are to be reported directly to the **24-hour National Response Center (NRC): at 1-800-424-8802** at the earliest practicable moment (generally within 2 hours). The number of that telephonic report is to be entered in Question 6.

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:

Enter the time (local time at site of the accident) and date of the telephonic report of accident. The time should be shown by 24-hour clock notation (see page 5 for examples).

8. Commodity Released

Select only one primary description of the commodity and then, where applicable, the secondary description of the commodity, based on the predominant volume released. Only releases of transported commodities are reportable.

Crude Oil

Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions

Refined and/or Petroleum Product includes gasoline, diesel, jet fuel, kerosene, fuel oils, or other refined or petroleum products which are a liquid at ambient conditions. They are flammable, toxic, or corrosive products obtained from distilling or processing of crude oil, unfinished oils, natural gas liquids, blend stocks, and other miscellaneous hydrocarbon compounds. For a non-HVL petrochemical feedstock, such as propylene, report as “other” and specify the name of the commodity (e.g., “propylene”) in the space provided.

HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions

Highly Volatile Liquids (HVLs) are hazardous liquids or liquid mixtures which will form a vapor cloud when released to the atmosphere and have a vapor pressure exceeding 276 kPa at 37.8 C.

Other Flammable or Toxic Fluids are those defined under 49 CFR 173.120 Class 3—Definitions

Other flammable or toxic fluids which fall under this category include gases at ambient conditions, such as anhydrous ammonia (NH₃) and propane. For a petrochemical feedstock, such as ethane or ethylene, which is also classified as a highly volatile liquid, report as “Other HVL” and specify the appropriate name (e.g., “ethane” or “ethylene”) in the space provided.

CO₂ (Carbon Dioxide)

Biofuel/Alternate Fuel (including ethanol blends)

Fuel Grade Ethanol is denatured ethanol before it has been mixed with a petroleum product or other hydrocarbon; sometimes also referred to as neat ethanol.

Ethanol Blend is ethanol plus a petroleum product such as gasoline. Such mixtures may be referred to as E10 or E85, for example, representing a 10% or 85% blend respectively. In the space provided, specify the percentage of ethanol in the mixture. Blends greater than 95% ethanol should be reported as Fuel Grade Ethanol.

Biodiesel is a diesel liquid distilled from biological feedstocks vs. crude oil. Biodiesel is typically shipped as a blend mixed with a petroleum product. Report the percentage biodiesel in the blend as shown. For pure biodiesel, report 100.

9. Estimated volume of commodity released unintentionally:

An estimate of the volume released may be based on a variety and/or combination of inputs, including

- calculations made by hydraulic engineers
- volume added to the pipeline segment to repack the line when the line is placed back in service
- measured volume of free phase commodity recovered, with allowances for commodity that is not recovered.
- volume calculated to be absorbed by soil or water
- volume calculated to have been lost to evaporation (e.g., for gasoline spills)

Report all estimated volumes in BARRELS. Barrel means a unit of measurement equal to **42 U.S. standard gallons**. The table below converts gallons to barrels.

| If estimated volume is | | Report | | If estimated volume is | | Report | |
|------------------------|---------|--------|---------|------------------------|---------|--------|---------|
| 5 | gallons | 0.12 | barrels | 24 | gallons | 0.57 | barrels |
| 6 | gallons | 0.14 | barrels | 25 | gallons | 0.60 | barrels |
| 7 | gallons | 0.17 | barrels | 26 | gallons | 0.62 | barrels |
| 8 | gallons | 0.19 | barrels | 27 | gallons | 0.64 | barrels |
| 9 | gallons | 0.21 | barrels | 28 | gallons | 0.67 | barrels |
| 10 | gallons | 0.24 | barrels | 29 | gallons | 0.69 | barrels |
| 11 | gallons | 0.26 | barrels | 30 | gallons | 0.71 | barrels |
| 12 | gallons | 0.29 | barrels | 31 | gallons | 0.74 | barrels |
| 13 | gallons | 0.31 | barrels | 32 | gallons | 0.76 | barrels |
| 14 | gallons | 0.33 | barrels | 33 | gallons | 0.79 | barrels |
| 15 | gallons | 0.36 | barrels | 34 | gallons | 0.81 | barrels |
| 16 | gallons | 0.38 | barrels | 35 | gallons | 0.83 | barrels |
| 17 | gallons | 0.41 | barrels | 36 | gallons | 0.86 | barrels |
| 18 | gallons | 0.43 | barrels | 37 | gallons | 0.88 | barrels |
| 19 | gallons | 0.45 | barrels | 38 | gallons | 0.91 | barrels |
| 20 | gallons | 0.48 | barrels | 39 | gallons | 0.93 | barrels |
| 21 | gallons | 0.50 | barrels | 40 | gallons | 0.95 | barrels |
| 22 | gallons | 0.52 | barrels | 41 | gallons | 0.98 | barrels |
| 23 | gallons | 0.55 | barrels | 42 | gallons | 1.000 | barrels |

10. Estimated volume of intentional and/or controlled release/blowdown:

Estimate the amount of commodity that was released during any intentional release or controlled blowdown conducted as part of responding to or recovering from the incident. Intentional and controlled blowdown implies a level of control of the site and situation by the Operator such that the area and the public are protected during the controlled release.

11. Estimated volume of commodity recovered:

Recovered means the commodity is no longer in the environment. The commodity could have been removed by: absorbent pads or similar mechanisms; transferring to temporary storage such as a vacuum truck, a frac tank, or similar vessel; soil removal; bio-remediation; or other similar means of removal or recovery. The volume can be estimated based on a variety or combination of the measurement of free phase commodity recovered, the amount calculated to be absorbed by soil or water that was removed from the environment, measurement of oil extracted from absorbent pads, etc.

Report all estimated volumes in BARRELS. See conversion table above to convert from gallons to barrels.

12. Were there fatalities?

If a person dies at the time of the accident or within 30 days of the initial accident date due to injuries sustained as a result of the accident, report as a fatality. If a person dies subsequent to an injury more than 30 days past the accident date, report as an injury. This aligns with the Department of Transportation's general guidelines for all modes for reporting deaths and injuries.

Contractor employees working for the operator means people hired to work for or on behalf of the operator of the pipeline.

Non-operator emergency responders means people responding to render professional aid at the accident scene including on-duty fire fighters, rescue workers, EMTs, police officers, etc. “Good Samaritans” that stop to assist should be reported as “General public.”

Workers Working on the Right of Way, but NOT Associated with this Operator means people authorized to work in or near the right-of-way, but not hired by or working on behalf of the operator of the pipeline. This includes all work conducted within the right of way including work associated with other underground facilities sharing the right of way, building/road construction in or across the right of way, or farming. This category most often includes employees of other pipelines or underground facilities operators, or their contractors, working in or near a shared right-of-way. Workers performing work near, but not on, the right of way and who are affected should be reported as general public.

13. Were there injuries requiring inpatient hospitalization?

Injuries requiring inpatient hospitalization mean injuries sustained as a result of the accident which require both hospital admission *and* at least one overnight stay.

14. Was the pipeline/facility shut down due to the Accident?

Report any shutdowns that occur as a result of the accident (including but not limited to those required for damage assessment, repair, and clean-up). Instances in which an accident was caused by a release that did not involve damage to the pipeline (e.g., incorrect operations) and in which no need for repairs resulted need not be reported as being shutdown, even though the pipeline may have been shutdown as a precautionary measure to inspect for damages.

If No is selected, explain the reason that no shutdown was needed in the blank provided.

If Yes is selected, complete questions 14.a and 14.b.

14.a. Local time (24hr clock) and date of shutdown

For pipeline systems crossing multiple time zones, enter the time at the location of the accident.

14.b. Local time pipeline/facility restarted

Report the time the pipeline/facility was restarted (if applicable). If the pipeline or facility has not been restarted at the time of reporting, check “Still shut down” and then include the restart time in a future Supplemental Report.

15. Did the Commodity Ignite?

Ignite means the commodity caught fire.

16. Did the Commodity Explode?

Explode means the release of the transported commodity resulted in a sudden and violent release of energy, whether accompanied by a fire involving the released commodity or not.

17. Number of General Public Evacuated:

The number of people evacuated should be estimated based on operator knowledge, or police, fire or other emergency responder reports or estimates. If there was no evacuation involving the general public, report “0.” If an estimate is not possible for some reason, leave blank but include an explanation of why it was not possible in the Part H Narrative.

18. Time sequence (use local time, 24-hour clock)

Enter the time the operator became aware that an event constituted an accident (i.e., identified the accident) and the time operator personnel or contract resources (i.e., personnel and/or equipment) arrived on site. All times should be local times at the location of the accident.

PART B – ADDITIONAL LOCATION INFORMATION

1. Was the origin of the Accident onshore?

Answer Yes or No as appropriate and complete only the designated questions.

For onshore pipelines

2 – 5. Accident Location

Provide the state, zip code, city, and county/parish in which the accident occurred.

6. Operator-Designated Location:

This is intended to be the designation that the operator would use to identify the location of the accident on its pipeline system. Enter the appropriate milepost/valve station or survey station number. This designator is intended to allow PHMSA personnel to both return to the physical location of the accident using the operator’s own maps and identification systems as well as to identify the “paper” location of the accident when reviewing operator maps and records.

7. Pipeline/Facility Name

Multiple pipeline systems and/or facilities are often operated by a single operator. This information identifies the particular pipeline system or pipeline facility name commonly used by the operator on which the accident occurred, for example, the “West Line 24” Pipeline”, or “Gulf Coast Pipeline”, or “Wooster Terminal”.

8. Segment name/ID

Within a given pipeline system and/or facility, there are typically multiple segment or station identifiers, names, or ID’s which are commonly used by the operator. The

information reported here helps locate and/or record the more precise accident location, for example, “Segment 4-32”, or “MP 4.5 to Wayne County Line”, or “Dublin Pump Station”, or “Witte Meter Station”.

9. Was the Accident on Federal Lands other than Outer Continental Shelf?

Federal Lands other than Outer Continental Shelf means all lands the United States owns, including military reservations, except lands in National Parks and lands held in trust for Native Americans. Accidents at Federal buildings, such as Federal Court Houses, Custom Houses, and other Federal office buildings and warehouses, are NOT to be reported as being on Federal Lands.

10. Location of Accident

Operator-controlled Property would normally apply to an operator’s facility, which may or may not have controlled access, but which is often fenced or otherwise marked with discernible boundaries. This “operator-controlled property” does not refer to the pipeline right-of-way, which is a separate choice for this question.

11. Area of Accident (as found)

Underground means pipe, components or other facilities installed below the natural ground level, road bed, or below the underwater natural bottom.

Under pavement includes under streets, sidewalks, paved roads, driveways and parking lots.

Exposed due to Excavation means that a normally buried pipeline had been exposed by any party (operator, operator’s contractor, or third party) preparatory to or as a result of excavation. The cause of the release, however, may or may not necessarily be related to excavation damage. This category could include a corrosion leak not previously evidenced by stained vegetation, but found during an ILI dig, or a release caused by a non-excavation vehicle where contact happened to occur while the pipeline was exposed for a repair or examination. Natural forces might also damage a pipeline that happened to be temporarily exposed. In each case, the cause should be appropriately reported in section G of this form.

Aboveground means pipe, components or other facilities that are above the natural grade.

Typical aboveground facility piping includes any pipe or components installed aboveground such as those at pump stations, valve sites, and breakout tank farms.

Transition area means the junction of differing material or media between pipes, components, or facilities such as those installed at a belowground-aboveground junction (soil/air interface), another environmental interface, or in close contact to supporting elements such as those at water crossings, pump stations and break out tank farms.

12. Did Accident occur in a crossing?

Use **Bridge Crossing** if the pipeline is suspended above a body of water or roadway, railroad right-of-way, etc., either on a separately designed pipeline bridge or as a part of or connected to a road, railroad, or passenger bridge.

Use **Railroad Crossing** or **Road Crossing**, as appropriate, if the pipeline is buried beneath rail bed or road bed.

Use **Water Crossing** if the pipeline is in the water, beneath the water, in contact with the natural ground of the lake bed, etc., or buried beneath the bed of a lake, reservoir, stream or creek, whether the crossing happens to be flowing water at the time of the accident or not. The name of the body of water should be provided if it is commonly known and understood among the local population. (The purpose of this information is to allow persons familiar with the area in which the accident occurred to identify the location and understand it in its local context. Research to identify names that are not commonly used is not necessary since such names would not fulfill the intended purpose. If a body of water does not have a name that is commonly used and understood in the local area, this field should be left blank).

For **Approximate Water Depth (ft)** of the lake, reservoir, etc., estimate the typical water depth at the location of the accident, allowing for seasonal, weather-related and other factors which may affect the water depth from time to time.

For offshore pipelines

13. Approximate Water Depth (ft.), at the point of the Accident:

This should be the estimated depth from the surface of the water to the seabed at the point of the accident regardless of whether the pipeline is below/on the bottom, underwater but suspended above the bottom, or above the surface (e.g., on a platform).

14. Origin of the Accident

Area and Tract/Block numbers should be provided for either State or OCS waters, whichever is applicable.

For Nearest County/Parish, as with the name of an onshore body of water (see question 12 above), the data collected is intended to allow persons familiar with the area in which the accident occurred 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 accident location is approximately equidistant from two (or more). In such cases, the name of one of the nearby counties/parishes should be provided.

PART C – ADDITIONAL FACILITY INFORMATION

1. Is the pipeline or facility [Interstate or Intrastate]?

As defined in section 195.2, “**Interstate pipeline** means a pipeline or that part of a pipeline that is used in transportation of hazardous liquids or carbon dioxide in interstate or foreign commerce.”

As defined in section 195.2, “**Intrastate pipeline** means a pipeline or that part of a pipeline to which [part 195] applies that is not an interstate pipeline.

Operators may refer to Appendix A of Part 195 for further guidance.

3. Item involved in Accident

Pipe (whether pipe body or pipe seam) means the pipe through which the commodity is transported, not including auxiliary piping, tubing or instrumentation.

Nominal diameter of pipe is also called **Nominal pipe size**. It is the diameter in whole number inches (except for pipe less than 4”) used to describe the pipe size; for example, 8-5/8 pipe has a nominal pipe size of 8”. Decimals are unnecessary for this measure (except for pipe less than 4”).

Enter **pipe wall thickness** in inches. Wall thickness is typically less than one inch, and is standard among different pipeline types and manufacturers. Accordingly, use three decimal places to report wall thickness: 0.312, 0.281, etc.

SMYS means specified minimum yield strength and is the yield strength prescribed by the specification under which the material is purchased from the manufacturer.

Pipe Specification is the specification to which the pipe was manufactured, such as API 5L or ASTM A106.

Pipe seam means the longitudinal seam (longitudinal weld) created during manufacture of the joint of pipe.

Pipe Seam Type Abbreviations

SAW means submerged arc weld

ERW means electric-resistance weld

DSAW means double submerged arc weld

Auxiliary piping means piping, usually small in diameter that supports the operation of the mainline or facility piping and does not include tubing. Examples of auxiliary piping include discharge and drain lines, sample lines, etc.

If the accident occurred on an item not provided in this section, check the OTHER box and specify in the space provided the item that failed.

6. Type of Accident involved (select only one):

Mechanical puncture means a puncture of the pipeline, typically by a piece of equipment such as would occur if the pipeline were pierced by directional drilling or a backhoe bucket tooth. Not all excavation-related damage will be a “mechanical

puncture.” (Precise measurement of size – e.g., micrometer – is not needed. Approximate measurements can be provided in inches and one decimal.)

Leak means a failure resulting in an unintentional release of the transported commodity that is often small in size, usually resulting in a low flow release of low volume, although large volume leaks can and do occur on occasion.

Rupture means a loss of containment that immediately impairs the operation of the pipeline. Pipeline ruptures often result in a higher flow release of larger volume. The terms “circumferential” and “longitudinal” refer to the general direction or orientation of the rupture relative the pipe’s axis. They do not exclusively refer to a failure involving a circumferential weld such as a girth weld, or to a failure involving a longitudinal weld such as a pipe seam. (Precise measurement of size – e.g., micrometer – is not needed. Approximate measurements can be provided in inches and one decimal.)

PART D – ADDITIONAL CONSEQUENCE INFORMATION

Per 195.450, High Consequence Area means:

- 1. A *commercially navigable waterway*, which means a waterway where a substantial likelihood of commercial navigation exists;**
- 2. A *high population area*, which means an urbanized area as defined and delineated by the Census Bureau that contains 50,000 or more people and has a population density of at least 1,000 people per square mile;**
- 3. An *other populated area*, which means a place as defined and delineated by the Census Bureau that contains a concentrated population, such as an incorporated or unincorporated city, town, village, or other designated residential or commercial area;**
- 4. An *unusually sensitive area*, as defined in § 195.6**

5.b Estimated amount released in or reaching water

An estimate of the volume released in or reaching water may be based on a variety and/or combination of inputs, including those mentioned above for Part A, Questions 9 and 10.

5.c Name of body of water, if commonly known:

The name of the body of water should be provided if it is commonly known and understood among the local population. (The purpose of this information is to allow persons familiar with the area in which the accident occurred to identify the location and understand it in its local context. Research to identify names that are not commonly used is not necessary since such names would not fulfill the intended purpose. If a body of water does not have a name that is commonly used and understood in the local area, this field should be left blank).

6. At the location of this Accident, had the pipeline segment or facility been identified as one that “could affect” a High Consequence Area (HCA) as determined in the Operator’s Integrity Management Program?

This question should be answered based on the classification of the involved segment in the operator's integrity management (IM) program at the time of the accident, whether or not consequences to an HCA ensued. It is possible that a release on a pipeline segment that "could affect" an HCA might not actually affect an HCA. It is also possible that releases from segments thought not able to affect an HCA might have such an affect. This could indicate a deficiency in the operator's IM program for identifying segments that can affect HCAs, and all of this information is useful for PHMSA's overall evaluations concerning the efficacy of IM regulation.

7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?

Guidance available from the pipeline industry for its own spill reporting system is pertinent here. Please see

<http://committees.api.org/pipeline/ppts/docs/Advisories/2004-1AdvisoryHCAReporting.pdf>

Generally, a spilled commodity will have "reached" an HCA if the spill zone intersects the boundaries of the HCA polygon as mapped by the National Pipeline Mapping System. The HCA maps should be available as a part of each operator's Integrity Management Program as per Part 195.452.

7.a. HCA Type (select all that apply)

Refer to the definitions in 192.450, reproduced above. Leave this question blank if the released commodity did not reach or occur in a High Consequence Area.

8. Estimated cost to Operator:

All relevant costs to the operator must be included on the initial written accident report as well as supplemental reports. This includes (but is not limited to) costs due to property damage to the operator's facilities and to the property of others, commodity lost, facility repair and replacement, and environmental cleanup and damage. Do not report costs incurred for facility repair, replacement, or change that is not related to the accident and done solely for convenience. An example of doing work solely for convenience is working on non-leaking facilities unearthed because of the accident. Litigation and other legal expenses related to the accident are not reportable.

Operators should report costs based on the best estimate available at the time a report is submitted. It is likely that an estimate of final repair costs may not be available when the initial report must be submitted (30 days, per Section 195.54). The best available estimate of these costs should be included in the initial report. For convenience, this estimate can be revised, if needed, when supplemental reports are filed for other reasons, however, when no other changes are forthcoming, supplemental reports should be filed as new cost information becomes available. If supplemental reports are not submitted for other reasons, a supplemental report should be filed for the purpose of correcting the estimated cost if these costs differ from those already reported by 20 percent or \$20,000, whichever is greater.

Public and Non-operator private property damage estimates generally include physical damage to the property of others, the cost of environmental investigation and remediation of a site not owned or operated by the Operator, laboratory costs, third party expenses such as engineers or scientists, and other reasonable costs, excluding litigation and other legal expenses related to the accident.

Paid/reimbursed means that the entity experiencing the property damage was compensated by the operator or operator's representative for the damage or the cost to repair the damage.

Cost of commodity lost includes the cost of the commodity not recovered and/or the cost of recovered commodity downgraded to a lower value or re-processed, and should be based on the volume reported in Part A, Questions 9 and 10.

Operator's property damage estimates generally include physical damage to the property of Operator or Owner Company such as the estimated installed value of the damaged pipe, coating, component, materials or equipment due to the accident, excluding litigation and other legal expenses related to the accident.

When estimating the **Cost of repairs** to company facilities, the standard shall be the cost necessary to safely restore property to its predefined level of service. These costs may include the cost of repair sleeves or clamps, re-routing of piping, or the removal from service of an appurtenance, tank, or pipeline component. When more comprehensive repairs or improvements are justified but not required for continued operation, the cost of such repairs or replacement is not attributable to the accident. Costs associated with improvements to the pipeline to mitigate the risk of future failures are not included.

The following examples are provided for clarity and guidance:

Tank accident - Property damage estimates would include the cost to remove the tank from service, sufficiently clean the tank, repair the tank to a standard operating capability, and then return the tank to service. Costs associated with improvements to the tank to mitigate the risk of future failures are not included.

Pipeline accident - Property damage estimates include the cost to access, excavate and repair the pipeline using methods, materials, and labor necessary to re-establish operations at a predetermined level. Costs associated with improvements to the pipeline to mitigate the risk of future failures are not included.

Estimated costs of **Operator's emergency response** include emergency response operations necessary to return the accident site to a safe state, actions to minimize the volume of commodity released and conduct reconnaissance, and actions to identify the extent of accident impacts and contain, control, mitigate, recover, and remove the commodity from the environment, to the maximum extent practicable. They include materials, supplies, labor, and benefits. Costs related to stakeholder outreach, media response, etc. should not be included. The estimated costs of long-term remediation activities should be included in Environmental Remediation estimates.

Environmental remediation includes the estimated cost to remediate a site such as those associated with engineering, scientists, laboratory costs, installation of long-term recovery systems, etc.

Other costs should not include estimated cost categories separately listed above.

Costs should be reported in only one category and should not be double-counted. Costs can be split between two or more categories when they overlap more than one reporting category.

PART E – ADDITIONAL OPERATING INFORMATION

4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?

Consider both voluntary and mandated pressure restrictions. A pressure restriction should be considered mandated by PHMSA or a state regulator if it was directed by an order or other formal correspondence. Pressure reductions imposed by the operator as a result of regulatory requirements, e.g., a pressure reduction taken because an anomaly identified during an IM assessment could not be repaired within the required schedule (195.452(h)(3)), should not be considered mandated by PHMSA.

5.a. Type of upstream valve used to initially isolate release source

Identify the type of valve used to initially isolate the release on the upstream side. In general, this will be the first upstream valve selected by the Operator to minimize the release volume but may not be the closest to the accident site.

5.b. Type of downstream valve used to initially isolate release source

Identify the type of valve used to initially isolate the release on the downstream side. In general, this will be the first downstream valve selected by the Operator to minimize the release volume but may not be the closest to the accident site.

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

Identify the length in feet between the valves identified in item 5.a and 5.b that were initially used to isolate the spill area.

5.f. Function of pipeline system

Gathering means a crude oil pipeline 8 5/8 inches or less nominal outside diameter that transports petroleum from a production facility.

Trunkline/Transmission means all other pipeline assets not meeting the gathering definition.

SMYS means specified minimum yield strength and is the yield strength prescribed by the specification under which the material is purchased from the manufacturer.

Not all rural pipelines or gathering lines operating at less than 20% of SMYS are subject to part 195 safety requirements. Reporting requirements in part 195 subpart B, however, are applicable to all rural low-stress pipelines beginning January 5, 2009 (rule change published in the Federal Register June 3, 2008, 73FR31646). The purpose of this rule change was to allow PHMSA to collect data that might be used to determine whether rural low-stress pipelines and gathering lines not now subject to other regulations should be made subject to them. Low-stress rural pipelines and low-stress rural gathering lines that are not subject to the safety requirements of part 195 are considered unregulated, for purposes of this question, even though accidents on these pipelines are required to be reported.

Accidents reported on “UNregulated” rural low-stress pipelines and “Unregulated” rural low-stress gathering lines must be identified so that the data may be separated out to be used for the purpose intended. Accordingly, for accidents occurring on pipelines operating at less than or equal to 20% SMYS, Operators should indicate whether that pipe is “Regulated” (i.e., subject to all part 195 requirements; this includes pipe in non-rural areas and regulated rural pipelines) or “UNregulated.”

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

This does not mean a system exclusively for leak detection.

6.a. Was it operating at the time of the Accident?

Was the SCADA system in operation at the time of the accident?

6.b. Was it fully functional at the time of the Accident?

Was the SCADA system capable of performing all of its functions, whether or not it was actually in operation at the time of the accident? If no, describe functions that were not operational in the Narrative Part H

6.c and d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection (or confirmation) of the Accident?

Check yes if SCADA-based information was used to confirm the accident even if the initial report or identification may have come from other sources. Use of SCADA data for subsequent estimation of amount of commodity lost, etc. is not considered use to confirm the accident.

Check No if data from SCADA was not used to assist with identification of the accident.

7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?

This means a system exclusively for leak detection.

Follow instructions for question 6 (SCADA) above,

8. How was the Accident initially identified for the Operator? (select only one)

Controller per the definition in API RP 1168 means a qualified individual whose function within a shift is to remotely monitor and/or control the operations of entire or multiple sections of pipeline systems via a SCADA system from a pipeline control room, and who has operational authority and accountability for the daily remote operational functions of pipeline systems.

Local Operating Personnel including contractors means employees or contractors working on behalf of the operator outside the control room.

9. 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 Accident?

Check only one of the boxes to indicate whether an investigation was/is being conducted (Yes) or was not conducted (No). If an investigation has been completed, select all the factors that apply in describing the results of the investigation.

Cause means an action or lack of action that directly led to or resulted in the pipeline accident.

Contributing factor means an action or lack of action that when added to the existing pipeline circumstances heightened the likelihood of the release and/or added to the impact of the release.

Controller Error means that the controller failed to identify a circumstance indicative of a release event, such as an abnormal operating condition, alarm, pressure drop, change in flow rate, or other similar event.

Incorrect Controller action means that the controller errantly operated the means for controlling an event. Examples include opening or closing the wrong valve, or hitting the wrong switch or button.

PART F – DRUG & ALCOHOL TESTING INFORMATION

Requirements for post-accident drug and alcohol tests are in 49 CFR 199.105 and 225 respectively. If the accident circumstances were such that tests were not required by these sections, and if no tests were conducted, check no. If tests were administered, check yes and report separately the number of operator employees and contractors working for the operator who were tested and who failed.

PART G – APPARENT CAUSE

In PART G – Apparent Cause
Complete only one of the eight Sections listed under G1 thru G8

After identifying the main cause category as designated by G1 thru G8, select the one, single sub-cause that best describes the proximate cause of the accident in the shaded column on the left. Answer the corresponding questions that accompany your selected sub-cause.

G1 – Corrosion Failure

Corrosion includes a leak or failure caused by galvanic, atmospheric, stray current, microbiological, or other corrosive action, and, for the purposes of this reporting, includes selective seam corrosion. A corrosion leak is not limited to a hole in the pipe. If the bonnet or packing gland on a valve or flange on piping deteriorates or becomes loose and leaks due to corrosion or failure of bolts, it is classified as Corrosion. (If the bonnet, packing, or other gasket has deteriorated to failure before the end of its expected life but not due to corrosive action, it is classified as an Equipment Failure – G6.)

External Corrosion

4.a. Under cathodic protection means cathodic protection in accordance with Paragraphs 195.563 or 195.573(b). Recognizing that older pipelines may have had cathodic protection added over a number of years, provide an estimate if the exact year cathodic protection started is unknown.

Internal Corrosion

9. Location of corrosion

A **low point in pipe** includes portions of the pipe contour in which water might settle out. This includes, but is not limited to, the low point of vertical bends at a crossing of a foreign line or road/railroad, etc., an elbow, a drop out or low point drain.

10. Was the commodity treated with corrosion inhibitors or biocides?

Answer yes if corrosion inhibitors or biocides were included in the commodities transported.

12. Were cleaning/dewatering pigs (or other operations) routinely utilized?

13. Were corrosion coupons routinely utilized?

For purposes of these questions, “routinely” refers to an action that is performed on more than a sporadic or one-time basis as part of a regular program with the intent to ensure that water build-up and/or settling and internal corrosion do not occur.

Either External or Internal Corrosion

14. List the year of the most recent inspections:

Complete this question only when any corrosion failure sub-cause is selected and the item involved in the accident (as reported in Part C, Question 3) is tank/vessel. Do not complete if the item involved is pipe or weld.

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

Magnetic Flux Leakage Tool is an in-line inspection tool using an imposed magnetic flux to detect instances of pipe wall loss from corrosion. Includes low- and high-resolution MFL tools. Does not include transverse flux MFL tools, which are a separate choice in this question.

Ultrasonic refers to an in-line inspection tool that uses ultrasonic technology to measure wall thickness and detect instances of wall loss.

Transverse Field/Triaxial tools are specialized magnetic flux leakage tools that use a flux oriented to improve ability to detect crack anomalies.

Combination Tool refers to any in-line inspection tool that uses a combination of these inspection technologies in a single tool.

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

Information from the initial post-construction hydrostatic test need not be reported.

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

This refers to direct assessment as defined in 49 CFR 195.553. Instances in which one or more indirect monitoring tools (e.g., close interval survey, DCVG) have been used that might be used as part of direct assessment but which were not used as part of the direct assessment process defined in 195.553 do not constitute a Direct Assessment for purposes of this question.

G2 – Natural Force Damage

This category includes all outside forces attributable to causes NOT involving humans.

Earth Movement, NOT due to Heavy Rains/Floods refers to accidents caused by land shifts such as earthquakes, subsidence, or landslides, but not mudslides which are presumed to be initiated by heavy rains or floods.

Heavy Rains/Floods refer to all water-related accident causes. While mudslides involve earth movement, report them here since typically they are an effect of heavy rains or floods.

Lightning includes both damage and/or fire caused by a direct lightning strike and damage and/or fire as a secondary effect from a lightning strike in the area. An example of such a secondary effect would be a forest fire started by lightning that results in damage to a pipeline system asset which results in an accident.

Temperature refers to those causes that are related to ambient temperature effects, either heat or cold, where temperature was the initial cause.

Thermal stress refers to mechanical stress induced in a pipe or component when some or all of its parts are not free to expand or contract in response to changes in temperature.

Frozen components would include accidents where components are inoperable because of freezing and those due to cracking of a piece of equipment due to expansion of water during a freeze cycle.

High Winds includes damage caused by wind-induced forces. Select this category if the damage is due to the force of the wind itself. Damage caused by impact from objects blown by wind would be reported as Section G4, “Other Outside Force Damage.”

G3 – Excavation Damage

This section covers damage caused by the operator, operator’s contractor, or entities unrelated to the operator during excavation and which results in an immediate release of the transported commodity. For damage from forces OTHER than excavation which results in an immediate release, use “Natural Force Damage”, Section G2, or “Other Outside Force Damage”, Section G4, as appropriate. For a strike or other damage to a pipeline or facility that results in a later release, report the accident in Section G4 as “Rupture or Failure Due to Previous Mechanical Damage.”

Excavation Damage by Operator (First Party)

Check this item if the accident was caused as a result of excavation by a direct employee of the operator.

Excavation Damage by Operator’s Contractor (Second Party)

Check this item if the accident was caused as a result of excavation by the operator’s contractor or agent or other party working for the operator.

Excavation Damage by Third Party

Check this item if the accident was caused by excavation damage resulting from actions by personnel or other third parties not working for or acting on behalf of the operator or its agent.

Previous Damage due to Excavation Activity

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

Magnetic Flux Leakage Tool is an in-line inspection tool using an imposed magnetic flux to detect instances of pipe wall loss from corrosion. Includes low- and high-resolution MFL tools. Does not include transverse flux MFL tools, which are a separate choice in this question.

Ultrasonic refers to an in-line inspection tool that uses ultrasonic technology to measure wall thickness and detect instances of wall loss.

Transverse Field/Triaxial tools are specialized magnetic flux leakage tools that use a flux oriented to improve ability to detect crack anomalies.

Combination Tool refers to any in-line inspection tool that uses a combination of these inspection technologies in a single tool.

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

Information from the initial post-construction hydrostatic test need not be reported.

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

This refers to direct assessment as defined in 49 CFR 195.553. Instances in which one or more indirect monitoring tools (e.g., close interval survey, DCVG) have been used that might be used as part of direct assessment but which were not used as part of the direct assessment process defined in 195.553 do not constitute a Direct Assessment for purposes of this question.

7. – 17. Complete these questions for any excavation damage sub-cause. Instructions for answering these questions can be found at CGA’s web site, <https://www.damagereporting.org/dr/control/userGuide.do>.

G4 – Other Outside Force Damage

This section covers accidents caused by outside force damage, other than excavation damage or natural forces. Check the most appropriate one sub-cause in this section that applies and answer any accompanying questions.

Nearby Industrial, Man-made or other Fire/Explosion as Primary Cause of Accident applies to situations where the fire occurred before and caused the release. An example of such an accident would be an explosion or fire at a neighboring facility or installation (chemical plant, tank farm, other industrial facility) that results in a release at the operator’s facility. (Note that an accident report is required only if the release resulted in reportable consequences, per 195.50). This section should not be used if the release occurred first and then the hydrocarbon ignited. If the fire is known to have been started as a result of a lightning strike, the accident’s cause should be classified under Section G2, “Natural Force Damage.” Arson events directed at harming the pipeline or the operator should be reported as “Intentional Damage” in this section. Forest fires that are caused by human activity and result in a release should be reported in this section.

Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation. An example of this sub-cause would be a stopple tee that releases commodity when damaged by a pickup truck maneuvering near the pipeline. Other motorized vehicles or equipment include tractors, backhoes, bulldozers and other tracked vehicles, and heavy equipment that can move. Include under this sub-cause accidents caused by vehicles operated by the pipeline operator, the pipeline operator’s contractor, or a third party, and specify the vehicle/equipment operator’s affiliation. Pipeline

accidents resulting from vehicular traffic loading or other contact should also be reported in this category. If the activity that caused the release involved digging, drilling, boring, grading, cultivation or similar activities, report in Section G3, "Excavation Damage".

Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring. This sub-cause includes impacts by maritime equipment or vessels (including their anchors or anchor chains or other attached equipment) that have lost their moorings and are carried into the pipeline facility by the current. This sub-cause also includes maritime equipment or vessels set adrift as a result of severe weather events and carried into the pipeline facility by waves, currents, or high winds. In such cases, also indicate the type of severe weather event. Do not report in this sub-cause accidents which are caused by the impact of maritime equipment or vessels while they are engaged in their normal or routine activities; such accidents should be reported as "Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation" so long as those activities are not excavation activities. If those activities are excavation activities such as dredging or bank stabilization or renewal, the accident should be reported in Section G3, "Excavation Damage".

Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation. This sub-cause includes accidents due to shrimping, purseining, oil drilling, or oilfield workover rigs, including anchor strikes, and other routine or normal maritime-related activities UNLESS the movement of the maritime asset was due to a severe weather event (this type of accident should be reported under "Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring") or the accident was caused by excavation activity such as the **dredging** of waterways or bodies of water (this type of accident should be reported under Section G3, "Excavation Damage").

Previous Mechanical Damage NOT Related to Excavation. This sub-cause covers accidents where damage occurred at some time prior to the release, and would include prior excavation damage, prior outside force damage of an unknown nature, prior natural force damage, and prior damage from other outside forces. Accidents resulting from damage sustained during construction, installation, or fabrication of the pipe or a weld should be reported under Section G5, "Material Failure of Pipe or Weld."

Is there reason to believe that the damage resulted from excavation activity? The answer to this question might come from the condition of the pipe when it is examined or from records of excavation at the site. Dents and gouges in the 10:00-to-2:00 o'clock positions on the pipe, for instance, may indicate an earlier strike, as might marks from the bucket or tracks of an earth moving machine or similar pieces of equipment.

Intentional Damage

Vandalism means willful or malicious destruction of the operator's pipeline facility or equipment. This category would include pranks, systematic damage inflicted to harass the operator, motor vehicle damage that was inflicted intentionally, and a variety of other intentional acts.

Terrorism, per 28 C.F.R. § 0.85 General Functions, includes the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Operators selecting this item are encouraged to also notify the FBI.

Theft means damage by any individual or entity, by any mechanism, specifically to steal, or attempt to steal, the transported commodity or pipeline equipment.

Other

Describe in the space provided and, if necessary, provide additional explanation in Part H.

G5 – Material Failure of Pipe or Weld

Use this section to report material failures only if “Item Involved in accident” (Part C, Question 3) is “**Pipe**” (whether pipe body or pipe seam) or “**Weld**.”

This section includes leaks, ruptures or other failures from defects within the material of the pipe body or within the pipe seam or other weld due to faulty manufacturing procedures, defects resulting from poor construction/installation/fabrication practices, and in-service stresses such as vibration, fatigue and environmental cracking.

Construction-, Installation-, or Fabrication-related includes leaks in or failures of originally sound material due to force being applied during construction or installation that caused a dent, gouge, excessive stress, or some other defect that eventually failed resulting in an accident. Included are leaks in or failures of wrinkle bends, field welds, and damage sustained in transportation to the construction or fabrication site. Not included are failures due to seam defects.

Original Manufacturing-related (NOT girth weld or other welds formed in the field) means an inherent flaw in the material or weld that occurred in the manufacture or at a point prior to construction, fabrication or installation. Therefore, this option is not appropriate for wrinkle bends, field welds, girth welds, or other joins fabricated in the field. Use this option for failures such as those due to defects of the longitudinal weld or inclusions in the pipe body.

If **Construction, Installation, Fabrication-related** or **Original Manufacturing-related** is selected, then select the failure mechanism.

Examples of Mechanical Stress include failures related to overburden or loss of support.

G6 – Equipment Failure

This section applies to failures of items **other than** Pipe Body, Pipe Seam, or Welds.

Malfunction of Control/Relief Equipment

Examples of this type of accident cause include: overpressurization resulting from malfunction of a control or alarm device; relief valve malfunction; valves failing to open or close on command; or valves which opened or closed when not commanded to do so. If overpressurization or some other aspect of this accident was caused by incorrect operation, the accident should be reported under Section G7, "Incorrect Operation."

ESD System Failure means failure of an emergency shutdown system.

G7 – Incorrect Operation

These types of accidents most often occur during operating, maintenance, or repair activities. Some examples of this type of accident are tank overfills, improper valve selection or operation, inadvertent overpressurization, or improper selection or installation of equipment. The unintentional ignition of the transported commodity during a welding or maintenance activity would also be included in this sub-cause. These types of accidents often involve training or judgment errors.

G8 – Other Accident Cause

This section is provided for accident causes that do not fit in any of the main cause categories listed in Sections G1 through G7.

If the accident cause is known but doesn't fit in any category in Sections G1 through G7, check the **Miscellaneous** box and enter a description of the accident and continue in Part H - Narrative Description of the Accident, if more space is needed.

If the accident cause is unknown at the time of filing this report, check the **Unknown** box in this section and select one reason from the accompanying two choices. If the investigation is not completed and the cause of the incident is thus still to be determined, file a supplemental report once the investigation is completed to report the apparent cause.

PART H – NARRATIVE DESCRIPTION OF THE ACCIDENT

(Attach additional sheets as necessary)

Concisely describe the accident, including the facts, circumstances, and conditions that may have contributed directly or indirectly to causing the accident. Include secondary and contributing causes when possible, or any other factors associated with the cause that are deemed pertinent. Use this section to clarify or explain unusual conditions, to provide sketches or drawings, and to explain any estimated data. Operators submitting reports on-line will be afforded the opportunity to attach/upload files containing sketches, drawings, or additional data.

If you checked the Miscellaneous block in Section G8, the narrative should describe the accident in detail, including all known or suspected causes and possible contributing factors.

Operators should use the narrative to describe any secondary causes that they consider important but which could not be reported in section G since only the primary cause is reported there.

PART I – PREPARER AND AUTHORIZED SIGNATURE

The Preparer is the person who compiled the data and prepared the responses to the report and who is to be contacted for more information (preferably the person most knowledgeable about the information in the report or who knows how to contact the person most knowledgeable). Please enter the Preparer's e-mail address if the Preparer has one, and the phone and fax numbers used by the Preparer.

An Authorized Signature must be obtained from an officer, manager, or other person whom the operator has designated to review and approve (and sign and date) the report. This individual is responsible for assuring the accuracy and completeness of the reported data. In addition to their title, a phone number and email address are to be provided for the individual signing as the Authorized Signature.