NOTICE: This report is required by 49 CFR Part 191. 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.

Form Approved OMB NO: 2137-0522 Expires: <u>????10/31/2018</u>



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

## INCIDENT REPORT – NATURAL AND OTHER GAS TRANSMISSION AND GATHERING PIPELINE SYSTEMS

Report Date	
No	
(DOT Use Only)	

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

	ner aspect of this collection of information, including suggestions for reducing this burden to: of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.
INSTRUCTIONS	into our spound causely (
information requested and provide specifi	e instructions for completing this form before you begin. They clarify the c examples. If you do not have a copy of the instructions, you can obtain nmunity Web Page at <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a> .
PART A – KEY REPORT INFORMATION	Report Type: (select all that apply)   Original   Supplemental   Final
Last Revision Date	
Operator's OPS-issued Operator Identification No.     Name of Operator:	
3. Address of Operator:	
3 3	
(Street Address)	
3.b(City)	
3.c State: / / /	<b>Y</b>
3.d Zip Code: / / / / / / - /	
4. Local time (24-hr clock) and date of the Incident:	6. National Response Center Report Number:
/ / / / / / / / / / / / / / / / / / /	
Hour Month Day	Year 7. Local time (24-hr clock) and date of initial telephonic report to the
5. Location of Incident:	National Response Center (if applicable):
Latitude: / / / . / / / / / / Longitude: - / / / / . / / / / / / / / / / / / / /	/_ / / / / / / / / / / / / / / / / / /
Longitude 1 1 1 1 1 1 1 1 1 1	Hour Month Day Year
8. Incident resulted from:  Unintentional release of gas Intentional release of gas Reasons other than release of gas	
9. Gas released: (select only one, based on predor	minant volume released)
☐ Natural Gas	
☐ Propane Gas	
☐ Synthetic Gas	
☐ Hydrogen Gas ☐ Landfill Gas	
☐ Other Gas ➡ Name:	
10. Estimated volume of gas released unintentional	ly: / / /,/ / / Thousand Cubic Feet (MCF)
11. Estimated volume of intentional and controlled r	elease/blowdown: / / /,/ / / Thousand Cubic Feet (MCF)
12. Estimated volume of accompanying liquid release	sed:

If Yes, specify the number in each category:  13.a Operator employees  3.3 Contractor employees  3.3 Contractor employees  3.4 Non-Operator  1.3 Contractor employees  3.5 Non-Operator  3.6 Non-Operator  3.7 All Non-Operator  3.8 Non-Operator  3.8 Non-Operator  3.9 All Non-Operator  3.9 All Non-Operator  3.9 All Non-Operator  3.9 All Non-Operator  3.0 All Non-Operator  3.1 All Non-Operator  3.2 All Non-Operator  3.3 All Non-Operator  3.4 All Non-Operator  3.5 All Non-Operator  3.6 General public  3.7 Total fatalities (sum of above)  3.8 All Total fatalities (sum of above)  3.9 All Total fatalities (sum of above)  4.1 All Total injuries (sum of above)  4.2 All Total injuries (sum of above)  4.4 Total injuries (sum of above)  4.5 Was the pipeline/facility shut down due to the incident?  4.6 All Total injuries (sum of above)  5.5 Local time and date of shutdown  6. Did the gas ignite?  6. Yes  7. No  7. Did the gas ignite?  7. Yes  8. No  8. Number of general public evacuated:  8. Number of general public evacuated:  8. Number of general public evacuated:  9. Hour  19. Local time operator identified failure  19. Mornin  19. Mornin  19. Wear  19. Mornin  19. Vear	• •		If Yes, specify the numb	er in each cated	orv.
13.b Contractor employees working for the Operator	13.a Operator employees	/ / / / /		_	
emergency responders	13.b Contractor employees	<u> </u>	14.b Contractor emp	loyees	<u> </u>
right-of-way, but NOT associated with this Operator		<u>/ / / / / /</u>		ponders	<u>/ / / / / /</u>
13.f Total fatalities (sum of above) / / / / / / 14.f Total injuries (sum of above) / / / / / / 15. Was the pipeline/facility shut down due to the incident?  O Yes O No ➡ Explain:  If Yes, complete Questions 15.a and 15.b: (use local time, 24-hr clock)  15.a Local time and date of shutdown / / / / / / Month Day Year  15.b Local time pipeline/facility restarted / / / / / / / / / / / / / / / / / / /	right-of-way, but NOT	<u>/ / / / / /</u>	right-of-way, bu	ut NOT	
13.f Total fatalities (sum of above) / / / / / / 14.f Total injuries (sum of above) / / / / / / 15. Was the pipeline/facility shut down due to the incident?  O Yes O No ➡ Explain:  If Yes, complete Questions 15.a and 15.b: (use local time, 24-hr clock)  15.a Local time and date of shutdown / / Hour / Month Day Year  15.b Local time pipeline/facility restarted / / / / / / / / / / / / / / / / / O Still shut down*  Hour Month Day Year (*Supplemental Report required)  16. Did the gas ignite? O Yes O No  17. Did the gas explode? O Yes O No  18. Number of general public evacuated: / / / / / / / / / / / / / / / / / / /		/ / / / /			
O Yes O No ⇒ Explain:  If Yes, complete Questions 15.a and 15.b: (use local time, 24-hr clock)  15.a Local time and date of shutdown		<u> </u>		um of above)	1 1 1 1
15.a Local time and date of shutdown		o the incident?			
Hour Month Day Year  15.b Local time pipeline/facility restarted / / / / / / / / / / / / / / / / / / /	If Yes, complete Questions 15.a and 15.	.b: (use local time, 24	-hr clock)		7
Hour Month Day Year (*Supplemental Report required to the gas ignite? O Yes O No  17. Did the gas explode? O Yes O No  18. Number of general public evacuated: / / / / / / / /  19. Time sequence: (use local time, 24-hour clock)  19.a Local time operator identified failure  19.b Local time operator resources arrived on site  19.b Local time operator resources arrived on site  10.b Local time operator resources arrived on site  10.b Local time operator resources arrived on site  10.c Month Day Year (*Supplemental Report required in the content of the content	15.a Local time and date of shutdown	<u>/ / / / /</u> Hour	Month Day	Year Year	
16. Did the gas ignite? O Yes O No  17. Did the gas explode? O Yes O No  18. Number of general public evacuated: / / / / / / / /  19. Time sequence: (use local time, 24-hour clock)  19.a Local time operator identified failure  19.b Local time operator resources arrived on site  19.b Local time operator resources arrived on site  19.c Local time operator resources arrived on site	15.b Local time pipeline/facility restarted		/ / / / / / / / / / / / / / / / / / /		
18. Number of general public evacuated: / / / / / / / /  19. Time sequence: (use local time, 24-hour clock)  19.a Local time operator identified failure  19.b Local time operator resources arrived on site  19.c Local time operator resources arrived on site	16. Did the gas ignite? O Yes O No		World Day	real ( O	арргетета керок гедин
19. Time sequence: (use local time, 24-hour clock)  19.a Local time operator identified failure	17. Did the gas explode? O Yes O No	0		<b>Y</b> /	
19.a Local time operator identified failure	18. Number of general public evacuated: /_	/ / /,/ /			
19.b Local time operator resources arrived on site / / / / / / / / Month Day Year / / / / / / / / / / / / / / / / / / /	19. Time sequence: (use local time, 24-hou	ır clock)			
19.b Local time operator resources arrived on site / / / / / / / Month Day Year / / / / / / / / / / / / / / / / / / /	19 a. Local time operator identified failu	re / / /		/ / / /	1
Cyas IRIN Principle		ved on site / <u>/</u>	<u> </u>	<u> </u>	
			<b>Y</b>		
	Gas				
	Cas				
	Cas				
	Cos				
	Cas				

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

PART C – ADDITIONAL FACILITY I	NFORMATION			
Is the pipeline or facility:     ☐ Interstate				
☐ Intrastate  2. Part of system involved in Incident:	: (select only one)			
<ul><li>☐ Belowground Storage, Includi</li><li>☐ Aboveground Storage, Includ</li><li>☐ Onshore Compressor Station</li></ul>	ing Associated Equipment an			
☐ Onshore Regulator/Metering		9		
☐ Onshore Pipeline, Including N☐ Offshore Platform, Including N☐ Offshore Pipeline, Including N☐	Platform-mounted Equipment	and Piping		, 6
Item involved in Incident: (select of the select of t	nly one)			
☐ Pipe ➡ Specify: O Pipe	•			
3.a Nominal diameter of pipe	(in): / / /./ /			
3.b Wall thickness (in): /	<u> </u>			
3.c SMYS (Specified Minimu		):	1 1	7
3.d Pipe specification:		,		
3.e Pipe Seam   ⇒ Specify:	O Longitudinal ERW - High		O Single SAW	O Flash Welded
o.c r ipe coain 2, opeony.	O Longitudinal ERW - Low		O DSAW	O Continuous Welded
	O Longitudinal ERW – Unl	' '		O Furnace Butt Welded
	O Spiral Welded ERW	O Spiral Welded SAW	O Spiral Welded DSA	N
	O Lap Welded	O Seamless	O Other	
3.f Pipe manufacturer:			<i>&gt;</i>	
3.g Year of manufacture: /_				
3.h Pipeline coating type at po		O Coal Tar	O Apphalt	O Dolvolofin
⇒ Specify:	O Fusion Bonded Epoxy O Extruded Polyethylene	O Field Applied Epoxy	O Asphalt O Cold Applied Tape	O Polyolefin
		O None	O Other	O Paint
☐ Weld, including heat-affected If Pipe Girth Weld is selected, cor 3.a. through h. and list the differe	mplete items 3.a. through h. a	above. If the values differ	on either side of the gir	O Otherth weld, enter one value in
	ecify: O Butterfly O Che			
	O Other			
	3.i Mainline valve manufa			
O Relief Valve	3.j Year of manufacture:	<u>/ / / / /</u>		
O Auxiliary or Othe	er Valve			
☐ Compressor				
☐ Meter				
☐ Scraper/Pig Trap	<b>&gt;</b>			
☐ Separator/Separator Filter☐ Strainer/Filter				
☐ Dehydrator/Drier/Treater				
☐ Regulator/Control Valve				
☐ Drip/Drip Collection Device				
☐ Pulsation Bottle				
☐ Cooler☐ Repair Sleeve or Clamp				
☐ Hot Tap Equipment				
☐ Stopple Fitting				
☐ Flange				
☐ Relief Line ☐ Auxiliary Piping (e.g. drain lin	(20			
☐ Adxillary Fibring (e.g. drain lift	<del></del>			
☐ Instrumentation				
☐ Underground Gas Storage or	Cavern			
☐ Pressure Vessel				
Other				
4. Year item involved in Incident was	installed: / / / /	<u>/</u>		

5. Material involved in Incident: (select only one)	
☐ Carbon Steel	
☐ Plastic	
☐ Material other than Carbon Steel or Plastic 🖒 *Specify:	
6. Type of Incident involved: (select only one)	
☐ Mechanical Puncture 🖒 Approx. size: //_/_/_/in. (axial) by /	///.//in. (circumferential)
☐ Leak ➡ Select Type: O Pinhole O Crack O Connection	n Failure O Seal or Packing O Other
☐ Rupture ➡ Select Orientation: O Circumferential O Longitudia	-
	/_/_/_/_/_/in. (length circumferentially or axially)
☐ Other ➡ *Describe:	
Li Other 47 Describe.	
	<u> </u>
PART D – ADDITIONAL CONSEQUENCE INFORMATION	
Class Location of Incident: (select only one)	
☐ Class 1 Location	
☐ Class 2 Location	400
☐ Class 3 Location	
☐ Class 4 Location	
Did this Incident occur in a High Consequence Area (HCA)?	A Y
□ No	
☐ Yes 🖒 2.a Specify the Method used to identify the HCA: O N	Method 1 O Method 2
3. What is the PIR (Potential Impact Radius) for the location of this Incident?	/
Were any structures outside the PIR impacted or otherwise damaged by heat	
Were any structures outside the PIR impacted or otherwise damaged NOT by	3
6. Were any of the fatalities or injuries reported for persons located outside the F	Tres O No
If 2. Is No, answer 6a.  6a. Did this incident occur in a Moderate Consequence Area (MCA)? O Yes	O No
If 6a. is Yes, answer 6b.	
6b. Select each of the items below that were present within the potential impact	circle:
O 5 or more buildings intended for human occupancy	
O Occupied site	other and a final Aller an entertal and drove
O Road right-of-way for a designated interstate, freeway, expressway, or o	otner principal 4-lane arterial roadway
7. Estimated Property Damage:	
7.a Estimated cost of public and non-Operator private property damage	\$/ / / /,/ / /,/ / /
7.b Estimated cost of Operator's property damage & repairs	\$ <u> </u>
7.d Estimated other costs	\$/ / /,/ / /,/ / /
Describe	· · · · · · · · · · · · · · · · · · ·
7.e Total estimated property damage (sum of above)	*/
The Total Soliniates property damage (call of above)	Y
Cost of Gas Released	
7.f Estimated cost of gas released unintentionally	\$/ / / /,/ / /,/ / /
7.g Estimated cost of gas released during	\$/ / / /, / / /, / / /
intentional and controlled blowdown	Ψ <u>ι ι Ι ΙΗ Ι Ι ΙΗ Ι Ι Ι</u>
7.h Total estimated cost of gas released (sum of 7.f & 7.g above)	\$ <u>/                                   </u>

PART E – ADDITIONAL OPERATING INFORMATION
Estimated pressure at the point and time of the Incident (psig):    _ / _ / _ / _ /
2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): / / / / / /
2a. MAOP established by 49 CFR section:  192.619 (a)(1) 192.619 (a)(2) 192.619 (a)(3) 192.619 (a)(4) 192.619 (c) 192.619 (d)  192.624 (c)(1) 192.624 (c)(2) 192.624 (c)(3) 192.624 (c)(4) 192.624 (c)(5) 192.624 (c)(6)  Other Specify Other:
3. Describe the pressure on the system or facility relating to the Incident: (select only one)  □ Pressure did not exceed MAOP  □ Pressure exceeded MAOP, but did not exceed 110% of MAOP  □ Pressure exceeded 110% of MAOP
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Incident operating under an established pressure restriction with pressure limits below those normally allowed by the MAOP?
☐ Yes 🖒 (Complete 4.a and 4.b below)
4.a Did the pressure exceed this established pressure restriction? O Yes O No
4.b Was this pressure restriction mandated by PHMSA or the State? O PHMSA O State O 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.e 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: O Manual O Automatic O Remotely Controlled O Check Valve
5.c Length of segment isolated between valves (ft): / / / / / / /
5.d Is the pipeline configured to accommodate internal inspection tools?
<ul> <li>Yes</li> <li>No ➡ Which physical features limit tool accommodation? (select all that apply)</li> </ul>
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)
O Excessive debris or scale, wax, or other wall build-up O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other  Describe:
5.f Function of pipeline system: (select only one)
☐ Transmission System ☐ Transmission Line of Distribution System
☐ Type A, Area 1 Gathering       ☐ Type B, Area 1 Gathering         ☐ Type A, Area 2 Gathering       ☐ Type B, Area 2 Gathering         ☐ Storage Gathering       ☐ Offshore Gathering

	s a Su l No	pervis	ory Control and Data Acquisi	tion (SCADA)-ba	ased system in pla	ace on the p	ipeline or facility involved in the Incident?
	Yes	➾	6.a Was it operating at the	time of the Incid	dent?	O Yes	O No
_		~	6.b Was it fully functional a			O Yes	O No
			-				and/or volume or pack calculations) assist with
			the detection of the Incident		s diairii(s), dicri(s)	O Yes	O No
			6.d Did SCADA-based info confirmation of the Incident		s alarm(s), alert(s	), event(s), a O Yes	and/or volume calculations) assist with the O No
7. Ho	w was	the Inc	cident initially identified for the	e Operator? (se	elect only one)		
			sed information (such as ala			lume or pack	k calculations)
	∃ Stati	c Shut	-in Test or Other Pressure or	Leak Test			A O
	☐ Cont				☐ Local Operat	ing Personne	el, including contractors
_	Air F						or or its contractor
_	_		from Public		☐ Notification fr	om Emerger	ncy Responder
			from Third Party that caused		☐ Other		
			er", "Local Operating Person estion 7, specify the following			atrol", or "Gro	ound Patrol by Operator or its contractor" is
			O Operator employee	O Contractor v	working for the Op	erator	
			ation initiated into whether or ect only one)	not the controll	er(s) or control ro	om issues w	ere the cause of or a contributing factor to the
				ntrol room and/o	or controller action	s has not ve	et been completed by the operator (Supplemental
		ort rec					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			e facility was not monitored b				
						actions or co	ontrol room issues was necessary due to:
	(pro	ovide a	n explanation for why the ope	erator did not inv	vestigate)		Y
	_	.,				<del>Z)</del>	
	Ш		pecify investigation result(s):				
			Investigation reviewed wor tors associated with fatigue	k schedule rotat	tions, continuous	nours of serv	vice (while working for the Operator) and other
		0	Investigation did NOT revie	ew work schedu	le rotations, contir	nuous hours	of service (while working for the Operator) and
		oth	er factors associated with fat	tigue (provide a	n explanation for	why not)	
		0	Investigation identified no	nantral raam isa			
		0	Investigation identified no of Investigation identified no of				
		_	Investigation identified inco			rorror	
		0					valved or impacted the involved controller(s)
		_	ponse	Taligue may na	ve allected the co	illioner(s) ill	volved or impacted the involved controller(s)
		0	Investigation identified inco	orrect procedure	es.		
		Ö	Investigation identified inco			eration	
		0					operations, procedures, and/or controller
		0		as other than the	ose above 🖒 De	scribe:	
		_					
		7					

O Yes 😅 *1.a Specify how many failed:	O Yes   *1.a Specify how many were tested: //  *1.b Specify how many failed: //  2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirer DOT's Drug & Alcohol Testing regulations?  O No O Yes   *2.a Specify how many were tested: //_/		As a result of Drug & Alco O No	this Incident, were a shol Testing regulatio	ny Operator emplo ns?	yees tested und	er the post-accident	drug and alcohol to	esting requirements of DOT's
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirement DOT's Drug & Alcohol Testing regulations?  O No O Yes characteristic contractor employees tested under the post-accident drug and alcohol testing requirement DOT's Drug & Alcohol Testing regulations?  No O Yes characteristic contractor employees tested under the post-accident drug and alcohol testing requirement DOT's Drug & Alcohol Testing requi	2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirer DOT's Drug & Alcohol Testing regulations?  O No O Yes characteristic contractor employees tested under the post-accident drug and alcohol testing requirer DOT's Drug & Alcohol Testing regulations?  O No O Yes characteristic contractor employees tested under the post-accident drug and alcohol testing requirer DOT's Drug & Alcohol Testing requirer DOT					<u>/ / /</u>			
DOT's Drug & Alcohol Testing regulations?  O No  O Yes   *2.a Specify how many were tested:	DOT's Drug & Alcohol Testing regulations?  O No O Yes 🖒 *2.a Specify how many were tested: //_/  *2.b Specify how many failed: //_/	2. <i>F</i>	As a result of	this Incident, were a	ny Operator contra	ctor employees	tested under the pos	st-accident drug an	d alcohol testing requirement
O Yes 🖒 2.a Specify how many were tested: [ [ [ [ ] ] ] ] 2.b Specify how many tailed: [ [ [ ] ] ]	O Yes ➡ '2.a Specify how many were tested:		DOT's Drug	& Alcohol Testing re	gulations?	, ,	·	Ū	,
Red April 8, 200	Real Red April 89				-	<u>                                     </u>			

Select only one box from PART G in the shaded column on the left representing the PART G - APPARENT CAUSE APPARENT Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H). G1 - Corrosion Failure - \*only one sub-cause can be picked from shaded left-hand column ☐ External Corrosion 1. Results of visual examination: O Localized Pitting O General Corrosion O Other 2. Type of corrosion: (select all that apply) O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam 3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply) O Field examination O Determined by metallurgical analysis O Other \_ 4. Was the failed item buried under the ground? 4.a Was failed item considered to be under cathodic protection at the time of O Yes 🖒 the incident? O Yes ⇒ Year protection started: 4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident? O Yes O No 4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident? O Yes, CP Annual Survey ⇒ Most recent year conducted: O Yes, Close Interval Survey 

→ Most recent year conducted: / / / O Yes, Other CP Survey ⇒ Most recent year conducted: O No O No A.d Was the failed item externally coated or painted? O Yes O No 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? O Yes O No 6. Results of visual examination: ☐ Internal Corrosion O Localized Pitting O Not cut open O General Corrosion O Other 7. Cause of corrosion: (select all that apply) O Corrosive Commodity O Water drop-out/Acid O Microbiological O Erosion 8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply) O Field examination O Determined by metallurgical analysis O Other 9. Location of corrosion: (select all that apply) O Low point in pipe O Elbow O Drop-out O Other 10. Was the gas/fluid treated with corrosion inhibitors or biocides? O Yes O No 11. Was the interior coated or lined with protective coating? O Yes O No 12. Were cleaning/dewatering pigs (or other operations) routinely utilized? O Not applicable - Not mainline pipe O Yes O No 13. Were corrosion coupons routinely utilized? O No O Not applicable - Not mainline pipe O Yes

Complete the following if any Corrosion Failu Pipe or Weld.	re sub-cause is selected AND the "Item Involved in Incident" (from PART C, Question 3) is
14. Has one or more internal inspection tool co	ollected data at the point of the Incident?
14.a. If Yes, for each tool used, select typ	e of internal inspection tool and indicate most recent year run:
O Magnetic Flux Leakage Tool	<u> </u>
O Ultrasonic	<u> </u>
O Geometry	<del>                                     </del>
O Caliper	
O Crack	
O Hard Spot	
O Combination Tool	
O Transverse Field/Triaxial	
O Other	
15. Has one or more hydrotest or other pressu  O Yes → Most recent year tested: O No  16. Has one or more Direct Assessment been O Yes, and an investigative dig was O Yes, but the point of the Incident v O No  17. Has one or more non-destructive examinat O Yes O No	conducted on this segment? conducted at the point of the Incident ⇒ Most recent year conducted: /_/ / / / was not identified as a dig site ⇒ Most recent year conducted: /_/ / / / ion been conducted at the point of the Incident since January 21, 2002?  ted since January 1, 2002, select type of non-destructive examination and indicate most recent
G2 - Natural Force Damage	- *only one <b>sub-cause</b> can be picked from shaded left-hand column
☐ Earth Movement, NOT due to Heavy Rains/Floods	Specify: O Earthquake O Subsidence O Landslide     O Other
☐ Heavy Rains/Floods	2. Specify: O Washout/Scouring O Flotation O Mudslide O Other
☐ Lightning	3. Specify: O Direct hit O Secondary impact such as resulting nearby fires
☐ Temperature	4. Specify: O Thermal Stress O Frost Heave O Frozen Components O Other
☐ High Winds	
Other Natural Force Damage	5. Describe:
Complete the following if any Natural Force I	Damage sub-cause is selected.
·	t generated in conjunction with an extreme weather event? O Yes O No
6.a If Yes, specify: (select all that apply)	O Hurricane O Tropical Storm O Tornado O Other

G3 – Excavation Damage - *o	nly one <b>sub-cause</b> 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	6
☐ Previous Damage due to Excavation Activity	Complete Questions 1-5 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.
	Has one or more internal inspection tool collected data at the point of the Incident?     O Yes O No
	1.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:
	O Magnetic Flux Leakage
	O Ultrasonic / / / /
	O Geometry
	O Caliper
	O Hard Spot
	O Combination Tool
	O Transverse Field/Triaxial
	O Other /_ /_ / _/
	2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No
	3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
	O Yes → Most recent year tested: / / / / /  Test pressure (psig): / / /, / /
	O No  4. Has one or more Direct Assessment been conducted on the pipeline segment?
	4. Has one or more Direct Assessment been conducted on the pipeline segment?
	O Yes, and an investigative dig was conducted at the point of the Incident  B Most recent year conducted: / / / / /
	O Yes, but the point of the Incident was not identified as a dig site
	⇒ Most recent year conducted: / / / / /
	O No
	5. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002?  O Yes O 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:
	O Radiography / / / / /
	O Guided Wave Ultrasonic / / / / / O Handheld Ultrasonic Tool / / / /
	O Wet Magnetic Particle Test / / / /
	O Dry Magnetic Particle Test / / / / /
	O Other /_ / / /
Complete the following if Excavation Damage	e by Third Party is selected as the sub-cause.
6. Did the operator get prior notification of the	excavation activity? O Yes O No
6.a If Yes, Notification received from: (se	lect all that apply) O One-Call System O Excavator O Contractor O Landowner

Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.
7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? OYes O No
8. Right-of-Way where event occurred: (select all that apply)
☐ Public ➡ Specify: ○ City Street ○ State Highway ○ County Road ○ Interstate Highway ○ Other
☐ Private ➡ Specify: ○ Private Landowner ○ Private Business ○ Private Easement
☐ Pipeline Property/Easement ☐ Power/Transmission Line ☐ Railroad ☐ Dedicated Public Utility Easement
☐ Federal Land ☐ Data not collected ☐ Unknown/Other
9. Type of excavator: (select only one)
O Contractor O County O Developer O Farmer O Municipality O Occupant O Railroad O State O Utility O Data not collected O Unknown/Other
10. Type of excavation equipment: (select only one)
O Auger O Backhoe/Trackhoe O Boring O Drilling O Directional Drilling O Explosives O Farm Equipment O Grader/Scraper O Hand Tools O Milling Equipment O Probing Device O Trencher O Vacuum Equipment O Data not collected O Unknown/Other
O Probing Device O Trencher O Vacuum Equipment O Data not collected O Unknown/Other
11. Type of work performed: (select only one)
O Agriculture O Cable TV O Curb/Sidewalk O Building Construction O Building Demolition O Drainage O Driveway O Electric O Engineering/Surveying O Fencing
O Drainage O Driveway O Electric O Engineering/Surveying O Fencing O Grading O Irrigation O Landscaping O Liquid Pipeline O Milling
O Natural Gas O Pole O Public Transit Authority O Railroad Maintenance O Road Work
O Sewer (Sanitary/Storm) O Site Development O Steam O Storm Drain/Culvert O Street Light
O Telecommunications O Traffic Signal O Traffic Sign O Water O Waterway Improvement
O Data not collected O Unknown/Other
12. Was the One-Call Center notified? O Yes O No
*12.a If Yes, specify ticket number: / / / / / / / / / / / / / / / / / / /
*12.b If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
13. Type of Locator: O Utility Owner O Contract Locator O Data not collected O Unknown/Other
14. Were facility locate marks visible in the area of excavation? O No O Yes O Data not collected O Unknown/Other
15. Were facilities marked correctly?  O No O Yes O Data not collected O Unknown/Other
16. Did the damage cause an interruption in service?  O No O Yes O Data not collected O Unknown/Other  16.a If Yes, specify duration of the interruption: //_/_/ hours
(This CGA-DIRT section continued on next page with Question 17.)

17. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):
One-Call Notification Practices Not Sufficient: (select only one)
O No notification made to the One-Call Center
O Notification to One-Call Center made, but not sufficient
O Wrong information provided
☐ Locating Practices Not Sufficient: (select only one)
O Facility could not be found/located
O Facility marking or location not sufficient
O Facility was not located or marked
O Incorrect facility records/maps
☐ Excavation Practices Not Sufficient: (select only one)
O Excavation practices not sufficient (other)
O Failure to maintain clearance
O Failure to maintain the marks
O Failure to support exposed facilities
O Failure to use hand tools where required
O Failure to verify location by test-hole (pot-holing)
O Improper backfilling
☐ One-Call Notification Center Error
☐ Abandoned Facility
☐ Deteriorated Facility
☐ Previous Damage
□ <u>Data Not Collected</u>
Other / None of the Above (explain)

G4 - Other Outside Force Dar	nage - *only one sub-cause can be picked from shaded left-hand column		
☐ Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident			
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	Vehicle/Equipment operated by: (select only one)     Operator Operator's Contractor O Third Party		
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	Select one or more of the following IF an extreme weather event was a factor:     O Hurricane O Tropical Storm O Tornado     O Heavy Rains/Flood O Other		
☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation			
☐ Electrical Arcing from Other Equipment or Facility			
☐ Previous Mechanical Damage NOT Related to Excavation	Complete Questions 3-7 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.		
	3. Has one or more internal inspection tool collected data at the point of the Incident?  O Yes O No		
	3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:		
	O Magnetic Flux Leakage / / / / /		
	O Ultrasonic / / / /		
	O Geometry / / / /		
	O Caliper / / / / /		
	O Crack /_ / / /		
	O Hard Spot / / / / /		
	O Combination Tool		
	O Transverse Field/Triaxial		
	O Other / / / / /		
	4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No		
	5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?		
	O Yes   → Most recent year tested: / / / / /		
	Test pressure (psig): / / /,/ / /		
	O No		
	6. Has one or more Direct Assessment been conducted on the pipeline segment?		
	O Yes, and an investigative dig was conducted at the point of the Incident		
	<ul> <li>         ⇒ Most recent year conducted: / / / / /         O Yes, but the point of the Incident was not identified as a dig site     </li> </ul>		
	⇒ Most recent year conducted: /_ / / /		
	O No		
	(This section continued on next page with Question 7.)		

		n been conducted at the point of the Incident d since January 1, 2002, select type of non- recent year the examination was conducted:
	O Radiography	/ / / / /
	O Guided Wave Ultrasonic	<u>/ / / / /</u>
	O Handheld Ultrasonic Tool	
	O Wet Magnetic Particle Test	<u>                                     </u>
	O Dry Magnetic Particle Test	
	O Other	
☐ Intentional Damage	8. Specify: O Vandalism O Theft of transported commodity O Other	O Terrorism O Theft of equipment
☐ Other Outside Force Damage	9. Describe:	

Conty one sub-cause can be picked from shaded left-hand column	G5 - Material Failure of Pipe	or Weld	Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."
Field Examination   Determined by Metallurgical Analysis   Other Analysis   Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)			Only one <b>sub-cause</b> can be picked from shaded left-hand column
Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)   Construction, Installation, or Fabrication-related (NOT grith weld or other welds formed in the field)   Original Manufacturing-related (NOT grith weld or other welds formed in the field)   Other	The sub-cause selected below is based on to	he following: (se	elect all that apply)
Construction, Installation, or Fabrication-related   Stigue- or Vibration-related   Stigue- or Vibration-related   OMechanically-induced prior to installation (such as during transport of pipe)   Original Manufacturing-related (NOT girth weld or other welds   Office   OMechanically-induced prior to installation (such as during transport of pipe)   Office   OMechanical Vibration   Office   Offic	☐ Field Examination ☐ Determined by N	letallurgical Analy	sis Other Analysis
Fabrication-related	☐ Sub-cause is Tentative or Suspected; Stil	l Under Investiga	tion (Supplemental Report required)
Original Manufacturing-related (NOT girth weld or other welds formed in the field)		☐ Fatigue- ○ Me	or Vibration-related: chanically-induced prior to installation (such as during transport of pipe)
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.  4. Additional factors (select all that apply): O Dent O Gouge O Pipe Bend O Arc Burn O Crack O Lack of Fusion O Lamination O Buckle O Wrinkle O Misalignment O Burnt Steel O Other 5. Has one or more internal inspection tool collected data at the point of the Incident? O Yes O No 5.a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: O Magnetic Flux Leakage Tool	(NOT girth weld or other welds	O Pre O The O Oth Mechanic	essure-related ermal ner cal Stress
4. Additional factors (select all that apply): O Dent O Gouge O Pipe Bend O Arc Burn O Crack O Lack of Fusion O Cher O Other O Other O Misalignment O Burnt Steel  5. Has one or more internal inspection tool collected data at the point of the Incident? O Yes O No  5.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:  O Magnetic Flux Leakage Tool	☐ Environmental Cracking-related		
O Lamination O Buckle O Wrinkle O Misalignment O Burnt Steel O Other	Complete the following if any Material Failure	of Pipe or Weld	d sub-cause is selected.
S.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  ○ Transverse Field/Triaxial  ○ Other  ○ Other  6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?  ○ No  7. Has one or more Direct Assessment been conducted on the pipeline segment?  ○ Yes, but the point of the incident was not identified as a dig site  ○ No  8. Has one or more non-destructive examination (s) been conducted at the point of the Incident since January 1, 2002?  ○ Yes, O No  8. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination conducted:	O Lamination O Buckle	O Wrinkle	
O Magnetic Flux Leakage Tool  Ultrasonic  Ultrasonic  Geometry  Caliper  Crack  Hard Spot  Combination Tool  Transverse Field/Triaxial  Ofter  No  Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?  Yes  *Most recent year tested: / / / / / /  No  No  Has one or more Direct Assessment been conducted on the pipeline segment?  Yes, and an investigative dig was conducted at the point of the Incident   Yes, but the point of the incident was not identified as a dig site   No  Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?  Yes  No  8. Has one or more non-destructive 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	5. Has one or more internal inspection tool coll	ected data at the	point of the Incident? O Yes O No
O Ultrasonic	5.a If Yes, for each tool used, select type of	of internal inspect	ion tool and indicate most recent year run:
O Geometry	O Magnetic Flux Leakage Tool	<u>/ / /</u>	
O Caliper O Crack O Hard Spot O Combination Tool O Transverse Field/Triaxial O Other O Combination O Combination O Transverse Field/Triaxial O Other O Transverse Field/Triaxial O Other O No  6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? O No  7. Has one or more Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Incident O Yes, but the point of the incident was not identified as a dig site O No  8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002? O Yes O 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:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic I I I I I O Bry Magnetic Particle Test O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test	O Ultrasonic	/ / /	1 1
O Caliper O Crack O Hard Spot O Combination Tool O Transverse Field/Triaxial O Other O Combination O Combination O Transverse Field/Triaxial O Other O Transverse Field/Triaxial O Other O No  6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? O No  7. Has one or more Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Incident O Yes, but the point of the incident was not identified as a dig site O No  8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002? O Yes O 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:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic I I I I I O Bry Magnetic Particle Test O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test I I I I I I O Dry Magnetic Particle Test	O Geometry	/ / /	
O Crack O Hard Spot O Combination Tool O Combination Tool O Transverse Field/Triaxial O Other O Combination O Transverse Field/Triaxial O Other O Transverse Field/Triaxial O Transverse Field/Triaxial O Other O Transverse Field/Triaxial O Transverse Field/Transverse O No  No  No  No  No  Nost recent year conducted:  Most recent year condu	-	/ / /	
O Combination Tool O Transverse Field/Triaxial O Other	·	1 1	
O Combination Tool O Transverse Field/Triaxial O Other	O Hard Spot		1 1
O Transverse Field/Triaxial O Other  O Other  O Other  O Other  O Other  O Other  O Yes \$ *Most recent year tested: / / / / / / *Test pressure (psig): / / / / / / / / / / / / / / / / / / /		1 1	<del></del>
O Other			
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?  ○ Yes ⇒ *Most recent year tested: / / / / / *Test pressure (psig): / / / / / / /  ○ No  7. Has one or more Direct Assessment been conducted on the pipeline segment?  ○ Yes, and an investigative dig was conducted at the point of the Incident ⇒ Most recent year conducted: / / / / / /  ○ Yes, but the point of the incident was not identified as a dig site ⇒ Most recent year conducted: / / / / /  ○ No  8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?  ○ Yes ○ No  8.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:  ○ Radiography  ○ Guided Wave Ultrasonic  ○ Handheld Ultrasonic Tool  ○ Wet Magnetic Particle Test  ○ Dry Magnetic Particle Test		<u> </u>	<u> </u>
O Yes → *Most recent year tested: / / / / / *Test pressure (psig): / / / / / / / O No  7. Has one or more Direct Assessment been conducted on the pipeline segment?  O Yes, and an investigative dig was conducted at the point of the Incident → Most recent year conducted: / / / / / / O Yes, but the point of the incident was not identified as a dig site → Most recent year conducted: / / / / / O No  8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?  O Yes O No  8. 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:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic / / / / / / O Handheld Ultrasonic Tool O Wet Magnetic Particle Test / / / / / / / O Dry Magnetic Particle Test			
7. Has one or more Direct Assessment been conducted on the pipeline segment?  ○ Yes, and an investigative dig was conducted at the point of the Incident ○ Yes, but the point of the incident was not identified as a dig site ○ No  8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002? ○ Yes ○ No  8.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: ○ Radiography ○ Guided Wave Ultrasonic ○ Handheld Ultrasonic Tool ○ Wet Magnetic Particle Test ○ Dry Magnetic Particle Test ○ L / / / / / / / / / / / / / / / / / /	O Yes ⇒ *Most recent year tested:		·
O Yes, and an investigative dig was conducted at the point of the Incident			
O No  8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?  O Yes O 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:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic Tool O Wet Magnetic Particle Test O Dry Magnetic Particle Test			
8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?  O Yes O 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:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic Tool O Wet Magnetic Particle Test O Dry Magnetic Particle Test	O Yes, but the point of the incident wa	as not identified a	as a dig site   Most recent year conducted: / / / / /
O Yes O 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:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic Tool O Wet Magnetic Particle Test O Dry Magnetic Particle Test	O No		
year the examination was conducted:  O Radiography O Guided Wave Ultrasonic O Handheld Ultrasonic Tool O Wet Magnetic Particle Test O Dry Magnetic Particle Test		on(s) been condu	cted at the point of the Incident since January 1, 2002?
O Guided Wave Ultrasonic  O Handheld Ultrasonic Tool  O Wet Magnetic Particle Test  O Dry Magnetic Particle Test		I since January 1	, 2002, select type of non-destructive examination and indicate most recent
O Handheld Ultrasonic Tool  O Wet Magnetic Particle Test  O Dry Magnetic Particle Test	O Radiography	<u>/</u>	<u>/ / / /</u>
O Wet Magnetic Particle Test  O Dry Magnetic Particle Test  / / / / / /			<u> </u>
O Dry Magnetic Particle Test / / / / /		<u>/</u>	<u>                                     </u>
		<u>/</u>	<u> </u>
O Other		<u>/</u>	<u>                                     </u>

G6 - Equipment Failure - *only	one <b>sub-cause</b> can be picked from shaded left-hand column
☐ Malfunction of Control/Relief Equipment	Specify: (select all that apply)     O Control Valve
☐ Compressor or Compressor-related Equipment	Specify: O Seal/Packing Failure O Body Failure O Crack in Body     O Appurtenance Failure O Pressure Vessel Failure     O Other
☐ Threaded Connection/Coupling Failure	3. Specify: O Pipe Nipple O Valve Threads O Mechanical Coupling O Threaded Pipe Collar O Threaded Fitting O Other
☐ Non-threaded Connection Failure	Specify: O O-Ring O Gasket O Seal (NOT compressor seal) or Packing     O Other
☐ Defective or Loose Tubing or Fitting	
☐ Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
☐ Other Equipment Failure	5. Describe:
Complete the following if any Equipment Fai	lure sub-cause is selected.
Additional factors that contributed to the equ     C Excessive vibration	uipment failure: (select all that apply)
O Overpressurization	
O No support or loss of support	
O Manufacturing defect	
O Loss of electricity	
O Improper installation	
	ufacturer for tubing and tubing fittings)
O Dissimilar metals	omnetikility issues with transported ass/fluid
O Valve vault or valve can contribut	ompatibility issues with transported gas/fluid
O Alarm/status failure	to the release
O Misalignment	
O Thermal stress	
O Other	

G7 - Incorrect Operation - *only one sub-cause can be picked from shaded left-hand column				
☐ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage				
☐ Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure		lve Misalignment scommunication her	O Incorrect Reference Data/Calculation O Inadequate Monitoring	6
☐ Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure				
☐ Pipeline or Equipment Overpressured			367	
☐ Equipment Not Installed Properly				
☐ Wrong Equipment Specified or Installed			69	
☐ Other Incorrect Operation	2. Describe:			
Complete the following if any Incorrect Oper  3. Was this Incident related to: (select all that O Inadequate procedure O No procedure established O Failure to follow procedure O Other:		elected.	-	
4. What category type was the activity that cate   O Construction O Commissioning O Decommissioning O Right-of-Way activities O Routine maintenance O Other maintenance O Normal operating conditions O Non-routine operating conditions	Bar	or emergencies)		
	orming the task(s) quad d for the task(s) orming the task(s) und	alified for the task(s		ervation of a
G8 – Other Incident Cause -	*only one sub-cause	can be picked fron	n shaded left-hand column	
☐ Miscellaneous	1. Describe:			
☐ Unknown	2. Specify:		omplete, cause of Incident unknown stigation, cause of Incident to be determine eport required)	ed*

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT	(Attach additional sheets as nece	essary)
		0-6
		A. Y
	<b>Y</b>	
Y Y		
PART I – PREPARER AND AUTHORIZED SIGNATURE		
Preparer's Name (type or print)		Preparer's Telephone Number
Preparer's Title (type or print)	_	
.1 (31-2-1-1-1-1)		
Preparer's E-mail Address		Preparer's Facsimile Number
1 repaired a El main riduitede		r reparer o r acommie mumbel
Authorized Signer Name		Authorized Cianos Tales have Alveshan
	Date	Authorized Signer Telephone Number
Authorized Signer Title		Authorized Signer E-mail Address
•		Authorized Signel E-mail Address