NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.

Form Approved ??-????
OMB NO: 2137-0522
Expires: ??/??/????

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

REPORTING-REGULATED NATURAL GAS GATHERING INCIDENT REPORT

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.

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/library/forms.*

PART A – KEY REPORT INFORMATION Report Type: *(select all that apply)* ☐ Original ☐ Supplemental ☐ Final

A1. Operator's OPS-issued Operator Identification Number (OPID): /___/___/___/___/___/___/

A2. Name of Operator: ____ *auto-populated based on OPID* _____

A3. Address of Operator:

A3.a ____ *auto-populated based on OPID* _____
(Street Address)

A3.b _____ *auto-populated based on OPID* _____
(City)

A3.c State: *auto-populated based on OPID*

A3.d Zip Code: *auto-populated based on OPID*

A4. Local time *(24-hr clock)* and date of the Incident:

/___/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year

A4.a Time Zone for local time (select only one) ○ Alaska ○ Eastern ○ Central ○ Hawaii-Aleutian ○ Mountain ○ Pacific.

A4.b Daylight Savings in effect? ○ Yes ○ No

A5. Location of Incident:
Latitude: /___/___/ . /___/___/___/___/___/
Longitude: - /___/___/___/ . /___/___/___/___/___/

A6. RESERVED

A7. Estimated volume of gas released unintentionally: /___/___/,/___/___/___/ Thousand Cubic Feet (MCF)

A8. Estimated volume of intentional and controlled release/blowdown : /___/___/,/___/___/___/ Thousand Cubic Feet (MCF)

A9. Estimated volume of accompanying liquid released: /___/___/,/___/___/___/ Barrels

A10. Were there fatalities? ○ Yes ○ No
If Yes, specify the number in each category:

A10.a Operator employees /___/___/___/___/___/

A10.b Contractor employees working for the Operator /___/___/___/___/___/

A10.c Non-Operator emergency responders /___/___/___/___/___/

A10.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/___/

A10.e General public /___/___/___/___/___/

A10.f Total fatalities (sum of above) *calculated*

A11. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No
If Yes, specify the number in each category:

A11.a Operator employees /___/___/___/___/___/

A11.b Contractor employees working for the Operator /___/___/___/___/___/

A11.c Non-Operator emergency responders /___/___/___/___/___/

A11.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/___/

A11.e General public /___/___/___/___/___/

A11.f Total injuries (sum of above) *calculated*

A12. How was the Incident initially identified by the Operator? *(select only one)*

☐ 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
☐ Air Patrol
☐ Notification from Public
☐ Notification from Third Party that caused the Incident
☐ Local Operating Personnel, including contractors
☐ Ground Patrol by Operator or its contractor
☐ Notification from Emergency Responder
☐ Other _____

A12.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 12, specify the following: *(select only one)*

O Operator employee O Contractor working for the Operator

A13. Local time Operator identified failure /__/__/__/__/ /__/__/ /__/__/ /__/__/ /__/__/
Hour Month Day Year

If A12. = Notification from Emergency Responder, skip A14.

A14. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? O Yes O No

If No, skip A14.a and b.

A14.a Which party initiated communication about the accident? O Operator O Local/State/Federal Emergency Responder

A14.b Local time of initial Operator and Local/State/Federal Emergency Responder communication
/__/__/__/__/ /__/__/ /__/__/ /__/__/
Hour Month Day Year

A15 Local time operator resources arrived on site /__/__/__/__/ /__/__/ /__/__/ /__/__/
Hour Month Day Year

A16. Local time operator confirmed discovery of the accident /__/__/__/__/ /__/__/ /__/__/ /__/__/
Hour Month Day Year

A17. Local time *(24-hr clock)* and date of initial operator report to the National Response Center :
/__/__/__/__/ /__/__/ /__/__/ /__/__/
Hour Month Day Year

A17.a Initial Operator National Response Center Report Number OR O NRC Notification Required But Not Made

A17.b Additional NRC Report numbers submitted by the operator:_____

A18. Did the gas ignite? O Yes O No

If A18 = Yes, then answer A18.a through d:

A18.a Local time of ignition /__/__/__/__/ /__/__/ /__/__/ /__/__/
Hour Month Day Year

A18.b How was the fire extinguished?
O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:_____

A18.c. Volume of gas consumed by fire (mcf): (must be less than or equal to A7.)

A18.d Did the gas explode? O Yes O No

A19. Number of general public evacuated: /__/__/__/,/__/__/__/

A24. Average length of evacuation (hours): _____

PART B – ADDITIONAL LOCATION INFORMATION

B1. State: /__/__/ B2. Zip Code: /__/__/__/__/__/ - /__/__/__/__/

B3 _____ B4 _____
City County or Parish

B5. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No

B6. Location of Incident: *(select only one)* ☐ Operator-controlled property ☐ Pipeline right-of-way

B7. Did Incident occur in a crossing? O Yes O No If Yes, specify type:

☐ Bridge crossing Specify: O Cased O Uncased
☐ Railroad crossing *(select all that apply)* O Cased O Uncased O Bored/drilled
☐ Road crossing *(select all that apply)* O Cased O Uncased O Bored/drilled
☐ Water crossing Specify: O Cased O 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)
O Shoreline/Bank/Marsh crossing
O Below water, pipe in bored/drilled crossing
O Below water, pipe buried below bottom (NOT in bored/drilled crossing)
O Below water, pipe on or above bottom

PART C – ADDITIONAL FACILITY INFORMATION

C1. Material involved in Incident: *(select only one)*

☐ Carbon Steel
☐ Plastic
☐ Material other than Carbon Steel or Plastic ⇨ *Specify: _____

If C1. is Carbon Steel, answer C1.a:

C1.a % SMYS caused by operating pressure at the time of failure: /___/___/./___/___/

C2. Item involved in Incident: *(select only one)*

☐ **Pipe** ⇨ Specify: ○ Pipe Body ○ Pipe Seam

☐ **Joint, including heat-affected zone** ⇨ Specify: ○ Pipe Girth Joint ○ Other Butt Joint ○ Fillet Joint

☐ **Other** _____ _____ mandatory text field _____

If C2. is Pipe or Pipe Girth Joint, answer C2.a:

C2.a Nominal Pipe Size: /___/___/./___/___/

C6. Type of Incident involved: *(select only one)*

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

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

☐ Rupture ⇨ Select Orientation: ○ Circumferential ○ Longitudinal ○ Other _____

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

☐ Other ⇨ *Describe: _____

PART D – ADDITIONAL CONSEQUENCE INFORMATION

D1. Class Location of Incident: *(select only one)*

☐ Class 1 Location
☐ Class 2 Location

D2. Estimated Property Damage:

D2.a Estimated cost of public and non-Operator private property damage $ /___/___/___/,/___/___/___/,/___/___/___/

D2.b Estimated cost of Operator's property damage & repairs $ /___/___/___/,/___/___/___/,/___/___/___/

D2.c Estimated cost of Operator's emergency response $ /___/___/___/,/___/___/___/,/___/___/___/

D2.d Estimated other costs $ /___/___/___/,/___/___/___/,/___/___/___/

Describe: _____

D2.e Total estimated property damage (sum of above) $ *calculated*

Cost of Gas Released

Cost of Gas in $ per thousand standard cubic feet (mcf):_____

D2.f Estimated cost of gas released unintentionally $ *calculated*

D2.g Estimated cost of gas released during intentional and controlled blowdown $ *calculated*

D2.h Total estimated cost of gas released (sum of 2.f & 2.g above) $ *calculated*

D2.i Total Cost (sum of D2.e and D2.h) $ *calculated*

Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. ***If a person is included in A11, do not include them in D3.***

D3. Number of persons with injuries requiring treatment by EMTs at the site of incident: _____

If a person is included in D3, do not include them in D4.

D4. Number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: _____

Buildings Affected

D5. Number of residential buildings affected:

D6. Number of business buildings affected:

D7. Wildlife impact: ○ Yes ○ No

D7.a If Yes, specify all that apply:

☐ Fish/aquatic
☐ Birds
☐ Terrestrial

PART E – APPARENT CAUSE	*Select only one box from PART E in the shaded column on the left representing the APPARENT Cause of the Accident. Describe secondary, contributing, or root causes of the Accident in the narrative (PART F).*

E1 - Corrosion Failure – *only one **sub-cause** can be picked

- ☐ **External Corrosion**
- ☐ **Internal Corrosion**

E2 - Natural Force Damage - *only one **sub-cause** can be picked

- ☐ **Earth Movement, NOT due to Heavy Rains/Floods**
- ☐ **Heavy Rains/Floods**
- ☐ **Lightning**
- ☐ **Temperature**
- ☐ **High Winds**
- ☐ **Tree/Vegetation Root**
- ☐ **Other Natural Force Damage**

E3 – Excavation Damage - *only one **sub-cause** can be picked

- ☐ **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**

E4 - Other Outside Force Damage - *only one **sub-cause** can be picked

- ☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident**
- ☐ **Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**
- ☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**
- ☐ **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**
- ☐ **Intentional Damage**
- ☐ **Other Outside Force Damage**

E5 - Material Failure of Pipe or Weld *Only one **sub-cause** can be picked

- ☐ **Design-, Construction-, Installation-, or Fabrication-related**
- ☐ **Original Manufacturing-related (NOT girth weld or other welds formed in the field)**
- ☐ **Environmental Cracking-related**

E6 - Equipment Failure - *only one **sub-cause** can be picked

- ☐ **Malfunction of Control/Relief Equipment**
- ☐ **Pump or Pump-related Equipment**
- ☐ **Threaded Connection/Coupling Failure**
- ☐ **Non-threaded Connection Failure**
- ☐ **Defective or Loose Tubing or Fitting**
- ☐ **Failure of Equipment Body (except Pump), Tank Plate, or other Material**
- ☐ **Other Equipment Failure**

E7 - Incorrect Operation - *only one **sub-cause** can be picked

- ☐ **Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage**
- ☐ **Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow**
- ☐ **Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure**
- ☐ **Pipeline or Equipment Overpressured**
- ☐ **Equipment Not Installed Properly**
- ☐ **Wrong Equipment Specified or Installed**
- ☐ **Other Incorrect Operation**

E8 – Other Accident Cause - *only one **sub-cause** can be picked from shaded left-hand column

- ☐ **Miscellaneous**
- ☐ **Unknown**

PART F – NARRATIVE DESCRIPTION OF THE ACCIDENT

PART G – PREPARER

Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Local Contact Name: optional
Local Contact Email: optional
Local Contact Phone: optional