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		GULATED NATURAL GAS G 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 <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)					
A1. Operator's OPS-issued Operator Identii	A1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / / / /				
A2. Name of Operator: auto-populate					
A3. Address of Operator:					
A3.a auto-populated based	on OPID		Y		
A3.b auto-populated based	(Street Address) A3.b auto-populated based on OPID				
(City) A3.c State: auto-populated base	d on OPID				
A3.d Zip Code: auto-populated					
	based on OFID				
A4. Local time (24-hr clock) and date of the Incident: <u>/ / / / / / / / / / / / / / / / / / / </u>					
		lem O Central O Hawaii-Aleutian	O Mountain O Pacific.		
A4.b Daylight Savings in effect? O Yes					
A5. Location of Incident: Latitude: / / / . / / / / / / / / / / / / / / /					
A6. RESERVED					
A7. Estimated volume of gas released unin	tentionally:	<u>/ / /,/ / / /Th</u>	ousand Cubic Feet (MCF)		
A8. Estimated volume of intentional and con	ntrolled release/blowdov	vn : <u>/ / /,/ / / / Tho</u>	usand Cubic Feet (MCF)		
A9. Estimated volume of accompanying liqu	uid released:	<u>/ / /,/ / / /Ba</u>	arrels		
A10. Were there fatalities? O Yes O No If Yes, specify the number in each categ	gory:	A11. Were there injuries requiring inp If Yes, specify the number in ea	patient hospitalization? O Yes O No ach category:		
A10.a Operator employees	<u>/ / / / /</u>	A11.a Operator employees	<u>/ / / / /</u>		
A10.b Contractor employees working for the Operator	<u>/ / / / /</u>	A11.b Contractor employee working for the Opera			
A10.c Non-Operator emergency responders	<u>             </u>	A11.c Non-Operator emergency responders	s <u>/ / / / /</u>		
A10.d Workers working on the right-of-way, but NOT associated with this Operator	<u>/ / / / /</u>	A11.d Workers working on t right-of-way, but NOT associated with this Op			
A10.e General public	<u>/ / / / /</u>	A11.e General public	<u>         </u>		
A10.f Total fatalities (sum of above)	calculated	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  Local Operating Personnel, including contractors
Air Patrol       Ground Patrol by Operator or its contractor         Notification from Public       Notification from Emergency Responder
Notification from Public     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 ////////////////////////////////////
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
A15 Local time operator resources arrived on site / / / / / / / / / / / / / / / / / / /
A16. Local time operator confirmed discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery of the accident       Image: Alternative discovery of the accident     Image: Alternative discovery disc
A17. Local time (24-hr clock) and date of initial operator report to the National Response Center :
<u>/ / / / / / / / / / / / / / / / / / / </u>
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 / / / / / / / 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 County or Parish
B5. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No
B6. Location of Incident: <i>(select only one)</i> 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: ////////////////////////////////////
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: <i>(select only one)</i> □ 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 fa	ilure: / / /./ / /
C2. Item involved in Incident: (select only one)	
□ Pipe ⇔ Specify: O Pipe Body O Pipe Seam □ Joint, including heat-affected zone ⇔ Specify: O Pipe Giu	th Joint O Other Butt Joint O Fillet Joint
□ Other mandate	
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. ( ☐ Leak ➡ Select Type: O Pinhole O Crack O	axial) by //_/_/./_/in. (circumferential) Connection Failure O Seal or Packing O Other
□ Rupture  → Select Orientation: O Circumferential O	5
	ening) by //_/_/_/_/_/in. (length circumferentially or axially)
□ Other  → *Describe:	
PART D – ADDITIONAL CONSEQUENCE INFORMATION	
D1. Class Location of Incident: <i>(select only one)</i> Class 1 Location	
Class 2 Location	
D2. Estimated Property Damage:	
D2.a Estimated cost of public and non-Operator private proper 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:	\$ <u>/ / / / / / / / / / /</u>
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 co	ntrolled 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
overnight are reported in A11. If a person is included in A11, do no	ed, admitted to a hospital, and remaining in the hospital for at least one <i>t</i> include them in D3.
D3. Number of persons with injuries requiring treatment by EMTs at the	e 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 fa	cility but not requiring overnight in-patient hospitalization:
Buildings Affected	
D5. Number of residential buildings affected:	
D6. Number of business buildings affected:	
D7. Wildlife impact: O Yes O No D7.a If Yes, specify all that apply: Fish/aquatic Birds	
☐ Terrestrial	

PART E – APPARENT CAUSE		om PART E in the shaded column on the left representing the e Accident. Describe secondary, contributing, or root causes of tive (PART F).
E1 - Corrosion Failure - *on	ly one <b>sub-cause</b> can be pi	cked
External Corrosion		
Internal Corrosion		
E2 - Natural Force Damag	<b>e</b> - *only one sub-cause ca	n be picked
Earth Movement, NOT due to	Heavy Rains/Floods	
Heavy Rains/Floods		
Lightning		0-9
Temperature		
☐ High Winds		
Tree/Vegetation Root		
Other Natural Force Damage	•	
E3 – Excavation Damage	• *only one <b>sub-cause</b> can b	e picked
Excavation Damage by Oper	ator (First Party)	
Excavation Damage by Oper	ator's Contractor (Second	Party)
Excavation Damage by Third	I Party	
Previous Damage due to Exc	cavation Activity	
E4 - Other Outside Force	Damage - *only one su	ub-cause can be picked
Nearby Industrial, Man-made	e, or Other Fire/Explosion a	as Primary Cause of Accident
Damage by Car, Truck, or Ot	her Motorized Vehicle/Equ	ipment NOT Engaged in Excavation
Damage by Boats, Barges, D Otherwise Lost Their Moorin		time Equipment or Vessels Set Adrift or Which Have
□ Routine or Normal Fishing o	r Other Maritime Activity N	IOT Engaged in Excavation
Electrical Arcing from Other	Equipment or Facility	
Previous Mechanical Damag	e NOT Related to Excavati	on
Intentional Damage		
Other Outside Force Damage	e	

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

U 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	1
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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	
O <sup>JO</sup>	
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Jas Hermon	
Jas HR. M. Rubbi	

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