


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.		OMB NO: 2137-0635 EXPIRATION DATE: <del>???</del> 4/30/2022
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>INCIDENT REPORT – GAS DISTRIBUTION SYSTEM</b>	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 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 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      A3a. Street Address: auto-populated based on OPID      A3b. City: auto-populated based on OPID  
 A3c. State: auto-populated based on OPID      A3d. Zip Code: auto-populated based on OPID

A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met:  
                                     \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
                                     Hour                      Month                      Day                      Year

A4a. Time Zone for local time (select only one)     Alaska     Eastern     Central     Hawaii-Aleutian     Mountain     Pacific.

A4b. Daylight Saving in effect?     Yes     No

A5. Location of Incident:      A5a. \_\_\_\_\_ (Street Address or location description)  
   A5b. \_\_\_\_\_ (City)  
   A5c. \_\_\_\_\_ (County or Parish)  
   State: \_\_\_\_\_                      A5e. Zip Code: \_\_\_\_\_

A5f. Latitude: \_\_\_\_\_      Longitude: - \_\_\_\_\_

A6. Gas released : (select only one, based on predominant volume released)

Natural Gas     Propane Gas     Synthetic Gas     Hydrogen Gas     Landfill Gas     Other Gas Name: \_\_\_\_\_

A7. Estimated volume of gas released unintentionally: \_\_\_\_\_ thousand standard cubic feet (mcf)

A8. Estimated volume of intentional and controlled release/blowdown: \_\_\_\_\_ thousand standard cubic feet (mcf)

A9. Were there fatalities?  
 Yes     No

If Yes, specify the number in each category:

A9a. Operator employees: \_\_\_\_\_  
 A9b. Contractor employees working for the Operator: \_\_\_\_\_  
 A9c. Non-Operator emergency responders: \_\_\_\_\_  
 A9d. Workers working on the right-of-way, but NOT associated with this Operator: \_\_\_\_\_  
 A9e. General public: \_\_\_\_\_  
 A9f. Total fatalities (sum of above): calculated

A10. Were there injuries requiring inpatient hospitalization?  
 Yes     No

If Yes, specify the number in each category:

A10a. Operator employees: \_\_\_\_\_  
 A10b. Contractor employees working for the Operator: \_\_\_\_\_  
 A10c. Non-Operator emergency responders: \_\_\_\_\_  
 A10d. Workers working on the \_\_\_\_\_ right-of-way, but NOT associated with this Operator: \_\_\_\_\_  
 A10e. General public: \_\_\_\_\_  
 A10f. Total fatalities (sum of above): calculated

A11. What was the Operator's initial indication of the Failure? (select only one)

- SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack 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 Incident       Other: \_\_\_\_\_

A11a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question A11, specify the following: (select only one)       Operator employee       Contractor working for the Operator

A12. Local time operator identified failure

\_\_\_\_\_  
Hour                      Month                      Day                      Year

If A11 = Notification from Emergency Responder, skip questions A13 through A15.

A13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident?       Yes       No

If No, skip A14 and A15

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

A15. Local time of initial Operator and Local/State/Federal Emergency Responder communication

\_\_\_\_\_  
Hour                      Month                      Day                      Year

A16. Local time operator resources arrived on site

\_\_\_\_\_  
Hour                      Month                      Day                      Year

A17. reserved

A18. Local time (24-hr clock) and date of initial operator report to the National Response Center:

\_\_\_\_\_  
Hour                      Month                      Day                      Year

A19. Initial Operator National Response Center Report Number OR       NRC Notification Required But Not Made

A19a. Additional NRC Report numbers submitted by the operator: \_\_\_\_\_

A20. Method of Flow Control (select all that apply)

- "Key/Critical" Valve – inspected in accordance with Part 192.747       Main Valve other than "Key/Critical"
- Service (curb) Valve       Meter/Regulator shut-off Valve       Excess flow valve
- Squeeze-Off       Stopple fitting       Other: \_\_\_\_\_

A21. Did the gas ignite?       Yes       No

If A21 = Yes, answer A21a through A21d.

A21a. Local time of ignition

\_\_\_\_\_  
Hour                      Month                      Day                      Year

A21b. How was the fire extinguished?

- Operator/Contractor       Local/State/Federal Emergency Responder       Allowed to burn out       Other, specify: \_\_\_\_\_

A21c. Estimated volume of gas consumed by fire (MCF): \_\_\_\_\_ (must be less than or equal to A7)

A21d. Did the gas explode?       Yes       No

A22. Number of general public evacuated: \_\_\_\_\_

**PART B – ADDITIONAL LOCATION INFORMATION**

B1. Was the Incident on Federal land?  Yes  No

B2. Location of Incident: (select only one)

- Operator-controlled property  Public property  Private property  Utility Right-of-Way / Easement

B3. Area of Incident: (select only one)

- Underground Specify:  Under soil  Under a building  Under pavement
 Exposed due to excavation  In underground enclosed space (e.g., vault)
 Exposed due to loss cover  Other \_\_\_\_\_

B3a. Depth-of-Cover (in): \_\_\_\_\_

B3b. Were other underground facilities found within 12 inches of the failure location?  Yes  No

- Aboveground Specify:  Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)
 Overhead crossing  In or spanning an open ditch  Inside a building
 In other enclosed space  Other \_\_\_\_\_

- Transition Area Specify:  Soil/air interface  Wall sleeve  Pipe support or other close contact area
 Other \_\_\_\_\_

B4. Did Incident occur in a crossing?  Yes  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 (Select all that apply)  Cased  Uncased  Bored/drilled

Name of body of water (If commonly known): \_\_\_\_\_

Approx. water depth at time and location of Incident (ft): \_\_\_\_\_ or  Unknown

(select only one of the following)

- Shoreline/Bank/Marsh crossing  Below water, pipe in bored/drilled crossing
 Below water, pipe buried below bottom (NOT in bored/drilled crossing)  Below water, pipe on or above bottom

**PART C – ADDITIONAL FACILITY INFORMATION**

C1. Indicate the type of pipeline system:

- privately owned  municipally owned  investor owned  cooperative  Other => Specify: \_\_\_\_\_

C2. Part of system involved in Incident: (select only one)

- Main  Main Valve  Service  Service Valve  Service Riser  Outside Meter/Regulator set
 Inside Meter/Regulator set  Farm Tap Meter/Regulator set  District Regulator/Metering Station
 Other mandatory text field \_\_\_\_\_

C2a. Year item involved in the incident was installed: \_\_\_\_\_ or  Unknown

C2b. Year item involved in the incident was manufactured: \_\_\_\_\_ or  Unknown

When C2.is any value other than "Main", "Main Valve", "District Regulator/Metering Station", or "Other":

C2c. Indicate the customer type: (select only one)

- Single Family Residential  Multi-Family Residential
 Non-Residential with Meter capacity less than 1,000 scfh  Non-Residential with Meter Capacity 1,000 scfh of higher

C2d. Was an EFV installed on the service line before the time of the incident?  Yes  No

If C2d = Yes, then C2e. Did the EFV activate?  Yes  No  Unable to determine

C2f. Was a curb valve installed on the service line before the time of the incident?  Yes  No

C3. When C2. is "Main" or "Service" answer C3a through c and C4:

C3a. Nominal Pipe Size: / / / / / / / /

C3b. Pipe specification (e.g., API 5L, ASTM D2513): \_\_\_\_\_ OR  Unknown

C3c. Pipe manufacturer: \_\_\_\_\_ or  Unknown

- C4. Material involved in Incident:  Steel  Cast/Wrought Iron  Ductile Iron  Copper  Plastic
 Reconditioned Cast Iron  Unknown  Other Specify: \_\_\_\_\_

C4a. If Steel => Specify seam type:

- Longitudinal ERW - High Frequency  Single SAW  Flash Welded  DSAW  Longitudinal ERW - Low Frequency
 Continuous Welded  Furnace Butt Welded  Longitudinal ERW - Unknown Frequency  Spiral Welded  Lap Welded
 Seamless  Other Specify: \_\_\_\_\_

C4b. If Steel ⇒ Specify wall thickness (*inches*):  / / / / / / / /  or  Unknown

C4c. If Plastic ⇒ Specify type:  Polyvinyl Chloride (PVC)     Polyethylene (PE)     Cross-linked Polyethylene (PEX)  
 Polybutylene (PB)     Polypropylene (PP)     Acrylonitrile Butadiene Styrene (ABS)  
 Polyamide (PA)     Cellulose Acetate Butyrate (CAB)  
 Other  Specify: \_\_\_\_\_  
 Unknown

C4d. If Plastic ⇒ Specify Standard Dimension Ratio (SDR):  / / / / / / / /  or wall thickness:  / / / / / / / /  or  Unknown

C4e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒  
Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.)  PE / / / / / / / /  or  Unknown

C5. Type of release 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: \_\_\_\_\_

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**PART D – ADDITIONAL CONSEQUENCE INFORMATION**

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

- Class 1 Location
- Class 2 Location
- Class 3 Location
- Class 4 Location

D2. Estimated Property Damage :

- D2a. Estimated cost of public and non-Operator private property damage \$ / / / / / / / / / / / /
- D2b. Estimated cost of Operator's property damage & repairs \$ / / / / / / / / / / / /
- D2c. Estimated cost of emergency response \$ / / / / / / / / / / / /
- D2d. Estimated other costs \$ / / / / / / / / / / / /

Describe: \_\_\_\_\_

D2e. Total estimated property damage (sum of above) \$ *calculated*

Cost of Gas Released

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

- D2f. Estimated cost of gas released unintentionally \$ *calculated*
- D2g. Estimated cost of gas released intentionally during controlled release/blowdown \$ *calculated*
- D2h. Total estimated cost of gas released (sum of D2f and g) \$ *calculated*
- D2i. Estimated Total Cost (sum of D2e and D2h) \$ *calculated*

D3. Estimated number of customers out of service:

- D3a. Commercial entities / / / / / /
- D3b. Industrial entities / / / / / /
- D3c. Residences / / / / / /

**Injured Persons not included in A10** The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. ***If a person is included in A10, do not include them in D4.***

D4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: \_\_\_\_\_

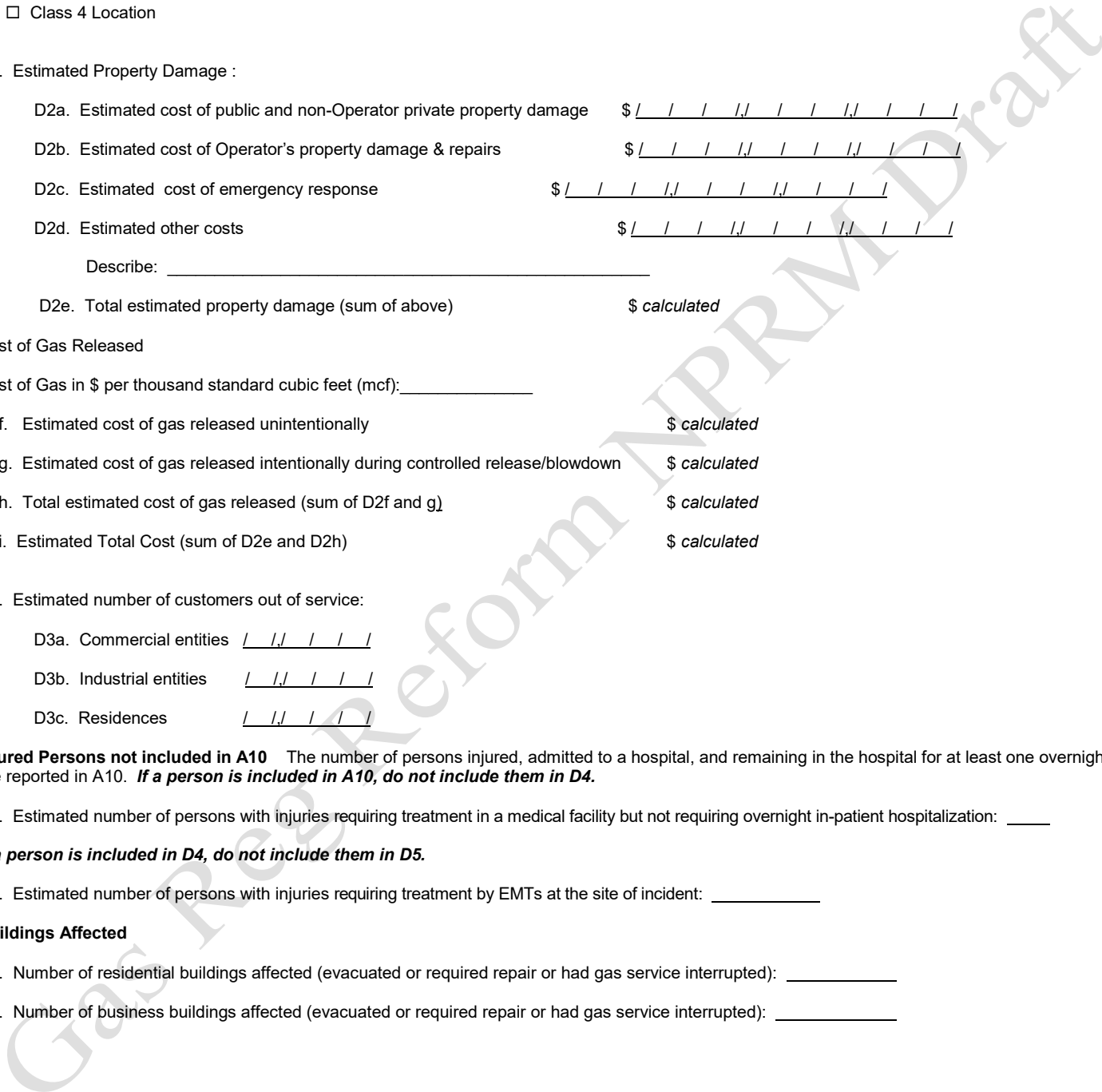
**If a person is included in D4, do not include them in D5.**

D5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: \_\_\_\_\_

**Buildings Affected**

D6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted): \_\_\_\_\_

D7. Number of business buildings affected (evacuated or required repair or had gas service interrupted): \_\_\_\_\_



**PART E – ADDITIONAL OPERATING INFORMATION**

E1. Estimated pressure at the point and time of the Incident (psig): \_\_\_\_\_

E2. Normal operating pressure at the point and time of the Incident (psig): \_\_\_\_\_

E3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): \_\_\_\_\_

E3a. 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)
- 192.621m    192.623

E3b. Date MAOP established:      \_\_\_\_\_  
  Month                  Day                  Year

E4. Describe the pressure on the system relating to the Incident: *(select only one)*

- Pressure did not exceed MAOP
- Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201
- Pressure exceeded the applicable allowance in §192.201

E5. Type of odorization system for gas at the point of failure:

- none    drip    injection pump    by-pass    wick
- combination of odorization types    odorized by others    Other, specify: \_\_\_\_\_

E6. Odorant level near the point of failure measured after the failure:    %LEL   OR    Not Measured

E7. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?

- No
- Yes    E7a. Was it operating at the time of the Incident?                   Yes    No

E7b. Was it fully functional at the time of the Incident?                   Yes    No

E7c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident?                                   Yes    No

E7d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the discovery of the Incident?                                   Yes    No                                  confirmed

E8. 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 Incident? *(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 Incident
- 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**

F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

- No
- Yes  F1a. Specify how many were tested:   /  /  /
- F1b. Specify how many failed:   /  /  /

F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

- No
- Yes  F2a. Specify how many were tested:   /  /  /
- F2b. Specify how many failed:   /  /  /

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**PART G – APPARENT CAUSE** Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors

**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 \_\_\_\_\_
  - 2a. If 2. is Stray Current, specify:       Alternating Current       Direct Current      AND
  - 2b. Describe the stray current source: \_\_\_\_\_
  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 or submerged?  
 Yes ⇨
    - 4a. Was failed item considered to be under cathodic protection at the time of the incident?  
 Yes ⇨ Year protection started: / / / / /  
 No
    - 4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?  
 Yes       No
    - 4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)  
 Yes, CP Annual Survey ⇨ Most recent year conducted: / / / / /  
 Yes, Close Interval Survey ⇨ Most recent year conducted: / / / / /  
 Yes, Other CP Survey ⇨ Most recent year conducted: / / / / /  
Describe Other CP Survey: \_\_\_\_\_
    - No
  - No ⇨ 4d. 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     N/A Bare/Ineffectively Coated Pipe
6. Pipeline coating type, if steel pipe is involved: (select only one)  
 Epoxy       Coal Tar       Asphalt       Polyolefin       Extruded Polyethylene  
 Cold Applied Tape       Paint       Composite       None       Other \_\_\_\_\_  
 Unknown
- 6a. Field Applied?    Y, N, or Unknown



**Internal Corrosion**

7. Results of visual examination:  
 Localized Pitting       General Corrosion       Not cut open       Other \_\_\_\_\_
8. Cause of corrosion: *(select all that apply)*  
 Corrosive Commodity       Water drop-out/Acid       Microbiological       Erosion  
 Other \_\_\_\_\_
9. The cause(s) of corrosion selected in Question 8 is based on the following; *(select all that apply)*  
 Field examination       Determined by metallurgical analysis       Other \_\_\_\_\_
10. Location of corrosion: *(select all that apply)*  
 Low point in pipe       Elbow       Drop-out       Other \_\_\_\_\_
11. Was the gas/fluid treated with corrosion inhibitors or biocides?       Yes       No
12. Were any liquids found in the distribution system where the Incident occurred?       Yes       No

Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.

13. Date of the most recent Leak Survey conducted:        /  /          /  /          /  /    
Month                      Day                      Year

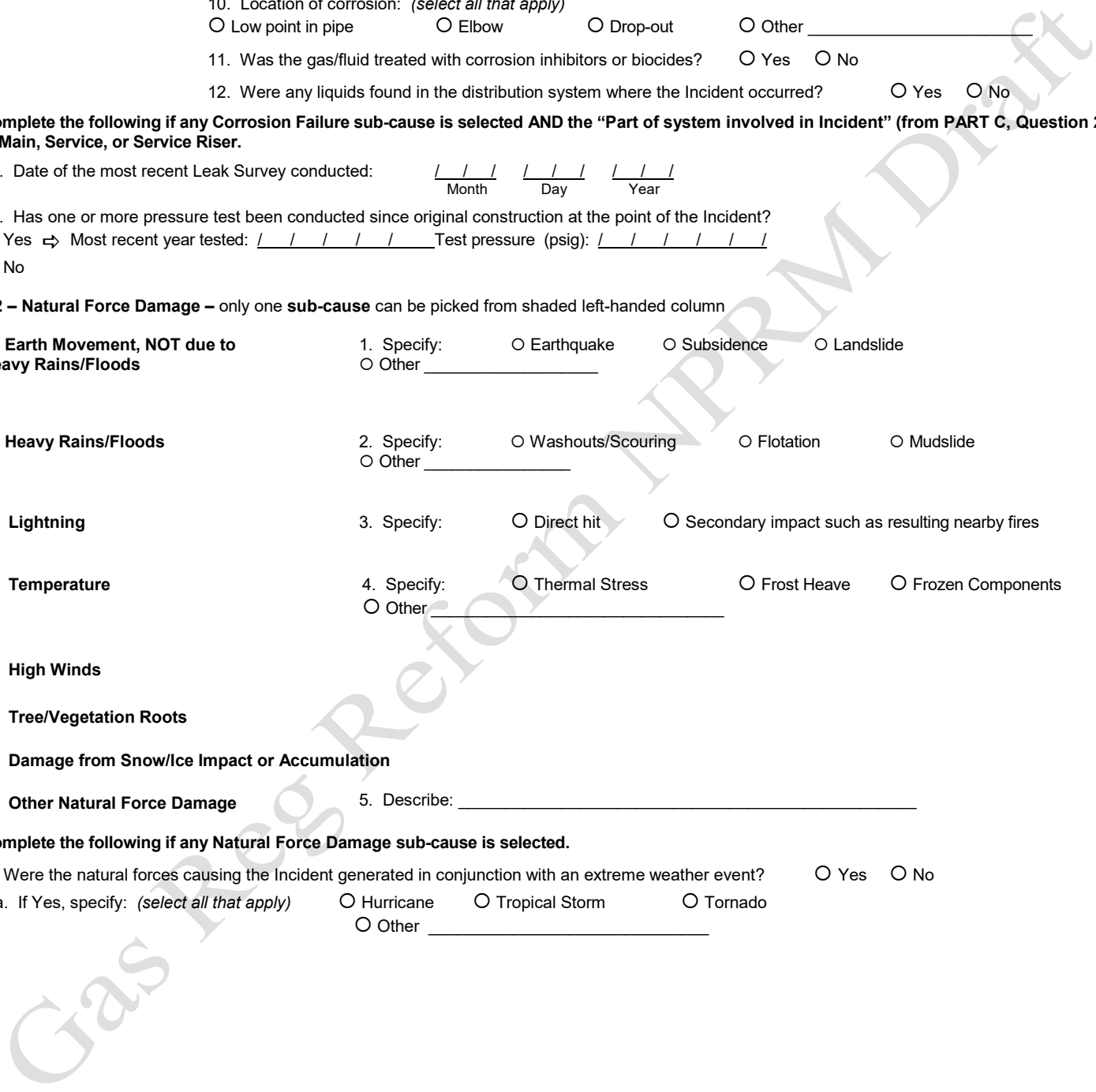
14. Has one or more pressure test been conducted since original construction at the point of the Incident?  
 Yes ⇒ Most recent year tested:   /  /   /   /  /   /   /  /   /   /  /   /   /  /   /   /  /   /   /  /   /   /  /   /   /  /    
Test pressure (psig): \_\_\_\_\_
- No

**G2 – Natural Force Damage – only one sub-cause can be picked from shaded left-handed column**

- Earth Movement, NOT due to Heavy Rains/Floods**      1. Specify:       Earthquake       Subsidence       Landslide  
 Other \_\_\_\_\_
- Heavy Rains/Floods**      2. Specify:       Washouts/Scouring       Flotation       Mudslide  
 Other \_\_\_\_\_
- Lightning**      3. Specify:       Direct hit       Secondary impact such as resulting nearby fires
- Temperature**      4. Specify:       Thermal Stress       Frost Heave       Frozen Components  
 Other \_\_\_\_\_
- High Winds**
- Tree/Vegetation Roots**
- Damage from Snow/Ice Impact or Accumulation**
- 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 Incident 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 the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.**

1. Date of the most recent Leak Survey conducted: \_\_\_/\_\_\_/\_\_\_ / \_\_\_/\_\_\_/\_\_\_ / \_\_\_/\_\_\_/\_\_\_  
Month Day Year

2. Has one or more pressure test been conducted since original construction at the point of the Incident?

- Yes ⇒ Most recent year tested: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_  
Test pressure (psig): \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_  
 No

**Complete the following if Excavation Damage by Third Party is selected.**

3. Did the operator get prior notification of the excavation activity?  Yes  No

3a. If Yes, Notification received from: (select all that apply)  One-Call System  Excavator  Contractor  Landowner

3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center?  Yes  No  Unknown  
If yes, answer 3c through 3e.

- 3c. (select only one)
- Excavator is exempt
  - Activity is exempt and did not exceed the limits of the exemption
  - Activity is exempt and exceeded the limits of the exemption
  - Other mandatory text field:

3d. Exempting Authority: \_\_\_\_\_

3e. Exempting Criteria: \_\_\_\_\_

**Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.**

4. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?  Yes  No

5. 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

6. Type of excavator: (select only one)

- Contractor  County  Developer  Farmer  Municipality  Occupant
- Railroad  State  Utility  Data not collected  Unknown/Other

7. Type of excavation equipment: (select only one)

- Auger  Backhoe/Trackhoe  Boring  Drilling  Directional Drilling
- Explosives  Farm Equipment  Grader/Scraper  Hand Tools  Milling Equipment
- Probing Device  Trencher  Vacuum Equipment  Data not collected  Unknown/Other

8. Type of work performed: (select only one)

- Agriculture  Cable TV  Curb/Sidewalk  Building Construction  Building Demolition
- Drainage  Driveway  Electric  Engineering/Surveying  Fencing
- Grading  Irrigation  Landscaping  Liquid Pipeline  Milling
- Natural Gas  Pole  Public Transit Authority  Railroad Maintenance  Road Work
- Sewer (Sanitary/Storm)  Site Development  Steam  Storm Drain/Culvert  Street Light
- Telecommunications  Traffic Signal  Traffic Sign  Water  Waterway Improvement
- Data not collected  Unknown/Other

9. Was the One-Call Center notified?  Yes  No If No, skip to question 13

9a. If Yes, specify ticket number: /

9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:

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10. Type of Locator:  Utility Owner  Contractor Locator  Data not collected  Unknown/Other

11. Were facility locate marks visible in the area of excavation?  No  Yes  Data not collected  Unknown/Other

12. Were facilities marked correctly?  No  Yes  Data not collected  Unknown/Other

13. Did the damage cause an interruption in service?  No  Yes  Data not collected  Unknown/Other

13a. If Yes, specify duration of the interruption: /\_/\_/\_/\_/\_/ hours

14. 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*)

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**G4 – Other Outside Force Damage** – only one **sub-cause** can be selected from the shaded left-hand column

**Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident**

1. Vehicle/Equipment operated by: *(select only one)*  
 Operator       Operator's Contractor       Third Party

If this sub-cause is picked, complete questions 7-13 below.

**Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**

2. Select one or more of the following IF an extreme weather event was a factor:

Hurricane       Tropical Storm       Tornado  
 Heavy Rains/Flood       Other

**Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**

**Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.**

3. Date of the most recent Leak Survey conducted:   /  /     /  /    
 \_\_\_\_\_  
 Month      Day      Year

4. Has one or more pressure test been conducted since original construction at the point of the Incident?  
 Yes     Most recent year tested:   /  /     /  /    
 Test pressure (psig):   /  /  /  /  /    
 No

5. Specify:  
 Vandalism       Terrorism  
 Theft of transported commodity     Theft of equipment  
 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**

6. Describe: \_\_\_\_\_

**Intentional Damage**

**Erosion of Support Due to Other Utilities**

**Other Outside Force Damage**

**Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.**

7. Was the driver of the vehicle or equipment issued one or more citations related to the incident?     Yes     No     Unknown

If 7. is Yes, what was the nature of the citations (select all that apply)

- 7a. Excessive Speed
- 7b. Reckless Driving
- 7c. Driving Under the Influence
- 7d. Other, describe: \_\_\_\_\_

8. Was the driver under control of the vehicle at the time of the collision?     Yes     No     Unknown

9. Estimated speed of the vehicle at the time of impact (miles per hour)? \_\_\_\_\_ or  Unknown

10. Type of vehicle? (select only one)     Motorcycle/ATV     Passenger Car     Small Truck     Bus     Large Truck

11. Where did the vehicle travel from to hit the pipeline facility? (select only one)  
 Roadway     Driveway     Parking Lot     Loading Dock     Off-Road

12. Shortest distance from answer in 11. to the damaged pipeline facility (in feet): \_\_\_\_\_

13. At the time of the incident, were protections installed to protect the damaged pipeline facility from vehicular damage?     Yes     No

If 13. is Yes, specify type of protection (select all that apply):

- 13a. Bollards/Guard Posts
- 13b. Barricades, including "jersey" barriers and fences
- 13c. Guard Rails
- 13d. Meter Box
- 13e. Ingress or Regress at a Residence
- 13f. Other, describe: \_\_\_\_\_

**G5 – Pipe, Weld, or Joint Failure** – only one **sub-cause** can be selected from the shaded left-hand column

**Body of Pipe**

1. Specify:  Dent  Gouge  Bend  Arc Burn  Crack  
 Other \_\_\_\_\_

**Butt Weld**

2. Specify:  Pipe  Fabrication  Other  
\_\_\_\_\_

**Fillet Weld**

3. Specify:  Branch  Hot Tap  Fitting  Repair Sleeve  
 Other \_\_\_\_\_

**Pipe Seam**

4. Specify:  LF ERW  HF ERW  Flash Weld  DSAW  
 SAW  Spiral  Other \_\_\_\_\_

**Threaded Metallic Pipe**

**Mechanical Joint Failure** – **required to submit PHMSA F 7100.1-2**

5. Report ID for PHMSA F 7100.1-2 \_\_\_\_\_ or  Report Pending

5a. Specify the Mechanical Fitting Involved (*select only one*)

Stab  Nut Follower  Bolted

Other Compression Type Fitting (*specify*): \_\_\_\_\_

5b. Specify the Type of Mechanical Fitting (*select only one*)

Service or Main Tee  Tapping Tee  Transition Fitting

Coupling  Riser  Adapter  Valve  Sleeve

End Cap  Other (*specify*): \_\_\_\_\_

5c. Fitting Manufacturer: \_\_\_\_\_ or  Unknown

5d. Part or Model Number: \_\_\_\_\_ or  Unknown

5e. Fitting Material (*select only one*)

Steel  Plastic  Brass  Combination Plastic and Steel

Unknown  Other (*specify*): \_\_\_\_\_

5f. How did the joint failure occur? (*select only one*)

Leaked Through Seal  Leaked Through Body

Pulled Out  Other (*specify*): \_\_\_\_\_

**Fusion Joint**

6. Specify:  Butt, Heat Fusion  Butt, Electrofusion  Saddle, Heat Fusion

Saddle, Electrofusion  Socket, Heat Fusion

Socket, Electrofusion

Other \_\_\_\_\_

7. Year installed:     /   /   /   /   /

8. Other

attributes: \_\_\_\_\_

9. Specify the two materials being joined:

9a. First material being joined:

Polyvinyl Chloride (PVC)  Polyethylene (PE)

Cross-linked Polyethylene (PEX)  Polybutylene (PB)

Polypropylene (PP)  Acrylonitrile Butadiene

Styrene (ABS)

Polyamide (PA)  Cellulose Acetate Butyrate (CAB)

Other ⇒ Specify: \_\_\_\_\_

9b. Second material being joined:

Polyvinyl Chloride (PVC)  Polyethylene (PE)

Cross-linked Polyethylene (PEX)  Polybutylene (PB)

Polypropylene (PP)  Acrylonitrile Butadiene

Styrene (ABS)

Polyamide (PA)  Cellulose Acetate Butyrate (CAB)

Other ⇒ Specify: \_\_\_\_\_

**Other Pipe, Weld, or Joint Failure**

10. Describe: \_\_\_\_\_  
\_\_\_\_\_

**Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.**

11. Additional Factors: *(select all that apply)*    Dent    Gouge    Pipe Bend    Arc Burn    Crack    Lack of Fusion  
 Lamination    Buckle    Wrinkle    Misalignment    Burnt Steel  
 Other \_\_\_\_\_

12. Was the Incident a result of:  
 Construction defect, specify: ⇒  Poor workmanship    Procedure not followed    Poor construction/installation procedures  
 Material defect, specify: ⇒  Long seam    Other \_\_\_\_\_  
 Design defect  
 Previous damage

13. Has one or more pressure test been conducted since original construction at the point of the Incident?  
 Yes ⇒ Most recent year tested: / / / / /   Test pressure (psig): / / / / / /  
 No

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

**Malfunction of Control/Relief Equipment**

1. Specify: *(select all that apply)*

- Control Valve
- Instrumentation
- SCADA
- Communications
- Block Valve
- Check Valve
- Relief Valve
- Power Failure
- Stopple/Control Fitting
- Pressure Regulator
- Other \_\_\_\_\_

**Threaded Connection Failure**

2. Specify:  Pipe Nipple     Valve Threads     Threaded Pipe Collar  
 Threaded Fitting     Other \_\_\_\_\_

**Non-threaded Connection Failure**

3. Specify:  O-Ring     Gasket     Other Seal or Packing  
 Other \_\_\_\_\_

**Valve**

4. Specify:  Manufacturing defect     Other \_\_\_\_\_

4a. Valve type: \_\_\_\_\_

4b. Manufactured by: \_\_\_\_\_

4c. Year manufactured: / / / / / or  Unknown

4d. Valve Material:  Steel     Plastic     Cast/Wrought Iron     Ductile Iron

Other, specify: *mandatory text* field \_\_\_\_\_

**Other Equipment Failure**

5. Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G7 – Incorrect Operation** – \*only one **sub-cause** can be selected from the shaded left-hand

- Damage by Operator or Operator’s Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage**
- Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure**
- Pipeline or Equipment Overpressured**
- Equipment Not Installed Properly**
- Wrong Equipment Specified or Installed**
- Other Incorrect Operation**

1. Describe: \_\_\_\_\_

**Complete the following if any Incorrect Operation sub-cause is selected.**

- 2. Was this Incident related to: *(select all that apply)*
  - Inadequate procedure
  - No procedure established
  - Failure to follow procedure
  - Other:\* \_\_\_\_\_
- 3. What category type was the activity that caused the Incident:
  - Construction
  - Commissioning
  - Decommissioning
  - Right-of-Way activities
  - Routine maintenance
  - Other maintenance
  - Normal operating conditions
  - Non-routine operating conditions (abnormal operations or emergencies)
- 4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?  Yes  No
  - 4a. 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 Incident Cause** – \*only one **sub-cause** can be selected from the shaded left-hand column

- Miscellaneous**
- Unknown**

1. Describe: \_\_\_\_\_

2. Specify:  Investigation complete, cause of Incident unknown

Mandatory comment field:

\_\_\_\_\_  
 Still under investigation, cause of Incident to be determined\*  
*(\*Supplemental Report required)*



## PART J – CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:

### External Corrosion

- External Corrosion, Galvanic
- External Corrosion, Atmospheric
- External Corrosion, Stray Current Induced
- External Corrosion, Microbiologically Induced
- External Corrosion, Selective Seam

### Internal Corrosion

- Internal Corrosion, Corrosive Commodity
- Internal Corrosion, Water drop-out/Acid
- Internal Corrosion, Microbiological
- Internal Corrosion, Erosion

### Natural Forces

- Earth Movement, NOT due to Heavy Rains/Floods
- Heavy Rains/Floods
- Lightning
- Temperature
- High Winds
- Snow/Ice
- Tree/Vegetation Root

### Excavation Damage

- 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

### Other Outside Force

- Nearby Industrial, Man-made, or Other Fire/Explosion
- Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
- Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment
- 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 underground facilities buried within 12 inches of the failure location

### Pipe/Weld Failure

- Design-related
- Construction-related
- Installation-related
- Fabrication-related
- Original Manufacturing-related

### Equipment Failure

- Malfunction of Control/Relief Equipment
- Threaded Connection/Coupling Failure
- Non-threaded Connection Failure
- Valve Failure

### Incorrect Operation

- Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage
- Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure
- Pipeline or Equipment Overpressured
- Equipment Not Installed Properly
- Wrong Equipment Specified or Installed
- Inadequate Procedure
- No procedure established
- Failure to follow procedures

**PART H – NARRATIVE DESCRIPTION OF THE INCIDENT (Attach additional sheets as necessary)**

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**PART I – PREPARER AND AUTHORIZED PERSON**

Preparer's Name (type or print)

Preparer's Title (type or print)

Preparer's E-mail Address

Local Contact Name: optional

Local Contact Email: optional

Local Contact Phone: optional

Authorized Signer

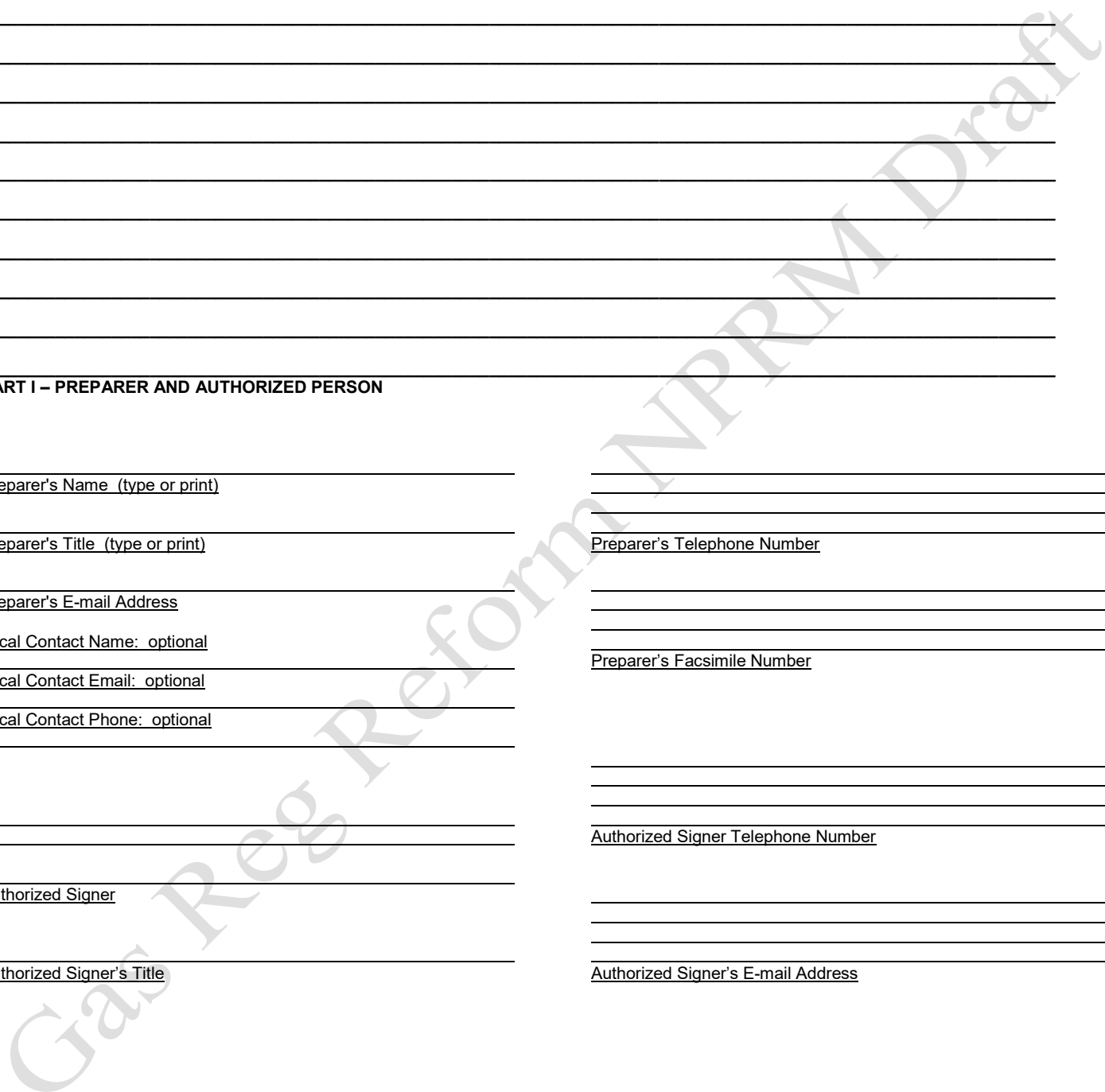
Authorized Signer's Title

Preparer's Telephone Number

Preparer's Facsimile Number

Authorized Signer Telephone Number

Authorized Signer's E-mail Address



## **GENERAL INSTRUCTIONS**

Each operator of a gas distribution system shall file Form PHMSA F 7100.1 for an Incident that meets the criteria in 49 CFR §191.3 as soon as practicable but not more than 30 days after detection of the incident. Requirements for submitting reports are in §191.7 and §191.9.

Master meter operators are exempt from filing incident reports per §191.9(c).

The intentional and controlled release of gas for the purpose of maintenance or other routine operating activities need not be reported if the only reportable criterion is unintentional loss of gas of 3 million cubic feet or more as described in §191.3 under “Incident” (1)(iii).

Special considerations apply when a gas distribution system failure or release occurs that involves secondary ignition of the gas system. Secondary ignition is a fire where the origin of the fire is unrelated to the gas systems subject to Parts 191 or 192, such as electrical fires, arson, etc., and includes events where fire or explosion not originating from a gas distribution system failure or release was the primary *cause* of the gas distribution system failure or release, such as a house fire that subsequently resulted in – but was not caused by – a gas distribution system failure or release. An event caused by secondary ignition is not to be reported unless a release of gas escaping from facilities subject to regulation under Parts 191 or 192 results in one or more of the consequences as described in §191.3 under "Incident" (1). The determination of consequences from a gas distribution system Incident caused by secondary ignition, though, is an area of possible confusion when reporting Incidents. PHMSA is providing the following guidance for operators to use when secondary ignition is involved (sometimes referred to as “Fire First” incidents):

- A gas distribution system Incident attributed to secondary ignition is to be reported to PHMSA if any fatalities or injuries are involved unless it can be established with reasonable certainty that all of the casualties either preceded the gas distribution system failure or release, or would have occurred whether or not the gas distribution system failure or release occurred.
- A gas distribution system Incident attributed to secondary ignition is NOT to be reported to PHMSA if the only reportable criterion is unintentional loss of gas of 3 million cubic feet or more as described in §191.3 under "Incident" (1)(iii).
- A gas distribution system Incident attributed to secondary ignition is NOT to be reported to PHMSA unless the damage to facilities subject to Parts 191 or 192 equals or exceeds \$50,000.

These considerations apply to several gas distribution system Incident cause categories as indicated in pertinent sections of these instructions.

Form PHMSA F 7100.1 and these instructions can be found on <http://phmsa.dot.gov/pipeline/library/forms>. The applicable documents are listed in the section titled Accident/Incident/Annual Reporting Forms.

## **ONLINE REPORTING REQUIREMENTS**

Incident Reports must be submitted online through the PHMSA Portal at

<https://portal.phmsa.dot.gov/portal>, unless an alternate method is approved (see Alternate Reporting Methods below). You will not be able to submit reports until you have met all of the Portal registration requirements – see [http://opsweb.phmsa.dot.gov/portal\\_message/PHMSA\\_Portal\\_Registration.pdf](http://opsweb.phmsa.dot.gov/portal_message/PHMSA_Portal_Registration.pdf) Completing these registration requirements could take several weeks. Plan ahead and register well in advance of the report due date.

Use the following procedure for online reporting:

1. Go to the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>
2. Enter PHMSA Portal Username and Password ; press *enter*
3. Select OPID; press “*continue*” button.
4. On the left side menu under “Incident/Accident (2010 to present)” select “**ODES 2.0**”
5. Under “**Create Reports**” on the left side of the screen, select “Gas Distribution” and proceed with entering your data.
6. Click “**Submit**” when finished with your data entry to have your report uploaded to PHMSA’s database as an official submission of an Incident Report; or click “**Save**” which doesn’t submit the report to PHMSA but stores it in a draft status to allow you to come back to complete your data entry and report submission at a later time. *Note: The “Save” feature will allow you to start a report and save a draft of it which you can print out and/or save as a PDF to email to colleagues in order to gather additional information and then come back to accurately complete your data entry before submitting it to PHMSA.*
7. Once you click “**Submit**”, the system will check if all applicable portions of the report have been completed. If portions are incomplete, a listing of these portions will appear above the row of Parts. If all applicable portions have been completed, the system will show your Saved Incident/Accident Reports in the top portion of the screen and your Submitted Incident/Accident Reports in the bottom portion of the screen. *Note: To confirm that your report was successfully submitted to PHMSA, look for it in the bottom portion of the screen where you can also view a PDF of what you submitted.*

**Supplemental Report Filing** – Follow Steps 1 through 4 above, and double-click a submitted report from the Submitted Incident/Accident Reports list. The report will default to a “Read Only” mode that is pre-populated with the data you submitted previously. To create a supplemental report, click on “Create Supplemental” found in the upper right corner of the screen. At this point, you can amend your data and make an official submission of the report to PHMSA as either a Supplemental Report or as a Supplemental Report *plus* Final Report (see “Specific Instructions, PART A, Report Type”), or you can use the “**Save**” feature to create a draft of your Supplemental Report to be submitted at some future date.

### **Alternate Reporting Methods**

Operators for whom electronic reporting imposes an undue burden and hardship may submit a written request for an alternate reporting method. Operators must follow the requirements in §191.7(d) to request an alternate reporting method and must comply with any conditions imposed as part of PHMSA’s approval of an alternate reporting method.

### **RETRACTING A 30-DAY WRITTEN REPORT**

An operator who reports an incident in accordance with §191.9 (oftentimes referred to as a 30-day written report) and upon subsequent investigation determines that the event did not meet the criteria in §191.3 may request that their report be retracted. Requests to retract a 30-day written report are to be emailed to [InformationResourcesManager@dot.gov](mailto:InformationResourcesManager@dot.gov). Requests are to include the following information:

- a. The Report ID (the unique 8-digit identifier assigned by PHMSA)
- b. Operator name
- c. PHMSA-issued OPID number
- d. The number assigned by the National Response Center (NRC) when an immediate notice was made in accordance with §191.5. If Supplemental Reports were made to the NRC for the event, list all NRC report numbers associated with the event.
- e. Date of the event
- f. Location of the event
- g. A brief statement as to why the report should be retracted.

Note: PHMSA no longer requests that operators rescind erroneously reported “Immediate Notices” filed with the NRC in accordance with §191.5 (oftentimes referred to as “Telephonic Reports”).

### **SPECIAL INSTRUCTIONS**

All applicable data fields must be completed before an Original Report will be accepted. Your Original Report cannot be submitted online until the required information has been provided, although your partially completed report can be saved online so that you can return at a later time to provide the missing information.

1. An entry should be made in each applicable space or check box, unless otherwise directed by the section instructions.
2. If the data is unavailable, enter “Unknown” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank.
3. Estimate data only if necessary. 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.

4. For unknown or estimated data entries, the operator should file a Supplemental Report when additional or more accurate information becomes available.
5. If the question is not applicable, enter “N/A” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank. Do not enter zero unless this is the actual value being submitted for the data in question.
6. If **OTHER** is checked for any answer to a question, include an explanation or description in the text field provided, making it clear why “Other” was the necessary selection.
7. Pay close attention to each question for the phrase:
  - a. **(select all that apply)**
  - b. **(select only one)**If the phrase is not provided for a given question, then “select only one” applies. “Select only one” means that you should select the single, primary, or most applicable answer. **DO NOT SELECT MORE ANSWERS THAN REQUESTED.** “Select all that apply” requires that all applicable answers (one or more than one) be selected.
8. **Date format** = mm/dd/yyyy
9. **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/

**Local time** always refers to time at the site of the incident. Note that time zones at the incident site may be different than the time zone for the person discovering or reporting the event. For example, if a release occurs at an gas distribution system facility in Denver, Colorado at 2:00 pm MST, but a supervisor located in Houston is filing the report after having been notified at 3:00 pm CST, the time of the incident should be reported as 1400 hours based on the time in Denver, which is the physical site of the incident.

## SPECIFIC INSTRUCTIONS

### PART A – KEY 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 – and only one of these combinations - may be selected:

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

#### **Original Report**

Select if this is the FIRST report filed for this Incident and **you expect that additional or updated information will be provided later.**

#### **Original Report** *plus* **Final Report**

Select **both** Original Report and Final Report if ALL of the information requested is known and can be provided at the time the initial report is filed, including final property damage costs and apparent failure cause information. If new, updated, and/or corrected information becomes available, you are still able to file a Supplemental Report.

#### **Supplemental Report**

Select only if you have already filed an Original Report AND you are now providing new, updated, and/or corrected information. Multiple Supplemental Reports are to be submitted, as necessary, in order to provide new, updated, and/or corrected information ***when it becomes available*** and, per §191.9(b), each Supplemental Report containing new, updated, and/or corrected information is to be filed as soon as practicable. Submission of new, updated, and/or corrected information is NOT to be delayed in order to accumulate “enough” to “warrant” a Supplemental Report, or to complete a Final Report. ***Supplemental Reports must be filed as soon as practicable following the Operator’s awareness of new, updated, and/or corrected information.*** Failure to comply with these requirements can result in enforcement actions, including the assessment of civil penalties as provided in 49 USC 60122.

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.

**Supplemental Report**    *plus*     **Final Report**

If an Original Report has already been filed AND new, updated, and/or corrected information is now being submitted via a Supplemental Report, AND the operator is reasonably certain that no further information will be forthcoming, then Final Report is to also be selected along with Supplemental Report. (See also the requirements stated above under “Supplemental Report”.)

### **A1. Operator’s OPS -Issued Operator Identification Number (OPID)**

For online entries, the OPID will automatically populate based on the selection you made when entering the Portal. If you have log-in credentials for multiple OPID, be sure the report is being created for the appropriate OPID. Contact PHMSA’s Information Resources Manager at 202-366-8075 if you need assistance with an OPID. Business hours are 8:30 AM to 5:00 PM Eastern Time.

### **A2. Name of Operator**

This is the company name associated with the OPID. For online entries, the name will automatically populate based on the OPID entered in A1. If the name that appears is not correct, you need to submit an Operator Name Change (Type A) Notification.

### **A3. Address of Operator**

For online entries, the headquarters address will automatically populate based on the OPID entered in A1. If the address that appears is not correct, you need to change it in the online Contacts module.

### **A4. Earliest local time (24-hour clock) and date an incident reporting criteria was met**

Enter the earliest local date/time an incident reporting criteria was met. In some cases, this date/time must be estimated based on information gathered during the investigation. See “Special Instructions”, numbers 8 and 9 for examples of **Date format** and **Time format** expressed as a 24-hour clock.

A4a. Select the local time zone where the Incident occurred (select only one).

A4b. Select “Yes” if Daylight Saving was in effect at the time of the Incident, or “No” if it was not.

### **A5. Location of Incident**

- a. Provide the street address of the incident (enter “unknown” if no street address)
- b. Provide the name of the city where the incident occurred. If the incident did not occur within a municipality, select Not Within Municipality in the City field.
- c. Provide the name of the county or parish where the incident occurred.
- d. Enter the 2-digit state abbreviation where the incident occurred.
- e. Enter the zip code where the incident occurred.



f. The latitude and longitude of the incident 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 included on the data entry form so that operators do not have to enter the negative sign.**

If you cannot locate the incident with a GPS or some other means, there are online tools that may assist you at <http://viewer.nationalmap.gov/viewer/>. Any questions regarding the required format, conversion, or how to use the tools noted above can be directed to Amy Nelson (202-493-0591 or amy.nelson@dot.gov).

#### **A6. Gas released:**

Select the type of gas released. An example of **Synthetic Gas** is manufactured gas based on naphtha. **Landfill Gas** includes biogas.

#### **A7. Estimated volume of gas released unintentionally**

Estimate the amount of gas that was released (in thousands of standard cubic feet, mcf) from the beginning of the incident until such time as gas is no longer being released from the gas distribution system or until intentional and controlled blowdown has commenced. Estimates are to be based on best-available information. *Important Note: Volumes consumed by fire and/or explosion are to be included in the estimated volume reported.*

#### **A8. Estimated volume of intentional and controlled release/blowdown**

Estimate the amount of gas that was released (in thousands of standard cubic feet, mcf) 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. *Important Note: Volumes consumed by fire and/or explosion are to be included in the estimated volume reported.*

#### **A9. Were there fatalities?**

Select “Yes” or “No” and if “Yes” is selected, enter the number of fatalities resulting from the Incident for A9a through e as applicable.

If a person dies at the time of the incident or within 30 days of the initial incident date due to injuries sustained as a result of the incident, report as a fatality. If a person dies subsequent to an

injury more than 30 days past the incident date, report as an injury. (Note: This aligns with the Department of Transportation's general guidelines for all jurisdictional modes for reporting deaths and injuries.)

**Contractor employees working for the operator** are individuals hired to work for or on behalf of the operator of the gas distribution system. These individuals are not to be reported as “Operator employees”.

**Non-Operator emergency responders** are individuals responding to render professional aid at the incident scene including on-duty and volunteer fire fighters, rescue workers, EMTs, police officers, etc. “Good Samaritans” that stop to assist are to 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 gas distribution system. 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 underground facilities operators, or their contractors, working in or near a shared right-of-way. For distribution pipelines not located in a defined right-of-way, this category should be left blank. Workers performing work near, but not on, the right-of-way and who are affected are to be reported as “General public”.

#### **A10. Were there injuries requiring inpatient hospitalization?**

Select “Yes” or “No” and if “Yes” is selected, enter the number of injured persons resulting from the Incident for A10a through e as applicable.

Injuries requiring inpatient hospitalization are injuries sustained as a result of the incident and requiring hospital admission *and* at least one overnight stay.

See Question A9 for additional definitions that apply.

#### **A11. What was the Operator’s initial indication of the Failure? (select only one)**

Select the best option to describe the manner in which the operator first became aware of a failure resulting in this reported Incident.

**Controller** means a qualified individual whose function within a shift is to remotely monitor and/or control the operations of entire or multiple sections of distribution pipelines or systems via a SCADA system from a control room, and who has operational authority and accountability for the daily remote operational functions of gas distribution systems.

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

**A11a.** If the Incident was identified by Operator’s personnel or a contractor working for the Operator (including controller, air and ground patrols) in A11, identify if it was by an Operator employee, or a contractor working for the Operator.

**A12. When did the operator identify the failure?**

Enter the date/time the operator’s initial indication of the failure. The earliest date/time that an incident reporting criteria was met is reported in item A4. In some cases, the operator may become aware of a failure before an incident reporting criteria is met. In other cases, one or more incident reporting criteria may be met before the operator becomes aware of the failure.

**A13 -15 Operator Communication with Local, State, or Federal Emergency Responders**

In an Advisory Bulletin dated October 11, 2012, PHMSA reminded Operators of the need to communicate with Emergency Responders in the early stages of a potential Incident. This is typically accomplished by contacting Public Safety Access Points (PSAPs) along the pipeline route. The purpose of the communication is to assist in the identification, location, and planning for response to pipeline Incidents through coordination and information sharing.

Indicate in 13 if the Operator communicated with Local, State, or Federal Emergency Responders about the Incident, identify who initiated the communication about the Incident in 14, and enter the Local date and time of the initial communication in 15.

**A16. What time did Operator resources arrive on site?**

Enter the date/time operator responders, company or contract, arrived on site. This time is to be shown by 24-hour clock notation and reported in the time in the time zone where the incident occurred. (See “Special Instructions”, numbers 8 and 9 and 10.) PHMSA will use this data to calculate incident response times.

**A17.** reserved

**A18. Local time (24-hr clock) and date of initial operator report to the National Response Center**

Enter the time and date of the initial Immediate Notice of incident to the NRC submitted by the operator. The time is to be shown by 24-hour clock notation, and is to reflect the time in the time zone where the incident was physically located. (See “Special Instructions”, numbers 8 and 9.)

**A19. National Response Center (NRC) Report Number**

§191.5 requires that incidents meeting the criteria outlined in §191.3 be reported directly to the **24-hour National Response Center (NRC) at 1-800-424-8802** at the earliest practicable moment. The NRC assigns numbers to each call. The number assigned to Initial Immediate Notice (sometimes referred to as the “Telephonic Report”) is to be entered in Question 19. When there is more than one NRC report for the incident, enter the Initial report in this field and remaining NRC report numbers in A19a. If a NRC report was not made, select NRC Notification Required But Not Made.

**A19a. Additional NRC Report Numbers**

If the operator made more than one call to the NRC, enter each additional NRC report number.

**A20. Method of Flow Control (select all that apply)**

The response to gas distribution pipeline emergencies may involve several methods of controlling flow to the failure location. Select all methods of flow control used during response to the incident.

**A21. Did the Gas Ignite?**

**Ignite** means the released gas caught fire or a conflagration, detonation or explosion occurred, even if there was no residual fire after the initial ignition event.

If the answer is “Yes,” complete questions A21a through d.

**A21a.** Enter the time and date of the ignition. The time is to be shown by 24-hour clock notation in the time zone where the Incident occurred.

**A21b.** Indicate how the fire was extinguished.

**A21c.** Estimate volume of gas consumed by fire in thousands of standard cubic feet, MCF

**A21d. Did the Gas Explode?**

**Explode** means the ignition of the released gas occurred with a sudden and violent release of energy.

**A22. Number of general public evacuated**

The number of people evacuated is to be estimated based on operator knowledge, or police, fire department, or other emergency responder reports. If there was no evacuation involving the general public, report zero (0). If an estimate is not possible for some reason, leave the field blank but include an explanation of why it was not possible to provide a number in PART H – Narrative Description of the Incident.

## PART B – ADDITIONAL LOCATION INFORMATION

### 1. Was the incident on Federal Land?

Federal Lands means all lands the United States owns, including military reservations, except lands in National Parks and lands held in trust for Native Americans. Incidents 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.

### 2. Location of incident

**Operator-controlled property** would normally apply to an operator's facility, which may or may not have controlled access, but which is oftentimes fenced or otherwise marked with discernible boundaries. This "operator-controlled property" does not refer to the pipeline right-of-way/easement, which is a separate choice for this question.

### 3. Area of incident

This refers to the location on the gas distribution system at which gas was released, resulting in the incident. It does not refer to adjacent locations in which released gas may have accumulated or ignited.

**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 facility 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 excavation, or a release caused by a non-excavation vehicle where contact happened to occur while the facility was exposed for excavation repair or examination. Natural forces might also damage a facility that happened to be temporarily exposed. In each case, the cause is to be appropriately reported in PART G of this form.

**Exposed due to Loss of Cover** means that a normally buried facility had been exposed due to a cause other excavation activities. For example, natural forces might cause a facility that had been installed underground to become exposed.

**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 regulating stations or valve sites.

**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 and meter stations.

If B3. is Underground, enter the depth of cover as found in B3a. and indicate whether other underground facilities were found within 12 inches of the failure location in B3b.

#### 4. Did Incident occur in a crossing?

Use **Bridge Crossing** if the pipeline is suspended above a body of water or roadways, 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 incident or not. The name of the body of water is to 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 incident 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 may be left blank). For **Approximate Water Depth (ft)** of the lake, reservoir, etc., estimate the typical water depth at the location and time of the incident, ignoring seasonal, weather-related, and other factors which may affect the water depth from time to time. Finally, specify the part of the water crossing where the failure occurred.

### **PART C – ADDITIONAL FACILITY INFORMATION**

#### **C1. Indicate the type of pipeline system:**

Designate the type of gas distribution system on which the incident occurred.

#### **C2. Part of system involved in Incident**

This should be the part of the system principally involved in the incident, from which gas was released resulting in reportable consequences. If the failure occurred on an item not provided in this section, select “Other” and specify in the space provided the item involved in the incident.

**C2a. Year Installed** Enter the year the item involved in the incident was installed.

**C2b. Year Manufactured** Enter the year the item involved in the incident was manufactured.

**When C2. is any value other than “Main”, “Main Valve”, “District Regulator/Metering Station”, or “Other”, answer 2c through 2f.**

**C2c. Customer Type** Select only one. Customer Types are:

Single Family - residential building designed for a single family

Multi-Family - residential dwellings such as apartments, town homes, and duplexes

Industrial – customers manufacturing products

Commercial – retail and wholesale sales customers, including hospitals, schools, and other government affiliated customers

**C2d. EFV Installed** Had an Excess Flow Valve (EFV) been installed on the service line before the time of the failure? If Yes:

**C2e. EFV Activation** Did the EFV activate in response to the failure? If you are unable to determine if the EFV activated, select “unable to determine.”

**C2f. Curb Valve Installed** Had a curb valve been installed on the service line before the time of the failure? Curb valves are manually operated valves located near the main.

**C3. When “Main” or “Service” is selected in C2., answer C3a. through c:**

**C3a. Nominal Pipe Size (NPS)** For pipe greater than 5 inches in diameter, enter only the integer portion of the diameter value; for example, 8-5/8 pipe has a nominal pipe size of 8. For pipe less than 5 inches in diameter, the NPS may include decimals to three places. For more details, see [http://en.wikipedia.org/wiki/Nominal\\_Pipe\\_Size](http://en.wikipedia.org/wiki/Nominal_Pipe_Size)

**C3b. Pipe Specification** is the specification to which the pipe or component was manufactured, such as API 5L or ASTM A106.

**C3c. Pipe Manufacturer** Enter the name of the company that manufactured the pipe.

**C4. Material involved in incident:**

Identify the type of material involved and provide additional information as indicated.

**C5. Type of release involved:**

**Mechanical puncture** means a puncture of the facility, typically by a piece of equipment such as would occur if the facility 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 gas that is often small in size, usually resulting 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 gas distribution system or facility. Facility 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**

### **D2. Estimated Property Damage**

All relevant costs available at the time of submission must be included in the initial written Incident Report as well as being updated as needed on 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, facility repair and replacement, gas distribution service restoration and relighting, leak locating, and environmental cleanup and damage. Do NOT include cost of gas lost. Additionally, do NOT include costs incurred for facility repair, replacement, or changes that are NOT related to the incident and which are typically done solely for convenience. An example of doing work solely for convenience is working on non-leaking facilities unearthed because of the incident. Litigation and other legal expenses related to the incident are not reportable.

Operators are to 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 §191.9). The best available estimate of these costs is to 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 are to be filed as new cost information becomes available. If Supplemental Reports are not submitted for other reasons, a Supplemental Report is to be filed for the purpose of updating or correcting the estimated cost if these costs differ from those already reported by 20 percent or \$20,000, whichever is greater.

**D2a. Public and non-operator private property damage** estimates generally include physical damage to the property of others, the cost of investigation and remediation of a site not owned or operated by the Company, laboratory costs, third party expenses such as engineers or scientists, and other reasonable costs, excluding litigation and other legal expenses related to the incident.

**D2b. Operator’s property damage & repairs** 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 incident, excluding the cost of any gas lost. Also to be excluded are litigation and other legal expenses related to the incident.

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. Property damage estimates include the cost to access, secure, excavate, and repair the facility using methods, materials, and labor necessary to re-establish operations at a predetermined level. These costs may include the cost of



repair sleeves or clamps, re-routing of piping, or the removal from service of an appurtenance or facility 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 incident. Costs associated with improvements to the gas distribution system to mitigate the risk of future failures are not included.

**D2c. Emergency response** includes emergency response operations necessary to return the incident site to a safe state, actions to minimize the volume of gas released, conduct reconnaissance, and to identify the extent of incident impacts. They include materials, supplies, labor, and benefits. If you reimbursed local, state, or federal emergency responders, include these amounts. Costs related to stakeholder outreach, media response, etc. are not to be included.

**D2d. Other costs** are to include any and all costs which are not included above. Cost of any gas lost is NOT to be reported here, but is to be reported under **Cost of Gas Released**. Operators are to NOT use this category to report any costs which belong in cost categories separately listed above.

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

**Cost of Gas Released** – enter your gas cost, excluding taxes, in dollars per thousand standard cubic feet (mcf). The cost of gas released will be calculated based on the volumes reported in A7 and A8.

**D3. Estimated number of customers out of service:**

Count number of individual services in each category that were affected, not number of persons served.

**Injured persons not included in A10.** The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. *If a person is included in A10, do not include them in D4.*

D4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization.

*If a person is included in D4, do not include them in D5.*

**D5.** Estimated number of persons with injuries requiring treatment by EMTs at the site of incident.

**Buildings Affected** The term ‘affected’ means the building was either damaged and required repair, or evacuated, or had gas service interrupted.

**D6.** Enter the number of residential buildings affected.

**D7.** Enter the number of commercial and industrial buildings affected.

**PART E – ADDITIONAL OPERATING INFORMATION**

**E2. Normal operating pressure at point and time of the incident (psig)**

If the normal operating pressure of a distribution system varies throughout the year (e.g., seasonally), report the normal operating pressure at the time the incident occurred.

**E3a. MAOP Established By** Select the response serving as the limiting factor for establishing MAOP at the incident site. A short explanation of each option is:

§ 192.619 (paragraph)	Methodology Description
(a)	<i>Introduction: Except as specified in (c), use the <b>lowest MAOP</b> determined by (a)(1), (a)(2), (a)(3), (a)(4).</i>
(a)(1)	Design Pressure
(a)(2)	Post-Construction Pressure Test
(a)(3)	High Actual Operation Pressure during 5 years preceding July 1, 1970 – this is <b>NOT</b> the Grandfather Clause
(a)(4)	History of Pipe (primarily corrosion and actual operating pressure)
(c)	Grandfather Clause – Highest Actual Operating Pressure during five years preceding 1970, even if this MAOP is higher than MAOPs determined by other (a) methods
§192.621	Maximum allowable operating pressure: High-pressure distribution systems
§192.623	Maximum and minimum allowable operating pressure; Low-pressure distribution systems

**E3b. MAOP Date** Enter the date the MAOP in E3a. was established.

**E4. Operating Pressure and MAOP** Select the option that describes the relationship among the operating pressure at the point and time of the incident, the MAOP, and the allowances in §192.201.

**E5. Odorization Type** Select the one option that best describes the odorization system(s) affecting gas at the point of failure.

**E6. Odorant Level** Enter the odorant level in, % LEL, as measured near the failure site or indicate that no measurement was done.

**E7. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the incident?**

This does not mean a system designed or used exclusively for leak detection.

**E7a. Was it operating at the time of the Incident?**

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

**E7b. Was it fully functional at the time of the Incident?**

Was the SCADA system capable of performing all of its functions, whether or not it was actually in operation at the time of the incident? If no, describe functions that were not operational in PART H – Narrative Description of the Incident.

**E7c and d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection or confirmation of the Incident?**

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

Select No if SCADA-based information was not used to assist with identification of the incident.

**E8. 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 Incident?**

Select only one of the choices 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 resulted in the gas distribution system incident.

**Contributing factor** means an action or lack of action that when added to the existing circumstances heightened the likelihood of the release 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 §199.225 respectively. If the incident circumstances were such that tests were not required by these sections, and if no tests were conducted, select No. If tests were administered, select Yes and report separately the number of operator employees and contractors working for the operator who were tested and the number of each that failed such tests.

**PART G – APPARENT CAUSE**

**PART G – Apparent Cause**

Select the one, single sub-cause listed under sections G1 thru G8 that best describes the apparent cause of the Incident. These sub-causes are contained in the shaded column on the left under each main cause category. Answer the corresponding questions that accompany your selected sub-cause, and enter secondary, contributing, or root causes of the Incident in PART J – Contributing Factors.

**G1 – Corrosion Failure**

**Corrosion** includes a release or failure caused by galvanic, atmospheric, stray current, microbiological, or other corrosive action. A corrosion release or failure is not limited to a hole in the pipe or other piece of equipment. If the bonnet or packing gland on a valve or flange on piping deteriorates or becomes loose and leaks due to corrosion and failure of bolts, it is classified as Corrosion. (Note: If the bonnet, packing, or other gasket has deteriorated to failure, whether before or after the end of its expected life, but not due to corrosive action, report it under a different cause category, such as G7 Incorrect Operation for improper installation or G6 - Equipment Failure if the gasket failed.)

**External Corrosion**

**4a. Under cathodic protection** means cathodic protection in accordance with §192.455, §192.457, and §192.463. Recognizing that older facilities may have had cathodic protection added over a number of years, provide an estimate if exact year cathodic protection started is unknown.

**Internal Corrosion**

**10. 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.

**11. Was the gas/fluid treated with corrosion inhibitors or biocides?**

Select Yes if corrosion inhibitors or biocides were included in the gas/fluid transported.

### Either External or Internal Corrosion

#### 14. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?

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

### **G2 – Natural Force Damage**

**Natural Force Damage** includes a release or failure resulting from earth movement, earthquakes, landslides, subsidence, lightning, heavy rains/floods, washouts, flotation, mudslide, scouring, temperature, frost heave, frozen components, high winds, or similar natural causes.

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

**Heavy Rains/Floods** refer to all water-related natural force 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 gas distribution system asset which results in an incident. (See also the discussion of “secondary ignition” under the *General Instructions*.)

**Temperature** includes weather-related temperature and thermal stress effects, either heat or cold, where temperature was the initiating 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 incidents 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 are to be reported under section G4 - Other Outside Force Damage.

**Tree/Vegetation Root** includes damages when tree and vegetation roots caused damage to the gas distribution system asset which results in an incident.

**Snow/Ice Impact or Accumulation** includes damages when snow or ice accumulation or impact caused damage to the gas distribution system asset which results in an incident.

**Other Natural Force Damage.** Select this sub-cause for types of Natural Force Damage not included otherwise, and describe in the space provided. If necessary, provide additional explanation in PART H – Narrative Description of the Incident.

Answer 6a if the incident occurred in conjunction with an extreme weather event. If the extreme weather was something other than those listed, indicate Other and describe the event in the space provided.

### **G3 – Excavation Damage**

**Excavation Damage** includes a release or failure resulting directly from excavation damage by operator's personnel (oftentimes referred to as “first party” excavation damage) or by the operator’s contractor (oftentimes referred to as “second party” excavation damage) or by people or contractors not associated with the operator (oftentimes referred to as “third party” excavation damage). Also, this section includes a release or failure determined to have resulted from previous damage due to excavation activity. For damage from outside forces OTHER than excavation which results in a release, use G2 - Natural Force Damage or G4 - Other Outside Force, as appropriate. Also, for a strike, physical contact, or other damage to a gas distribution system or facility that apparently was NOT related to excavation and that results in a delayed or eventual release, report the incident under G4 as “Previous Mechanical Damage NOT related to Excavation.”

**Excavation Damage by Operator (First Party)** refers to incidents caused as a result of excavation by a direct employee of the operator.

**Excavation Damage by Operator’s Contractor (Second Party)** refers to incidents 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** refers to incidents 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** refers to incidents that were apparently caused by prior excavation activity and that then resulted in a delayed or eventual release. Indications of prior excavation activity might come from the condition of the pipe when it is examined, or from records of excavation at the site, or through metallurgical analysis or other inspection and/or testing methods. 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.

**2. Has one or more pressure test been conducted since original construction at the point of the incident?**

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

**If Excavation Damage by Third Party is selected, answer question 3**

**3. and 3a. Prior Notification** Indicate whether you received prior notification of the excavation activity. If yes, indicate all of the notification sources.

**3b. through 3e. One-Call State Law Exemptions** Per the primary Incident Investigator results, indicate whether State law exempted the excavator from notifying a one-call center. If yes, select the type of exemption from the list. If “Other” is selected, enter text describing the exemption. Describe the exempting authority and exempting criteria.

**4. – 14.** 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>.

**NOTE: If you have or will be reporting the information in questions 4 thru 14 to CGA-DIRT, select “No” in question 4 to avoid duplication of data submitted to CGA.**

**G4 – Other Outside Force Damage**

**Other Outside Force Damage** includes, but are not limited to, a release or failure resulting from non-excavation-related outside forces, such as nearby industrial, man-made, or other fire or explosion; damage by vehicles or other equipment; failures due to mechanical damage; and, intentional damage including vandalism and terrorism.

**Nearby Industrial, Man-made or Other Fire/Explosion as Primary Cause of Incident** applies to situations where the fire occurred before - and *caused* - the release. (See also the discussion of “secondary ignition” under the *General Instructions*.) Examples of such an incident would be an explosion or fire that originated at a house or neighboring installation (chemical plant, tank farm, or other industrial facility) or structure, debris, or brush/trees that results in a release at the operator’s gas distribution system or facility. This includes forest, brush, or ground fires that are caused by human activity. If the fire, however, is known to have been started as a result of a lightning strike, the incident’s cause is to be classified under G2 - Natural Force Damage. Arson events directed at harming the gas distribution system or the operator are to be reported as G4 - Intentional Damage (see below).

**Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation.** An example of this sub-cause would be damage to a meter set caused by vehicle impact. Other motorized vehicles or equipment include tractors, backhoes, bulldozers and other tracked vehicles, and heavy equipment that can move. Include under this sub-cause incidents caused by vehicles operated by the gas distribution system operator, the gas distribution system’s contractor, or a third party and specify the vehicle/equipment operator’s affiliation from one of these three groups. Gas distribution system incidents resulting from vehicular traffic loading or other contact are to also be reported in this category. If the activity that caused the incident involved digging, drilling, boring, grading, cultivation, or similar excavation activities, report under 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 gas distribution system or 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 gas distribution system or 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 incidents which are caused by impact of maritime equipment or vessels while they are engaged in their normal or routine activities; such incidents are to be reported as “Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation” under this section G4 (see below) so long as those activities are not excavation activities. If those activities are excavation activities such as dredging or bank stabilization or renewal, the incident is to be reported under G3 - Excavation Damage.

**Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation.** This sub-cause includes incidents 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 inadvertent and due to a severe weather event (this type of incident is to be reported under “Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring” in this section G4); or, the incident was caused by excavation activity such as dredging of waterways or bodies of water (this type of incident is to be reported under G3 - Excavation Damage”).

**Electrical Arcing from Other Equipment or Facility** such as a pole transformer or adjacent facility’s electrical equipment.

**Previous Mechanical Damage NOT Related to Excavation.** This sub-cause covers incidents where damage occurred at some time prior to the release that was apparently NOT related to excavation activities, and would include prior outside force damage of an unknown nature, prior natural force damage, prior damage from other outside forces, and any other previous mechanical damage other than that which was apparently related to prior excavation. Incidents resulting from previous damage sustained during construction, installation, or fabrication of the pipe, weld, or joint from which the release eventually occurred are to be reported under G5 – Pipe, Weld, or Joint Failure. (See this sub-cause for typical indications of previous construction, installation, or fabrication damage.) Incidents resulting from previous damage sustained as a result of excavation activities should be reported under G3 – Previous Damage due to Excavation Activity. (See this sub-cause for typical indications of prior excavation activity.)

### **Intentional Damage**

**Vandalism** means willful or malicious destruction of the operator’s gas distribution system or facility or equipment. This category would include arson, pranks, systematic damage inflicted to harass the operator, motor vehicle damage that was inflicted intentionally, and a variety of other intentional acts. (See also the discussion of “secondary ignition” under the *General Instructions*.)



**Terrorism**, per 28 CFR §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 of commodity or Theft of equipment** means damage by any individual or entity, by any mechanism, specifically to steal, or attempt to steal, the transported gas or gas distribution system equipment.

**Other** Describe in the space provided and, if necessary, provide additional explanation in PART H – Narrative Description of the Incident.

**Damage from Snow/Ice Impact or Accumulation** includes damage caused by snow and/or ice. Select this category if the damage is due to Snow/Ice, including encased regulator sets.

**Erosion of Support Due to the Other Utilities** Select this sub-cause when utilities near the gas distribution system caused the removal of support from under the gas system. Do NOT report this type of event as G5 – Pipe, Weld, or Joint Failure.

**Other Outside Force Damage.** Select this sub-cause for types of Other Outside Force Damage not included otherwise, and describe in the space provided. If necessary, provide additional explanation in PART H – Narrative Description of the Incident.

### **7 - 13 Additional Data for Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**

When answering the questions, include information that can be substantiated from police reports or other investigative reports.

The following definitions apply for reporting the type of motorized vehicle in Question 10:

**Motorcycle/All-Terrain Vehicle (ATV)** - All two or three-wheeled motorized vehicles, and some four-wheeled vehicles are to be reported in this category. Typical vehicles in this category have saddle type seats and are steered by handlebars rather than steering wheels. This category includes motorcycles, motor scooters, mopeds, motor-powered bicycles, and three-wheel motorcycles. Additionally, four-wheeled off-road and all-terrain vehicles (sometimes referred to as “four-wheelers”) are to be reported under this category.

**Passenger Car** -- All sedans, coupes, and station wagons manufactured primarily for the purpose of carrying passengers and including those passenger cars pulling recreational or other light trailers.

**Small Truck** - All two-axle, four-tire, vehicles, other than passenger cars. Included in this classification are pickups, panels, vans, and other vehicles such as campers, motor homes, ambulances, hearses, carryalls, and minibuses.

**Bus** - All vehicles manufactured as traditional passenger-carrying buses with two axles and six tires or three or more axles. This category includes only traditional buses (including school buses) functioning as passenger-carrying vehicles. Modified buses should be considered to be a truck and should be appropriately classified.

**Large Truck** - All vehicles on a single frame including trucks, camping and recreational vehicles, motor homes, etc., with two or more axles and at least two rear wheels on each side

When specifying the type of protection in Question 13; select the category “Barricades” for Jersey barriers, fencing, and other structures that are other than Guard Rails or Bollards/Guard Posts. If “Other” is selected, enter text describing the protection.

### **G5 – Pipe, Weld, or Joint Failure**

Use this section to report failures **only for main or service pipe, or welds, joints, or connections joining main pipe or service pipe.**

This section includes releases in or failures of main or service pipe, or welds, joints, or connections joining main pipe or service pipe due to material defect, design defect, or in-service stresses such as vibration, fatigue, and environmental cracking.

**Mechanical Joint Failure:** ~~Indicate the Report ID for PHMSA F7100.1-2 or choose “Report Pending.”~~

~~“Mechanical fitting” means a mechanical device used to connect sections of pipe. The term “Mechanical fitting” applies only to:~~

- ~~a. Stab Type fittings;~~
- ~~b. Nut Follower Type fittings;~~
- ~~c. Bolted Type fittings; or~~
- ~~d. Other Compression Type fittings.~~

#### **5a. Specify the Mechanical Fitting**

~~Stab - Internally there are specially designed components including an elastomer seal, such as an “O” ring, and a gripping device to affect pressure sealing and pull-out resistance capabilities. Self-contained stiffeners are included in this type of fitting. With this style fitting the operator would have to prepare the pipe ends, mark the stab depth on the pipe, and “stab” the pipe in to the depth prescribed for the fitting being used.~~

~~Nut Follower – The components are generally a body; a threaded compression nut or a follower; an elastomer seal ring; a stiffener or an integrated stiffener for plastic pipe; and, with some, a gripping ring. Normally the design concept of this type of fitting typically includes an elastomer seal in the assembly. The seal, when compressed by tightening of a threaded compression nut grips the outside of the pipe, affecting a pressure-tight seal and, in some designs, providing pull-out resistance. For plastic pipe, the inside of the pipe wall should be supported by the stiffener under the seal ring and under the gripping ring (if incorporated in the design), to prevent collapse of the pipe. A lack of this support could result in a loss of the seal affected by the seal ring or the~~

gripping of the pipe for pull-out resistance. This fitting style is normally used in pipelines 2-inches in diameter and smaller. There are two categories of this type of joining device manufactured. One type provides a seal only, and the other provides a seal plus pipe restraint against pull-out.

*Bolted* – The bolt type mechanical fitting has similar components as the nut follower except instead of a threaded compression nut or follower, there is a bolt arrangement. This fitting style is most often used in pipelines 2-inches in diameter and larger.

*Other Compression Type Fitting* – Use “Other” only if the fitting does not fit one of the above categories and is a compression type fitting. Describe the other fitting in the text field.

**5b. Type of Mechanical Fitting** Select the type of fitting which failed. Service or Main Tee should be selected when the fitting provides for the diversion of the gas stream into a branch pipeline without the use of further “tapping” either through a built-in mechanism or external equipment. Tapping Tee should be selected when the fitting is externally attached to the pipeline and a cutter or tapping machine is used. Select “Other” if the fitting type is not listed and provide a description.

**5c. Fitting Manufacturer**

This is the name of the company that produced the fitting. The manufacturer name would typically be on a sticker attached to a fitting or product or it may be stamped into the fitting. Operators should take care in identifying the manufacturer. Some types of fittings are commonly referred to as “Dresser fittings” (for example) even though the particular fitting may have been manufactured by a different company. Operators should report here the company that actually manufactured the involved fitting when known. To improve data quality, we have created a drop down list with the most common manufacturers that were reported in 2011. This is not an exhaustive list. If you do not see the name of the manufacturer in the drop down, please select “Other”, and enter the name of the manufacturer in the text box that is provided. If you do not know the manufacturer, please select “unknown”.

**5d. Part or Model Number**

Enter the part/model number used by the manufacturer to designate the failed fitting. If the Part or Model, Number is not known, then enter “unknown”.

**5e. Fitting Material**

Select the material that forms the body of the fitting. Select “Other” if the material is not listed and provide a description.

**5f. How did the joint failure occur?**

Enter whether the gas was escaping between the fitting and the pipe (Leaked Through Seal), from the body of the fitting (Leaked Through Body), or if the pipe pulled out of the fitting (Pulled Out). Select “Other” if how the joint failed is not listed and provide a description.

**13. Has one or more pressure test been conducted since original construction at the point of the Incident?**

Information from the initial post-construction pressure test is not to be reported. Records of test pressure from past pressure tests may not be available. In such cases, the operator is to estimate the test pressure using best available information.

### **G6 – Equipment Failure**

This section applies to failures of items **other than main or service pipe, or welds, joints, or connections joining main pipe or service pipe.**

**Equipment Failure** includes a release or failure resulting from: malfunction of control/relief equipment including valves, regulators, or other instrumentation; failures of compressors, or compressor-related equipment; failures of various types of connectors, connections, and appurtenances; failures of the body of equipment, vessel plate, or other material (including those caused by construction, material, or design defects or anomalies); and, all other equipment-related failures.

**Malfunction of Control/Relief Equipment.** Examples of this type of incident cause include: overpressurization resulting from malfunction of control or alarm device; malfunction of relief valve; 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 incident was caused by incorrect operation, the incident is to be reported under G7 - Incorrect Operation.

**ESD System Failure** means failure of an emergency shutdown system.

**Other Equipment Failure.** Select this sub-cause for types of Equipment Failure not included otherwise, and describe in the space provided. If necessary, provide additional explanation in PART H – Narrative Description of the Incident.

### **G7 – Incorrect Operation**

**Incorrect Operation** includes a release or failure resulting from operating, maintenance, repair, or other errors *by facility personnel*, including, but not limited to, improper valve selection or operation, inadvertent overpressurization, improper selection of procedures, incorrect installation of equipment, and failure to follow manufacturer instructions.

**Other Incorrect Operation.** Select this sub-cause for types of Incorrect Operation not included otherwise, and describe in the space provided. If necessary, provide additional explanation in PART H – Narrative Description of the Incident.

### **G8 – Other Incident Cause**

This section is provided for incidents whose cause is currently unknown, or where investigation into the cause has been exhausted and the final judgment as to the cause remains unknown, or where a cause has been determined which does not fit into any of the main cause categories listed in sections G1 thru G7.

If the incident cause is known but doesn't fit in any category in sections G1 through G7, select **Miscellaneous** and enter a description of the incident cause, continuing with a more thorough explanation in PART H - Narrative Description of the Incident.

If the incident cause is unknown at time of filing this report, select **Unknown** in this section and select one reason from the accompanying two choices. Once the operator's investigation into the incident cause is completed, the operator is to file a Supplemental Report as soon as practicable either reporting the apparent cause or stating definitively that the cause remains Unknown, along with any other new, updated, and/or corrected information pertaining to the incident. This Supplemental Report is to include all new, updated, and/or corrected information pertaining to *all* portions of the report form known at this time, and not only that information related to the apparent cause.

**Important Note:** Whether the investigation is completed or not, or if the cause continues to be unknown, Supplemental Reports are to be filed reflecting new, updated, and/or corrected information as and when this information becomes available. In those cases in which investigations are ongoing for an extended period of time, operators are to file a Supplemental Report within one year of their last report for the incident even in those instances where no new, updated, and/or corrected information has been obtained, with an explanation that the cause remains under investigation in PART H – Narrative Description of the Incident. Additionally, final determination of the apparent cause and/or closure of the investigation does NOT preclude the need for the operator's filing of additional Supplemental Reports as and when new, updated, and/or corrected information becomes available.

### **PART J – CONTRIBUTING FACTORS**

**Contributing factor** means an action or lack of action that when added to the existing circumstances heightened the likelihood of the release or added to the impact of the release. The Apparent Cause of the accident is contained in Part G. Do not select the Apparent Cause again in Part J. If Contributing Factors were identified, select all that apply and explain each in the Narrative.

### **PART H – NARRATIVE DESCRIPTION OF THE INCIDENT**

Concisely describe the incident, including the facts, circumstances, and conditions that may have contributed directly or indirectly to causing the incident. Include secondary, contributing, or root causes when possible, or any other factors associated with the cause that are deemed pertinent. Use this section to clarify or explain unusual conditions and to explain any estimated data.

If you selected Miscellaneous in section G8, the narrative is to describe the incident in detail, including all known or suspected causes and possible contributing factors.

### **PART I – PREPARER AND AUTHORIZED PERSON**

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 or persons most knowledgeable). Enter the Preparer's e-mail address if the Preparer has one, and the phone and fax numbers used by the Preparer.

The Authorized Person 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 Authorized Person.