



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

### GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

Report Date \_\_\_\_\_

No. \_\_\_\_\_  
(DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

#### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

#### PART A – KEY REPORT INFORMATION

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

A1. Operator's OPS-issued Operator Identification Number (OPID): \_\_\_\_\_

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

A3. Address of Operator:

A3.a Street Address auto-populated based on OPID

A3.b City auto-populated based on OPID

A3.c State auto-populated based on OPID

A3.d Zip Code auto-populated based on OPID

A4. Earliest local time (24-hr clock) and date an accident reporting criteria was met:

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

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

A4.b Daylight Savings in effect?  Yes  No

A5. Location of Accident:

Latitude: \_\_\_\_\_

Longitude: -\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

- Crude Oil
- HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions
  - LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)
  - Other HVL → Name: \_\_\_\_\_

A7. Estimated volume of commodity released unintentionally: \_\_\_\_\_ Barrels

A8. Estimated volume of intentional and/or controlled release/blowdown: \_\_\_\_\_ Barrels  
(only reported for HVL Commodity)

A9. Estimated volume of commodity recovered \_\_\_\_\_ Barrels

A10. Were there fatalities?  Yes  No

If Yes, specify the number in each category:

A10.a Operator employees \_\_\_\_\_

A10.b Contractor employees  
working for the Operator \_\_\_\_\_

A10.c Non-Operator  
emergency responders \_\_\_\_\_

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

A10.e General public \_\_\_\_\_

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

A11. Were there injuries requiring inpatient hospitalization?  Yes  No

If Yes, specify the number in each category:

A11.a Operator employees \_\_\_\_\_

A11.b Contractor employees  
working for the Operator \_\_\_\_\_

A11.c Non-Operator  
emergency responders \_\_\_\_\_

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

A11.e General public \_\_\_\_\_

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

A12. What was the Operator's initial indication of the Failure? (select only one)







**PART E – APPARENT CAUSE**

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

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

External Corrosion

Internal Corrosion

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

Earth Movement, NOT due to Heavy Rains/Floods

Heavy Rains/Floods

Lightning

Temperature

High Winds

Tree/Vegetation Root

Snow/Ice Impact or Accumulation

Other Natural Force Damage

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

Excavation Damage by Operator (First Party)

Excavation Damage by Operator's Contractor (Second Party)

Excavation Damage by Third Party

Previous Damage due to Excavation Activity

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

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

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

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

Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation

Electrical Arcing from Other Equipment or Facility

Previous Mechanical Damage NOT Related to Excavation

Intentional Damage

Other Outside Force Damage

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

Design-, Construction-, Installation-, or Fabrication-related

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

Environmental Cracking-related

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

Malfunction of Control/Relief Equipment

Pump or Pump-related Equipment

Threaded Connection/Coupling Failure

Non-threaded Connection Failure

Defective or Loose Tubing or Fitting

Failure of Equipment Body (except Pump), Tank Plate, or other Material

Other Equipment Failure

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

Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage

Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow

Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure

Pipeline or Equipment Over-pressured

Equipment Not Installed Properly

Wrong Equipment Specified or Installed

Other Incorrect Operation

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

Miscellaneous

Unknown



Instructions for Form PHMSA F 7000-2  
GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

**GENERAL INSTRUCTIONS**

Each operator of a hazardous liquid gravity or reporting-regulated gathering pipeline system shall file Form PHMSA F 7000-2 for an accident that meets the criteria in 49 CFR §195.50 as soon as practicable but not more than 30 days after discovery of the accident. Requirements for submitting reports are in §195.54 and §195.58.

Releases during maintenance activities are not to be reported if the spill was less than 5 barrels, not otherwise reportable under 49 CFR §195.50, did not result in water pollution as described by 49 CFR §195.52(a)(4), was confined to company property or pipeline right-of-way, and was cleaned up promptly. Any spill of 5 gallons or more to water during a maintenance activity is required to be reported.

Form PHMSA F 7000-2 and these instructions can be found on <http://phmsa.dot.gov/pipeline/library/forms>. The applicable documents are included in the section titled Accidents/Incidents/Annual Reporting Forms.

**ONLINE REPORTING REQUIREMENTS**

Accident 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 “Hazardous Liquid” 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 Accident 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*



Instructions for Form PHMSA F 7000-2  
GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

*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, and the report will not be submitted until all required items are complete. 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 §195.58(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 accident in accordance with §195.54 (oftentimes referred to as a 30-day written report) and upon subsequent investigation determines that the event did not meet the criteria in §195.50 may request that the 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 §195.52. 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.

**SPECIAL INSTRUCTIONS**

Instructions for Form PHMSA F 7000-2  
GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

Certain data fields must be completed before an Original Report will be accepted. An Original Report will not be able to be submitted online until the required information has been provided, although your partially completed form 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 information becomes available.
5. If the question is not applicable, please enter “N/A” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank. 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 on the line 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 does not exist for a given question, then “select only one” should apply. “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/yy or for year = /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 accident. Note that time zones at the accident site may be different than the time zone for the person discovering or reporting the

Instructions for Form PHMSA F 7000-2  
GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

event. For example, if a release occurs at a facility in Denver, Colorado at 2:00 pm MST, but an individual located in Houston is filing the report after having been notified at 3:00 pm CST, the time of the accident is to be reported as 1400 hours based on the time in Denver, which is the physical site of the accident.

**PART A – GENERAL REPORT INFORMATION**

**Report Type: (select all that apply)**

Select 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 accident 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, but you are not yet ready to submit a Final Report. 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 §195.54(b)15(c), each Supplemental Report containing new, updated, and/or corrected information is to be filed within 30 days. 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 within 30 days 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.

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In cases where an accident results in long-term remediation, an operator may cease filing Supplemental Reports in the following situations and, instead, file a Final Report even when additional remediation costs and recovery of released commodity are still occurring:

1. When the accident response consists only of long-term remediation and/or monitoring which is being conducted under the auspices of an authorized governmental agency or entity.
2. When the estimated final costs and volume of commodity recovered can be predicted with a reasonable degree of certainty.
3. When the volume of commodity recovered over time is consistently decreasing to the point where an estimated total volume of commodity recovered can be predicted with a reasonable degree of accuracy.
4. When the operator can justify (and explain in the Part H – Narrative) that the continuation of Supplemental Report filings in the future will not provide any essential information which will be critically different than that contained in a Final Report filed currently.

In any of these cases, though, if the reported total volume of commodity released or other previously reported data other than “Estimated cost of Operator’s environmental remediation” or “Estimated volume of commodity recovered” is found to be inaccurate, a Supplemental Report is still required.

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.

If you subsequently find that new, updated, and/or corrected information needs to be provided, submit another Supplemental Report.

**PART A – GENERAL REPORT INFORMATION**

**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**

This is the headquarters address associated with the OPID. For online entries, the 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 accident reporting criteria was met**

Enter the earliest local date/time an accident reporting criteria was met. In most cases this time will be the same as when the operator identified the failure, which is reported in A13. In some cases, this date/time will be prior to the operator’s identification of the failure and must be estimated based on information gathered during the investigation. For example, if a small leak was undetectable by SCADA or leak detection systems and was not identified by the Operator until there were visible signs on the ground surface, the date/time a reporting criteria was met must be estimated.

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 Savings was in effect at the time of the Incident, or “No” if it was not.

**A5. Location of Accident**

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

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

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

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 accident with a GPS or some other means, there are online tools that may assist you at <http://viewer.nationalmap.gov/viewer/>.

#### A6. Commodity Released

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

**Crude Oil**

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

**Highly Volatile Liquids (HVLs)** are hazardous liquids or liquid mixtures which will form a vapor cloud when released to the atmosphere and have a vapor pressure exceeding (40 psia) 276 kPa at 37.8 C.

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

Other flammable or toxic fluids which fall under this category include gases at ambient conditions, such as anhydrous ammonia (NH<sub>3</sub>) and propane. For a petrochemical feedstock, such as ethane or ethylene, which is also classified as a highly volatile liquid, report as “Other HVL” and specify the appropriate name (e.g., “ethane” or “ethylene”) in the space provided.

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**General Information for Questions A7, 8, and 9:**

**Estimate volumes in barrels.** Barrel means a unit of measurement equal to 42 U.S. standard gallons. If less than 1 barrel, report to 1 decimal place using the conversion table below. Small volumes, including but not limited to those which result in some form of ignition, are to be reported as 0.1 barrels.

If estimated volume is	<b>Report</b>	If estimated volume is	<b>Report</b>
<5 gallons	<b>0.1</b> barrels	24-27 gallons	<b>0.6</b> barrels
5-10 gallons	<b>0.2</b> barrels	28-31 gallons	<b>0.7</b> barrels
11-14 gallons	<b>0.3</b> barrels	32-35 gallons	<b>0.8</b> barrels
15-18 gallons	<b>0.4</b> barrels	36-39 gallons	<b>0.9</b> barrels
19-23 gallons	<b>0.5</b> barrels	40-42 gallons	<b>1.0</b> barrels

**A7. Estimated volume of commodity released unintentionally**

Estimate the amount of commodity released from the pipeline system at the failure site. An estimate of the volume released may be based on a variety and/or combination of inputs, including:

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

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

This section is completed only for HVL releases. Estimate the amount of commodity that was released during any intentional release, flaring or other controlled blowdown conducted as part of responding to or recovering from the accident. 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.

**A9. Estimated volume of commodity recovered**

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

**A10. Were there fatalities?**

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

Select “Yes” or “No” and if “Yes” is selected, enter the category of person(s) and number of fatalities resulting from the Accident.

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

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

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

**A11. Were there injuries requiring inpatient hospitalization?**

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

Select “Yes” or “No” and if “Yes” is selected, enter the category of person(s) injured, and number of persons injured resulting from the Accident

See Question A10 for additional definitions that apply.

**A12. What was the Operator’s initial indication of the Failure? (select only one)**

Select the option best describing how the operator first became aware of the failure resulting in this accident report. When the selection in A12 is operator staff, indicate whether the staff are employed by the operator or working as a contractor in A12a.

**Controller** per the definition in API RP 1168 means a qualified individual whose function within a shift is to remotely monitor and/or control the operations of entire or multiple sections of pipeline systems via a SCADA system from a pipeline control room, and who



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has operational authority and accountability for the daily remote operational functions of pipeline systems.

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

**A13.** Enter the date/time of the event reported in A12. The earliest date/time than an accident reporting criteria was met is reported in item A4. In some cases, the operator may become aware of a failure before an accident reporting criteria is met. In other cases, one or more accident reporting criteria may be met before the operator becomes aware of the failure.

**A14. Was the origin of the accident onshore?**

Respond with Yes or No.

**A15. 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 Accident. 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 Accidents through coordination and information sharing.

**A15a.** Select Yes if there was communication about the accident. If A12. is “Notification from Emergency Responder”, A15a. will automatically populate with Yes.

If 15a. is no, skip 15b. and 15c.

**A15b.** Select the party initiating the communication. If A12. is “Notification from Emergency Responder”, A15b. will automatically populate with “Local/State/Federal Emergency Responder”.

**A15c.** Enter the local date and time of the initial communication. If A12. is “Notification from Emergency Responder”, A15c. will automatically populate with the value in A13.

**A16.** Enter the date/time operator responders, company or contract, arrived on site. Chronologically, A16. must be concurrent with or later than A13. These times are to be shown by 24-hour clock notation and reported in the time zone where the accident occurred. (See “Special Instructions”, numbers 8 and 9.) PHMSA will use this data to calculate incident response times.

**A17. 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 the accident to the NRC. The time is to be shown by 24-hour clock notation in the time zone where the incident occurred. All NRC Reports are time stamped for the eastern time zone. Be sure to

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convert to local time if the accident did not occur in the eastern time zone. (See “Special Instructions”, numbers 9 and 10.)

**A18. Initial Operator National Response Center (NRC) Report Number**

Accidents meeting the criteria outlined in §195.52 are to be reported directly to the **24-hour National Response Center (NRC) at 1-800-424-8802** at the earliest practicable moment. The NRC assigns numbers to each call. Enter the number assigned to the operator’s initial Immediate Notice (sometimes referred to as the “Telephonic Report”). If a NRC report was not made, select the option that best describes why: NRC Notification Not Required or NRC Notification Required But Not Made.

**A19. Additional NRC Report Numbers**

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

**A20. Did the Commodity Ignite?**

**Ignite** means the released commodity (including liquid vapors) caught fire (including flash fires).

If the answer is “Yes,” enter the time and date of the ignition in A20a. The time is to be shown by 24-hour clock notation in the time zone where the Incident occurred. If the fire was extinguished, select “Operator/Contractor” or “Local/State/Federal Emergency Responder,” to indicate who extinguished the fire, or select “Allowed to Burn Out,” if it was not extinguished, in A20b. Enter the volume of gas consumed by fire in thousand standard cubic feet (mcf) in A20c. If the accident resulted in an explosion, select Yes in A20d. **Explode** means ignition of the commodity, or its vapor, with a sudden and violent release of energy.

**A21. Oil Spill Response**

If A6. is “Crude Oil” AND A14. is Onshore, answer questions A21a. and A21b.

**A21a. Onshore Oil Spill Response Plan Activated?**

If the Onshore Oil Spill Response Plan was activated in response to the accident, select Yes. Otherwise, select No.

**A21b. OSRO Mobilized?**

If an Oil Spill Response Organization (OSRO) was mobilized in response to the accident, select Yes. Otherwise, select No. If Yes, enter the time the OSRO was notified and the time the OSRO arrived on site in A21c. and A21d.

**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).

**PART B – ADDITIONAL LOCATION INFORMATION**

**If Onshore**

**B1. – B3. Accident Location**

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

**B4. Was this onshore Accident 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. Accidents at Federal buildings, such as Federal Court Houses, Custom Houses, and other Federal office buildings and warehouses, are NOT to be reported as being on Federal Lands.

**B5. Location of Accident (select only one)**

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

**B6. Did Accident occur in a crossing?**

If Yes, select the type of crossing in B6a.

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

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

Use **Water Crossing** if the pipeline is in the water, beneath the water, in contact with the natural ground of the lake bed, etc., or buried beneath the bed of a lake, reservoir, stream or creek, whether the crossing happens to be flowing water at the time of the accident or not.

If B6a. is Water Crossing, answer B6b. through B6e. The name of the body of water should be provided if it is commonly known and understood among the local population. The purpose of this information is to allow persons familiar with the area in which the accident occurred to identify the location and understand it in its local context. Research to identify names that are not commonly used is not necessary since such names would not fulfill the intended purpose. If a body of water does not have a name that is commonly used and understood in the local area, this field may be left blank. For **Approximate Water Depth (ft)** of the lake, reservoir, etc., estimate the typical water depth at the location of the accident, ignoring seasonal, weather-related, and other factors which may affect the water depth from time to time. Pick the best description of the failure location within the water crossing in B6d. Provide the year of the most recent engineering/risk evaluation that was performed to evaluate the crossing. This is not intended to include underwater crossing surveys unless the survey report included a detailed scour study or other engineering review of the risk

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posed to the pipeline resulting from scour or other shoreline or bottom stability-type concerns.

**If Offshore**

**B7. Origin of the Accident**

Area and Tract/Block numbers are to be provided for either State or OCS waters, whichever is applicable. For Nearest County/Parish the data collected is intended to allow persons familiar with the area in which the accident occurred to identify the location and understand it in its local context. Accordingly, it is not necessary to take measurements to determine which county/parish is “nearest” in cases where the accident location is approximately equidistant from two (or more). In such cases, the name of one of the nearby counties/parishes is to be provided. For accidents on the Outer Continental Shelf (OCS) identify the region where the accident occurred by selecting one of the four options listed.

**PART C – ADDITIONAL FACILITY INFORMATION**

**C1. Item involved in Accident**

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

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

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

If the accident occurred on an item not listed in this section, select “Other” and specify the item that failed in the space provided.

**C2. Material involved in Incident**

Enter the material involved in the accident. If the material is “Material other than Carbon Steel or Plastic”, specify the type of material in the space provided.

**C2a.** As a percent of the specified minimum yield strength (SMYS) of the pipe, enter the hoop stress caused by the operating pressure at the time of the accident.

**C3. Classification of pipeline System (select only one)**

**Gravity Transmission** means a transmission line transporting hazardous liquids by gravity line as per §195.1(a)(2) and §195.13.

**Gravity Gathering** means a gathering line transporting hazardous liquids by gravity line as per §195.1(a)(2), §195.13, and §195.15.

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**Reporting-Regulated Gathering** means a gathering line that does not otherwise meet the definition of a regulated rural gathering line in §195.11 and any gathering line not already covered under § 195.1(a)(1), (2), (3) or (4).

**PART D – ADDITIONAL CONSEQUENCE INFORMATION**

**D1.** If wildlife was impacted, select Yes and indicate the type in D1a. Otherwise, select No.

**D2.** If the spill contaminated soil, select Yes and estimate the number of cubic yards of soil hauled away and treated on site in D2a. Otherwise, select No.

**D3.** If a long-term impact assessment is planned or performed, select Yes. Otherwise, select No.

**D4.** If remediation is anticipated, select Yes and select all of the types of remediation anticipated in D4a. Otherwise, select No.

**D5.** If water was contaminated, select Yes and answer D5a. through D5c. Otherwise, select No.

**D5a.** Select all of the types of water contaminated. If “Drinking water” is selected, indicate the subtype(s) contaminated.

**D5b. Estimated amount released in or reaching water**

An estimate of the volume released in or reaching water may be based on a variety and/or combination of inputs, including those mentioned above for PART A, Questions 7 and 8.

**D5c. Name of body of water, if commonly known:**

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

**D6. Estimated Property Damage**

All relevant costs available at the time of submission must be included on the initial written Accident 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, commodity lost, facility repair and replacement, and environmental cleanup and damage. Do NOT include costs incurred for facility repair, replacement, or change that are NOT related to the accident and which are typically done solely for convenience. An example of doing work solely for convenience is working on non-leaking

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facilities unearthed because of the accident. Litigation and other legal expenses related to the accident 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 §195.54). The best available estimate of these costs should be included in the initial report. For convenience, this estimate can be revised, if needed, when Supplemental Reports are filed for other reasons, however, when no other changes are forthcoming, Supplemental Reports 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.

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

**Cost of commodity lost** includes the cost of the commodity not recovered and/or the cost of recovered commodity downgraded to a lower value or re-processed, and is to be based on the volumes reported in A7 and A8.

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

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

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

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

**Other costs** are to include any and all costs which are not included above. 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.

**Injured persons not included in A11.** The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. **If a person is included in A11, do not include them in D7.**

D7. Number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization.

D8. Number of persons with injuries requiring treatment by EMTs at the site of incident **If a person is included in D7, do not include them in D8.**

**Buildings Affected** The term ‘affected’ means the building was either damaged or evacuated.

D9. Enter the number of residential buildings affected.

D10. Enter the number of commercial and industrial buildings affected.

## **PART E – APPARENT CAUSE**

### **PART E – Apparent Cause**

Select the one, single sub-cause listed under sections E1 thru E8 that best describes the apparent cause of the Accident. These sub-causes are contained in the shaded column on the left under each main cause category. Make every effort to find a category that fits the Accident's Apparent Cause and avoid the use of Other and Unknown when possible. Use of Unknown as an Apparent Cause will require the submittal of a Supplemental Report to revise the Apparent Cause when it becomes known.

#### **E1 – Corrosion Failure**

**Corrosion** includes a release or failure caused by galvanic, atmospheric, stray current, microbiological, selective seam, 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 to be 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, it is to be classified under G6 - Equipment Failure.)

#### **E2 – Natural Force Damage**

**Natural Force Damage** includes an Accident 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 accidents caused by land shifts such as earthquakes, subsidence, or landslides, but not mudslides which are presumed to be initiated by heavy rains or floods.

**Heavy Rains/Floods** refer to all water-related natural force causes. While mudslides involve earth movement, report them here since typically they are a result of heavy rains or floods.

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

**Temperature** includes weather-related temperature and thermal stress effects, either heat or cold, where temperature was the initiating cause.



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

**Tree/Vegetation Root** includes damages caused by tree and vegetation roots.

**Snow/Ice Impact or Accumulation** should be indicated when snow and/or ice caused damage to the hazardous liquid pipeline asset which results in an accident.

**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 F– Narrative Description of the Accident.

### **E3 – 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 E2 - Natural Force Damage or E4 - Other Outside Force, as appropriate. Also, for a strike, physical contact, or other damage to a pipeline or facility that apparently was NOT related to excavation and that results in a delayed or eventual release, report the accident under E4 as “Previous Mechanical Damage NOT related to Excavation.”

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

**Excavation Damage by Operator's Contractor (Second Party)** refers to accidents 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 accidents 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 accidents 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.

### **E4 – Other Outside Force Damage**

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**Other Outside Force Damage** includes, but is 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 Accident** applies to situations where the fire occurred before - and *caused* - the release. Examples of such an accident would be an explosion or fire at a neighboring facility or installation (chemical plant, tank farm, other industrial facility) or structure, debris, or brush/trees that results in a release at the operator's pipeline 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 accident's cause is to be classified under E2 - Natural Force Damage. Arson events directed at harming the pipeline or the operator should 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 a stopple tee that releases commodity when damaged by a pickup truck maneuvering near the pipeline. Other motorized vehicles or equipment include tractors, backhoes, bulldozers and other tracked vehicles, and heavy equipment that can move. Include under this sub-cause accidents caused by vehicles operated by the pipeline operator, the pipeline operator's contractor, or a third party, and specify the vehicle/equipment operator's affiliation from one of these three groups. Pipeline accidents resulting from vehicular traffic loading or other contact should also be reported in this category. If the activity that caused the release involved digging, drilling, boring, grading, cultivation or similar activities, report under E3 - Excavation Damage.

**Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring.** This sub-cause includes impacts by maritime equipment or vessels (including their anchors or anchor chains or other attached equipment) that have lost their moorings and are carried into the pipeline facility by the current. This sub-cause also includes maritime equipment or vessels set adrift as a result of severe weather events and carried into the pipeline facility by waves, currents, or high winds. In such cases, also indicate the type of severe weather event. Do NOT report in this sub-cause accidents which are caused by the impact of maritime equipment or vessels while they are engaged in their normal or routine activities; such accidents are to be reported as "Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation" under this section E4 (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 accident is to be reported under E3 - Excavation Damage.

**Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation.** This sub-cause includes accidents due to shrimping, purse seining, oil drilling, or oilfield workover rigs, including anchor strikes, and other routine or normal maritime-related activities UNLESS the movement of the maritime asset was due to a severe weather event (this type of accident should be reported under "Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring" in this section E4); or the accident was caused by excavation activity such as dredging of waterways or bodies of water (this type of accident is to be reported under E3 - Excavation Damage).

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**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 accidents 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. Accidents resulting from previous damage sustained during construction, installation, or fabrication of the pipe or weld from which the release eventually occurred are to be reported under E5 - Material Failure of Pipe or Weld. (See this sub-cause for typical indications of previous construction, installation, or fabrication damage.) Accidents resulting from previous damage sustained as a result of excavation activities should be reported under E3 – Previous Damage due to Excavation Activity. (See this sub-cause for typical indications of prior excavation activity.)

**Intentional Damage** includes any of the following:

**Vandalism** means willful or malicious destruction of the operator's pipeline 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.

**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 commodity or pipeline equipment.

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

**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 F – Narrative Description of the Accident.

**E5 – Material Failure of Pipe or Joint**

Use this section to report material failures **only if** “Item Involved in accident” (PART C, Question 1) is “**Pipe**” (whether “**Pipe Body**” or “**Pipe Seam**”) or “**Joint.**”

This section includes releases in or failures from defects or anomalies within the material of the pipe body or within the pipe seam or other weld due to manufacturing processes,

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material imperfections, defects resulting from poor construction, installation, or fabrication practices, and in-service stresses such as vibration, fatigue, and environmental cracking.

**Design-, Construction-, Installation-, or Fabrication-related** includes a release or failure caused by improper design practices, a dent, gouge, excessive stress, or some other defect or anomaly introduced during the process of constructing, installing, or fabricating pipe and pipe welds in the field, including welding or other activities performed at the construction job site. Included are releases from or failures of wrinkle bends, field welds, and damage sustained in transportation to the construction or fabrication site. Not included are failures due to seam defects, which are to be reported as Original Manufacturing-related (see below).

**Original Manufacturing-related (NOT girth weld or other welds formed in the field)** includes a release or failure caused by a defect or anomaly introduced during the process of manufacturing pipe, including manufacturing and handling of the plate materials, seam defects and defects in the pipe body. This option is not appropriate for wrinkle bends, field welds, girth welds, or other joints fabricated in the field. Use this option for failures such as those due to defects of the longitudinal weld or inclusions in the pipe body. If the girth welds were completed at the pipe mill (such as in the case of double joints welded prior to delivery to the jobsite) report those failures in this category.

**Environmental Cracking-related** includes failures by Stress Corrosion Cracking, Sulfide Stress Cracking, Hydrogen Stress Cracking, Hard Spots or other environmental cracking mechanism.

### **E6 – Equipment Failure**

This section applies to failures of items other than “Pipe” (“Pipe Body” or “Pipe Seam”) or “Joint”.

**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-, installation-, or fabrication-related and original manufacturing-related defects or anomalies); and, all other equipment-related failures.

**Malfunction of Control/Relief Equipment.** Examples of this type of accident cause include: overpressurization resulting from malfunction of a control or alarm device; relief valve malfunction; valves failing to open or close on command; or valves which opened or closed when not commanded to do so. If overpressurization or some other aspect of this accident was caused by incorrect operation involving human error, the accident should be reported under E7 - Incorrect Operation.

**Other Equipment Failure.** Select this sub-cause for types of Equipment Failure not included otherwise. If necessary, provide additional explanation in PART F – Narrative Description of the Accident.

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**E7 – Incorrect Operation**

**Incorrect Operation** includes a release or failure resulting from operating, maintenance, repair, or other errors by facility personnel or pipeline controllers, including, but not limited to improper valve selection or operation, inadvertent overpressurization, or improper selection or installation of equipment in the field. If the failure occurs in the pipe body or weld, and is a result of inadequate design or a design error, the Incident is to be reported under E5 – Material Failure of Pipe or Weld, Design-, Construction-, Installation-, or Fabrication-related.

**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 F– Narrative Description of the Accident.

**E8 – Other Accident Cause**

This section is provided for accidents 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 E1 thru E7. PHMSA will review all E-8 cause selections and determine if it meets the definition of any category listed in E1 thru E7 before a Final Report is accepted for closure. All sub cause categories of “Unknown” require a Supplemental Report to be filed before being accepted as Final.

If the accident cause is known but doesn’t fit into any category in sections E1 thru E7, select **Miscellaneous** and enter a description of the accident cause, in PART F - Narrative Description of the Accident.

If the accident cause is unknown at the time of filing this report, select **Unknown** in this section. Once the operator’s investigation into the accident 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 accident. 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 accident 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 F – Narrative Description of Accident. 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 F – NARRATIVE DESCRIPTION OF THE ACCIDENT**

Concisely describe the accident, including the facts, circumstances, and conditions that may have contributed directly or indirectly to causing the accident. 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 E8, the narrative is to describe the accident in detail, including all known or suspected causes and possible contributing factors.

**PART G – PREPARER**

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

You may also provide a local contact for the report.