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.

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

INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS

Rep	ort Date
No.	
'	(DOT Use Only)

OMB NO: 2137-0635

Expires: 5/31/2024

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):	1 1 1	<u>/ / /</u>		
A2. Name of Operator: <u>auto-populated based on OPID</u>				
A3. Address of Operator: A3a. Street Address: A3b. City: A3c. State: A3d. Zip Code: auto-populated based on Oi	<u>PID</u> PID			
A4. Earliest local time (24-hr clock) and date an incident reporting cr	iteria was met:			
/ / / / / / / / / / / / / / / / / / /				
A4a. Time Zone for local time (select only one) O Alaska O Easte	ern O Central	O Hawaii-Aleu	tian O Mountain	O Pacific.
A4b. Daylight Saving in effect? O Yes O No				
A5. Location of Incident: Latitude:				
A6. Gas released: (select only one, based on predominant volume is Natural Gas ☐ Propane Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Landfill Gas ☐ Other Gas ➡ Name:	,			
A7. Estimated volume of gas released unintentionally:	<u> </u>	1,1 1 1	/ thousand standar	d cubic feet (mcf)
A8. Estimated volume of intentional and controlled release/blowdow	n: <u>/ /</u>	/,/ / /	/ thousand standard	cubic feet (mcf)
A9 Estimated volume of accompanying liquid released:	1 1	11 1 1	/ Barrels	

A10. Were there fatalities? O Yes O No			ere injuries requiring inpatient hos	pitalization? O Yes O
If Yes, specify the number in each categor	y:	No If Yes sno	ecify the number in each catego	nrv.
A10a. Operator employees	<u> </u>	/	Operator employees	<u> </u>
A10b. Contractor employees working for the Operator	<u> </u>		Contractor employees working for the Operator	<u> </u>
A10c. Non-Operator emergency responders	<u> </u>	,	Non-Operator emergency responders	<u> </u>
A10d. Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>	/ ri	Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>
A10e. General public	<u> </u>	<u>/</u> A11e.	General public	<u> </u>
A10f. Total fatalities (sum of above)	calculated	A11f. ⁻	Total injuries (sum of above)	calculated
A12. What was the Operator's initial indication ☐ SCADA-based information (such as ala ☐ Static Shut-in Test or Other Pressure of ☐ Controller ☐ Air Patrol ☐ Notification from Public ☐ Notification from Third Party that cause	arm(s), alert(s), e or Leak Test	• ,	including contractors or its contractor	
A12a. If "Controller", "Local Operating Per Question 12, specify the following: (select	sonnel, including		ound Patrol by Operator or its c	ontractor" is selected in
O Operator employee	O Contractor v	vorking for the Operator		
A13. Local time Operator identified failure	<u>/ / /</u> Hour	/ / / / / / / / / / / / / / / / / / /	<u>/ /</u>	
 □ Belowground Storage, Including Association □ Aboveground Storage, Including Association □ Onshore Compressor Station Equipme □ Onshore Regulator/Metering Station E □ Onshore Pipeline, Including Valve Site □ Offshore Platform, Including Platform-r □ Offshore Pipeline, Including Riser and 	ciated Equipment ent and Piping quipment and Pip es mounted Equipme	and Piping		
A15. Operational Status at time Operator identicolor Post-Construction Commissioning O Post-Maintenance/Repair O Routine Start-Up O Routine Shutdown O Normal Operation, includes pauses during roll Idle		t only one)		
A16. If A15 = Routine Start-Up or Normal Ope O Yes O No	ration, was the pi	peline/facility shut down due to t	the incident?	
If Yes, complete Questions A16.a and A1	6.b: <i>(use local tin</i>	ne, 24-hr clock)		
A16a. Local time and date of shutdown	<u>/ / /</u> Hour	/ / / / / / / Day	<u>/ / /</u> Year	
A16b. Local time pipeline/facility restarted	d <u>/ / /</u> Hour	/ / / / / / / / / Day	/_ / / O Still shut dow Year *Supplemental F	n* Report required
If A12. = Notification from Emergency Respond A17a. Did the operator communicate with Local		ral Emergency Responders abou	ut the incident? O Yes C) No
If No, skip A17b and c.				
A17b. Which party initiated communication abo	out the incident?	O Operator O Local/State/	/Federal Emergency Responde	r
A17c. Local time of initial Operator and Local/S		ergency Responder communicat		
A18. Local time operator resources arrived on	site / / /	<u>/ / / / / / / / / / / / / / / / / / / </u>	<u>/ /</u> Day Year	
A19. reserved				

A20a. Local time (24-hr clock) and date of initial operator report to the National Response Center:
<u>/ </u>
A20b. Initial Operator National Response Center Report NumberOR O NRC Notification Required But Not Made
A20c. Additional NRC Report numbers submitted by the operator:
A21. Did the gas ignite? O Yes O No
If A21 = Yes, then answer A21a through d:
A21a. Local time of ignition / / / / / / / / / / / / / / / / / / / / / / / / Hour Month Day Year
A21b. How was the fire extinguished? O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:
A21c. Estimated volume of gas consumed by fire (mcf): (must be less than or equal to A7.)
A21d. Did the gas explode? O Yes O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A22a through f
A22a. Initial action taken to control flow upstream of failure location If Valve Closure, answer A22.b and c: A22b. Local time of final upstream valve closure
·
A22c. Type of upstream valve used to complete upstream isolation of release source: O Manual O Automatic O Remotely Controlled
A22d. Initial action taken to control flow downstream of failure location O Valve Closure O Operational Control - mandatory text field If Valve Closure, answer A22e and f.:
A22e. Local time of final downstream valve closure
A22f. Type of downstream valve used to complete downstream isolation of release source: O Manual O Automatic O Remotely Controlled O Check Valve
A23. Number of general public evacuated: / / / / /,/ / /

PART B - ADDITIONAL LOCATION INFORMATION B1. Was the origin of the Incident onshore? Auto-populated based on A14 O Yes (Complete Questions B2-B11) O No (Complete Questions B12-B14) B1a. Pipeline/Facility name: __ B1b. Segment name/ID: If Onshore: B2. State: /__ B3. Zip Code: / / / / / - / / / / County or Parish B6. Operator designated location: (select only one) ☐ Milepost (specify in shaded area below) ☐ Survey Station No. (specify in shaded area below) ☐ Not Applicable (B7 will not accept data) B7. B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No B9. Location of Incident: (select only one) ☐ Operator-controlled property ☐ Pipeline right-of-way B10. Area of Incident (as found): (select only one) ☐ Belowground storage or aboveground storage vessel, including attached appurtenances ☐ Underground ➡ Specify: O Under soil O Under a building O Under pavement O Exposed due to excavation O Exposed due to loss of cover O In underground enclosed space (e.g., vault) O Other _ B10a. Depth-of-Cover (in): /_ /,/ / / B10.b. Were other underground facilities found within 12 inches of the failure location? O Yes O No ☐ Aboveground ➡ Specify: O Typical aboveground facility piping or appurtenance O Overhead crossing O In or spanning an open ditch O Inside a building O Inside other enclosed space O Other ☐ Transition Area ➡ Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area O Other B11. Did Incident occur in a crossing? O Yes O No If Yes, specify type: ☐ Bridge crossing Specify: O Cased O Uncased ☐ Railroad crossing (select all that apply) ○ Cased O Bored/drilled O Uncased □ Road crossing (select all that apply) O Cased O Uncased O Bored/drilled ☐ Water crossing Specify: O Cased O Uncased Name of body of water, if commonly known: Approx. water depth (ft) at the point of the Incident: / /,/ / / OR O Unknown O Shoreline/Bank/Marsh crossing (select only one of the following) O Below water, pipe in bored/drilled crossing O Below water, pipe buried below bottom (NOT in bored/drilled crossing) O Below water, pipe on or above bottom Is this water crossing 100 feet or more in length from high water mark to high water mark? O Yes O No If Offshore:

B12.	Approximate water depth (ft.) at the point of the Incident: / /,/ / / /	
B13.	Origin of Incident: In State waters Specify: State: // Area: Block/Tract #: /	<u> </u>
	Nearest County/Parish:	
	☐ On the Outer Continental Shelf (OCS)) (select only one) ☐ OCS – Alaska ☐ OCS-Gulf of Mexico	O OCS- Atlantic
	Area: Block/Tract #: //_//	
B14.	Area of Incident: (select only one)	

- ☐ Shoreline/Bank/Marsh crossing or shore approach☐ Below water, pipe buried or jetted below seabed
- ☐ Below water, pipe on or above seabed
- ☐ Splash Zone of riser
- ☐ Portion of riser outside of Splash Zone, including riser bend
- ☐ Platform

C1. Is the pipeline or facility:				
☐ Interstate ☐ Intrastate				
C2. Material involved in Incident: (select only one)				
☐ Carbon Steel ☐ Plastic ☐ Material other than Carbon Steel or Plastic ➡ *Specify:				
C3. Item involved in Incident: (select only one)				
☐ Pipe → Specify: O Pipe Body O Pipe Seam C3a. Nominal Pipe Size: / / / / /				
If Pipe Body: Was this a Puddle/Spot Weld? O Yes O No				
If C2. is Carbon Steel C3b. Wall thickness (in): / / / /				
C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / / /				
C3d. Pipe specification: OR O Unknown				
C3e. Pipe Seam ➡ Specify: O Longitudinal ERW - High Frequency O Single SAW O Flash Welded O DSAW				
O Longitudinal ERW - Low Frequency O Continuous Welded O Furnace Butt Welded O				
Longitudinal ERW – Unknown Frequency				
O Spiral Welded O Lap Welded O Seamless O Other				
C3f. Pipe manufacturer: OR O Unknown				
C3g. Pipeline coating type at point of Incident				
⇒ Specify: O Epoxy O Coal Tar O Asphalt O Polyolefin O Extruded Polyethylene O Cold Applied Tape O Paint O Composite O None				
Extruded Polyethylene O Cold Applied Tape O Paint O Composite O None O Other				
C3h. Coating field applied? O Yes O No O Unknown				
If C2. is Plastic				
C3i. If Plastic ⇒ Specify type: O Polyvinyl Chloride (PVC) O Polyethylene (PE) O Cross-linked Polyethylene (PEX) O Polybutylene (PB) O Polypropylene (PP) O Acrylonitrile Butadiene Styrene (ABS) O Polyamide (PA) O Cellulose Acetate Butyrate (CAB) O Unknown O Other: mandatory text field_				
C3j. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): / / / / or wall thickness: / /./ / or O Unknown				
C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE /	/			
☐ Weld/Fusion, including heat-affected zone ⇔				
Specify: O Pipe Girth Weld O Pipe Plastic Fusion O Other Butt Weld O Fillet Weld If Pipe Girth Weld is selected, complete items C3.a through h above. Are any of the C3b through h values different on either side of the girth weld? O Yes O No If Yes, enter the different value(s) below:				
C3I. Wall thickness (in): / /./ / / / C3m_SMYS (Specified Minimum Vield Strength) of pipe (psi): / / / / / / / /				
C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / / / / / C3n. Pipe specification: OR O Unknown				
C3o. Pipe Seam → Specify: O Longitudinal ERW - High Frequency O Single SAW O Flash Welded O Longitudinal ERW - Low Frequency O DSAW O Continuous Welded O Longitudinal ERW – Unknown Frequency O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe:				
C3p. Pipe manufacturer: OR O Unknown				
C3q. Pipeline coating type at point of Accident				
⇒ Specify: O Fusion Bonded Epoxy (FBE) O Coal Tar O Asphalt O Polyolefin O Extruded Polyethylene O Epoxy other than FBE O Cold Applied Tape O Paint O Composite O None O Other, describe:				
C3r. Coating field applied? O Yes O No O Unknown				
If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.				

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	Ш	Valve, excluding Regulator/Control Valves	
		O Mainline Specify: O Butterfly O Check O Gate O Plug O Ball O Globe O Other	
		C3s. Mainline valve manufacturer:OR O L	Jnknown
		O Relief Valve O Auxiliary or Other Valve	
	П	Compressor, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines an	nd tuhina
		Meter, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing	-
		Scraper/Pig Trap, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tability scraper.	_
		Odorization System, including auxiliary piping, connections, valves, and equipment, but excluding product drain	_
		Filter/Strainer/Separator, including auxiliary piping, connections, valves, and equipment, but excluding product of	_
tubi		Dehydrator/Drier/Treater/Scrubber, including auxiliary piping, connections, valves, and equipment, but excluding	•
		Regulator/Control Valve, including auxiliary piping, connections, valves, and equipment, but excluding product of Pulsation Bottle or Drip/Drip Collection Device	lrain lines and tubing.
		Cooler or Heater, including auxiliary piping, connections, valves, and equipment, but excluding product drain	n lines and tubing.
		Repair Sleeve or Clamp	
		Hot Tap Equipment	
		Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.)	
	_	Flange Assembly, including Gaskets	
	닏	ESD System , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines at	nd tubing.
		Drain Lines	
	Ц	Tubing, including Fittings C3t. Tubing material (select only one):	
		Stainless steel	
		□ Carbon steel	
		□ Copper	
		□ Other C3u. Type of tubing (select only one):	
		□ Rigid	
		□ Flexible	
		Instrumentation, including Programmable Logic Controllers and Controls	
		Underground Gas Storage or Cavern	
	Ш	Other	
		ar item involved in Incident was installed: / / / / OR O Unknown	
C5.	Yea	ar item involved in Incident was manufactured: //_/_/ OR O Unknown	
C6.	Тур	pe of release involved: (select only one)	
		Mechanical Puncture Approx. size: /_/_/_/_in. (axial) by /_/_/_/_/in. (circumferential)	
		Leak	Other
		Rupture Select Orientation: O Circumferential O Longitudinal O Other	
		Approx. size: //_/_/ in. (widest opening) by //_/_/_/ (length circumfere	
	П	Other 🖒 *Describe:	,,
PAI		- ADDITIONAL CONSEQUENCE INFORMATION	
		ss Location of Incident: (select only one)	
٠	Oic	Class 1 Location	
		☐ Class 2 Location	
		☐ Class 3 Location	
		☐ Class 4 Location	
D2.	Did	lthis Incident occur in a High Consequence Area (HCA)? □ No	
			od 2 (PIR)
D3.	Wh	at is the PIR (Potential Impact Radius) for the location of this Incident? <u>/ /,/ / / feet</u> or O Not FI	ammable
D4.	We	re any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident?	O Yes O No
D5.	We	re any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident?	O Yes O No
		re any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? Describe the cause of the fatalities or injuries:	O Yes O No
		D2. Is No, answer D13a.	
		Did this incident occur in a Moderate Consequence Area (MCA)? O Yes O No	
		is Yes, answer D13b.	
		Select each of the items below that were present within the potential impact circle:	
		5 or more buildings intended for human occupancy	
	0	Paved surface for a designated interstate, freeway, expressway, or other principal 4-lane arterial roadway	

D7. Estimated Property Damage:						
D7a. Estimated cost of public and non-Operator private property damage	\$ <u>/ </u>					
D7b. Estimated cost of Operator's property damage & repairs	\$ <u>/ </u>					
D7c. Estimated cost of emergency response	\$ <u>/ </u>					
D7d. Estimated other costs	\$ <u>/ </u>					
Describe:						
D7e. Total estimated property damage (sum of above)	\$ calculated					
Cost of Gas Released						
Cost of Gas in \$ per thousand standard cubic feet (mcf):						
D7f. Estimated cost of gas released unintentionally	\$ calculated					
D7g. Estimated cost of gas released during intentional and controlled blowd	down \$ calculated					
D7h. Total estimated cost of gas released (sum of 7.f & 7.g above)	\$ calculated					
D7i. Estimated Total Cost (sum of D7e and D7h)	D7i. Estimated Total Cost (sum of D7e and D7h) \$ calculated					
Injured Persons not included in A11 The number of persons injured, admitted to are reported in A11. <i>If a person is included in A11, do not include them in D8.</i>	o a hospital, and remaining in the hospital for at least one overnigh					
D8. Estimated number of persons with injuries requiring treatment in a medical facility	ty but not requiring overnight in-patient hospitalization:					
If a person is included in D8, do not include them in D9.						
D9. Estimated number of persons with injuries requiring treatment by EMTs at the s	ite of incident:					
Buildings Affected						
D10. Number of residential buildings affected (evacuated or required repair or gas	service interrupted):					
D11. Number of business buildings affected (evacuated or required repair or gas s	ervice interrupted):					
D12. Wildlife impact: O Yes O No D12a. If Yes, specify all that apply: ☐ Fish/aquatic ☐ Birds ☐ Terrestrial						

PART E – ADDITIONAL OPERATING INFORMATION

E1. Estimated pressure at the point and time of the Incident (psig):	<u>/ / /,/ / / /</u>
E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D):	<u>/ / / / / / /</u>
E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	<u> </u>
E2a. 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)(1) □ 192.624 (c)(2) □ 192.624 (c)(3) □ 192.624 (c)(4) □ 192.624 (c)(4) □ 192.624 (c)(5) □ Other Specify Other:	c) \(\preceq \) 192.619 (d) \(\preceq \) (5) \(\preceq \) 192.624 (c)(6)
E2b. Date MAOP established: / / Month Day / Year	PO Yes O No O Bi-Directional
E3. Describe the pressure on the system or facility relating to the Incident: (select only one) Pressure did not exceed MAOP Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201 Pressure exceeded the applicable allowance in §192.201	
E4. Was the system or facility relating to the Incident operating under an "established pressure rest allowed by the MAOP?	riction" with pressure limits below those normall
□ No □ Yes ➡ (Complete E4.a and E4.b below) E4a. Did the pressure exceed this "established pressure restriction?" ○ Yes	O No
E4b. Was this pressure restriction mandated by PHMSA or the State? O PHMSA	O State O Not mandated
	es O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser	r Bend″, answer E6 through E8.
E6. Length of segment between upstream and downstream shut-off valves closest to failure location	n (ft): <u>/ / / /,/ / /</u>
E7 Is the pipeline configured to accommodate internal inspection tools? ☐ Yes ☐ No ➡ Which physical features limit tool accommodation? (select all that a	apply)
O Changes in line pipe diameter O Presence of unsuitable mainline valves O Tight or mitered pipe bends O Other passage restrictions (i.e. unbarred tee's, projecting instrement of Extra thick pipe wall (applicable only for magnetic flux leakage) O Other □ Describe:	
E8 For this pipeline, are there operational factors which significantly complicate the execution of an □ No □ Yes ➡ Which operational factors complicate execution? (select all that a)	
O Excessive debris or scale, wax, or other wall build-up O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other Describe:	ppy)
E9 Function of pipeline system: (select only one) ☐ Transmission System ☐ Transmission Line of Distribution System ☐ Type A Gathering ☐ Type B Gathering ☐ Transmission in Storage Field ☐ Offshore Gathering	

	Was a Su _l □ No	perviso	ry Control and Data Acquisition (SC	CADA)-based system i	n place on the pi	peline or facility involved in the Incident?
	☐ Yes ⊏	> E	10.a Was it operating at the time o	of the Incident?	O Yes	O No
		E	10.b Was it fully functional at the ti	me of the Incident?	O Yes	O No
			10.c Did SCADA-based information e initial indication of the Incident?	n (such as alarm(s), al	ert(s), event(s), a O Yes	nd/or volume or pack calculations) assist with S
			10.d Did SCADA-based information onfirmed discovery of the Incident?	n (such as alarm(s), al	ert(s), event(s), a O Yo	nd/or volume calculations) assist with the es O No
	Was an in (select onl)	_	ation initiated into whether or not the	e controller(s) or contro	ol room issues we	ere the cause of or a contributing factor to the Incident?
	☐ Ye requir		the investigation of the control room	n and/or controller action	ons has not yet b	een completed by the operator (Supplemental Repor
			acility was not monitored by a contr			
			perator did not find that an investig or why the operator did not investig		•	rol room issues was necessary due to: (provide an
	☐ Ye		cify investigation result(s): <i>(select a</i>	,		
			nvestigation reviewed work schedul iated with fatigue	le rotations, continuou	s hours of service	e (while working for the Operator) and other factors
						service (while working for the Operator) and other
			s associated with fatigue (provide a		not):	
		_	nvestigation identified no control roon nvestigation identified no controller			
		_	rvestigation identified incorrect con		llor orror	
			3			ved or impacted the involved controller(s) response
		_	nvestigation identified incorrect pro-	-		ved of impasted the involved controller(b) respense
		_	nvestigation identified incorrect con		peration	
		_	<u> </u>		•	erations, procedures, and/or controller response
			nvestigation identified areas other t			· · · · · · · · · · · · · · · · · · ·
PAR	T F – DRU	IG & A	LCOHOL TESTING INFORMATIO	ON		
	under the p	oost-ac	Incident, were any Operator emplo cident drug and alcohol testing requotohol Testing regulations?			
	O No					
	O Yes 🖒	> F1a.	Specify how many were tested:	<u>/ / /</u>		
		F1b.	Specify how many failed:	<u>/ / /</u>		
	employees	tested	Incident, were any Operator contra under the post-accident drug and a OT's Drug & Alcohol Testing regula	alcohol testing		
	_	> F2a.	Specify how many were tested:	<u>/ / /</u>		
			Specify how many failed:	<u> </u>		

ART 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 K – Contributing Factors.
G1 - Corrosion Failure – only one sub-cause can be picked from shaded left-hand column	 Results of visual examination: O Localized Pitting O General Corrosion O Other
☐ External Corrosion	
	2. Type of corrosion: (select all that apply) O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam O Other
	2a. If 2 is Stray Current, specify O Alternating Current O 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) O Field examination O Determined by metallurgical analysis O Other
	4. Was the failed item buried or submerged? O Yes ⇔ 4a. Was failed item considered to be under cathodic protection at the time of the incident? O Yes ⇔ Year protection started: /_//
	<u>l </u>
	O No 4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?
	O Yes O No 4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply) O Yes, CP Annual Survey ➡ Most recent year conducted:
	O No ⇒ 4d. Was the failed item externally coated or painted? O Yes O No
	5. Was there observable damage to the coating or paint in the vicinity of the corrosion?O Yes O No O N/A Bare/Ineffectively Coated Pipe
☐ Internal Corrosion	Results of visual examination: O Localized Pitting O General Corrosion O Not cut open O Other
	7. Cause of corrosion: (select all that apply) O Corrosive Commodity O Water drop-out/Acid O Microbiological O Erosion O Other

following: (select all that apply) O Field examination O Other	
9. Location of corrosion: (select all that apply) O Low point in pipe O Elbow O Drop-out O Other	O Dead-Leg
10. Was the gas/fluid treated with corrosion inhib O Yes O No	itors or biocides?
11. Was the interior coated or lined with protectiv O No	e coating? O Yes
12. Were cleaning/dewatering pigs (or other oper utilized?	rations) routinely
O Not applicable - Not mainline pipe O Y	es O No
13. Were corrosion coupons routinely utilized?	
O Not applicable - Not mainline pipe O Y	es O No

G2 - Natural Force Damage - onl	y one sub-cause can be picked	d from shad	ded left-hand col	umn			
☐ Earth Movement, NOT due to Heavy Rain			O Earthquake ner		dence C) Landslide	
☐ Heavy Rains/Floods			O Washout/So	couring C	Flotation	O Mudslide	С
☐ Lightning		S. Specify: learby fires	O Direct hit	O Seconda	ary impact	such as resultir	ng
☐ Temperature	4	Specify:	O Thermal Str O Frozen C			ost Heave Other	
☐ High Winds	-				_		
☐ Trees/Vegetation Roots							
☐ Snow/Ice impact or Accumulation							
☐ Other Natural Force Damage	5	i. Describe	e:				
Complete the following if any Natural Force Dam	age sub-cause is selected.						
6. Were the natural forces causing the Incident ger	nerated in conjunction with an e	xtreme wea	ather event? C	Yes O	No		
, 1 3 (113)	Hurricane O Tropical Store Other		O Tornado				

G	3 - Excavation Damage -	only one sub-cause c	an be picked from shade	ed left-hand column	
	Excavation Damage by	Operator (First Party)		
	Excavation Damage by Party)	Operator's Contracto	or (Second		
	Excavation Damage by	Third Party			
	Previous Damage due t	to Excavation Activity	,		
Com	plete the following if Exca	avation Damage by T	hird Party is selected a	s the sub-cause.	
1. D	id the operator get prior no	otification of the excava	tion activity? O Yes	O No	
Unkr		ent Investigator results, 1e.		-	O Contractor O Landowner one-call center? O Yes O No O
	O Excava O Activity O Activity	ator is exempt y is exempt and did not y is exempt and exceed	exceed the limits of the ded the limits of the exen	nption	
	O Other 1d. Exempting autho 1e. Exempting criteri	ority			
Com	· -	·	ram guestions if any Ex	cavation Damage sub-caus	se is selected.
	o you want PHMSA to uplo			=	O No
	ight-of-Way where event o	_	•	w.oga ant.oom).	3 110
	☐ Public ➡ Specify:	•		Road O Interstate Highw	vay O Other
	☐ Private 🖒 Specify: (O Private Landowner	O Private Business	O Private Easement	
	☐ Pipeline Property/Ease ☐ Power/Transmission Lin ☐ Railroad				
	☐ Dedicated Public Utility ☐ Federal Land	/ Easement			
	☐ Data not collected☐ Unknown/Other				
4. T	ype of excavator: (select o	only one)			
	O Contractor O C O Railroad O S	County O Deve State O Utility	•		O Occupant O Unknown/Other
5. T	ype of excavation equipme				
		Backhoe/Trackhoe	O Boring	O Drilling	O Directional Drilling
		Farm Equipment Trencher	O Grader/Scraper O Vacuum Equipmer	O Hand Tools O Data not collected	O Milling Equipment O Unknown/Other
6. T	ype of work performed: (se	elect only one)			
	O Agriculture	O Cable TV	O Curb/Sidewalk	O Building Construction	O Building Demolition
	O Drainage	O Driveway	O Electric	O Engineering/Surveying	O Fencing
	O Grading	O Irrigation	O Landscaping	O Liquid Pipeline	O Milling
	O Natural Gas		ublic Transit Authority	O Railroad Maintenance	O Road Work
	O Sewer (Sanitary/Storm) O Telecommunications	 O Site Developme OTraffic Signal 	ent O Steam O Traffic Sign	O Storm Drain/Culvert O Water	OStreet Light O Waterway Improvement
	O Data not collected	O Unknown/Other	~	- Water	3 Waterway improvement

Type of Lo	ocator:	O Utility Owner	00	Contract Loca	ator	O Data not collected	O Unknown/Other
Were facili	ity locate marks visil	ole in the area of exca	avation?	O No	O Yes	O Data not collected	O Unknown/Other
). Were fac	ilities marked correc	tly?		O No	O Yes	O Data not collected	O Unknown/Other
	•	erruption in service?	on: /_	O No //	O Yes // hours	O Data not collected	O Unknown/Other
		Root Cause (select ond level CGA-DIRT			ant first lev	el CGA-DIRT Root Cause	and then, where available
	O No notific O Notificatio O Wrong inf Locating Practices O Facility of O Facility wo O Incorrect Excavation Practic O Excavatio O Failure to O Failure to O Failure to	on Practices Not Suffication made to the One on to One-Call Center formation provided Not Sufficient: (selected of the control of the contro	e-Call Cer made, bu et only one ted sufficient ked lect only o ent (other	nter ut not sufficie e) one)			
		use hand tools where verify location by tes backfilling					
	One-Call Notification	n Center Error					
	Abandoned Facility						
	Deteriorated Facilit	Y					
	Previous Damage						
П	Data Not Collected						

□ Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident	
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	Vehicle/Equipment operated by: (select only one) Operator Operator's Contractor O Third Party If this sub-section is picked, please complete questions 5-11 below
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	Select one or more of the following IF an extreme weather event was a factor: O Hurricane O Tropical Storm O Tornado O Heavy Rains/Flood O Other
☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
☐ Electrical Arcing from Other Equipment or Facility	
☐ Previous Mechanical Damage NOT Related to Excavation	
☐ Intentional Damage	 3. Specify: O Vandalism O Terrorism O Theft of transported commodity O Other
☐ Other Outside Force Damage	4. Describe:
Complete the following if Damage by Car, Truck, or Other Motorized Vehic	Equipment NOT Engaged in Excavation sub-cause is selected.
 Was the driver of the vehicle or equipment issued one or more citations related to the state of the citations (select all that apply) Excessive Speed Reckless Driving Driving Under the Influence Other, describe: 	ted to the incident? O Yes O No O Unknown
6. Was the driver under control of the vehicle at the time of the collision? O Υ	es O No O Unknown
7. Estimated speed of the vehicle at the time of impact (miles per hour)?	or O Unknown
8. Type of vehicle? (select only one) O Motorcycle/ATV O Passenger C	ar O Small Truck O Bus O Large Truck
9. Where did the vehicle travel from to hit the pipeline facility? (select only one) O Roadway O Driveway O Parking Lot	O Loading Dock O Off-Road
10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet):
11. At the time of the Incident, were protections installed to protect the damage	ed pipeline facility from vehicular damage? O Yes O No
If 11. is Yes, specify type of protection (select all that apply): 11a. Bollards/Guard Posts 11b. Barricades – include Jersey barriers and fences in instructions 11c. Guard Rails 11d. Other, describe:	

G4 - Other Outside Force Damage - only one sub-cause can be picked from shaded left-hand column

G5 - Material Failure of Pipe or Weld

Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."

Only one **sub-cause** can be picked from shaded left-hand column

1. The sub-cause selected below is based on the following: (select a	ll that apply)
☐ Field Examination ☐ Determined by Metallurgical Analysis	☐ Other Analysis
☐ Sub-cause is Tentative or Suspected; Still Under Investigation	(Supplemental Report required)
 □ Design-, Construction-, Installation-, or Fabrication-related □ Original Manufacturing-related (NOT girth weld or other welds formed in the field) 	□ Fatigue- or Vibration-related: ○ Mechanically-induced prior to installation (such as during transport of pipe) ○ Mechanical Vibration ○ Pressure-related ○ Thermal ○ Other □ Mechanical Stress
	Other
☐ Environmental Cracking-related	Specify: O Stress Corrosion Cracking O Sulfide Stress Cracking
	O Hydrogen Stress Cracking O Hard Spot O Other
Complete the following if any Material Failure of Pipe or Weld sub	-cause is selected.
4. Additional factors (select all that apply): O Dent O Gouge O Lamination O Buckle O Wrinkle O I O Other	O Pipe Bend O Arc Burn O Crack O Lack of Fusion Misalignment O Burnt Steel
5. Post-construction pressure test value (psig) / / / / Of	R O Unknown

☐ Malfunction of Control/Relief Equipment	Specify: (select all that apply) O Control Valve SCADA O Communications Check Valve	O Instrumentation CO Block Valve CO
	O Relief Valve Stopple/Control Fitting O ESD System Failure O Other	O Power Failure C O Pressure Regulator
☐ Compressor or Compressor-related Equipment	Specify: O Seal/Packing Failur Crack in Body O Appurtenance Fa Vessel Failure O Other	·
☐ Threaded Connection/Coupling Failure	3. Specify: O Pipe Nipple Mechanical Coupling Threaded Pipe Collar O Thread O Other	O Valve Threads O Oded Fitting
☐ Non-threaded Connection Failure	4. Specify: O O-Ring O Ga compressor seal) or Packing O Other	, -
☐ Defective or Loose Tubing or Fitting		
☐ Failure of Equipment Body (except Compressor), Vessel Plate, or other Material		
☐ Other Equipment Failure	5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected.		
6. Additional factors that contributed to the equipment failure: (select all that a	apply)	
O Excessive vibration		
O Overpressurization		
O No support or loss of support		
O Manufacturing defect O Loss of electricity		
O Improper installation		
O Improper maintenance		
O Mismatched items (different manufacturer for tubing and tubing fit	ttings)	
O Dissimilar metals	3 ,	
O Breakdown of soft goods due to compatibility issues with transpor	rted gas/fluid	
O Valve vault or valve can contributed to the release	-	
O Alarm/status failure		
O Misalignment		
O Thermal stress		
O Erosion/abnormal wear		

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

□ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage			
☐ Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	Specify: Data/Calculate		O Incorrect Reference
	O Other	O Miscommunication	O Inadequate Monitoring
☐ 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	2. Describe	:	
Complete the following if any Incorrect Operation sub-cause is selected.			
 3. Was this Incident related to: (select all that apply) O Inadequate procedure O No procedure established O Failure to follow procedure O Other: 			
4. What category type was the activity that caused the Incident: O Construction O Commissioning O Decommissioning O Right-of-Way activities O Routine maintenance O Other maintenance O Normal operating conditions O Non-routine operating conditions (abnormal operations or emergen	ncies)		
5. Was the task(s) that led to the Incident identified as a covered task in your ${\sf C}$		cation Program? O Yes	O No
 5a. If Yes, were the individuals performing the task(s) qualified for the O Yes, they were qualified for the task(s) O No, but they were performing the task(s) under the direction of No, they were not qualified for the task(s) nor were they individual 	ction and obse		
G8 – Other Incident Cause - only one sub-cause can be picked from shade	ed left-hand co	lumn	
☐ Miscellaneous	1. Describe	:	
☐ Unknown	2. Specify:	O Investigation complete Mandatory comment fie	, cause of Incident unknown eld:
	determined*	O Still under investigation	n, cause of Incident to be

G7 - Incorrect Operation - only one sub-cause can be picked from shaded left-hand column

PART J - INTEGRITY INSPECTIONS

Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is: Corrosion (any subCause in Part G1); or Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or Material Failure of Pipe or Weld (any subCause in Part G5) J1. Have internal inspection tools collected data at the point of the Incident? O Yes O No J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs: O Axial Magnetic Flux Leakage Most recent run Year: _ Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Most recent run Attuned to Detect (select only one): O Metal Loss O Hard Spots O Girth Weld Anomalies O Other Describe: If Metal Loss, specify (select only one): O High Resolution O Standard Resolution O Other Describe: ___ Previous run Year: Previous run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Attuned to Detect (select only one): O Metal Loss O Hard Spots O Girth Weld Anomalies O Other Describe: If Metal Loss, specify (select only one): O High Resolution O Standard Resolution O Other Describe: __ O Circumferential/Transverse Wave Magnetic Flux Leakage Most recent run Year: _ Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Most recent run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe: Previous run Year: __ Previous run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe: O Ultrasonic Most recent run Year: Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Most recent run Attuned to (select only one) O Wall Measurement O Crack O Other Describe: If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one): O Standard Resolution O Other Describe: Previous run Year:

Previous run Propulsion Method (select only one): O Free Swimming O Tethered

If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):

O Standard Resolution O Other Describe: __

Most recent run Attuned to (select only one)

O Wall Measurement O Crack

O Other Describe:

O Geometry/Deformation Most recent run Year:	
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered	
Most recent run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe:	
Most recent run Measurement Cups (select only one): O Inside ILI Cups O No Cups Previous run Year:	
Previous run Propulsion Method (select only one): O Free Swimming O Tethered	
Previous run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe:	
Previous run Measurement Cups (select only one): O Inside ILI Cups O No Cups	
O Electromagnetic Acoustic Transducer (EMAT) Most recent run Year:	
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:	
Previous run Propulsion Method (select only one): O Free Swimming O Tethered	
O Cathodic Protection Current Measurement (CPCM) Most recent run Year:	
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:	
Previous run Propulsion Method (select only one): O Free Swimming O Tethered	
O Other, specify tool:	
Most recent run Year:	
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:	
Previous run Propulsion Method (select only one): O Free Swimming O Tethered	
Answer J1b only when the cause is: Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4) J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No)
J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? (initial post construction pressure test is NOT reported here)	
O Yes → Most recent year tested: / / / / Test pressure (psig): / / / / / / O No	
J3. Has Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Accident O Yes, but the point of the Accident was not identified as a dig site → Most recent year conducted:	
O No	
If Yes, J3a. For each type, indicate the year of the most recent assessment: External Corrosion Direct Assessment (ECDA) Internal Corrosion Direct Assessment (ICDA) Stress Corrosion Cracking Direct Assessment (SCCDA) Confirmatory Direct Assessment Other, specify type:	
J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002? O Yes O No	
J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination valueted:	vas
O Radiography <u>/ / / /</u>	
O Guided Wave Ultrasonic	
O Handheld Ultrasonic Tool	
O Wet Magnetic Particle Test	
O Dry Magnetic Particle Test	
· · · · · · · · · · · · · · · · · · ·	

PART K - CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part G. Do not report the identified, select all that apply below and explain each in the Narrative:	Apparent Cause again in this Part K. If Contributing Factors were
External Corrosion	Pipe/Weld Failure
☐ External Corrosion, Galvanic	□ Design-related
☐ External Corrosion, Atmospheric	☐ Construction-related
☐ External Corrosion, Stray Current Induced	☐ Installation-related
☐ External Corrosion, Microbiologically Induced	☐ Fabrication-related
☐ External Corrosion, Selective Seam	☐ Original Manufacturing-related
Internal Corrosion	☐ Environmental Cracking-related, Stress Corrosion Cracking
☐ Internal Corrosion, Corrosive Commodity	☐ Environmental Cracking-related, Sulfide Stress Cracking
☐ Internal Corrosion, Water drop-out/Acid	☐ Environmental Cracking-related, Hydrogen Stress Cracking
☐ Internal Corrosion, Microbiological	☐ Environmental Cracking-related, Hard Spot
☐ Internal Corrosion, Erosion	Equipment Failure
Natural Forces	☐ Malfunction of Control/Relief Equipment
☐ Earth Movement, NOT due to Heavy Rains/Floods	☐ Compressor or Compressor-related Equipment
☐ Heavy Rains/Floods	☐ Threaded Connection/Coupling Failure
Lightning	□ Non-threaded Connection Failure
☐ Temperature	☐ Defective or Loose Tubing or Fitting
☐ High Winds	☐ Failure of Equipment Body (except Compressor), Vessel Plate,
☐ Tree/Vegetation Root	or other Material
Excavation Damage □ Excavation Damage by Operator (First Party)	Incorrect Operation
☐ Excavation Damage by Operator's Contractor (Second Party)	☐ Damage by Operator or Operator's Contractor NOT Excavation
☐ Excavation Damage by Third Party	and NOT Vehicle/Equipment Damage
□ Previous Damage due to Excavation Activity	 Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure
Other Outside Force	☐ Pipeline or Equipment Overpressured
☐ Nearby Industrial, Man-made, or Other Fire/Explosion	☐ Equipment Not Installed Properly
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment	☐ Wrong Equipment Specified or Installed
NOT Engaged in Excavation	☐ Inadequate Procedure
□ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	□ No procedure established
 ☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation 	☐ Failure to follow procedures
☐ 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

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT	(Attach additional sheets as necessary)
PART I – PREPARER AND AUTHORIZED PERSON	
FARTT- FREFARER AND AUTHORIZED FERSON	
Preparer's Name (type or print)	
Preparer's Title (type or print)	Preparer's Telephone Number
Preparer's E-mail Address	
Local Contact Name: optional	Preparer's Facsimile Number
Local Contact Email: optional	
Local Contact Phone: optional	-
	-
	_
	Authorized Signer Telephone Number
Authorized Signer-Name	Authorized Signer Telephorie Number
Authorized Signer's Title	Authorite d Olivereda Euroll Add
	Authorized Signer's E-mail Address