	Γ						DOT USE ONLY						
U.S. Department of Transportation	ANNUAL REPORT FOR	CALENDAR YEAR	20		Initial I								
Pipeline and Hazardous Materials	NATURAL AND OTHER	Submitted Report Submission											
	GATHERING PIF		Туре										
Safety Administration					Date Sub								
A federal agency may not conduct or a comply with a collection of information current valid OMB Control Number. T information is estimated to be approxi completing and reviewing the collectio this burden estimate or any other aspe Clearance Officer, PHMSA, Office of I Important: Please read the separate specific examples. If you do not have <u>http://www.phmsa.dot.gov/pipeline/libu</u>	subject to the requirements of the OMB Control Number for this mately 47 hours per response, in of information. All responses ext of this collection of information Pipeline Safety (PHP-30) 1200 N instructions for completing this a copy of the instructions, you of the set of the instructions.	the Paperwork Reduction s information collection ncluding the time for rev to this collection of info on, including suggestion New Jersey Avenue, SE form before you begin.	on Act ui is 2137- viewing i rmation ns for rec t, Washi They cla	nless th 0522. instruct are ma ducing t ngton, l arify the	hat collecti Public rep tions, gath andatory. S this burder D.C. 2059	on of inf orting fo ering the Send co a to: Info). on reque	ormation or this of e data mment ormation ested a	on disp collectioneedec s regain n Colle	lays a on of l, and rding ection <i>vide</i>				
PART A - OPERATOR INFORMATIC	N	DOT USE ONLY											
1. OPERATOR'S 5 DIGIT IDENTIFIC	2. NAME OF OPERA	TOR:											
3. RESERVED		4. HEADQUARTERS ADDRESS: Street Address											
		State: <u>/ / /</u> Zip	Code:	<u> </u>		<u> </u>	/ /	1	<u>/</u>				
5. THIS REPORT PERTAINS TO THE and complete the report for that Comm							ninant g	gas cai	ried				
 □ Natural Gas □ Synthetic Gas □ Hydrogen Gas □ Propane Gas □ Landfill Gas □ Other Gas → Nan 	ne of Other Gas												
6. RESERVED													
7. FOR THE DESIGNATED "COMMO (Select one or both)	DDITY GROUP", THE PIPELINE	ES AND/OR PIPELINE	FACILIT	IES IN	CLUDED	VITHIN	THIS	OPID A	RE:				
INTERstate pipelin and/or pipeline facilitie	e → List all of the States is included under this OP	and OCS portions i D exist:,,	n whic _,,	h INT _, etc	ERstate c.	pipelir	nes						
	The \rightarrow List all of the States for this OPID exist:,		tate pi	peline	es and/o	⁻ pipel	ine						
8. RESERVED													

<u>Use this form for Type A, B, and C gas gathering.</u> Type R gas gathering is reported on Form PHMSA F <u>7100.2-3.</u>

For the designated Commodity Group, PARTs B, B1, and D will be calculated based on the data entered in Parts L, T, and P respectively. Complete Part C one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.

PART B – TRAN	PART B – TRANSMISSION PIPELINE HCA, §192.710, and in neither HCA nor §192.710 MILES											
	Number of HCA Miles	Number of §192.710 Miles	Number of Class Location 3 or 4 Miles that are neither in HCA nor in §192.710	Number of Class Location 1 or 2 Miles that are neither in HCA nor in §192.710								
Onshore	Calc	Calc	Calc	Calc								
Offshore	Calc	Calc	Calc	Calc								
Total Miles	Calc	Calc	Calc	Calc								

Part B1 – HCA Miles by Determination Method and Risk Model Type

Risk Model Type	Miles HCA Method 1	Miles HCA Method 2	Total
Subject Matter Expert (SME)	calc	calc	calc
Relative Risk	calc	calc	calc
Quantitative	calc	calc	calc
Probabilistic	calc	calc	calc
Scenario-Based	calc	calc	calc
Other	calc	calc	calc
Total	calc	calc	calc

PART C - VOLUME TRANSPORTED IN TRAN PIPELINES (ONLY) IN MILLION SCF PER YEA Transmission lines of Gas Distribution syste	AR (excludes	☐ Check this box and do not complete PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.				
		Onshore	Offshore			
Natural Gas						
Propane Gas						
Synthetic Gas						
Hydrogen Gas						
Landfill Gas						
Other Gas → Name:						

PART D - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	Steel cathodically Steel cathodically protected unprotected									
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite ¹	Other	Total Miles
Transmission										
Onshore	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Offshore	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Subtotal Transmission	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Gathering										
Onshore Type A	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Onshore Type B	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Onshore Type C	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>	<u>Calc</u>
Offshore	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Subtotal Gathering	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Total Miles	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc

¹ Use of Composite pipe requires a PHMSA Special Permit or waiver from a State

PART E - RESERVED

For the designated Commodity Group, complete PARTs F and G <u>one time for all INTERstate gas</u> <u>transmission pipeline facilities</u> included within this OPID and multiple times as needed for the designated Commodity Group <u>for each State in which INTRAstate gas transmission pipeline facilities</u> included within this OPID exist. Part F "WITHIN AN HCA SEGMENT" data and Part G may be completed only if HCA Miles in Part L is greater than zero.

<u>Use this form for Type A, B, and C gas gathering.</u> Type R gas gathering is reported on Form PHMSA F 7100.2-3.

PARTs F and G

The data reported in these PARTs applies to: (select only one)

□ Interstate pipelines/pipeline facilities

□ Intrastate pipelines/pipeline facilities in the State of /_/_/ (complete for each State)

I. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	
b. Dent or deformation tools	
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools, specify other tools:	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	Calc
2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
a. Based on ILI data, total number of anomalies excavated in calendar year because they met the operator's criteria for excavation.	
b. Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	Calc
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	Calc
c. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Not used	
e. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A §192.710 SEGMENT.	

f. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT.	
g. Total number of pressure test failures (ruptures and leaks) repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT.	
MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	Calc
1. ECDA	
2. ICDA	
3. SCCDA	
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	Calc
1. ECDA	
2. ICDA	
3. SCCDA	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	Calc
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
a. Total number of conditions repaired with the A \$132.1 to OEOWENT.	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT:	
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e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TEST a. Total mileage inspected by GWUT method in calendar year.	ING (GWUT)
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e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TEST a. Total mileage inspected by GWUT method in calendar year. b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192 Appendix F, Section XIX] 2. "6-Month conditions" [192 Appendix F, Section XIX] 3. "12-Month conditions" [192 Appendix F, Section XIX] 4. "Monitored conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DIRECT EXAMINATION a. Total mileage inspected by DIRECT EXAMINATION method in calendar year. b. Total number of anomalies identified by DIRECT EXAMINATION method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710	Calc
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e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: mILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TEST a. Total mileage inspected by GWUT method in calendar year. b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192 Appendix F, Section XIX] 2. "6-Month conditions" [192 Appendix F, Section XIX] 3. "12-Month conditions" [192 Appendix F, Section XIX] 4. "Monitored conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: mILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DIRECT EXAMINATION a. Total mileage inspected by DIRECT EXAMINATION method in calendar year. b. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: mILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DIRECT EXAMINATION a. Total mileage inspected by DIRECT EXAMINATION method in calendar year. b. Total number of anomalies identified by DIRECT EXAMINATION method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. c. Total number of conditions repaired WITHIN A CLASS LOCATION Method and repaired in calendar year based on the operator's criteri	Calc
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TEST a. Total mileage inspected by GWUT method in calendar year. b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192 Appendix F, Section XIX] 2. "6-Month conditions" [192 Appendix F, Section XIX] 3. "12-Month conditions" [192 Appendix F, Section XIX] 4. "Monitored conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 GMENT: d. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: d. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: d. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: d. Total number of anomalies identified by DIRECT EXAMINATION method in calendar year. b. Total number of anomalies identified by DIRECT EXAMINATION method and repaired in calendar year based on the operator's criteria, within an HCA Segment, witTHIN A N HCA SEGMENT meeting the definition of: 1. "Immediate repair conditions" [192.933(d)(1)]	Calc
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 (GMENT: f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 GMENT: MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON GUIDED WAVE ULTRASONIC TEST a. Total mileage inspected by GWUT method in calendar year. b. Total number of anomalies identified by GWUT method and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of: "Immediate repair conditions" [192 Appendix F, Section XIX] "Ge-Month conditions" [192 Appendix F, Section XIX]	Calc

e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year. Specify other inspection technique(s):	
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment.	Calc
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	Calc
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
d. Total number of conditions repaired WITHIN A §192.710 SEGMENT:	
e. Total number of conditions repaired WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
f. Total number of conditions repaired WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a +4.1.a + 4.2.a + 5.a)	Calc
b. Total number of anomalies repaired in calendar year within an HCA Segment, within a §192.710 Segment, and outside of an HCA or §192.710 Segment. (Lines 2.b + 3.b + 4.b +4.1.b + 4.2.b + 5.b)	Calc
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c + 3.c + 4.c+ 4.1.c + 4.2.c + 5.c)	Calc
d. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN AN HCA SEGMENT:	
e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN AN HCA SEGMENT:	
f. Total number of conditions repaired in calendar year WITHIN A §192.710 SEGMENT. (Lines 2.d + 3.e + 4.d +4.1.d + 4.2.d + 5.d)	Calc
g. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A §192.710 SEGMENT:	
h. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A §192.710 SEGMENT:	
i. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT. (Lines 2.e + 3.f + 4.e + 4.1.e + 4.2.e + 5.e)	Calc
j. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
k. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 SEGMENT:	
I. Total number of conditions repaired in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT. (Lines 2.f + 3.g + 4.f +4.1.f + 4.2.f + 5.f)	Calc
m. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	
n. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN A CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 SEGMENT:	

PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA, §192.710, and Outside HCA or §192.710 Segment miles)

a. HCA Segments Baseline assessment miles completed during the calendar year.	
b. HCA Segments Reassessment miles completed during the calendar year.	
c. HCA Segments Total assessment and reassessment miles completed during the calendar year.	Calc
d. §192.710 Segments Baseline assessment miles completed during the calendar year.	
e. §192.710 Segments Reassessment miles completed during the calendar year.	
f. §192.710 Segments Total assessment and reassessment miles completed during the calendar year.	Calc
g. CLASS LOCATION 3 OR 4 AND neither HCA nor §192.710 Segments assessment miles completed during the calendar year.	
h. CLASS LOCATION 1 OR 2 AND neither HCA nor §192.710 Segments assessment miles completed during the calendar year.	

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-3.

For the designated Commodity Group, complete PARTs H, I, J, K, L, M, P, Q, R, S, and T covering INTERstate pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAstate pipeline facilities for each State in which INTRAstate systems exist within this OPID.

PARTs H, I, J, K, L, M, P, Q, R, S, and T

The data reported in these PARTs applies to: (select only one)

□ Interstate pipelines/pipeline facilities in the State of I_I_I (complete for each State)

□ Intrastate Pipelines/pipeline facilities in the State of /_/_/ (complete for each State)

PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)

	LS OF TRANSI		BINOMINAL		NF3)													
	NPS 4 or less	6	8	10	12	14	16	18	20									
Onshore																		
onshore	22	24	26	28	30	32	34	36	38									
	40	42	44	46	48	52	56	58 and over										
	Other P Not	Pipe Sizes Listed																
	Size: Mil Add Sizes a	les: s needed																
Calc	Total Miles of	of Onshore Pip	e - Transmissio	on														
	NPS 4 or less	6	8	10	12	14	16	18	20									
Offshore																		
	22	24	26	28	30	32	34	36	38									
				-														
	40	42	44	46	48	52	56	58 and over										
		Pipe Sizes Listed							-									
	Size: Mil Add Sizes a	les: s needed																
Calc	Total Miles of	of Offshore Pip	e - Transmissio	on														

PART I - MILES	OF GATHER	ING PIPE BY	NOMINAL PIP	E SIZE (NPS)					
	NPS 4 or less	6	8	10	12	14	16	18	20
Onshore									
Туре А	22	24	26	28	30	32	34	36	38
									1
	40	42	44	46	48	52	56	58 and over	
	Other D	ing Sizog	I						
	Not	ipe Sizes Listed							
	Size: Mil Add Sizes as	es: s needed							
Calc	Total Miles o	of Onshore Typ	e A Pipe - Gat	hering					
	NPS 4 or less	6	8	10	12	14	16	18	20
Onshore									
Туре В	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
		ipe Sizes Listed							1
	Size: Mil Add Sizes as	es: s needed							
Calc	Total Miles o	of Onshore Typ	e B Pipe - Gat	hering					
	NPS 4 or less	6	8	10	12	14	16	18	20
<u>Onshore</u>									
<u>Type C</u>	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
		ipe Sizes Listed		1				ļ	1
	Size: Mil Add Sizes as	es: s needed	1						
<u>Calc</u>	Total Miles o	of Onshore Typ	e C Pipe - Gat	hering					

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed \$100,000 for each violation for each day the violation continues up to a maximum of \$1,000,000 as provided in 49 USC 60122.

	NPS 4 or less	6	8	10	12	14	16	18	20
Offshore									
	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
	Other P Not I	ipe Sizes Listed							_
	Size: Mil Add Sizes as	es: s needed]						
Calc	Total Miles o	of Offshore - Ga	athering						

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Unknown	Pre-1940	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
Transmission							
Onshore							
Offshore							
Subtotal Transmission	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Gathering							
Onshore Type A							
Onshore Type B							
Onshore Type C							
Offshore							
Subtotal Gathering	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Total Miles	Calc	Calc	Calc	Calc	Calc	Calc	Calc

Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles
Transmission					
Onshore					Calc
Offshore					Calc
Subtotal Transmission	Calc	Calc	Calc	Calc	Calc
Gathering					
Onshore Type A					Calc
Onshore Type B					Calc
Onshore Type C					<u>Calc</u>
Offshore					Calc
Subtotal Gathering	Calc	Calc	Calc	Calc	Calc
Total Miles	Calc	Calc	Calc	Calc	Calc

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH						
		CLASS LC	OCATION		T (1 M ²)	
ONSHORE	Class I	Class 2	Class 3	Class 4	Total Miles	
Steel pipe Less than 20% SMYS					Calc	
Steel pipe Greater than or equal to 20% SMYS but less than30% SMYS					Calc	
Steel pipe Greater than or equal to 30% SMYS but less than or equal to 40% SMYS					Calc	
Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS					Calc	
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS					Calc	
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS					Calc	
Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS					Calc	
Steel pipe Greater than 80% SMYS					Calc	
Steel pipe Unknown percent of SMYS					Calc	
All Non-Steel pipe					Calc	
Onshore Totals	Calc	Calc	Calc	Calc	Calc	
OFFSHORE	Class I					
Steel pipe Less than or equal to 50% SMYS						
Steel pipe Greater than 50% SMYS but less than or equal to 72% SMYS						
Steel pipe Greater than 72% SMYS						
Steel pipe Unknown percent of SMYS						
All non-steel pipe						
Offshore Total	Calc					
Total Miles	Calc	Calc	Calc	Calc	Calc	

PART L - MILES OF PIPE BY CLASS LOCATION									
		Class							
	Class I	Class 2	Class 3	Class 4	Total Class Location Miles	HCA Miles	§192. 710 Miles	Class Location 3 or 4 Miles that are neither in HCA nor in §192.710	Class Location 1 or 2 Miles that are neither in HCA nor in §192.710
Transmission									
Onshore	Calc from Part K	Calc from Part K	Calc from Part K	Calc from Part K	Calc				
Offshore	Calc from Part K				Calc				
Subtotal Transmission	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Gathering									
Onshore Type A					Calc				
Onshore Type B					Calc				
Onshore Type C					<u>Calc</u>				
Offshore					Calc				
Subtotal Gathering	Calc	Calc	Calc	Calc	Calc				
Total Miles	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc

PART M – FAILURES, LEAKS, AND REPAIRS

PART M1 - ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; FAILURES IN HCA SEGMENTS IN CALENDAR YEAR Transmission Leaks and Failures **Gathering Leaks** Cause Leaks Failures in Onshore Leaks Offshore HCA by Type Leaks **Onshore Leaks** Offshore Segments Leaks HCA MCA Class Class HCA Non-Type Туре <u>C</u> 3&4 1&2 HCA Α в nonnon-HCA HCA & & nonnon-MCA MCA External Corrosion Internal Corrosion Stress Corrosion Cracking Manufacturing Construction Equipment Incorrect Operations Third Party Damage/Mechanical Damage **Excavation Damage** Previous Damage (due to Excavation Activity) Vandalism (includes all Intentional Damage) Weather Related/Other Outside Force Natural Force Damage (all) Other Outside Force Damage (excluding Vandalism and all Intentional Damage) Other Calc Total Calc Calc Calc Calc Calc Calc Calc Calc Calc <u>al</u> PART M2 - KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR Transmission Gathering PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR Transmission Gathering Onshore Type A Onshore Onshore Type B Onshore Type C

Total Calc

Calc

OCS

Subtotal Transmission

OCS

Subtotal Gathering

Calc

PART P - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	Steel cathodically protected			eel cathodically unprotected						
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite ¹	Other ²	Total Miles
Transmission										
Onshore										Calc
Offshore										Calc
Subtotal Transmission	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Gathering										
Onshore Type A										Calc
Onshore Type B										Calc
Onshore Type C										<u>Calc</u>
Offshore										Calc
Subtotal Gathering	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
Total Miles	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc

¹ Use of Composite pipe requires a PHMSA Special Permit or waiver from a State

² specify Other material(s):

Part Q - Gas Tra	ansmiss	ion Mil	es by N	IAOP D	etermi	nation I	Method							
by §192	.619 and	d Other	Metho	ds										
	(a)(1) Total	(a)(1) Incomplete Records	(a)(2) Total	(a)(2) Incomplete Records	(a)(3) Tota	l (a)(3) Incomplete Records	(a)(4) Total	(a)(4) Incomplete Records	(c) Total	(c) Incomplete Records	(d) Total	(d) Incomplete Records	Other ¹ Total	Other Incomplet Records
Class 1 (in HCA)														
Class 1 (in MCA)														
Class 1 (not in HCA or MCA)														
Class 2 (in HCA)														
Class 2 (in MCA)														
Class 2 (not in HCA or MCA)														
Class 3 (in HCA)														
Class 3 (in MCA)														
Class 3 (not in HCA or MCA)														
Class 4 (in HCA)														
Class 4 (in MCA)														
Class 4 (not in HCA or MCA)														
Tota	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc
by §192	.624 Me	thods												
		(c)(<i>1</i>	1) Total	(c)(2)	Total	(c)(3) T	otal	(c)(4) Tota	I	(c)(5) Total	(c)	(6) Total	-	
Class 1 (in HCA)													1	
Class 1 (in MCA)													1	
Class 1 (not in HCA	or MCA)													
Class 2 (in HCA)														
Class 2 (in MCA)														
Class 2 (not in HCA	or MCA)													
Class 3 (in HCA)														
Class 3 (in MCA)														
Class 3 (not in HCA	or MCA)													
Class 4 (in HCA)														
Class 4 (in MCA)														
Class 4 (not in HCA	or MCA)													
	Tot		Calc	Ca		Calo		Calc		Calc		Calc		
Total under 1						er	Calc Calc							
Total under 1 Grand Total	92.024 (8	as allowe	eu by 192	2.019(e))		Calc							
Sum of Total	row for a	all "Incom	nplete Re	cords" c	olumns		Calc							

¹ Specify Other method(s): _____

Part R – Gas Transmission Miles by Pressure Test (PT) Range and Internal Inspection

	PT ≥ 1.5	50 MAOP	1.5 MAOP > PT ≥ 1.39 MAOP		
Location	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	
Class 1 in HCA					
Class 2 in HCA					
Class 3 in HCA					
Class 4 in HCA					
in HCA subTotal	Calc	Calc	Calc	Calc	
Class 1 in MCA					
Class 2 in MCA					
Class 3 in MCA					
Class 4 in MCA					
in MCA subTotal	Calc	Calc	Calc	Calc	
Class 1 not in HCA or MCA					
Class 2 not in HCA or MCA					
Class 3 not in HCA or MCA					
Class 4 not in HCA or MCA					
not in HCA or MCA subTotal	Calc	Calc	Calc	Calc	
Total	Calc	Calc	Calc	Calc	

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed \$100,000 for each violation for each day the violation continues up to a maximum of \$1,000,000 as provided in 49 USC 60122.

	1.39 MA		1.25 MAOP > PT ≥ 1.1 MAOP		1.1 MAOP > PT or No PT	
Location	Miles Interna Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE
Class 1 in HCA						
Class 2 in HCA						
Class 3 in HCA						
Class 4 in HCA						
in HCA subTotal	Calc	Calc	Calc	Calc	Calc	Calc
Class 1 in MCA						
Class 2 in MCA						
Class 3 in MCA						
Class 4 in MCA						
in MCA subTotal	Calc	Calc	Calc	Calc	Calc	Calc
Class 1 not in HCA or MCA						
Class 2 not in HCA or MCA						
Class 3 not in HCA or MCA						
Class 4 not in HCA or MCA						
not in HCA or MCA subTotal	Calc	Calc	Calc	Calc	Calc	Calc
Total	Calc	Calc	Calc	Calc	Calc	Calc
PT ≥ 1.5 MAOP Total		Calc	Total Miles Inte	rnal Inspection A	ABLE	Calc
1.5 MAOP > PT ≥ 1.39 MAOP Total		Calc	Total Miles Inte	rnal Inspection N	NOT ABLE	Calc
1.39 > PT ≥ 1.25 MAOP Total		Calc			Grand Total	Calc
1.25 MAOP > PT ≥ 1.1		Calc				
1.1 MAOP > PT or No PT Total		Calc				
	Grand Total	Calc				

Part S – Gas Transmission Verification of Materials (192.607)

Location	Miles 192.607 this Year	192.607 Number Test Locations this Year
Class 1 in HCA		
Class 2 in HCA		
Class 3 in HCA		
Class 4 in HCA		
Class 1 in MCA		
Class 2 in MCA		
Class 3 in MCA		
Class 4 in MCA		
Class 1 not in HCA or MCA		
Class 2 not in HCA or MCA		
Class 3 not in HCA or MCA		
Class 4 not in HCA or MCA		

Part T – HCA Miles by Determination Method and Risk Model Type

Risk Model Type	Miles HCA Method 1	Miles HCA Method 2	Total
Subject Matter Expert (SME)			calc
Relative Risk			calc
Quantitative			calc
Probabilistic			calc
Scenario-Based			calc
Other describe:			calc
Total	calc	calc	calc

For the designated Commodity Group, complete PART N one time for all of the pipelines and/or pipeline facilities included within this OPID, and then also PART O if any gas transmission pipeline facilities included within this OPID have Part L HCA mile value greater than zero.

PART N - PREPARER SIGNATURE

Preparer's Name(type or print)

/__/__/_/_/_/_/_/_/_/_/_/_/ Telephone Number

Preparer's Title

Preparer's E-mail Address

PART O - CERTIFYING SIGNATURE (applicable to PARTs B, F, G, and M1)

/__/__/_/_/_/_/_/_/_/ Telephone Number

Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

Senior Executive Officer's E-mail Address

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

OMB NO: 2137-0635 Expires: 10/31/2024

U.S. Department of Transportation Pipeline and Hazardous Materials	INCIDENT REPORT – GAS TRANSMISSION AND GATHERING	Report Date
Safety Administration	SYSTEMS	No (DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-2.

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

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

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

A3. Address of Operator:

A3a. Street Address:	auto-populated based on OPID
A3b. City:	auto-populated based on OPID
A3c. State:	auto-populated based on OPID
A3d. Zip Code:	auto-populated based on OPID

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

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

A4b. Daylight Saving in effect? O Yes O No

A5. Location of Incident:

Latitude:	/	1	/	. /	1	1	1	1	/	
Longitude:	- /	1	1	1	. /	1	1	1	1	1

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

- □ Natural Gas
- □ Propane Gas
- □ Synthetic Gas
- Hydrogen Gas
- Landfill Gas
- □ Other Gas 🖒 Name: _____

A7. Estimated volume of gas released unintentionally:

/ / /,/ / / / thousand standard cubic feet (mcf)

A8. Estimated volume of intentional and controlled release/blowdown :

- A9. Estimated volume of accompanying liquid released:
- / / /,/ / / / thousand standard cubic feet (mcf)
- / / /,/ / / / Barrels

A10. Were there fatalities? O Yes O No			nere injuries requiring inpatient ho	ospitalization? O Yes O
If Yes, specify the number in each catego		No If Yes, si	pecify the number in each cate	iory:
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>		. 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 a Static Shut-in Test or Other Pressure Controller Air Patrol Notification from Public Notification from Third Party that cause 	larm(s), alert(s), e or Leak Test	vent(s), and/or volume calculat Uccal Operating Personne Ground Patrol by Operator Notification from Emergen	l, including contractors r or its contractor	
A12a. If "Controller", "Local Operating Pe Question 12, specify the following: (selec	rsonnel, including t only one)	contractors", "Air Patrol", or "G	Ground Patrol by Operator or its	contractor" is selected in
O Operator employee	O Contractor v	vorking for the Operator		
A13. Local time Operator identified failure	<u>/ / /</u> Hour	<u>////////</u> Month D	<u>/////</u> Day Year	
 Onshore Compressor Station Equipm Onshore Regulator/Metering Station I Onshore Pipeline, Including Valve Sit Offshore Platform, Including Platform Offshore Pipeline, Including Riser and 	Equipment and Pipes mounted Equipme	-		
 A15. Operational Status at time Operator iden O Post-Construction Commissioning O Post-Maintenance/Repair O Routine Start-Up O Routine Shutdown O Normal Operation, includes pauses during O Idle 		t only one)		
A16. If A15 = Routine Start-Up or Normal Op O Yes O No ⊫> Explain:	eration, was the pi	peline/facility shut down due to	the incident?	
If Yes, complete Questions A16.a and A ²	6.b: (use local tin	ne, 24-hr clock)		
A16a. Local time and date of shutdown	<u>/ / /</u> Hour	/_//_/_/_/_/ Month Day	<u>/ / / /</u> Year	
A16b. Local time pipeline/facility restarte	ed <u>/ / /</u> Hour	/_//_/_/_/_/ Month Day	/ / / / O Still shut do Year *Supplemental	wn* Report required
If A12. = Notification from Emergency Respondent A17a. Did the operator communicate with Loc		ral Emergency Responders ab	out the incident? O Yes	O No
If No, skip A17b and c.				
A17b. Which party initiated communication at	out the incident?	O Operator O Local/State	e/Federal Emergency Responde	er
A17c. Local time of initial Operator and Local	/State/Federal Em		ation <u>/////////</u> Month Day Yea	<u>/ /</u>
A18. Local time operator resources arrived or	n site <u>/ / /</u>	Hour _/_/ /_//// Hour Month		п
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 / / / / / / / / / / / / / / / / / / /
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 O Valve Closure O Operational Control - mandatory text field
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: / / / / / / - / / / /
B4 B5 County or Parish
City County or Parish
B6. Operator designated location: <i>(select only one)</i> □ Milepost <i>(specify in shaded area below)</i> □ Survey Station No. <i>(specify in shaded area below)</i> □ Not Applicable (B7 will not accept data)
B7. / <u>///////////////////////////////////</u>
B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No
B9. Location of Incident: <i>(select only one)</i> 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) O Cased O Uncased O Bored/drilled □ Road crossing (select all that apply) O Cased O Uncased O Bored/drilled □ Water crossing Specify: O Cased O Uncased Name of body of water, if commonly known: Approx. water depth (ft) at the point of the Incident: /////OR O Unknown (select only one of the following) O Shoreline/Bank/Marsh crossing O Below water, pipe 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 #: / / / / _/
Nearest County/Parish:
O OCS- Atlantic
O OCS-Gulf of Mexico O OCS – Pacific 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

PART C – ADDITIONAL FACILITY INFORMATION C1. Is the pipeline or facility:	
C2. Material involved in Incident: <i>(select only one)</i> □ Carbon Steel □ Plastic □ Material other than Carbon Steel or Plastic → *Specify: C3. Item involved in Incident: <i>(select only one)</i> □ Pipe → Specify: ○ Pipe Body ○ Pipe Seam C3a. Nominal Pipe Size: / / // / / / /	
If Pipe Body: Was this a Puddle/Spot Weld? O <u>Yes</u> O <u>No</u>	
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	
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	0
Extruded Polyethylene O Cold Applied Tape O Paint O Composite	
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 (PE O Polybutylene (PB) O Polypropylene (PP) O Acrylonitrile Butadiene Styrene (AB 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, 340	
□ 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 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 Fi O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe:	requency
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.	

[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 Unknown					
		O Relief Valve O Auxiliary or Other Valve					
 		 Compressor, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. 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 tubing. Odorization System, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. Filter/Strainer/Separator, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. Filter/Strainer/Separator, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. Dehydrator/Drier/Treater/Scrubber, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. 					
[Regulator/Control Valve, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. Pulsation Bottle or Drip/Drip Collection Device					
		 Cooler or Heater, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. Repair Sleeve or Clamp Hot Tap Equipment 					
[Fit Tap Equipment Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.) Flange Assembly, including Gaskets 						
[ESD System, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. Drain Lines Tubing, including Fittings					
L		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 Other					
		ar item involved in Incident was installed: / / / / / / OR O Unknown					
		ar item involved in Incident was manufactured: / / / / / OR O Unknown					
		be of release involved: (select only one)					
		Mechanical Puncture					
		Leak Select Type: O Pinhole O Crack O Connection Failure O Seal or Packing O Other					
L		Rupture C Select Orientation: O Circumferential O Longitudinal O Other					
_	_	Approx. size: / _ / _ / _ / _/ / in. (widest opening) by / _ / _ / _ / _ / _ / _/ in. (length circumferentially or axially)					
		ADDITIONAL CONSEQUENCE INFORMATION ss Location of Incident: (select only one)					
טו. י		Class 1 Location					
		Class 2 Location					
		Class 3 Location					
		Class 4 Location					
D2. I	Dic	this Incident occur in a High Consequence Area (HCA)?					
		□ Yes 🖒 D2.a Specify the Method used to identify the HCA: O Method 1(Class Location) O Method 2 (PIR)					
		at is the PIR (Potential Impact Radius) for the location of this Incident? ///////////////////////////////////					
		re any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? O Yes O No					
		re any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? O Yes O No					
If Yes	s, C	re any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? O Yes O No Describe the cause of the fatalities or injuries:					
		Did this incident occur in a Moderate Consequence Area (MCA)? O Yes O No					
		is Yes, answer D13b.					
D13b). (O	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:

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 blow	down \$ <i>calculated</i>				
D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) \$ calculated					
D7i. Estimated Total Cost (sum of D7e and D7h) \$ calculated					
Injured Persons not included in A11 The number of persons injured, admitted are reported in A11. <i>If a person is included in A11, do not include them in D8.</i>	to a hospital, and remaining in the hospital for at least one overnight				

D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:

If a person is included in D8, do not include them in D9.

D9. Estimated number of persons with injuries requiring treatment by EMTs at the site 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 service interrupted):

D12. Wildlife impact: O Yes O No

D12a. If Yes, specify all that apply:

- □ Fish/aquatic
- □ Birds
- Terrestrial

PART E – ADDITIONAL OPERATING INFORMATION

Other Specify Other:	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
E2b. Date MAOP established: <u>/ / / / / / / / / / / / / / / / / / / </u>	
E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction?	POYes ONo OBi-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 normally
□ No □ Yes 🖒 (Complete E4.a and E4.b below)	
E4a. Did the pressure exceed this "established pressure restriction?" O Yes	O No
E4b. Was this pressure restriction mandated by PHMSA or the State? O PHMSA	O State O Not mandated
E5. Was the gas at the point of failure required to be odorized in accordance with §192.625? O Ye If yes, Was the gas at the point of failure odorized in accordance with §192.625? O Ye	es O No es O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Rise	r Bend", answer E6 through E8.
E6. Length of segment between upstream and downstream shut-off valves closest to failure location	n (ft): / / / / / / / /
E7 Is the pipeline configured to accommodate internal inspection tools? Yes Vhich physical features limit tool accommodation? (select all that 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 instr O Extra thick pipe wall (applicable only for magnetic flux leakage O Other r Describe:	umentation, etc.)
E8 For this pipeline, are there operational factors which significantly complicate the execution of an	internal inspection tool run?
 No Yes ➡ Which operational factors complicate execution? (select all that and the execution is completed by the execution is comp	pjy)
E9 Function of pipeline system: (select only one)	
 □ Transmission System □ Transmission Line of Distribution System □ Type A Gathering □ Type C Gathering 	
Transmission in Storage Field Offshore Gathering	

E10 Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?

- □ Yes 🖒 O Yes E10.a Was it operating at the time of the Incident?
- O No O Yes O No E10.b Was it fully functional at the time of the Incident?

E10.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? O Yes O No

E10.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? O Yes O No

E11 Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? (select only one)

Sec. but the investigation of the control room and/or controller actions has not yet been completed by the operator (Supplemental Report required)

□ No, the facility was not monitored by a controller(s) at the time of the Incident

□ No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate):

Yes, specify investigation result(s): *(select all that apply)*

O Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue

O Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue (provide an explanation for why not):

- O Investigation identified no control room issues
- O Investigation identified no controller issues
- O Investigation identified incorrect controller action or controller error
- O Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
- 0 Investigation identified incorrect procedures
- 0 Investigation identified incorrect control room equipment operation
- 0 Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
- O Investigation identified areas other than those above ⇒ Describe:

PART F – DRUG & ALCOHOL TESTING INFORMATION

- F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?
 - O No

OYes ⊏ >	F1a.	Specify how many were tested:	<u>/</u>	/	/

- F1b. Specify how many failed:
- F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?
 - O No
 - O Yes A F2a. Specify how many were tested: F2b. Specify how many failed:

G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column

External Corrosion

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.

1. Results of visual examination: O Localized Pitting O General Corrosion O Other

O Other	al O Selective Seam
Current Al	ray Current, specify O Alternating Current O Direct ND e the stray current source:
following: (s	s) of corrosion selected in Question 2 is based on the elect all that apply) examination O Determined by metallurgical analysis
-	ailed item buried or submerged?
	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 beer conducted at the point of the incident? (select all that apply) O Yes, CP Annual Survey ⇒ Most recent year I / / / / O Yes, Close Interval Survey ⇒ Most recent year
conducted: conducted: conducted:	O Yes, Other CP Survey → Most recent year <u>/ / / /</u> Describe other CP survey

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
- 6. 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

□ Internal Corrosion

8. The cause(s) of corrosion selected in Question 7 is based on the following: *(select all that apply)*

O Field examination O Determined by metallurgical analysis O Other

9. Location of corrosion: (select all that apply)
 O Low point in pipe
 O Elbow
 O Drop-out
 O Dead-Leg
 O Other

10. Was the gas/fluid treated with corrosion inhibitors or biocides? O Yes $\,$ O No $\,$

11. Was the interior coated or lined with protective coating? O Yes O No $\,$

12. Were cleaning/dewatering pigs (or other operations) routinely utilized?

O Not applicable - Not mainline pipe O Yes O No

13. Were corrosion coupons routinely utilized?

O Not applicable - Not mainline pipe O Yes O No

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

☐ Earth Movement, NOT due to Heavy Rains/		ecify: O Earthquake O Subsid	dence O Landslide
		Other	
☐ Heavy Rains/Floods		cify: O Washout/Scouring O	Flotation O Mudslide O
☐ Lightning	3. Spe nearby	cify: O Direct hit O Seconda fires	ry impact such as resulting
☐ Temperature	4. Spe	ecify: O Thermal Stress O Frozen Components	O Frost Heave O Other
☐ High Winds			
☐ Trees/Vegetation Roots			
Snow/Ice impact or Accumulation			
Other Natural Force Damage	5. Des	cribe:	
Complete the following if any Natural Force Damag	e sub-cause is selected.		
6. Were the natural forces causing the Incident gener	ated in conjunction with an extrem	e weather event? O Yes O	No
6a. If Yes, specify: (<i>select all that apply</i>) O ⊢	lurricane O Tropical Storm	O Tornado	

G3 – Excavation Damage - o	nly one sub-cause ca	n be picked from shade	d left-hand column	
□ Excavation Damage by C	Operator (First Party)			
Excavation Damage by C Party)	Operator's Contractor	(Second		
Excavation Damage by 1	hird Party			
Previous Damage due to	Excavation Activity			
Complete the following if Excav	vation Damage by Th	ird Party is selected as	s the sub-cause.	
1. Did the operator get prior noti	fication of the excavati	on activity? O Yes	O No	
1a. If Yes, Notification rece				O Contractor O Landowner
Unknown If yes, answer 1c. through 1 1c. select one of the for O Excavat O Activity i O Activity i O Other	e. ollowing: or is exempt s exempt and did not e s exempt and exceede mandatory text field:	exceed the limits of the ad the limits of the exem	exemption	one-call center? O Yes O No O
Complete the following mandat	ory CGA-DIRT Progra	m questions if any Ex	cavation Damage sub-cau	se is selected.
2. Do you want PHMSA to uploa	d the following informa	ation to CGA-DIRT (<u>ww</u>	w.cga-dirt.com)? OYes	O No
3. Right-of-Way where event oc	curred: (select all that	apply)		
□ Public 🖒 Specify: C	City Street O State	e Highway O County	Road O Interstate High	way O Other
🛛 Private 🖒 Specify: O	Private Landowner	O Private Business	O Private Easement	
 Pipeline Property/Easerr Power/Transmission Line Railroad Dedicated Public Utility E Federal Land Data not collected Unknown/Other 	e			
4. Type of excavator: (select on	ly one)			
O Contractor O Co O Railroad O Sta	, _	per O Farmer O Data not	O Municipality collected	O Occupant O Unknown/Other
O Explosives O F	t: <i>(select only one)</i> ackhoe/Trackhoe arm Equipment rencher	O Boring O Grader/Scraper O Vacuum Equipmen	O Drilling O Hand Tools t O Data not collected	 O Directional Drilling O Milling Equipment O Unknown/Other
6. Type of work performed: (sel	ect only one)			
 Agriculture Drainage Grading Natural Gas Sewer (Sanitary/Storm) Telecommunications Data not collected 	O Cable TV O Driveway O Irrigation	O Curb/Sidewalk O Electric O Landscaping olic Transit Authority tt O Steam O Traffic Sign	 O Building Construction O Engineering/Surveying O Liquid Pipeline O Railroad Maintenance O Storm Drain/Culvert O Water 	 O Building Demolition O Fencing O Milling O Road Work O Street Light O Waterway Improvement

7. Was the One-Call Center notified?	O Yes	O No	If No, skip to question 11
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- *7b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:

8. Type of Locator:	O Utility Owner	O Contrac	ct Loca	tor	O Data not collected	O Unknown/Other
9. Were facility locate marks visible	in the area of excavati	on? O I	No	O Yes	O Data not collected	O Unknown/Other
10. Were facilities marked correctly?			O No	O Yes	O Data not collected	O Unknown/Other
11. Did the damage cause an interru	uption in service?	С) No	O Yes	O Data not collected	O Unknown/Other
16a. If Yes, specify duration	on of the interruption:	/ <u>/</u>	_//	/ hours		

12. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):

- One-Call Notification Practices Not Sufficient: (select only one)
 - O No notification made to the One-Call Center
 - O Notification to One-Call Center made, but not sufficient
 - O Wrong information provided
- Locating Practices Not Sufficient: (select only one)
 - O Facility could not be found/located
 - O Facility marking or location not sufficient
 - O Facility was not located or marked
 - O Incorrect facility records/maps

Excavation Practices Not Sufficient: (select only one)

- O Excavation practices not sufficient (other)
- O Failure to maintain clearance
- O Failure to maintain the marks
- O Failure to support exposed facilities
- O Failure to use hand tools where required
- O Failure to verify location by test-hole (pot-holing)
- O Improper backfilling

One-Call Notification Center Error

- Abandoned Facility
- Deteriorated Facility
- Previous Damage
- Data Not Collected
- Other / None of the Above (explain)

G4 ·	 Other Outside Force E 	Damage - onl	y one sub-cause	can be picked f	rom shaded	left-hand colum
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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	Third Pa		O Op	select only one) perator's Contractor pmplete questions 5-11 l	O
Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	2. Selec was a fa Tornado		O Tro	g IF an extreme weather opical Storm O Other	event O
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. Speci	O Vandalism O Theft of transpo		O Terrorism nmodity O Theft of ec	
□ Other Outside Force Damage	4. Desc	ibe:			
Complete the following if Damage by Car, Truck, or Other Motorized Vehicl	_ e/Equipmo	ent NOT Engaged i	n Excava	ation sub-cause is sele	cted.
 5. Was the driver of the vehicle or equipment issued one or more citations related one or more citations related in the second second	ed to the ir	ncident? O Yes	O No	O Unknown	
6. Was the driver under control of the vehicle at the time of the collision? O Ye	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 Sma	all Truck O Bus	C Large	Truck	
9. Where did the vehicle travel from to hit the pipeline facility? (select only one) O Roadway O Driveway O Parking Lot		ng Dock O Off-R	oad		
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	d pipeline	acility from vehicula	r damage	e? 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:					

Only one $\ensuremath{\textbf{sub-cause}}$ can be picked from shaded left-hand column

1. The sub-cause selected below is based on the following: (select all that app	oly)
□ Field Examination □ Determined by Metallurgical Analysis □ Other	Analysis
\Box Sub-cause is Tentative or Suspected; Still Under Investigation (Suppleme	ental Report required)
 Design-, Construction-, Installation-, or Fabrication-related Original Manufacturing-related (NOT girth weld or other welds formed in the field) 	 2. List contributing factors: (select all that apply) 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	3. 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	
 Additional factors (select all that apply): O Dent O Gouge O Pipe Be O Lamination O Buckle O Wrinkle O Misalignme O Other 	
5. Post-construction pressure test value (psig) / / / / / / OR OU	Jnknown

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

☐ Malfunction of Control/Relief Equipment	1. Specify: <i>(select all that apply)</i> O Control Valve O Instrumentation O				
	SCADA O Communications O Block Valve O				
	Check Valve				
	O Relief Valve O Power Failure O				
	Stopple/Control Fitting O Pressure Regulator				
	O ESD System Failure O Other				
Compressor or Compressor-related Equipment	2. Specify: O Seal/Packing Failure O Body Failure O Crack in Body				
	O Appurtenance Failure O Pressure				
	Vessel Failure				
	O Other				
Threaded Connection/Coupling Failure	3. Specify: O Pipe Nipple O Valve Threads O				
	Mechanical Coupling O				
	Threaded Pipe Collar O Threaded Fitting O Other				
Non-threaded Connection Failure	4. Specify: O O-Ring O Gasket O Seal (NOT				
	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: <i>(select all that a O Excessive vibration</i>)	apply)				
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 fi	ittings)				
O Dissimilar metals					
O Breakdown of soft goods due to compatibility issues with transpo	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					
O Other					

37 - Incorrect Operation - on	y one sub-cause can be	picked from shaded left-hand column
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- □ 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
- □ Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure
- D Pipeline or Equipment Overpressured

Equipment Not Installed Properly

- □ Wrong Equipment Specified or Installed
- □ Other Incorrect Operation

2. Describe:

Data/Calculation

O Other _

1. Specify: O Valve Misalignment

O Miscommunication

O Incorrect Reference

O Inadequate Monitoring

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 emergencies)
- 5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? O Yes O No

5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?

- O Yes, they were qualified for the task(s)
- O No, but they were performing the task(s) under the direction and observation of a qualified individual

O No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

G8 - Other Incident Cause - only one sub-cause can be picked from shaded left-hand column

- ☐ Miscellaneous
- Unknown

1. Describe:

2. Specify: O Investigation complete, cause of Incident unknown Mandatory comment field:

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

PART J - INTEGRITY INSPECTIONS

Corro Previe Previe	te the following if the "Item Involved in Accident" sion (any subCause in Part G1); or ous Damage due to Excavation Activity (subCau ous Mechanical Damage NOT Related to Excavat ial Failure of Pipe or Weld (any subCause in Par	se in Part G3); or tion (subCause in Part		ne "Cause" (from Part G) is:
J1. Have	e internal inspection tools collected data at the point O Yes O No	of the Incident?		
J1a	. If Yes, for each tool and technology used provide t	he information below fo	r the most recent and previo	us tool runs:
O Axi	al Magnetic Flux Leakage			
	Most recent run Year:			
	Most recent run Propulsion Method (select only or	ne): O Free Swimming	O Tethered	
	Most recent run Attuned to Detect (select only one):	O Metal Loss O H	lard Spots O Girth Weld A	Anomalies
	If Metal Loss, specify (select only one):			
		O Other Describe:		
	Previous run Year:			
	Previous run Propulsion Method (select only one):			• ···
	Previous run Attuned to Detect (select only one):	_	lard Spots O Girth Weld A	
	If Metal Loss, specify (select only one):			
			O Standard Resolution	
		O Other Describe.		
O Cire	cumferential/Transverse Wave Magnetic Flux Leaka	ige		
	Most recent run Year:			
	Most recent run Propulsion Method (select only or	ne): 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):	-		
	Previous run Resolution (select only one):		O Standard Resolution	
		O Other Describe:		
O Ultra	aania			
O Ollia	Most recent run Year:			
	Most recent run Propulsion Method (select only or	ne) [.] O Free Swimming	O Tethered	
	Most recent run Attuned to (select only one)	O Wall Measurement		
		O Other Describe:		
	If Attuned to Wall Measurement, most recent run M		lect only one):	
	O Standard Resolution O Other D			
	Previous run Year:			
	Previous run Propulsion Method (select only one):	O Free Swimming	D 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 M	•	• •	
	O Standard Resolution O Other D	escribe:		

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): / / / / / / / / / / / / / / / / / / /
J3. Has Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Accident → Most recent year conducted: ////////////////////////////////////
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 (SCCDA) / / / / / 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 was conducted:
O Radiography <u>/ / / / /</u>
O Guided Wave Ultrasonic
O Handheld Ultrasonic Tool
O Wet Magnetic Particle Test <u>/ / / / /</u>
O Dry Magnetic Particle Test / / / / /
O Other, specify type / / / / / /

PART K - CONTRIBUTING FACTORS

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

- External Corrosion
 - External Corrosion, Galvanic
 - External Corrosion, Atmospheric
 - □ External Corrosion, Stray Current Induced
 - External Corrosion, Microbiologically Induced
 - External Corrosion, Selective Seam
- Internal Corrosion
 - Internal Corrosion, Corrosive Commodity
 - $\hfill\square$ Internal Corrosion, Water drop-out/Acid
 - □ Internal Corrosion, Microbiological
 - $\hfill\square$ Internal Corrosion, Erosion

Natural Forces

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

Excavation Damage

- □ Excavation Damage by Operator (First Party)
- □ Excavation Damage by Operator's Contractor (Second Party)
- □ Excavation Damage by Third Party
- □ Previous Damage due to Excavation Activity
- Other Outside Force
 - □ Nearby Industrial, Man-made, or Other Fire/Explosion
 - □ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
 - □ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment
 - □ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation
 - □ Electrical Arcing from Other Equipment or Facility
 - □ Previous Mechanical Damage NOT Related to Excavation
 - □ Intentional Damage
- $\hfill\square$ Other underground facilities buried within 12 inches of the failure location

Pipe/Weld Failure

- Design-related
- □ Construction-related
- □ Installation-related
- □ Fabrication-related
- Original Manufacturing-related
- Environmental Cracking-related, Stress Corrosion Cracking
- Environmental Cracking-related, Sulfide Stress Cracking
- □ Environmental Cracking-related, Hydrogen Stress Cracking
- □ Environmental Cracking-related, Hard Spot
- Equipment Failure
 - □ Malfunction of Control/Relief Equipment
 - □ Compressor or Compressor-related Equipment
 - □ Threaded Connection/Coupling Failure
 - □ Non-threaded Connection Failure
 - Defective or Loose Tubing or Fitting
 - Failure of Equipment Body (except Compressor), Vessel Plate, or other Material

Incorrect Operation

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

PART I – PREPARER AND AUTHORIZED PERSON		
Preparer's Name (type or print)	Preparer's Telephone Number	-
Preparer's Title (type or print)	Preparer's Facsimile Number	
Preparer's E-mail Address		
Local Contact Name: optional		
Local Contact Email: optional	Authorized Signer Telephone Number	
Local Contact Phone: optional		
	Authorized Signer's E-mail Address	

Authorized Signer-Name

Authorized Signer's Title