


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-XXXX EXPIRATION DATE: XX/XX/20XX
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<h2>Large Volume Gas Release Report</h2>	Report Date _____
		No. _____ (DOT Use Only)
<p>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.</p>		

INSTRUCTIONS

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

PART A – KEY REPORT INFORMATION

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

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

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

A3. Address of Operator A3a. Street Address: auto-populated based on OPID A3b. City: auto-populated based on OPID
 A3c. State: auto-populated based on OPID A3d. Zip Code: auto-populated based on OPID

A4. Type of Facility: Gas Distribution Gas Transmission Gas Gathering
 Underground Natural Gas Storage Facility Liquefied Natural Gas Facility

A5. Type of Release (select all that apply)

- Unintentional release (e.g., leak or rupture), specify single predominant cause:
 - Corrosion
 - Natural Force Damage
 - Excavation Damage
 - Other Outside Force Damage
 - Material Failure of Pipe or Weld
 - Equipment Failure
 - Incorrect Operation
 - Other (Describe in part D)
- Blowdown, Venting, and Purging, specify single predominant reason:
 - Emergency response
 - Blowdown for testing other than ILLI operation
 - Blowdown for repair or maintenance of a pipeline facility
 - Construction purging: replacement
 - Construction purging: new construction
 - Operation of pig launcher or receiver for operation of an inline inspection tool
 - Operation of pig launcher or receiver for other O&M pigging (i.e., cleaning).
- Other Operational Release (describe in part D)

A6. Earliest local time (24-hr clock) and date operator became aware of release:

 Hour Month Day Year

A6a. Time Zone for local time (select only one) Alaska Eastern Central Hawaii-Aleutian Mountain Pacific.

A6b. Daylight Saving in effect? Yes No

A7. GIS Coordinates of Release:

Latitude: _____ Longitude: - _____

A8. Commodity released : (select only one, based on predominant volume released)

- Natural Gas
- Propane or other LPG
- Synthetic Gas
- Hydrogen Gas
- Landfill Gas

Other commodity – name _____

A9. Estimated volume of gas released unintentionally: _____ thousand standard cubic feet (mcf)

A10. Estimated volume of intentional and controlled release/blowdown: _____ thousand standard cubic feet (mcf)

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

- SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)
- Static Shut-in Test or Other Pressure or Leak Test Controller Local Operating Personnel, including contractors
- Air Patrol Ground Patrol by Operator or its contractor Notification from Public
- Notification from Emergency Responder Notification from Third Party that caused the Release
- Leakage Survey Gas Detectors Flame Detectors Low-temperature sensors Scheduled Operational Release
- Other: _____

A12. Operational Status at time Operator became aware of the release (*select only one*)

- Post-Construction Commissioning
- Post-Maintenance/Repair
- Routine Start-Up
- Routine Shutdown
- Normal Operation, includes pauses during maintenance
- Idle

PART B – ADDITIONAL LOCATION INFORMATION

B1. Is the pipeline or facility

- Interstate
- Intrastate

If Onshore

B2. State: / / / B3. Zip Code: / / / / / - / / / / /

B4. _____ B5. _____
City County or Parish

B6. Location of Release: (*select only one*)

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

B7. If Onshore Gas Gathering, specify Type (*select only one*)

- A
- B
- C
- R

If Offshore Pipeline

B8. Origin of Release

- In State Waters. Specify State / / Area: _____ Block/Tract #: / / / / /
Nearest county/parish: _____
- On the Outer Continental Shelf (OCS) (*select only one*)
 - OCS Alaska
 - OCS Atlantic
 - OCS Gulf of Mexico
 - OCS PacificArea: _____ Block/Tract#: / / / / /

PART C PART OF SYSTEM

C1. Release Source

For Gas Distribution (*select only one*)

- Main
- Main Valve
- Service Line (excluding customer meter or riser)
- Service Line Valve
- District Metering or Regulating Station
- Customer Meter or Service Riser
- Pressure Relief Device
- Other Distribution

For Gas Transmission or Gas Gathering (select only one)

- Pipeline
- Compressor Station equipment and piping
- Meter or Regulator station equipment and piping
- Pressure Relief Device
- Emergency Shutdown Device
- Vent or Flare
- Gas Treatment Equipment
- Pneumatic Devices
- Other Transmission

For Underground Natural Gas Storage Facility

- Well
- Aboveground Equipment
- Belowground storage
- Other UNGS

For Liquefied Natural Gas Plant

- Plant Piping (including flanges, gaskets, and welds)

Plant Equipment:

- Pump
 - Compressor
 - Vaporizer
 - Cold Box
 - Emergency Shut off Valve
 - Meter/Regulator/Control Valve
 - Pressure Relief Device
 - Strainer/Filter
 - Other LNG
- Storage Tank

C2. Cause or Relief Activation

If C1 is pressure relief device , specify the single cause:

- Wrong set pressure
- Failure of emergency shutdown device
- Failure of relief device
- Overpressure condition due to regulator failure
- Other overpressure condition
- Contaminant buildup
- Weather Related buildup
- Abnormal Operation
- Other

GENERAL INSTRUCTIONS

Each operator of a gas distribution, gas transmission, gas gathering (including Type R facilities) underground natural gas storage (UNGS) facility, liquefied natural gas (LNG) pipeline facility shall file Form PHMSA 7100.5 for a large-volume gas release that meets the criteria in 49 CFR §191.3 within 30 days after detection of a large-volume release. Requirements for submitting reports are in §§ 191.7 and 191.19.

Form PHMSA F 7100.5 and these instructions can be found on <http://phmsa.dot.gov/pipeline/library/forms>. The applicable documents are listed in the section titled Accident/Incident/Annual Reporting Forms.

ONLINE REPORTING REQUIREMENTS

Large-volume gas release reports must be submitted online through the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>, unless an alternate method is approved (see Alternate Reporting Methods below). You will not be able to submit reports until you have met all of the Portal registration requirements – see <https://portal.phmsa.dot.gov/PHMSAPortal2/staticContentRedesign/howto/PortalAccountCreation.pdf>

Completing these registration requirements could take several weeks. Plan ahead and register well in advance of the report due date.

Use the following procedure for online reporting:

1. Go to the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>
2. Enter PHMSA Portal Username and Password ; press *enter*
3. Select OPID; press “*continue*” button.
4. On the left side menu under “Incident/Accident (2010 to present)” select “**ODES 2.0**”
5. Under “**Create Reports**” on the left side of the screen, select the appropriate facility type and proceed with entering your data.
6. Click “**Submit**” when finished with your data entry to have your report uploaded to PHMSA’s database as an official submission of a large volume gas release; or click “**Save**” which doesn’t submit the report to PHMSA but stores it in a draft status to allow you to come back to complete your data entry and report submission at a later time. *Note: The “Save” feature will allow you to start a report and save a draft of it which you can print out and/or save as a PDF to email to colleagues in order to gather additional information and*

Instructions for Form PHMSA F 7100.5
LARGE VOLUME GAS RELEASE REPORT

then come back to accurately complete your data entry before submitting it to PHMSA.

7. Once you click “**Submit**”, the system will check if all applicable portions of the report have been completed. If portions are incomplete, a listing of these portions will appear above the row of Parts. If all applicable portions have been completed, the system will show your Saved Large Volume Gas Release Reports in the top portion of the screen and your Submitted Incident/Accident Reports in the bottom portion of the screen. *Note: To confirm that your report was successfully submitted to PHMSA, look for it in the bottom portion of the screen where you can also view a PDF of what you submitted.*

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

Alternate Reporting Methods

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

RETRACTING A 30-DAY WRITTEN REPORT

An operator who reports a Large Volume Gas Release in accordance with §191.19 and upon subsequent investigation determines that the event did not meet the criteria in §191.3 may request that their report be retracted. Requests to retract a 30-day written report are to be emailed to InformationResourcesManager@dot.gov. Requests are to include the following information:

- a. The Report ID (the unique 8-digit identifier assigned by PHMSA)
- b. Operator name
- c. PHMSA-issued OPID number
- d. Date of the event
- e. Location of the event
- f. A brief statement as to why the report should be retracted.

SPECIAL INSTRUCTIONS

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

Instructions for Form PHMSA F 7100.5
LARGE VOLUME GAS RELEASE REPORT

1. An entry should be made in each applicable space or check box, unless otherwise directed by the section instructions.
2. If the data is unavailable, enter “Unknown” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank.
3. Estimate data only if necessary. Provide an estimate in lieu of answering a question with “Unknown” or leaving the field blank. Estimates should be based on best-available information and reasonable effort.
4. For unknown or estimated data entries, the operator should file a Supplemental Report when additional or more accurate information becomes available.
5. If the question is not applicable, enter “N/A” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank. Do not enter zero unless this is the actual value being submitted for the data in question.
6. If **OTHER** is checked for any answer to a question, include an explanation or description in the text field provided, making it clear why “Other” was the necessary selection.
7. Pay close attention to each question for the phrase:
 - a. *(select all that apply)*
 - b. *(select only one)*If the phrase is not provided for a given question, then “select only one” applies. “Select only one” means that you should select the single, primary, or most applicable answer. **DO NOT SELECT MORE ANSWERS THAN REQUESTED.** “Select all that apply” requires that all applicable answers (one or more than one) be selected.
8. **Date format** = mm/dd/yyyy
9. **Time format:** All times are reported as a 24-hour clock:

Time format Examples:

- a. (0000) = midnight = /0/0/0/0/
- b. (0800) = 8:00 a.m. = /0/8/0/0/
- c. (1200) = Noon = /1/2/0/0/
- d. (1715) = 5:15 p.m. = /1/7/1/5/
- e. (2200) = 10:00 p.m. = /2/2/0/0/

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

SPECIFIC INSTRUCTIONS

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply)

Check the appropriate report box or boxes to indicate the type of report being filed. Depending on the descriptions below, the following combinations of boxes – and only one of these combinations - may be selected:

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

Original Report

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

Original Report *plus* **Final Report**

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

Supplemental Report

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

For Supplemental Reports filed online, all data previously submitted will automatically populate in the form. Page through the form to make edits and additions where needed.

Supplemental Report *plus* **Final Report**

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

Supplemental Report. (See also the requirements stated above under “Supplemental Report”.)

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

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

A2. Name of Operator

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

A3. Address of Operator

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

A4. Type of Facility

Enter the regulatory classification of the pipeline facility under part 192 or part 193. Please refer to the definitions in §§ 192.3 and 192.8 for gas pipeline facilities and 193.2007 for LNG facilities.

Transmission means pipelines whose principal purpose is transmission of gas.

Gas Gathering means a pipeline that transports gas from a current production facility to a transmission line or main.

Distribution means a pipeline other than a gathering or transmission line.

Underground Natural Gas Storage Facility means a gas pipeline facility that stores natural gas underground incidental to the transportation of natural gas.

Liquefied Natural Gas Facility means a pipeline facility that is used for liquefying natural gas or synthetic gas or transferring, storing, or vaporizing liquefied natural gas.

A5. Type of Release

Enter whether the release was an unintentional release (e.g., a leak or rupture that is not reportable as an incident), a “blowdown, venting, and purging” related release, or an “other operational release.”

For an **unintentional release**, enter the cause that best describes the apparent cause of the release. Unintentional releases through an intended release pathway should be reported under this category (e.g., a failure of a relief device would be reported as equipment failure under this section, rather than as venting-related).

Instructions for Form PHMSA F 7100.5
LARGE VOLUME GAS RELEASE REPORT

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

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

Excavation Damage includes a release or failure resulting directly from excavation damage by operator's personnel (oftentimes referred to as "first party" excavation damage) or by the operator's contractor (oftentimes referred to as "second party" excavation damage) or by people or contractors not associated with the operator (oftentimes referred to as "third party" excavation damage). Also, this section includes a release or failure determined to have resulted from previous damage due to excavation activity. For damage from outside forces OTHER than excavation which results in a release, use Natural Force Damage or Other Outside Force, as appropriate.

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

Material Failure of Pipe or Weld includes only material failure of pipe (including the body or seam of the pipe) as well as welds, joints or connections joining pipe. This includes releases in or failures from defects or anomalies within the material of the pipe body or within the pipe seam or other weld/join due to manufacturing process, material imperfections, defects resulting from poor construction, installation, or fabrication practices, and in-service stresses such as vibration, fatigue, and environmental cracking.

Equipment Failure applies to failures of items other than pipe (including the body or seam of the pipe) as well as welds, joints or connections joining pipe.

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

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

Instructions for Form PHMSA F 7100.5
LARGE VOLUME GAS RELEASE REPORT

For **intentional** releases, select “Blowdown, venting, and purging” if any of the sub-causes apply, otherwise select “Other operational releases” and describe the nature of the release in the narrative section.

Emergency response includes a blowdown related to responding to an emergency that is not reportable as an incident as defined in § 191.3. Releases related to reportable incidents should be accounted for on the incident report submitted in response to the incident.

Blowdown for testing other than ILI operation includes gas released in order to perform a pressure test or other integrity assessment or leak test other than inspection with an inline inspection (ILI) tool. A release associated with the operation of an ILI launcher or receiver should be reported under “Operation of pig launcher or receiver for operation of an inline inspection tool”

Blowdown for repair or maintenance of a pipeline facility includes releases from a pipeline performed in order to complete a repair or perform other maintenance activities on the pipeline. Purging associated with pipe replacement should be reported under “Construction purging: replacement.” Releases associated with the normal operation of a pig launcher or receiver should be reported under the appropriate category.

Construction purging Select “replacement” or “new construction” depending on whether the release is associated with purging for the replacement of a pipeline segment or is associated with new construction.

Operation of a pig launcher or receiver includes releases from the normal operation of a pig launcher or receiver. Unintentional releases from pig launchers and receivers and intentional releases associated with maintenance or construction of the pig launcher itself should instead be reported under the appropriate category.

A6. Earliest local-time (24 hour clock) and date operator became aware of release

Enter the date/time the operator’s initial indication of the release.

A6a. Select the local time zone where the release occurred (select only one).

A6b. Select “Yes” if Daylight Saving was in effect at the time of the release, or “No” if it was not.

A7. GIS coordinates of Release

The latitude and longitude of the release are to be reported as Decimal Degrees with a minimum of 5 decimal places (e.g. Lat: 38.89664; Long: -77.04327), using the NAD83 or WGS84 datums.

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

degrees + (minutes/60) + (seconds/3600) = decimal degrees

e.g. 38° 53' 47.904" = 38 + (53/60) + (47.904/3600) = 38.89664°

All locations in the United States will have a negative longitude coordinate, **which has already been included on the data entry form so that operators do not have to enter the negative sign.**

Instructions for Form PHMSA F 7100.5
LARGE VOLUME GAS RELEASE REPORT

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

A8. Commodity released

Select the type of gas or LNG released. An example of **Synthetic Gas** is manufactured gas based on naphtha. **Landfill Gas** includes biogas. Report hydrogen blends as **Hydrogen**.

A9. Estimated volume of gas released unintentionally

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

A10. Estimated volume of intentional and controlled release/blowdown

Estimate the amount of gas that was released (in thousands of standard cubic feet, mcf) during any intentional release or controlled blowdown conducted as part of responding to or recovering from the release. Intentional and controlled blowdown implies a level of control of the site and situation by the operator such that the area and the public are protected during the controlled release. *Important Note: Volumes consumed by fire and/or explosion are to be included in the estimated volume reported.*

A11. What was the operator's initial indication of the release?

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

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

Local Operating Personnel including contractors means employees or contractors working on behalf of the operator outside the control room, but excluding personnel performing patrols or leakage surveys. Releases detected by personnel performing patrols or leakage surveys should instead be reported under the appropriate section.

Notification from Public includes notification to the operator directly by a member of the public including emergency responders, or notification from public safety personnel when a member of the public reports a release (such as by dialing 911).

A12 Operational Status at time Operator Became aware of the release (select only one)

Instructions for Form PHMSA F 7100.5
LARGE VOLUME GAS RELEASE REPORT

Select the best description of the operating status of the pipeline system at the date/time that the release began.

Post-Construction Commissioning means the introduction of product, testing and commissioning of the pipeline prior to the start of commercial operations.

Post-Maintenance/Repair means purging and packing of the pipeline when returning it to service from maintenance or repairs.

Routine Start-Up means the start-up of the pipeline, facility or system in normal operations, or returning from maintenance or other idle status following a time of no flow, but the where the pipeline remained liquid full, and the start-up was being conducted under normal start-up procedures.

Routine Shutdown means the stoppage of equipment or the system from a normal operation status.

Normal Operation includes pauses during maintenance means the pipeline is operating normally, and any of the maintenance that is occurring does not require product to be removed from the pipeline or system. Product sampling, inhibitor injection, in-line inspection, installation of repairs, and other activities covered by the operator's Operation and Maintenance Procedures are examples of the maintenance included in this category.

Idle means that the pipeline has been removed from service for commercial reasons or to make repairs. The pipeline may contain product, an inert gas, or be empty. When residual product is released, Idle is the proper status.

PART B – ADDITIONAL LOCATION INFORMATION

B1 is required for all reports. For onshore pipelines UNGS facilities, and LNG facilities, complete items B2 through B7. For offshore pipelines, complete B8.

B1. Is the pipeline or facility interstate or intrastate?

The reported jurisdiction should match both the Annual Report and NPMS submittals for the pipeline, if applicable

Interstate gas pipeline facility means a gas pipeline facility or that part of a gas pipeline facility that is used to transport gas and is subject to the jurisdiction of the Federal Energy Regulatory Commission (FERC) under the Natural Gas Act (15 U.S.C. 717 et seq.).

Intrastate gas pipeline facility means a gas pipeline facility or that part of a gas pipeline facility that is used to transport gas within a state and is not subject to the jurisdiction of FERC under the Natural Gas Act (15 U.S.C. 717 et seq.).

B2. State Enter the 2 digit state abbreviation where the release occurred.

B3. Zip Code Enter the zip code where the release occurred.

B4. City Provide the name of the city where the release occurred. If the release did not occur within a municipality, select “Not Within Municipality” in the City field.

B5. County Provide the name of the county or parish where the release occurred.

B6. Location of Release Enter whether the release occurred on operator-controlled property, a pipeline right-of-way or easement, or public or private property.

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

B7. Onshore Gas Gathering Type For onshore gas gathering pipelines only, identify the regulatory classification of the gathering line under § 192.8.

B8. Origin of Release: for offshore facilities only

Area and Tract/Block numbers are to be provided for either State or OCS waters, whichever is applicable.

For Nearest County/Parish, as with the name of an onshore body of water, the data collected is intended to allow persons familiar with the area in which the release occurred to identify the location and understand it in its local context. Accordingly, it is not necessary to take measurements to determine which county/parish is precisely “nearest” in cases where the release location is approximately equidistant from two (or more). In such cases, the name of one of the nearby counties/parishes is to be provided

For releases on the Outer Continental Shelf (OCS), identify the region where the release occurred by selecting one of the four options listed.

PART C – PART OF SYSTEM

C1. Release Source:

Identify the part of the system principally involved in the release, from which gas was released resulting in reportable consequences. If the failure occurred on an item not provided in this section, select “Other” under the appropriate category and describe in the narrative.

C1. Cause of Relief Device Release

If C1 is Pressure Relief Device, identify the principal cause of the release from the release device.

PART D – NARRATIVE

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

PART E – PREPARER AND AUTHORIZED PERSON

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

The Authorized Person is responsible for assuring the accuracy and completeness of the reported data. In addition to their title, a phone number and email address are to be provided for the Authorized Person.

NPRM DRAFT