NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522

EXPIRATION DATE: 01/31/2013

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

INCIDENT REPORT – GAS DISTRIBUTION SYSTEM

Report Date _____

No. _____
(DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

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

PART A – KEY REPORT INFORMATION

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

**1. Operator's OPS-issued Operator Identification Number (OPID): /___/___/___/___/___/___/

**2. Name of Operator: _____

**3. Address of Operator:

3.a _____
(Street Address)

3.b _____
(City)

3.c State: /___/___/

3.d Zip Code: /___/___/___/___/___/ - /___/___/___/___/

**4. Local time *(24-hr clock)* and date of the Incident:

/___/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year

**5. Location of Incident:

5.a _____
(Street Address or location description)

5.b _____
(City)

5.c _____
(County or Parish)

5.d State: /___/___/

5.e Zip Code: /___/___/___/___/___/ - /___/___/___/___/

5.f Latitude: /___/___/ . /___/___/___/___/___/

Longitude: - /___/___/___/ . /___/___/___/___/___/

**6. National Response Center Report Number :

/___/___/___/___/___/___/___/

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

/___/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year

**8. Incident resulted from:

☐ Unintentional release of gas
☐ Intentional release of gas
☐ Reasons other than release of gas

**9. Gas released :

☐ Natural Gas
☐ Propane Gas
☐ Other Gas ⇨ Name: _____

**10. Estimated volume of gas released: /___/___/,/___/___/___/ Thousand Cubic Feet (MCF)

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**11. Were there fatalities? ○ Yes ○ No

If Yes, specify the number in each category:

11.a Operator employees /___/___/___/___/

11.b Contractor employees working for the Operator /___/___/___/___/

11.c Non-Operator emergency responders /___/___/___/___/

11.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/

11.e General public /___/___/___/___/

11.f Total fatalities (sum of above) /___/___/___/___/

**12. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No

If Yes, specify the number in each category:

12.a Operator employees /___/___/___/___/

12.b Contractor employees working for the Operator /___/___/___/___/

12.c Non-Operator emergency responders /___/___/___/___/

12.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/

12.e General public /___/___/___/___/

12.f Total injuries (sum of above) /___/___/___/___/

**13. Was the pipeline/facility shut down due to the incident?

○ Yes ○ No ⇨ Explain: _____

If Yes, complete Questions 13.a and 13.b: *(use local time, 24-hr clock)*

13.a Local time and date of shutdown /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year)

13.b Local time pipeline/facility restarted /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year) ○ Still shut down* *(*Supplemental Report required)*

**14. Did the gas ignite? ○ Yes ○ No

**15. Did the gas explode? ○ Yes ○ No

16. Number of general public evacuated: /___/___/,/___/___/___/

17. Time sequence *(use local time, 24-hour clock)*:

17.a Local time operator identified Incident /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year)

17.b Local time operator resources arrived on site /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year)

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PART B – ADDITIONAL LOCATION INFORMATION	

1. Was the Incident on Federal land? ○ Yes ○ No

**2. Location of Incident: *(select only one)*

☐ Operator-controlled property

☐ Public property

☐ Private property

☐ Utility Right-of-Way / Easement

**3. Area of Incident: (*select only one*)

☐ Underground Specify: ○ Under soil ○ Under a building ○ Under pavement
○ Exposed due to excavation ○ In underground enclosed space (e.g., vault)
○ Other _____

Depth-of-Cover (in): /___/,/___/___/___/

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

☐ Transition Area Specify: ○ Soil/air interface ○ Wall sleeve ○ Pipe support or other close contact area
○ Other _____

**4. Did Incident occur in a crossing? ○ Yes ○ No

If Yes, specify type below:

☐ Bridge crossing ⇨ Specify: ○ Cased ○ Uncased

☐ Railroad crossing ⇨ *(Select all that apply)* ○ Cased ○ Uncased ○ Bored/drilled

☐ Road crossing ⇨ *(Select all that apply)* ○ Cased ○ Uncased ○ Bored/drilled

☐ Water crossing ⇨ *(Select all that apply)* ○ Cased ○ Uncased ○ Bored/drilled

Name of body of water (If commonly known): _____

Approx. water depth (ft): /___/,/___/___/___/

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PART C – ADDITIONAL FACILITY INFORMATION	

**1. Indicate the type of pipeline system:

☐ Natural Gas Distribution, privately owned
☐ Natural Gas Distribution, municipally owned
☐ Petroleum Gas Distribution
☐ Other ⇨ Specify: _____ __

**2. Part of system involved in Incident: *(select only one)* ☐ Main ☐ Service ☐ Service Riser ☐ Outside Meter/Regulator set
☐ Inside Meter/Regulator set ☐ Farm Tap Meter/Regulator set
☐ District Regulator/Metering Station ☐ Valve
☐ Other _____

2.a. Year "Part of system involved in Incident" was installed: /___/___/___/___/ or ○ Unknown

3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:

3.a Nominal diameter of pipe (in): /___/___/./___/___/___/

3.b Pipe specification (e.g., API 5L, ASTM D2513): _____

3.c Pipe manufacturer: _____ or ○ Unknown

3.d Year of manufacture: /___/___/___/___/ or ○ Unknown

4. Material involved in Incident: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown
☐ Other ⇨ Specify: _____

4.a. If Steel ⇨ Specify seam type: _____ or ○ None or ○ Unknown

4.b. If Steel ⇨ Specify wall thickness *(inches)*: /___/./___/___/___/ or ☐ Unknown

4.c. If Plastic ⇨ Specify type: ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX)
○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS)
○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB)
○ Other _____
○ Unknown

4.d. If Plastic ⇨ Specify Standard Dimension Ratio (SDR): /___/___/___/___/ or wall thickness: /___/./___/___/___/ or ○ Unknown

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

5. Type of release involved: *(select only one)*

☐ Mechanical Puncture ⇨ Approx. size: /__/__/__/__/./__/in. (axial) by /__/__/__/__/./__/in. (circumferential)
☐ Leak ⇨ Select Type: ○ Pinhole ○ Crack ○ Connection Failure ○ Seal or Packing ○ Other
☐ Rupture ⇨ Select Orientation: ○ Circumferential ○ Longitudinal ○ Other _____
Approx. size: /__/__/__/__/./__/ in. (widest opening) by /__/__/__/__/__/./__/in. (length circumferentially or axially)
☐ Other ⇨ Describe: _____

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PART D – ADDITIONAL CONSEQUENCE INFORMATION	

**1. Class Location of Incident: *(select only one)*

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

**2. Estimated cost to Operator :

2.a Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator $ /___/___/___/,/___/___/___/,/___/___/___/

2.b Estimated cost of gas released $ /___/___/___/,/___/___/___/,/___/___/___/

2.c Estimated cost of Operator's property damage & repairs $ /___/___/___/,/___/___/___/,/___/___/___/

2.d Estimated cost of Operator's emergency response $ /___/___/___/,/___/___/___/,/___/___/___/

2.e Estimated other costs $ /___/___/___/,/___/___/___/,/___/___/___/

Describe: _____

2.f Estimated total costs (sum of above) $ /___/___/___/,/___/___/___/,/___/___/___/

3. Estimated number of customers out of service:

3.a Commercial entities /___/,/___/___/___/

3.b Industrial entities /___/,/___/___/___/

3.c Residences /___/,/___/___/___/

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PART E – ADDITIONAL OPERATING INFORMATION

**1. Estimated pressure at the point and time of the Incident (psig): / / / / /

**2. Normal operating pressure at the point and time of the Incident (psig): / / / / /

**3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): / / / / /

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

- ☐ Pressure did not exceed MAOP
- ☐ Pressure exceeded MAOP, but did not exceed 110% of MAOP
- ☐ Pressure exceeded 110% of MAOP

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

- ☐ No
- ☐ Yes ⇨ 5.a Was it operating at the time of the Incident? ○ Yes ○ No

  5.b Was it fully functional at the time of the Incident? ○ Yes ○ No

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

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

6. How was the Incident initially identified for the Operator? *(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
- ☐ Air Patrol
- ☐ Notification from Public
- ☐ Notification from Third Party that caused the Incident
- ☐ Local Operating Personnel, including contractors
- ☐ Ground Patrol by Operator or its contractor
- ☐ Notification from Emergency Responder
- ☐ Other _____

6.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following: *(select only one)*

○ Operator employee ○ Contractor working for the Operator

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

- ☐ Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator *(Supplemental Report required)*
- ☐ No, the facility was not monitored by a controller(s) at the time of the Incident
- ☐ No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)*

_____

_____

_____

- ☐ Yes, Specify investigation result(s): *(select all that apply)*
  - ○ Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue
  - ○ Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue *(provide an explanation for why not)*

    _____

    _____

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

    _____

    _____

    _____

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PART F – DRUG & ALCOHOL TESTING INFORMATION	

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

○ No

○ Yes ⇨ 1.a Specify how many were tested: /___/___/

1.b Specify how many failed: /___/___/

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

○ No

○ Yes ⇨ 2.a Specify how many were tested: /___/___/

2.b Specify how many failed: /___/___/

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PART G – APPARENT **CAUSE**	*Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).*
G1 – Corrosion Failure – ******only one **sub-cause** can be picked from shaded left-hand column	
☐ **External Corrosion**	**1. Results of visual examination: ○ Localized Pitting ○ General Corrosion ○ Other _____ 2. Type of corrosion: *(select all that apply)* ○ Galvanic ○ Atmospheric ○ Stray Current ○ Microbiological ○ Selective Seam ○ Other _____ 3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)* ○ Field examination ○ Determined by metallurgical analysis ○ Other _____ **4. Was the failed item buried under the ground? ○ Yes ⇨ 4.a Was failed item considered to be under cathodic protection at the time of the incident? ○ Yes ⇨ Year protection started: / / / / / ○ No 4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident? ○ Yes ○ No 4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident? ○ Yes, CP Annual Survey ⇨ Most recent year conducted: / / / / / ○ Yes, Close Interval Survey ⇨ Most recent year conducted: / / / / / ○ Yes, Other CP Survey ⇨ Most recent year conducted: / / / / / ○ No ○ No ⇨ 4.d Was the failed item externally coated or painted? ○ Yes ○ No 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? ○ Yes ○ No 6. Pipeline coating type, if steel pipe is involved: *(select only one)* ○ Fusion Bonded Epoxy ○ Coal Tar ○ Asphalt ○ Polyolefin ○ Extruded Polyethylene ○ Field Applied Epoxy ○ Cold Applied Tape ○ Paint ○ Composite ○ None ○ Other _____ ○ Unknown	

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

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

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

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

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

☐ **Earth Movement, NOT due to Heavy Rains/Floods**	**1. Specify: ○ Earthquake ○ Subsidence ○ Landslide ○ Other _____
☐ **Heavy Rains/Floods**	2. Specify: ○ Washouts/Scouring ○ Flotation ○ Mudslide ○ Other _____
☐ **Lightning**	3. Specify: ○ Direct hit ○ Secondary impact such as resulting nearby fires
☐ **Temperature**	**4. Specify: ○ Thermal Stress ○ Frost Heave ○ Frozen Components ○ Other _____
☐ **High Winds**	
☐ **Other Natural Force Damage**	**5. Describe: _____

Complete the following if any Natural Force Damage sub-cause is selected.

**6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? ○ Yes ○ No

6.a. If Yes, specify: *(select all that apply)* ○ Hurricane ○ Tropical Storm ○ Tornado
○ Other _____

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G3 – Excavation Damage – **only one **sub-cause** can be picked from shaded left-hand column

☐ **Excavation Damage by Operator (First Party)**	
☐ **Excavation Damage by Operator's Contractor (Second Party)**	
☐ **Excavation Damage by Third Party**	
☐ **Previous Damage due to Excavation Activity**	**Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.** **1. Date of the most recent Leak Survey conducted: ___/___/___ (Month) ___/___/___ (Day) ___/___/___ (Year) **2. Has one or more pressure test been conducted since original construction at the point of the Incident? ○ Yes ⇨ Most recent year tested: ___/___/___/___/___ Test pressure (psig): ___/___/___/___/___/___/ ○ No

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

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

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

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

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

**5. Right-of-Way where event occurred: *(select all that apply)*

☐ Public ⇨ Specify: ○ City Street ○ State Highway ○ County Road ○ Interstate Highway ○ Other

☐ Private ⇨ Specify: ○ Private Landowner ○ Private Business ○ Private Easement

☐ Pipeline Property/Easement
☐ Power/Transmission Line
☐ Railroad
☐ Dedicated Public Utility Easement
☐ Federal Land
☐ Data not collected
☐ Unknown/Other

**6. Type of excavator: *(select only one)*

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

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

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

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

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

(This CGA-DIRT section continued on next page with Question 9.)

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**9. Was the One-Call Center notified? O Yes O No

9.a If Yes, specify ticket number: /__/

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

_____

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

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

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

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

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

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

☐ One-Call Notification Practices Not Sufficient: *(select only one)*

- 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)*_____

_____

_____

_____

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

☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident**	
☐ **Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**	**1. Vehicle/Equipment operated by: *(select only one)* ○ Operator ○ Operator's Contractor ○ Third Party
☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**	**2. Select one or more of the following IF an extreme weather event was a factor: ○ Hurricane ○ Tropical Storm ○ Tornado ○ Heavy Rains/Flood ○ Other _____
☐ **Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation**	
☐ **Electrical Arcing from Other Equipment or Facility**	
☐ **Previous Mechanical Damage NOT Related to Excavation**	**Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.** **3. Date of the most recent Leak Survey conducted: ___/___/___ (Month) ___/___/___ (Day) ___/___/___ (Year) **4. Has one or more pressure test been conducted since original construction at the point of the Incident? ○ Yes ⇨ Most recent year tested: ___/___/___/___/___/ Test pressure (psig): ___/___/___/___/___/___/ ○ No
☐ **Intentional Damage**	5. Specify: ○ Vandalism ○ Terrorism ○ Theft of transported commodity ○ Theft of equipment ○ Other _____
☐ **Other Outside Force Damage**	**6. Describe: _____

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G5 – Pipe, Weld, or Joint Failure – **only one **sub-cause** can be selected from the shaded left-hand column	
☐ **Body of Pipe**	1. Specify: ○ Dent ○ Gouge ○ Bend ○ Arc Burn ○ Crack ○ Other _____
☐ **Butt Weld**	2. Specify: ○ Pipe ○ Fabrication ○ Other _____
☐ **Fillet Weld**	3. Specify: ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other _____
☐ **Pipe Seam**	4. Specify: ○ LF ERW ○ DSAW ○ Flash Weld ○ HF ERW ○ SAW ○ Spiral ○ Other _____
☐ **Threaded Metallic Pipe**	
☐ **Mechanical Fitting**	5. Specify the mechanical fitting involved: ○ Stab type fitting ○ Nut follower type fitting ○ Bolted type fitting ○ Other _____ 6. Specify the type of mechanical fitting: ○ Service Tee ○ Coupling ○ Service Head Adapter ○ Basement Adapter ○ Riser ○ Elbow ○ Other _____ 7. Manufacturer: _____ 8. Year manufactured: /__/__/__/__/ 9. Year installed: /__/__/__/__/ 10. Other attributes:_____ 11. Specify the two materials being joined: 11.a First material being jointed: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other ⇨ Specify: _____ 11.b If Plastic ⇨ Specify: ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Other ⇨ Specify: _____ 11.c Second material being joined: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other ⇨ Specify: _____ 11.d If Plastic ⇨ Specify: ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Other ⇨ Specify: _____ 12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint? ○ Yes ○ No ○ Unknown 12.a If Yes, specify: ○ Cat. I ○ Cat. II ○ Cat. III ○ DOT 192.283

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☐ **Compression Fitting**	13. Fitting type: _____ 14. Manufacturer: _____ 15. Year manufactured: / / / / / 16. Year installed: / / / / / 17. Other attributes _____ 18. Specify the two materials being joined: 18.a First material being jointed: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other ⇨ Specify: _____ 18.b If Plastic ⇨ Specify : ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Other ⇨ Specify: _____ 18.c Second material being joined: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other ⇨ Specify: _____ 18.d If Plastic ⇨ Specify: ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Other ⇨ Specify: _____
☐ **Fusion Joint**	19. Specify: ○ Butt, Heat Fusion ○ Butt, Electrofusion ○ Saddle, Heat Fusion ○ Saddle, Electrofusion ○ Socket, Heat Fusion ○ Socket, Electrofusion ○ Other _____ 20. Year installed: / / / / / 21. Other attributes:_____ 22. Specify the two materials being joined: 22.a First material being jointed: ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Other ⇨ Specify: _____ 22.b Second material being joined: ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Other ⇨ Specify: _____
☐ **Other Pipe, Weld, or Joint Failure**	**23. Describe:_____

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

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

25. Was the Incident a result of:
    ☐ Construction defect, specify: ⇨ ○ Poor workmanship ○ Procedure not followed ○ Poor construction/installation procedures
    ☐ Material defect, specify: ⇨ ○ Long seam ○ Other _____
    ☐ Design defect
    ☐ Previous damage

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

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

☐ **Malfunction of Control/Relief Equipment**	**1. Specify: *(select all that apply)* ○ Control Valve ○ Instrumentation ○ SCADA ○ Communications ○ Block Valve ○ Check Valve ○ Relief Valve ○ Power Failure ○ Stopple/Control Fitting ○ Pressure Regulator ○ Other_____
☐ **Threaded Connection Failure**	**2. Specify: ○ Pipe Nipple ○ Valve Threads ○ Threaded Pipe Collar ○ Threaded Fitting ○ Other _____
☐ **Non-threaded Connection Failure**	**3. Specify: ○ O-Ring ○ Gasket ○ Other Seal or Packing ○ Other_____
☐ **Valve**	4. Specify: ○ Manufacturing defect ○ Other _____ 4.a Valve type: _____ 4.b Manufactured by: _____ 4.c Year manufactured: /___/___/___/___/
☐ **Other Equipment Failure**	**5. Describe: _____ _____

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

☐ **Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage**	
☐ **Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure**	
☐ **Pipeline or Equipment Overpressured**	
☐ **Equipment Not Installed Properly**	
☐ **Wrong Equipment Specified or Installed**	
☐ **Other Incorrect Operation**	**1. Describe: _____

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

2. Was this Incident related to: *(select all that apply)*
   - ○ Inadequate procedure
   - ○ No procedure established
   - ○ Failure to follow procedure
   - ○ Other: _____

**3. What category type was the activity that caused the Incident:
   - ○ Construction
   - ○ Commissioning
   - ○ Decommissioning
   - ○ Right-of-Way activities
   - ○ Routine maintenance
   - ○ Other maintenance
   - ○ Normal operating conditions
   - ○ Non-routine operating conditions (abnormal operations or emergencies)

4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? ○ Yes ○ No

   4.a If Yes, were the individuals performing the task(s) qualified for the task(s)?
   - ○ Yes, they were qualified for the task(s)
   - ○ No, but they were performing the task(s) under the direction and observation of a qualified individual
   - ○ No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

G8 – Other Incident Cause – only one **sub-cause** can be selected from the shaded left-hand column

☐ **Miscellaneous**	**1. Describe: _____ _____
☐ **Unknown**	**2. Specify: ○ Investigation complete, cause of Incident unknown ○ Still under investigation, cause of Incident to be determined* *(*Supplemental Report required)*

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

**PART I – PREPARER AND AUTHORIZED SIGNATURE	

Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Authorized Signature

Date

Authorized Signature Telephone Number

Authorized Signature's Name (type or print)

Authorized Signature's Title (type or print)

Authorized Signature's E-mail Address

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