



<p>A10. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No <b>FATALITY_IND</b></p> <p>If Yes, specify the number in each category:</p> <p>A10a. Operator employees <b>NUM_EMP_FATALITIES</b> <input type="text" value="  /  /  /  /  /  /"/></p> <p>A10b. Contractor employees <b>NUM_CONTR_FATALITIES</b> working for the Operator <input type="text" value="  /  /  /  /  /  /"/></p> <p>A10c. Non-Operator <b>NUM_ER_FATALITIES</b> emergency responders <input type="text" value="  /  /  /  /  /  /"/></p> <p>A10d. Workers working on the right-of-way, but NOT <b>NUM_WORKER_FATALITIES</b> associated with this Operator <input type="text" value="  /  /  /  /  /  /"/></p> <p>A10e. General public <b>NUM_GP_FATALITIES</b> <input type="text" value="  /  /  /  /  /  /"/></p> <p>A10f. Total fatalities (sum of above) <b>FATAL</b> <i>calculated</i></p>	<p><b>INJURY_IND</b></p> <p>A11. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>A11a. Operator employees <b>NUM_EMP_INJURIES</b> <input type="text" value="  /  /  /  /  /  /"/></p> <p>A11b. Contractor employees <b>NUM_CONTR_INJURIES</b> working for the Operator <input type="text" value="  /  /  /  /  /  /"/></p> <p>A11c. Non-Operator <b>NUM_ER_INJURIES</b> emergency responders <input type="text" value="  /  /  /  /  /  /"/></p> <p>A11d. Workers working on the right-of-way, but NOT <b>NUM_WORKER_INJURIES</b> associated with this Operator <input type="text" value="  /  /  /  /  /  /"/></p> <p>A11e. General public <b>NUM_GP_INJURIES</b> <input type="text" value="  /  /  /  /  /  /"/></p> <p>A11f. Total injuries (sum of above) <b>INJURE</b> <i>calculated</i></p>
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A12. formerly E8. What was the Operator's initial indication of the Failure? (select only one) **ACCIDENT\_IDENTIFIER**

- CPM leak detection system
- SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume 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 Accident  Other \_\_\_\_\_ **ACCIDENT\_DETAILS**

A12a. formerly E8.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify the following: (select only one) **OPERATOR\_TYPE**

- Operator employee
- Contractor working for the Operator

**INCIDENT\_IDENTIFIED\_DATETIME**

A13. Formerly A18.a Local time Operator identified failure

**SYSTEM\_PART\_INVOLVED**

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

A14. formerly C2 Part of system involved in Accident: (select only one)

- Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances
- Onshore Terminal/Tank Farm Equipment and Piping
- Onshore Equipment and Piping Associated with Belowground Storage
- Onshore Pump/Meter Station Equipment and Piping
- Onshore Pipeline, Including Valve Sites
- Offshore Platform/Deepwater Port, Including Platform-mounted Equipment and Piping
- Offshore Pipeline, Including Riser and Riser Bend

**ON\_OFF\_SHORE**

A15. formerly B1 Auto-populated based on A14 Was the origin of the Accident onshore?

- Yes (Complete Questions B3-B12)
- No (Complete Questions B13-B15)

**STATUS\_WHEN\_IDENTIFIED**

A16. Operational Status at time Operator identified failure (select only one)

- Post-Construction Commissioning
- Post-Maintenance/Repair
- Routine Start-Up
- Routine Shutdown
- Normal Operation, include pauses between batches and during maintenance
- Idle

**SHUTDOWN\_DUE\_ACCIDENT\_IND**

A17. formerly A14. If Operational Status = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the Accident?

- Yes
- No  $\Rightarrow$  Explain: \_\_\_\_\_

If Yes, complete Questions A17.a and A17.b: (use local time, 24-hr clock)

**SHUTDOWN\_DATETIME**

A17a. formerly A14.a Local time and date of shutdown      / / / / /      / / /      / / /      / / /  
Hour            Month            Day            Year

**RESTART\_DATETIME**

A17b. formerly A14.b Local time pipeline/facility restarted      / / / / /      / / /      / / /      / / /  
Hour            Month            Day            Year

**STILL\_SHUTDOWN\_IND**

*\*Supplemental Report required*

If A12 = Notification from Emergency Responder, skip A18.a through A18.c. **COMMUNICATION\_STATE\_FED\_IND**

A18a. Did the operator communicate with Local, State, or Federal Emergency Responders about the accident?  Yes  No

If No, skip A18b. and A18c

**PARTY\_INITIATED\_COMMUNICATION**

A18b. Which party initiated communication about the accident?  Operator  Local/State/Federal Emergency Responder

A18c. Local time of initial Operator and Local/State/Federal Emergency Responder communication **INITIAL\_RESPONDER\_COM\_DATETIME**  
/ / / / /      / / /      / / /      / / /  
Hour            Month            Day            Year

**ON\_SITE\_DATETIME**

A19. formerly A18.b Local time Operator responders arrived on site      / / / / /      / / /      / / /      / / /  
Hour            Month            Day            Year

**CONFIRMED\_DISCOVERY\_DATETIME**

A20. Local time of confirmed discovery      / / / / /      / / /      / / /  
Hour            Month            Day

**Year**

A21a. formerly A7. Local time (24-hr clock) and date of initial operator report to the National Response Center :

/ / / / /      / / /      / / /      / / / **NRC\_RPT\_DATETIME**  
Hour            Month            Day

**NRC\_RPT\_NUM**

A21b. formerly A6. Initial Operator National Response Center Report Number OR  NRC Notification Not Required OR  
 NRC Notification Required But Not Made

**ADDITIONAL\_NRC\_REPORT\_NUMBERS**

A21c. Additional NRC Report numbers submitted by the operator: \_\_\_\_\_

**IGNITE\_IND**

A22. formerly A15. Did the commodity ignite?  Yes  No If Yes, answer A22.a through d:

A22a. Local time of ignition	<u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<b>IGNITE_DATETIME</b>
	Hour	Month	Day	Year	
<b>HOW_EXTINGUISHED</b>					
A22b. How was the fire extinguished?	<input type="radio"/> Operator/Contractor <input type="radio"/> Local/State/Federal Emergency Responder <input type="radio"/> Allowed to burn out <input type="radio"/> Other, specify: _____				
<b>CONSUMED_BY_FIRE_IN_BARRELS</b>					
A22c. Estimated volume of commodity consumed by fire (barrels):	(must be less than or equal to A7)				
<b>EXPLODE_IND</b>					
A22d. formerly A16. Did the commodity explode? <input type="radio"/> Yes <input type="radio"/> No					
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A23a through f:					
<b>UPSTREAM_ACTION_TAKEN</b>					
A23a. Initial action taken to control flow upstream of failure location	<input type="radio"/> Valve Closure <input type="radio"/> Operational Control - mandatory text field				
If Valve Closure, answer A23b and c:	<b>UPSTREAM_VALVE_CLOSE_DATETIME</b>				
A23b. Local time of valve closure	<u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<b>UPSTREAM_VALVE_TYPE_IND</b>
Hour	Month	Day	Year		
A23c. formerly E5a Type of upstream valve used to initially isolate release source:	<input type="radio"/> Manual <input type="radio"/> Automatic <input type="radio"/> Remotely Controlled				
<b>DOWNTREAM_ACTION_TAKEN</b>					
A23d. Initial action taken to control flow downstream of failure location	<input type="radio"/> Valve Closure <input type="radio"/> Operational Control - mandatory text field				
If Valve Closure, answer A23.e and f:	<b>DOWNTREAM_VLV_CLOSE_DATETIME</b>				
A23e. Local time of valve closure	<u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<b>DOWNTREAM_VALVE_TYPE_IND</b>
Hour	Month	Day	Year		
A23f. formerly E5b Type of downstream valve used to initially isolate release source:	<input type="radio"/> Manual <input type="radio"/> Automatic <input type="radio"/> Remotely Controlled <input type="radio"/> Check Valve				
If A6 = Crude Oil , Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions, or Biofuel / Alternative Fuel (including ethanol blends) AND A15. is Onshore, answer questions A24a and c: <b>NOTIFY_QUALIFIED_INDIV_IND</b>					
A24a. Did the operator notify a "qualified individual" in the Onshore Oil Spill Response Plan?	<input type="radio"/> Yes <input type="radio"/> No				
If Yes, answer A24b.	<b>QUALIFIED_INDIV_NOTIF_DATETIME</b>				
A24b. Local time the "qualified individual" was notified.	<u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<b>OIL_SPILL_REMOVAL_ORG_IND</b>
Hour	Month	Day	Year		
A24c. Did the operator activate an Oil Spill Removal Organization (OSRO)? <input type="radio"/> Yes <input type="radio"/> No					
If Yes, answer A24d and e:	<b>OSRO_ACTIVATED_DATETIME</b>				
A24d. Local time operator activated OSRO	<u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<b>OSRO_ARRIVED_ON_SITE_DT</b>
Hour	Month	Day	Year		
A24e. Local time OSRO arrived on site	<u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<u>/</u> <u>/</u> <u>/</u>	<b>NUM_PUB_EVACUATED</b>
Hour	Month	Day	Year		
A25. formerly A17. Number of general public evacuated: <u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u> <u>/</u>					

PART B – ADDITIONAL LOCATION INFORMATION	
B1. formerly B7. Pipeline/Facility name:	<b>PIPE_FAC_NAME</b>
B2. formerly B8. Segment name/ID:	<b>SEGMENT_NAME</b>
If Onshore:	
<b>ONSHORE_STATE_ABBREVIATION</b>	
B3. State:	<b>/ / / / ONSHORE_POSTAL_CODE</b>
B4. Zip Code:	<b>/ / / / / - / / / / /</b>
B5. <b>ONSHORE_CITY_NAME</b>	B6. <b>ONSHORE_COUNTY_NAME</b>
City	County or Parish
<b>DESIGNATED_LOCATION</b>	
B7. Operator-designated location: (select only one)	<input type="checkbox"/> Milepost (specify in shaded area below) <input type="checkbox"/> Survey Station No. (specify in shaded area below)
<b>DESIGNATED_NAME</b>	
B8 / / / / / / / / / / / / / / / / /	
<b>FEDERAL</b>	
B9. Was this onshore Accident on Federal land?	<input type="radio"/> Yes <input type="radio"/> No
B10. Location of Accident: (select only one) <b>LOCATION_TYPE</b>	
<input type="checkbox"/> Totally contained on Operator-controlled property <input type="checkbox"/> Pipeline right-of-way <input type="checkbox"/> Originated on Operator-controlled property, but then flowed or migrated off the property	
B11. Area of Accident (as found): (select only one) <b>INCIDENT_AREA_TYPE</b>	
<input type="checkbox"/> Tank, including attached appurtenances <b>INCIDENT_AREA_SUBTYPE</b> <input type="checkbox"/> Underground ⇒ Specify: <input type="radio"/> Under soil <input type="radio"/> Under a building <input type="radio"/> Under pavement <input type="radio"/> Exposed due to excavation <input type="radio"/> Exposed due to loss of cover <input type="radio"/> In underground enclosed space (e.g., vault) <input type="radio"/> Other _____ <b>DEPTH_OF_COVER</b> B11a. Depth-of-Cover (in): / / / / / OR <input type="radio"/> Unknown	
<input type="checkbox"/> Aboveground ⇒ Specify: <input type="radio"/> Typical aboveground facility piping or appurtenance <input type="radio"/> Overhead crossing <input type="radio"/> Inside a building _____ <input type="radio"/> In or spanning an open ditch <input type="radio"/> Inside other enclosed space <input type="radio"/> Other _____ <input type="checkbox"/> Transition Area ⇒ Specify: <input type="radio"/> Soil/air interface <input type="radio"/> Wall sleeve <input type="radio"/> Pipe support or other close contact area <input type="radio"/> Other _____ <b>CROSSING</b>	
B12. Did the Accident occur in a crossing?: <input type="radio"/> Yes <input type="radio"/> No   If B12 is Yes, specify type:	
<input type="checkbox"/> Bridge crossing   Specify: <input type="radio"/> Cased <input type="radio"/> Uncased <b>BRIDGE_CROSSING_IND</b> <b>BRIDGE_TYPE</b> <input type="checkbox"/> Railroad crossing (select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <b>RAILROAD_CROSSING_IND</b> , <b>RAILROAD_TYPE</b> <input type="checkbox"/> Road crossing (select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <b>ROAD_CROSSING_IND</b> <b>ROAD_TYPE</b> <input type="checkbox"/> Water crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased <b>WATER_CROSSING_IND</b> <b>WATER_CROSSING_TYPE</b> Name of body of water, if commonly known: _____	
<b>WATER_DEPTH</b> Approx. water depth (ft) at the point of the Accident: / / / / / OR <input type="radio"/> Unknown (select only one of the following) <input type="radio"/> Shoreline/Bank/Marsh crossing <b>WATER_SUBTYPE</b> <input type="radio"/> Below water, pipe buried below bottom (NOT in bored/drilled crossing) <input type="radio"/> Below water, pipe in bored/drilled crossing <input type="radio"/> Below water, pipe on or above bottom	
<b>CROSSING_100_FEET</b> Is this water crossing 100 feet or more in length from high water mark to high water mark? <input type="radio"/> Yes <input type="radio"/> No	
If Offshore:	
<b>OFF_WATER_DEPTH</b>	
B13. Approximate water depth (ft.) at the point of the Accident: / / / / /	
B14. Origin of Accident: <input type="checkbox"/> In State waters	
<b>OFFSHORE_STATE_ABBREVIATION</b> <b>OFF_INSTATE_AREA</b> <b>OFF_INSTATE_BLOCK</b> <b>OFFSHORE_COUNTY_NAME</b> Specify: State: _____ Area: _____ Block/Tract #: / / / / / Nearest County/Parish: _____ <b>OCS_TYPE</b> <input type="checkbox"/> On the Outer Continental Shelf (OCS) (select only one) <input type="radio"/> OCS – Alaska <input type="radio"/> OCS- Atlantic <input type="checkbox"/> OCS-Gulf of Mexico <input type="radio"/> OCS – Pacific Specify: Area: _____ Block/Tract #: / / / / /	
B15. Area of Accident: (select only one) <b>OFF_AREA_ACCIDENT_TYPE</b>	
<input type="checkbox"/> Shoreline/Bank/Marsh crossing or shore approach <input type="checkbox"/> Below water, pipe buried or jetted below seabed <input type="checkbox"/> Below water, pipe on or above seabed <input type="checkbox"/> Splash Zone of riser <input type="checkbox"/> Portion of riser outside of Splash Zone, including riser bend <input type="checkbox"/> Platform	

<b>PART C – ADDITIONAL FACILITY INFORMATION</b>	
C1. Is the pipeline or facility: <b>PIPE_FACILITY_TYPE</b>	
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	
C2. reserved	
<b>ITEM INVOLVED</b> C3. Item involved in Accident: <b>(select only one)</b> <input type="checkbox"/> Pipe <input type="checkbox"/> Specify: <input type="checkbox"/> Pipe Body <input type="checkbox"/> Pipe Seam	
<b>PUDDLE_WELD_IND</b> If Pipe Body: Was this a puddle/spot weld? <input type="radio"/> Yes <input type="radio"/> No	
<b>PIPE_DIAMETER</b> C3a. Nominal Pipe Size: <u>/ / . / / /</u>	
<b>PIPE_SMYS</b> C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): <u>/ / / / / / /</u>	
<b>PIPE_SPECIFICATION</b> C3d. Pipe specification: <u>PIPE_SPECIFICATION</u> OR <input type="radio"/> Unknown	
<b>PIPE_SEAM_TYPE</b> C3e. Pipe Seam <input type="checkbox"/> Specify: <input type="radio"/> ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency <input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other, describe: <u>PIPE_SEAM_DETAILS</u>	
C3f. Pipe manufacturer: <u>PIPE_MANUFACTURER</u> OR <input type="radio"/> Unknown	
<b>PIPE_COATING_TYPE</b> C3g formerly C3.h Pipeline coating type at point of Accident <input type="checkbox"/> Specify: <input type="radio"/> Fusion Bonded Epoxy (FBE) <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene <input type="radio"/> Epoxy other than FBE <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other, describe: <u>PIPE_COATING_DETAILS</u>	
<b>COATING_APPLIED_IND</b> C3h. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>WELD_SUBTYPE</b> <input type="checkbox"/> Weld, including heat-affected zone <input type="checkbox"/> Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld If Pipe Girth Weld is selected, complete items C3a through h above. Are any of the C3b though h values different on either side of the girth weld? <input type="radio"/> Yes <input type="radio"/> No <b>DIFFERENT_GIRTH_WELD_IND</b> If Yes, enter the different value(s) below:	
C3i. Wall thickness (in): <u>/ / . / / /</u> <b>DIFF_GIRTH_WELD_WALL_THICKNESS</b> C3j. SMYS (Specified Minimum Yield Strength) of pipe (psi): <u>/ / / / / / /</u> <b>DIFF_GIRTH_WELD_SMYS</b> C3k. Pipe specification: <u>DIFF_GIRTH_WELD_SPECIFICATION</u> OR <input type="radio"/> Unknown	
<b>DIFF_GIRTH_WELD_SEAM_TYPE</b> C3l. Pipe Seam <input type="checkbox"/> Specify: <input type="radio"/> ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> ERW – Unknown Frequency <input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other, describe: <u>DIFF_GIRTH_WELD_SEAM_DETAIL</u>	
C3m. Pipe manufacturer: <u>DIFF_GIRTH_WELD_MANUFACTURER</u> OR <input type="radio"/> Unknown	
C3n. Pipeline coating type at point of Accident <b>DIFF_GIRTH_WELD_COATING_TYPE</b> <input type="checkbox"/> Specify: <input type="radio"/> Fusion Bonded Epoxy (FBE) <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene <input type="radio"/> Epoxy other than FBE <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other, describe: <u>DIFF_GIRTH_WELD_COATING_DETAIL</u>	
<b>DIFF_GIRTH_WELD_CTNG_APPLD_IND</b> C3o. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
<b>VALVE_TYPE</b> <input type="checkbox"/> Valve <input type="checkbox"/> Mainline <input type="checkbox"/> Specify: <input type="radio"/> Butterfly <input type="radio"/> Check <input type="radio"/> Gate <input type="radio"/> Plug <input type="radio"/> Ball <input type="radio"/> Globe <input type="radio"/> Other, describe: <u>VALVE_MAINLINE_DETAILS</u>	
C3p. formerly C3.i Mainline valve manufacturer: <u>VALVE_MANUFACTURER</u> OR <input type="radio"/> Unknown <input type="radio"/> Relief Valve – including thermal and pressure. Report tank relief valves under the Tank/Vessel, Relief Valve <input type="radio"/> Auxiliary or Other Valve – report auxiliary valves on tanks under Tank/Vessel, Appurtenance	
<input type="checkbox"/> Pump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.	
C3q. Type of pump <b>PUMP_TYPE</b> <input type="checkbox"/> Positive displacement <input type="checkbox"/> Centrifugal <input type="checkbox"/> Gear <input type="checkbox"/> Other (specify): <u>PUMP_TYPE_DETAILS</u>	
C3r. Type of service <b>PUMP_SERVICE_TYPE</b> <input type="checkbox"/> Mainline <input type="checkbox"/> Injection <input type="checkbox"/> Truck rack (if on terminal side of truck rack canopy) <input type="checkbox"/> Other (specify): <u>PUMP_SERVICE_TYPE_DETAILS</u>	
<input type="checkbox"/> Meter/Prover, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Scraper/Pig Trap, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Sump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.	

- Filter, Strainer, Separator, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.
- Repair Sleeve or Clamp
- Tapping Equipment
- Tap Fitting (stoppable, thread-o-ring, weld-o-let, etc.)
- Flange Assembly, including Gaskets
- Relief Lines and Relief Equipment
- Drain Lines
- Tubing, including Fittings

C3s. Tubing material **TUBING\_MATERIAL**

- Stainless steel
- Carbon steel
- Copper
- Other

C3t. Type of tubing **TUBING\_TYPE**

- Rigid
- Flexible

Instrumentation, including Programmable Logic Controllers and Controls

Tank/Vessel  $\Rightarrow$  C3u. Specify:  Single Bottom System  Double Bottom System  Tank Shell  Chime  Roof/Roof Seal  
**TANK\_VESSEL\_SUBTYPE**  Roof Drain System  Mixer  Pressure Vessel Head or Wall  Appurtenance  
 Relief Valve  Other, describe: **TANK\_VESSEL\_DETAILS**

C3v. formerly part of C2. Tank Type  Atmospheric  Pressurized

If C3v. = Pressurized: **TANK\_TYPE**

C3v1. Tank Maximum Operating Pressure **TANK\_MAX\_PRESSURE**

C3v2. What is the set point of the primary pressure relief device on the tank? **TANK\_SET\_POINT\_RELIEF\_DEVICE**

C3v3. Did the thermal or pressure relief valve activate?  Yes  No **TANK\_RELIEF\_VALVE\_ACTVTD\_IND**

C3v4. Was the MOP of the tank exceeded?  Yes  No **TANK\_MOP\_EXCEEDED\_IND**

If C3v = Atmospheric or Low Pressure:

C3v5. Safe-Fill Level (in feet) at the time of the accident? **SAFE\_FILL\_LEVEL**

C3v6. Was the SafeFill-Level exceeded?  Yes  No

C3v7. formerly G1, 14.a Year of most recent API Std 653 Out-of-Service Inspection / / / / / OR  None **API\_STD\_OUT\_OF\_SRVC\_NONE\_IND**

C3v8. formerly G1, 14.b API Std 653 In-Service Inspection / / / / / OR  No In-Service Inspection completed **API\_STD\_NO\_IN\_SERVICE\_IND**

Other \_\_\_\_\_ mandatory text field **ITEM\_INVOLVED\_DETAILS**

**INSTALLATION\_YEAR**

C4. Year item involved in Accident was installed: / / / / / OR  Unknown

**MANUFACTURED\_YEAR**

**C4a.** Year item involved in Accident was manufactured: / / / / / OR  Unknown

C5. Material involved in Accident: (select only one) **MATERIAL\_INVOLVED**

- Carbon Steel
- Material other than Carbon Steel  $\Rightarrow$  Specify: **MATERIAL\_DETAILS**

**RELEASE\_TYPE**

C6. Type of Accident involved: (select only one)

**PUNCTURE\_AXIAL** **PUNCTURE\_CIRCUM**

Mechanical Puncture  $\Rightarrow$  Approx. size: / / / / . / in. (axial) by / / / / . / in. (circumferential) **LEAK\_TYPE\_OTHER**

Leak  $\Rightarrow$  Select Type:  Pinhole  Crack  Connection Failure  Seal or Packing  Other

Rupture  $\Rightarrow$  Select Orientation:  Circumferential  Longitudinal  Other **RUPTURE\_DETAILS**

Approx. size: / / / / . / in. (widest opening) by / / / / . / in. (length circumferentially or axially)

Overfill or Overflow

**RELEASE\_TYPE\_DETAIL**

Other  $\Rightarrow$  Describe: S

#### PART D – ADDITIONAL CONSEQUENCE INFORMATION

D1. Wildlife impact:  Yes  No **WILDLIFE\_IMPACT\_IND**

D1a If Yes, specify all that apply:

- Fish/aquatic **FISH\_AQUATIC\_IMPACT\_IND**
- Birds **BIRDS\_IMPACT\_IND**
- Terrestrial **TERRESTRIAL\_IMPACT\_IND**

D2. Soil contamination:  Yes  No **SOIL\_CONTAMINATION**

D3. Long term impact assessment performed or planned:  Yes  No **LONG\_TERM\_ASSESSMENT**

D4. Anticipated remediation:  Yes  No (not needed) **REMEDIATION\_IND**

D4a. If Yes, specify all that apply:

**SURFACE\_WATER\_REMED\_IND** **GROUNDWATER\_REMED\_IND** **SOIL\_REMED\_IND** **VEGETATION\_REMED\_IND** **WILDLIFE\_REMED\_IND**

Surface water  Groundwater  Soil  Vegetation  Wildlife

**WATER\_CONTAM\_IND**

D5. Water contamination:  Yes  $\Rightarrow$  (Complete 5a – 5c below)  No

D5a. Specify all that apply:

- Ocean/Seawater **OCEAN\_SEAWATER\_IND**

- Surface    **SURFACE\_CONTAM\_IND**  
 Groundwater    **GROUNDWATER\_CONTAM\_IND**  
 Drinking water    **DRINKING\_WATER\_CONTAM\_IND**    **PRIVATE\_WELL\_CONTAM\_IND**    **PUBLIC\_WATER\_CONTAM\_IND**  
 Drinking water  $\Rightarrow$  (Select one or both)     Private Well     Public Water Intake  
**AMOUNT\_RELEASED**

D5b. Estimated amount released in or reaching water:   /  /  /  /  /  /  /  /  /  Barrels

D5c. Name of body of water, if commonly known:   REL\_WATER\_NAME

**COULD\_BE\_HCA**

D6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?     Yes     No

**COMMODITY REACHED HCA**

D7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?     Yes     No

D7a. If Yes, specify HCA type(s): (select all that apply)

- Commercially Navigable Waterway    **COMMERCIALLY\_NAV\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?  
 Yes     No    **COMMERCIALLY\_NAV\_YES\_NO**

- High Population Area    **HIGH\_POP\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?  
 Yes     No    **HIGH\_POP\_YES\_NO**

- Other Populated Area    **OTHER\_POP\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?  
 Yes     No    **OTHER\_POP\_YES\_NO**

- Unusually Sensitive Area (USA) – Drinking Water    **USA\_DRINKING\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?  
 Yes     No    **USA\_DRINKING\_YES\_NO**

- Unusually Sensitive Area (USA) – Ecological    **USA\_ECOLOGICAL\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?  
 Yes     No    **USA\_ECOLOGICAL\_YES\_NO**

D8. Estimated Property Damage:

D8a. Estimated cost of public and non-Operator private property damage    \$   /  /  /  /  /  /  /  /  /  /  /  /    **EST\_COST\_OPER\_PAID**

D8b. Estimated cost of commodity lost    **EST\_COST\_GAS\_RELEASED**    \$   /  /  /  /  /  /  /  /  /  /  /

D8c. Estimated cost of Operator's property damage & repairs    \$   /  /  /  /  /  /  /  /  /  /  /    **EST\_COST\_PROP\_DAMAGE**

D8d. Estimated cost of emergency response    **EST\_COST\_EMERGENCY**    \$   /  /  /  /  /  /  /  /  /  /  /

D8e. Estimated cost of environmental remediation    \$   /  /  /  /  /  /  /  /  /  /  /    **EST\_COST\_ENVIRONMENTAL**

D8f. Estimated other costs    **EST\_COST\_OTHER**    \$   /  /  /  /  /  /  /  /  /  /  /

Describe   EST\_COST\_OTHER\_DETAILS

D8g. Total estimated property damage (sum of above)    **TOTAL\_COST**    \$ calculated

**Injured Persons not included in A11** The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. **If a person is included in A11, do not include them in D9.**

**NUM\_PERSONS\_HOSP\_NOT\_OVNGHT**

D9. 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 D9, do not include them in D10.**

**NUM\_INJURED\_TREATED\_BY\_EMT**

D10. Estimated number of persons with injuries requiring treatment by EMTs at the site of accident:

**Buildings Affected**

**NUM\_RESIDENT\_BUILDING\_AFFCTD**

D11. Number of residential buildings affected (evacuated or required repair):

**NUM\_BUSINESS\_BUILDING\_AFFCTD**

D12. Number of business buildings affected (evacuated or required repair):

**PART E – ADDITIONAL OPERATING INFORMATION**

E1. Estimated pressure at the point and time of the Accident (psig): **ACCIDENT\_PSIG** / / / / / /

If C3. Is Tank/Vessel and C3v. is Atmospheric, do not answer E2. and E3. **MOP\_PSIG**

E2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig): / / / / / /

E2a. Limiting factor establishing MOP (select only one): **MOP\_CFR\_SECTION**

- Internal Design Pressure §195.406(a)(1)
- Component Design Pressure §195.406(a)(2)
- SubPart E Pressure Test §195.406(a)(3)
- Excepted Component Pressure Test §195.406(a)(4)
- Four Hour Test or Operation §195.406(a)(5)
- Other; describe: **MOP\_CFR\_SECTION\_DETAILS**

E2b. Date MOP established **MAOP\_ESTABLISHED\_DATE** **MAOP\_REVERSAL\_FLOW\_IND**

E2c. Was the MOP established in conjunction with a reversal of flow direction?  Yes  No  Bi-Directional

If E2c = Yes, E2d. What is the date of the most recent surge analysis performed at the point of the Accident? **SURGE\_ANALYSIS\_DATE**

E3. Describe the pressure on the system or facility relating to the Accident: (*calculated*) **ACCIDENT\_PRESSURE**

- Pressure did not exceed MOP
- Pressure exceeded MOP, but did not exceed 110% of MOP
- Pressure exceeded 110% of MOP

**PRESSURE\_RESTRICTION\_IND**

E4. Was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?

- No
- Yes ➔ (Complete 4.a and 4.b below) **EXCEED\_RESTRICTION\_IND**

E4a. Did the pressure exceed this established pressure restriction?  Yes  No

**PHMSA\_RESTRICTION\_IND**

E4b. Was this pressure restriction mandated by PHMSA or the State?  PHMSA  State  Not mandated

If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", complete E5 through E7

**LENGTH\_SEGMENT\_ISOLATED**

E5. formerly E5.c Answer E5 only when both A23a and A23d are Valve Closure

Length of segment initially isolated between valves (ft): / / / /

**INTERNAL\_INSPECTION\_IND**

E6. formerly E5.d Is the pipeline configured to accommodate internal inspection tools?

- Yes
- No ➔ Which physical features limit tool accommodation? (*select all that apply*)
  - Changes in line pipe diameter **DIAMETER\_CHANGE\_IND**
  - Presence of unsuitable mainline valves **UNSUITABLE\_MAINLINE\_IND**
  - Tight or mitered pipe bends **TIGHT\_MITERED\_IND**
  - Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) **OTHER\_RESTRICTIONS\_IND**
  - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) **EXTRA\_THICK\_WALL\_IND**
  - Other ➔ Describe: **OTHER\_INSPECTION\_IND** **INTERNAL\_INSPECTION\_DETAILS**

**OPERATION\_COMPLICATIONS\_IND**

E7. formerly E5.e 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 apply*)
  - Excessive debris or scale, wax, or other wall build-up **EXCESS\_DEBRIS\_IND**
  - Low operating pressure(s) **LOW\_OP\_PRESSURE\_IND**
  - Low flow or absence of flow **LOW\_FLOW\_IND**
  - Incompatible commodity **INCOMPAT\_COMMOD\_IND**
  - Other ➔ Describe: **OTHER\_COMPLICATIONS\_IND** **INSPECT\_COMP\_DETAILS**

**Pipeline\_Function**

E8. formerly E5.f Function of pipeline system: (*select only one*)

- > 20% SMYS Regulated Transmission  > 20% SMYS Regulated Gathering
- ≤ 20% SMYS Regulated Transmission  ≤ 20% SMYS Regulated Gathering

E9. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?

No **SCADA\_IN\_PLACE\_IND**

Yes ⇒ E9a. Was it operating at the time of the Accident?  Yes  No **SCADA\_OPERATING\_IND**

E9b. Was it fully functional at the time of the Accident?  Yes  No **SCADA\_FUNCTIONAL\_IND**

E9c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the initial indication of the Accident? **SCADA\_DETECTION\_IND**  Yes  No

E9d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Accident? **SCADA\_CONF\_IND**  Yes  No

**CPM\_IN\_PLACE\_IND**

E10. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?

No

Yes ⇒ E10a. Was it operating at the time of the Accident?  Yes  No **CPM\_OPERATING\_IND**

E10b. Was it fully functional at the time of the Accident?  Yes  No **CPM\_FUNCTIONAL\_IND**

E10c. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the initial indication of the Accident? **CPM\_DETECTION\_IND**  Yes  No

E10d. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Accident? **CPM\_CONF\_IND**  Yes  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 Accident? (select only one) **INVESTIGATION\_STATUS**

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 Accident

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)

**INVESTIGATION\_STATUS\_DETAILS**

Yes, specify investigation result(s): (select all that apply) **INVEST\_SCHEDULE\_IND**

Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue **INVEST\_NO\_SCHEDULE\_IND**

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)

**INVEST\_NO\_SCHEDULE\_IND\_DETAILS**

Investigation identified no control room issues **INVEST\_NO\_CONTROL\_ROOM\_IND**

Investigation identified no controller issues **INVEST\_NO\_CONTROLLER\_IND**

Investigation identified incorrect controller action or controller error **INVEST\_INCORRECT\_ACTION\_IND**

Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response **INVEST\_FATIGUE\_IND**

Investigation identified incorrect procedures **INVEST\_INCORRECT\_PROCEDURE\_IND**

Investigation identified incorrect control room equipment operation **INVEST\_INCORRECT\_CONTROL\_IND**

Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response **INVEST\_MAINT\_IND**

Investigation identified areas other than those above ⇒ Describe: **INVEST\_OTHER\_IND, INVEST\_OTHER\_IND\_DETAILS**

**PART F – DRUG & ALCOHOL TESTING INFORMATION**

F1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **EMPLOYEE\_DRUG\_TEST\_IND**

No

Yes  $\Rightarrow$  F1a. Specify how many were tested:   /  /  /   **NUM\_EMPLOYEES\_TESTED**

F1b. Specify how many failed:   /  /  /   **NUM\_EMPLOYEES\_FAILED**

F2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **CONTRACTOR\_DRUG\_TEST\_IND**

No

Yes  $\Rightarrow$  F2a. Specify how many were tested:   /  /  /   **NUM\_CONTRACTORS\_TESTED**

F2b. Specify how many failed:   /  /  /   **NUM\_CONTRACTORS\_FAILED**

<b>PART G – APPARENT CAUSE</b> <b>CAUSE      CAUSE_DETAILS</b>	<i>Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).</i>
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**G1 - Corrosion Failure** – \*only one sub-cause can be picked from shaded left-hand column  
**INTERNAL\_EXTERNAL**

External Corrosion

1. Results of visual examination: **VISUAL\_EXAM\_RESULTS**

Localized Pitting  General Corrosion  
 Other VISUAL\_EXAM\_DETAILS

2. Type of corrosion: (select all that apply)

**GALVANIC\_CORROSION\_IND**, **ATMOSPHERE\_CORROSION\_IND**, **STRAY\_CURRENT\_CORROSION\_IND**,  
**MICROBIOLOGICAL\_CORROSION\_IND**, **SELECTIVE\_SEAM\_CORROSION\_IND**  
 Galvanic  Atmospheric  Stray Current  Microbiological  Selective Seam  
 Other OTHER\_CORROSION\_IND CORROSION\_TYPE\_DETAILS

**STRAY\_CURRENT\_TYPE**

2a. If 2 is Stray Current, specify  Alternating Current  Direct Current AND  
2b. Describe the stray current source: STRAY\_CURRENT\_DETAILS

3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)  
**FIELD\_EXAM\_BASIS\_IND**, **METALLURGICAL\_BASIS\_IND**

Field examination  Determined by metallurgical analysis  
 Other OTHER\_BASIS\_IND CORROSION\_BASIS\_DETAILS

4. Was the failed item buried or submerged? **UNDERGROUND\_LOCATION**

Yes  $\Rightarrow$  4a. Was failed item considered to be under cathodic protection at the time of the Accident? **UNDER\_CATHODIC\_PROTECTION\_IND**

Yes  $\Rightarrow$  Year protection started:   /  /  /  /  /   **CATHODIC\_PRO\_START\_YEAR**  
 No

4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident? **SHIELDING\_EVIDENT**

Yes  No

**CATHODIC SURVEY TYPE**

4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? (select all that apply)

**CP\_ANNUAL\_SURVEY\_IND**  Yes, CP Annual Survey  $\Rightarrow$  Most recent year conducted:   /  /  /  /  /   **CP\_ANNUAL\_SURVEY\_YEAR**  
**CLOSE\_INTERVAL\_SURVEY\_IND**  Yes, Close Interval Survey  $\Rightarrow$  Most recent year conducted:   /  /  /  /  /   **CLOSE\_INTERVAL\_SURVEY\_YEAR**  
**OTHER\_CP\_SURVEY\_IND**  Yes, Other CP Survey  $\Rightarrow$  Most recent year conducted:   /  /  /  /  /   **OTHER\_CP\_SURVEY\_YEAR**

Describe other CP survey OTHER\_CP\_SURVEY\_DETAILS

No

**EXTERNALLY\_COATED**

No  $\Rightarrow$  4d. Was the failed item externally coated or painted?  Yes  No  
**PRIOR\_DAMAGE**

5. Was there observable damage to the coating or paint in the vicinity of the corrosion?  
 Yes  No  N/A Bare/Ineffectively Coated Pipe

<input type="checkbox"/> Internal Corrosion  <b>INT_CORROSIVE_COMMODITY_IND</b> <b>INT_OTHER_CORROSION_IND</b>	<p>6. Results of visual examination:  <input type="radio"/> Localized Pitting    <input type="radio"/> General Corrosion    <input type="radio"/> Not cut open  <input type="radio"/> Other _____ <b>INT_VISUAL_EXAM_DETAILS</b></p> <p>7. Cause of corrosion: (select all that apply)  <input type="radio"/> <b>INT_WATER_ACID_IND</b>    <input type="radio"/> <b>INT_MICROBIOLOGICAL_IND</b>    <input type="radio"/> <b>INT_EROSION_IND</b>  <input type="radio"/> Corrosive Commodity    <input type="radio"/> Water drop-out/Acid    <input type="radio"/> Microbiological    <input type="radio"/> Erosion  <input type="radio"/> Other _____ <b>INT_CORROSION_TYPE_DETAILS</b></p> <p>8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply)  <input type="radio"/> <b>INT_FIELD_EXAM_BASIS_IND</b>    <input type="radio"/> <b>INT_METALLURGICAL_BASIS_IND</b>  <input type="radio"/> Field examination    <input type="radio"/> Determined by metallurgical analysis  <input type="radio"/> Other <b>INT_OTHER_BASIS_IND</b>    <b>INT_CORROSION_BASIS_DETAILS</b></p> <p>9. Location of corrosion: (select all that apply)  <input type="radio"/> <b>INT_LOW_POINT_IND</b>, <b>INT_ELBOW_IND</b>, <b>INT_DEAD_LEG_IND</b>,  <input type="radio"/> Low point in pipe    <input type="radio"/> Elbow    <input type="radio"/> Dead-Leg    <input type="radio"/> Other <b>INT_OTHER_LOC_IND</b>  <b>CORROSION_INHIBITORS</b>    <b>CORROSION_LOCATION_DETAILS</b></p> <p>10. Was the commodity treated with corrosion inhibitors or biocides? <input type="radio"/> Yes    <input type="radio"/> No  <b>CORROSION LINING</b></p> <p>11. Was the interior coated or lined with protective coating? <input type="radio"/> Yes    <input type="radio"/> No  <b>CLEANING DEWATERING</b></p> <p>12. Were cleaning/dewatering pigs (or other operations) routinely utilized?  <input type="radio"/> Not applicable - Not mainline pipe    <input type="radio"/> Yes    <input type="radio"/> No  <b>CORROSION COUPONS</b></p> <p>13. Were corrosion coupons routinely utilized?  <input type="radio"/> Not applicable - Not mainline pipe    <input type="radio"/> Yes    <input type="radio"/> No</p>
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<b>G2 - Natural Force Damage</b> - *only one sub-cause can be picked from shaded left-hand column <b>NATURAL_FORCE_TYPE</b>	
<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other _____ <b>NF_OTHER_DETAILS</b>
<input type="checkbox"/> Heavy Rains/Floods	2. Specify: <input type="radio"/> Washout/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other _____ <b>NF_OTHER_DETAILS</b>
<input type="checkbox"/> Lightning	3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other _____ <b>NF_OTHER_DETAILS</b>
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Tree/Vegetation Root	
<input type="checkbox"/> Snow/Ice impact or Accumulation	
<input type="checkbox"/> Other Natural Force Damage	5. Describe: <b>NF_OTHER_DETAILS</b>
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No <b>NF_EXTREME_WEATHER_IND</b>	
6a. If Yes, specify: (select all that apply) <input type="radio"/> <b>NF_HURRICANE_IND</b> <input type="radio"/> <b>NF_TROPICAL_STORM_IND</b> <input type="radio"/> <b>NF_TORNADO_IND</b> <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Other _____ <b>NF_OTHER_IND</b> <b>NF_EXTREME_WEATHER_DETAILS</b>	

<b>G3 – Excavation Damage</b> - *only one sub-cause can be picked from shaded left-hand column	
<input type="checkbox"/> Excavation Damage by Operator (First Party) <b>PARTY_TYPE</b>	
<input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party)	
<input type="checkbox"/> Excavation Damage by Third Party	
<input type="checkbox"/> Previous Damage due to Excavation Activity	
Complete the following if Excavation Damage by Third Party is selected as the sub-cause. <b>PRIOR_NOTIFICATION_IND</b>	
1. Did the Operator get prior notification of the excavation activity? <input type="radio"/> Yes <input type="radio"/> No	



## Notification Issue

- No notification made to the One-Call Center/811
- Excavator dug outside area described on ticket
- Excavator dug prior to valid start date/time
- Excavator dug after valid ticket expired
- Excavator provided incorrect notification information

## Excavation Issue

- Excavator dug prior to verifying marks by test-hole (pothole)
- Excavator failed to maintain clearance after verifying marks
- Excavator failed to protect/shore/support facilities
- Improper backfilling practices
- Marks faded or not maintained
- Improper excavation practice not listed above

## Locating Issue

Facility not marked due to:

- Abandoned facility
- Incorrect facility records/maps
- Locator error
- No response from operator/contract locator
- Incomplete marks at damage location
- Tracer wire issue
- Unlocatable Facility

Facility marked inaccurately due to:

- Abandoned facility
- Incorrect facility records/maps
- Locator error
- Tracer wire issue

## Miscellaneous Root Causes

- Deteriorated facility
- One Call Center Error
- Previous damage
- Root Cause not listed (comment required) ROOT\_CAUSE\_TYPE\_OTHER  

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## G4 - Other Outside Force Damage - \*only one sub-cause can be picked from shaded left-hand column OUTSIDE\_FORCE\_TYPE

<input type="checkbox"/> <b>Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident</b>	
<input type="checkbox"/> <b>Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation</b>	<b>VEHICLE_SUBTYPE</b> 1. Vehicle/Equipment operated by: (select only one) <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party If this sub-section is picked, please complete questions 5-11 below
<input type="checkbox"/> <b>Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring</b>	<b>OSF_HURRICANE_IND   OSF_TROPICAL_STORM_IND   OSF_TORNADO_IND</b> 2. Select one or more of the following IF an extreme weather event was a factor: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other <b>OSF_OTHER_WEATHER_IND</b> <b>OSF_HEAVY_RAINS_IND</b> <b>OSF_OTHER_WEATHER_DETAILS</b>
<input type="checkbox"/> <b>Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation</b>	

<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility	
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	
<input type="checkbox"/> Intentional Damage	<p>3. Specify: <b>INTENTIONAL_SUBTYPE</b></p> <p><input type="radio"/> Vandalism      <input type="radio"/> Terrorism  <input type="radio"/> Theft of transported commodity      <input type="radio"/> Theft of equipment  <input type="radio"/> Other <u>INTENTIONAL_DETAILS</u></p>
<input type="checkbox"/> Other Outside Force Damage	4. Describe: <u>OSF_OTHER_DETAILS</u>
<p>Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.</p> <p><b>DRIVER_ISSUED_CITATION_IND</b></p> <p>5. Was the driver of the vehicle or equipment issued one or more citations related to the accident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If 5 is Yes, what was the nature of the citations (select all that apply)</p> <p>5a. Excessive Speed <u>CITATION_SPEED_IND</u>  5b. Reckless Driving <u>CITATION_RECKLESS_IND</u>  5c. Driving Under the Influence <u>CITATION_DUI_IND</u>  5e. Other, describe: <u>CITATION_OTHER_IND</u> <u>CITATION_OTHER_DETAIL</u></p> <p><b>DRIVER_IN_CONTROL_IND</b></p> <p>6. Was the driver under control of the vehicle at the time of the collision? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>ESTIMATED_SPEED_IND</b></p> <p>7. Estimated speed of the vehicle at the time of impact (miles per hour)? _____ or <input type="radio"/> Unknown</p> <p>8. Type of vehicle? (select only one) <input type="radio"/> Motorcycle/ATV <input type="radio"/> Passenger Car <input type="radio"/> Small Truck <input type="radio"/> Bus <input type="radio"/> Large Truck</p> <p><b>VEHICLE_TRAVEL_FROM_IND</b></p> <p>9. Where did the vehicle travel from to hit the pipeline facility? (select only one)</p> <p><input type="radio"/> Roadway <input type="radio"/> Driveway <input type="radio"/> Parking Lot <input type="radio"/> Loading Dock <input type="radio"/> Off-Road</p> <p><b>VEHICLE_TRAVEL_DISTANCE_FT_IND</b></p> <p>10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet): . _____</p> <p><b>PROTECTIONS_INSTALLED_IND</b></p> <p>11. At the time of the accident, were protections installed to protect the damaged pipeline facility from vehicular damage? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If 11 is Yes, specify type of protection (select all that apply):</p> <p>11a. Bollards/Guard Posts <b>PROTECTION_BOLLARDS_POST_IND</b>  11b. Barricades – include Jersey barriers and fences in instructions <b>PROTECTION_BARRICADES_IND</b>  11c. Guard Rails <b>PROTECTION_GUARD_RAILS_IND</b>  11d. Other, describe: <u>PROTECTION_OTHER_IND</u> <u>PROTECTION_OTHER_DETAIL</u></p>	

<b>G5 - Material Failure of Pipe or Weld</b>		Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."
*Only one sub-cause can be picked from shaded left-hand column		
1. The sub-cause selected below is based on the following: (select all that apply)		
<b>FIELD_EXAM_IND    METALLURGICAL_IND</b>		
<input type="checkbox"/> Field Examination <input type="checkbox"/> Determined by Metallurgical Analysis <input type="checkbox"/> Other Analysis <u>OTHER_ANALYSIS_IND</u> <u>OTHER_ANALYSIS_DETAILS</u> <b>STILL_UNDER_INVEST_IND</b> <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation ( <i>Supplemental Report required</i> )		
<b>FAILURE_TYPE</b> <input type="checkbox"/> Design-, Construction-, Installation-, or Fabrication-related  <input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)		2. List contributing factors: (select all that apply) <b>FAILURE_SUBTYPE</b> <input type="checkbox"/> Fatigue- or Vibration-related: <b>FATIGUE_VIBR RELATED</b> <input type="radio"/> Mechanically induced prior to installation (such as during transport of pipe) <input type="radio"/> Mechanical Vibration <input type="radio"/> Pressure-related <input type="radio"/> Thermal <input type="radio"/> Other <b>FATIGUE_VIBR RELATED OTHER</b> <input type="checkbox"/> Mechanical Stress <b>MECHANICAL_STRESS</b> <input type="checkbox"/> Other <b>OTHER_FACTOR</b> <b>OTHER_FACTOR_DETAILS</b>
<input type="checkbox"/> Environmental Cracking-related		<b>STRESS_SUBTYPE</b> 3. Specify: <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Sulfide Stress Cracking <input type="radio"/> Hydrogen Stress Cracking <input type="radio"/> Hard Spot <input type="radio"/> Other <b>STRESS_DETAILS</b>
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.		
<b>ADDITIONAL_CRACK_IND</b>		
4. Additional factors: (select all that apply) <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Pipe Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Lack of Fusion <b>ADDITIONAL_LACK_FUSION_IND</b>		
<b>ADDITIONAL_LAMINATION_IND</b> <b>ADDITIONAL_BUCKLE_IND</b> <b>ADDITIONAL_WRINKLE_IND</b> <input type="radio"/> Lamination <input type="radio"/> Buckle <input type="radio"/> Wrinkle <input type="radio"/> Misalignment <input type="radio"/> Burnt Steel <b>PWF_ADDL_MISALIGNMENT_IND</b> <b>ADDITIONAL_BURNT_STEEL_IND</b> <input type="radio"/> Other <b>PWF_ADDITIONAL_OTHER_IND</b>		

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

### EQ\_FAILURE\_TYPE

<input type="checkbox"/> Malfunction of Control/Relief Equipment <b>CONTROL_VALVE_IND</b> <b>COMMUNICATIONS_IND</b> <b>RELIEF_VALVE_IND</b> <b>ESD_SYSTEM_FAILURE_IND</b> <b>OTHER_CONTROL_RELIEF_IND</b>	1. Specify: (select all that apply) <table> <tr> <td><input type="radio"/> Control Valve</td> <td><input type="radio"/> INSTRUMENTATION_IND</td> <td><input type="radio"/> SCADA_IND</td> </tr> <tr> <td><input type="radio"/> Instrumentation</td> <td><input type="radio"/> BLOCK_VALVE_IND</td> <td><input type="radio"/> CHECK_VALVE_IND</td> </tr> <tr> <td><input type="radio"/> Block Valve</td> <td><input type="radio"/> POWER_FAILURE_IND</td> <td><input type="radio"/> Check Valve</td> </tr> <tr> <td><input type="radio"/> Power Failure</td> <td></td> <td><input type="radio"/> Stopple/Control Fitting</td> </tr> <tr> <td></td> <td></td> <td><b>STOPPLE_CONTROL_FITTING_IND</b></td> </tr> </table> <b>OTHER_CONTROL_RELIEF_DETAILS</b>	<input type="radio"/> Control Valve	<input type="radio"/> INSTRUMENTATION_IND	<input type="radio"/> SCADA_IND	<input type="radio"/> Instrumentation	<input type="radio"/> BLOCK_VALVE_IND	<input type="radio"/> CHECK_VALVE_IND	<input type="radio"/> Block Valve	<input type="radio"/> POWER_FAILURE_IND	<input type="radio"/> Check Valve	<input type="radio"/> Power Failure		<input type="radio"/> Stopple/Control Fitting			<b>STOPPLE_CONTROL_FITTING_IND</b>
<input type="radio"/> Control Valve	<input type="radio"/> INSTRUMENTATION_IND	<input type="radio"/> SCADA_IND														
<input type="radio"/> Instrumentation	<input type="radio"/> BLOCK_VALVE_IND	<input type="radio"/> CHECK_VALVE_IND														
<input type="radio"/> Block Valve	<input type="radio"/> POWER_FAILURE_IND	<input type="radio"/> Check Valve														
<input type="radio"/> Power Failure		<input type="radio"/> Stopple/Control Fitting														
		<b>STOPPLE_CONTROL_FITTING_IND</b>														
<input type="checkbox"/> Pump or Pump-related Equipment	2. Specify: <table> <tr> <td><input type="radio"/> Seal/Packing Failure</td> <td><input type="radio"/> Body Failure</td> <td><input type="radio"/> Crack in Body</td> </tr> <tr> <td><input type="radio"/> Appurtenance Failure</td> <td></td> <td></td> </tr> <tr> <td><input type="radio"/> Other</td> <td></td> <td><b>OTHER_PUMP_DETAILS</b></td> </tr> </table>	<input type="radio"/> Seal/Packing Failure	<input type="radio"/> Body Failure	<input type="radio"/> Crack in Body	<input type="radio"/> Appurtenance Failure			<input type="radio"/> Other		<b>OTHER_PUMP_DETAILS</b>						
<input type="radio"/> Seal/Packing Failure	<input type="radio"/> Body Failure	<input type="radio"/> Crack in Body														
<input type="radio"/> Appurtenance Failure																
<input type="radio"/> Other		<b>OTHER_PUMP_DETAILS</b>														
<input type="checkbox"/> Threaded Connection/Coupling Failure	3. Specify: <table> <tr> <td><input type="radio"/> Pipe Nipple</td> <td><input type="radio"/> Valve Threads</td> <td><input type="radio"/> Mechanical Coupling</td> </tr> <tr> <td><input type="radio"/> Threaded Pipe Collar</td> <td><input type="radio"/> Threaded Fitting</td> <td></td> </tr> <tr> <td><input type="radio"/> Other</td> <td></td> <td><b>OTHER_STRIPPED_DETAILS</b></td> </tr> </table>	<input type="radio"/> Pipe Nipple	<input type="radio"/> Valve Threads	<input type="radio"/> Mechanical Coupling	<input type="radio"/> Threaded Pipe Collar	<input type="radio"/> Threaded Fitting		<input type="radio"/> Other		<b>OTHER_STRIPPED_DETAILS</b>						
<input type="radio"/> Pipe Nipple	<input type="radio"/> Valve Threads	<input type="radio"/> Mechanical Coupling														
<input type="radio"/> Threaded Pipe Collar	<input type="radio"/> Threaded Fitting															
<input type="radio"/> Other		<b>OTHER_STRIPPED_DETAILS</b>														
<input type="checkbox"/> Non-threaded Connection Failure	4. Specify: <table> <tr> <td><input type="radio"/> O-Ring</td> <td><input type="radio"/> Gasket</td> <td><input type="radio"/> Seal (NOT pump seal) or Packing</td> </tr> <tr> <td><input type="radio"/> Other</td> <td></td> <td><b>OTHER_NON_THREADDED_DETAILS</b></td> </tr> </table>	<input type="radio"/> O-Ring	<input type="radio"/> Gasket	<input type="radio"/> Seal (NOT pump seal) or Packing	<input type="radio"/> Other		<b>OTHER_NON_THREADDED_DETAILS</b>									
<input type="radio"/> O-Ring	<input type="radio"/> Gasket	<input type="radio"/> Seal (NOT pump seal) or Packing														
<input type="radio"/> Other		<b>OTHER_NON_THREADDED_DETAILS</b>														
<input type="checkbox"/> Defective or Loose Tubing or Fitting																
<input type="checkbox"/> Failure of Equipment Body (except Pump), Tank Plate, or other Material																
<input type="checkbox"/> Other Equipment Failure	5. Describe: <b>FAILURE_DETAILS</b> <hr/>															

Complete the following if any Equipment Failure sub-cause is selected.

6. Additional factors that contributed to the equipment failure: (select all that apply)

- Excessive vibration **ADDITIONAL\_VIBRATION\_IND**
- Overpressurization **ADDITIONAL\_OVERPRESSURE\_IND**
- No support or loss of support **ADDITIONAL\_SUPPORT\_IND**
- Manufacturing defect **ADDITIONAL\_DEFECT\_IND**
- Loss of electricity **ADDITIONAL\_ELECTRICITY\_IND**
- Improper installation **ADDITIONAL\_INSTALLATION\_IND**
- Improper maintenance **ADDITIONAL\_IMPROPER\_MNTNCE\_IND**
- Mismatched items (different manufacturer for tubing and tubing fittings) **ADDITIONAL\_MISMATCH\_IND**
- Dissimilar metals **ADDITIONAL\_DISSIMILAR\_IND**
- Breakdown of soft goods due to compatibility issues with transported commodity **ADDITIONAL\_BREAKDOWN\_IND**
- Valve vault or valve can contributed to the release **ADDITIONAL\_VALVE\_IND**
- Alarm/status failure **ADDITIONAL\_ALARM\_IND**
- Misalignment **IEF\_ADDL\_MISALIGNMENT\_IND**
- Thermal stress **ADDITIONAL\_THERMAL\_IND**
- Erosion/Abnormal Wear **ADDITIONAL\_EROSION\_WEAR\_IND**
- Other **EQ\_ADDITIONAL\_OTHER\_IND** **EQ\_ADDITIONAL\_OTHER\_DETAILS**

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

<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
<input type="checkbox"/> Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	<b>OVERFLOW_OTHER_IND</b> 1. Specify: <input type="radio"/> Valve misalignment <input type="radio"/> Incorrect reference data/calculation <input type="radio"/> Miscommunication <input type="radio"/> Inadequate monitoring <input type="radio"/> Other _____ <b>OVERFLOW_OTHER_DETAILS</b>
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	
<input type="checkbox"/> Pipeline or Equipment Overpressured	
<input type="checkbox"/> Equipment Not Installed Properly	
<input type="checkbox"/> Wrong Equipment Specified or Installed	
<input type="checkbox"/> Other Incorrect Operation	2. Describe: _____ <b>OPERATION_DETAILS</b>

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

3. Was this Accident related to: (select all that apply)

- Inadequate procedure **RELATED\_INADEQUATE\_PROC\_IND**
- No procedure established **RELATED\_NO\_PROC\_IND**
- Failure to follow procedure **RELATED\_FAILURE\_FOLLOW\_IND**
- Other: **RELATED\_OTHER\_IND** **OPERATION RELATED DETAILS**

4. What category type was the activity that caused the Accident: **CATEGORY\_TYPE**

- Construction
- Commissioning
- Decommissioning
- Right-of-Way activities
- Routine maintenance
- Other maintenance
- Normal operating conditions
- Non-routine operating conditions (abnormal operations or emergencies)

**OPERATOR\_QUALIFICATION\_IND**

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

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

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

<input type="checkbox"/> Miscellaneous	1. Describe: _____ <b>MISC_DETAILS</b>
<input type="checkbox"/> Unknown	<b>UNKNOWN_SUBTYPE</b> 2. Specify: <input type="radio"/> Investigation complete, cause of Accident unknown. Mandatory comment field: _____ <b>INCIDENT_UNKNOWN_COMMENTS</b> <input type="radio"/> Still under investigation, cause of Accident to be determined* (*Supplemental Report required)

Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:  
 Corrosion (any subCause in Part G1); or  
 Previous Damage due to Excavation Activity (subCause in Part G3); or  
 Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or  
 Material Failure of Pipe or Weld (any subCause in Part G5)

- COLLECTED\_DATA\_IND**
- J1. Have internal inspection tools collected data at the point of the Accident?  
 Yes  No
- J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs:
- AXIAL\_MAGNETIC\_FLX\_LKG\_IND**
- Axial Magnetic Flux Leakage
- Most recent run Year: AXIAL\_RECENT\_YEAR      AXIAL\_RCNT\_PROPUL\_METHOD  
 Most recent run Propulsion Method (select only one):  Free Swimming  Tethered  
AXIAL\_RCNT\_ATTUNED\_DETECT  
 Most recent run Attuned to Detect (select only one):  Metal Loss  Hard Spots  Girth Weld Anomalies  
 Other Describe: AXIAL\_RCNT\_ATND\_DTCT\_DTLS  
AXIAL\_RCNT\_ATND\_DTCT\_METAL  
 If Metal Loss, specify (select only one):  High Resolution  Standard Resolution  
 Other Describe: AXIAL\_RCNT\_ATT\_DT\_METAL\_DTLS
- Previous run Year: AXIAL\_PREVIOUS\_YEAR      AXIAL\_PREV\_PROPUL\_METHOD  
 Previous run Propulsion Method (select only one):  Free Swimming  Tethered  
AXIAL\_PREV\_ATTUNED\_DETECT  
 Previous run Attuned to Detect (select only one):  Metal Loss  Hard Spots  Girth Weld Anomalies  
 Other Describe: AXIAL\_PREV\_ATND\_DTCT\_DTLS  
AXIAL\_PREV\_ATND\_DTCT\_METAL  
 If Metal Loss, specify (select only one):  High Resolution  Standard Resolution  
 Other Describe: AXIAL\_PREV\_ATT\_DT\_METAL\_DTLS
- CIR\_TRN\_WAVE\_MGN\_FLX\_LKG\_IND**
- Circumferential/Transverse Wave Magnetic Flux Leakage
- Most recent run Year: CIRC\_WAVE\_RECENT\_YEAR      CIRC\_WV\_RCNT\_PROPUL\_METHOD  
 Most recent run Propulsion Method (select only one):  Free Swimming  Tethered  
CIRC\_WV\_RCNT\_RESOLUTION  
 Most recent run Resolution (select only one):  High Resolution  Standard Resolution  
 Other Describe: CIRC\_WV\_RCNT\_RESOLUTION\_DTLS
- Previous run Year: CIRC\_WV\_PREVIOUS\_YEAR      CIRC\_WV\_PREV\_PROPUL\_METHOD  
 Previous run Propulsion Method (select only one):  Free Swimming  Tethered  
CIRC\_WV\_PREV\_RESOLUTION  
 Previous run Resolution (select only one):  High Resolution  Standard Resolution  
 Other Describe: CIRC\_WV\_PREV\_RESOLUTION\_DTLS
- ULTRASONIC\_IND**
- Ultrasonic
- Most recent run Year: ULTRASONIC\_RECENT\_YEAR      ULTRASONIC\_RCNT\_PROPUL\_METHOD  
 Most recent run Propulsion Method (select only one):  Free Swimming  Tethered  
ULTRASONIC\_RCNT\_ATTUNED  
 Most recent run Attuned to (select only one):  Wall Measurement  Crack  
UTRA\_RCNT\_ATT\_METL\_RESOLUTION       Other Describe: UTRA\_RCNT\_ATTUNED\_DTLS  
 If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):  
 Standard Resolution  Other Describe: UTRA\_RCNT\_ATT\_METL\_RES\_DTLS
- Previous run Year: ULTR\_PREVIOUS\_YEAR      ULTRA\_PREV\_PROPUL\_METHOD  
 Previous run Propulsion Method (select only one):  Free Swimming  Tethered  
ULTRA\_PREV\_ATTUNED  
 Most recent run Attuned to (select only one):  Wall Measurement  Crack  
UTRA\_PREV\_ATT\_METL\_RESOLUTION       Other Describe: UTRA\_PREV\_ATTUNED\_DTLS  
 If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):  
 Standard Resolution  Other Describe: UTRA\_PREV\_ATT\_METL\_RES\_DTLS
- GEOMETRY\_DEFORMATION\_IND**
- Geometry/Deformation
- Most recent run Year: GEOMETRY\_RECENT\_YEAR      GEOMETRY\_RCNT\_PROPUL\_METHOD  
 Most recent run Propulsion Method (select only one):  Free Swimming  Tethered  
GEOMETRY\_RCNT\_RESOLUTION  
 Most recent run Resolution (select only one):  High Resolution  Standard Resolution  
 Other Describe: GEOMETRY\_RCNT\_RESOLUTION\_DTLS
- GEOMETRT\_RCNT\_MEASUR\_CUPS  
 Most recent run Measurement Cups (select only one):  Inside ILI Cups  No Cups  
 Previous run Year: GEOMETRY\_PREVIOUS\_YEAR      GEOMETRY\_PREV\_PROPUL\_METHOD  
 Previous run Propulsion Method (select only one):  Free Swimming  Tethered  
GEOMETRY\_PREV\_RESOLUTION  
 Previous run Resolution (select only one):  High Resolution  Standard Resolution  
 Other Describe: GEOMETRY\_PREV\_RESOLUTION\_DTLS
- GEOMETRT\_PREV\_MEASUR\_CUPS  
 Previous run Measurement Cups (select only one):  Inside ILI Cups  No Cups

<p><b>EMAT_IND</b></p> <p><input type="radio"/> Electromagnetic Acoustic Transducer (EMAT) Most recent run Year: <u>EMAT_RECENT_YEAR</u>      <b>EMAT_RCNT_PROPUL_METHOD</b> Most recent run Propulsion Method (select only one): <input type="radio"/> Free Swimming <input type="radio"/> Tethered Previous run Year: <u>EMAT_PREVIOUS_YEAR</u>      <b>EMAT_PREV_PROPUL_METHOD</b> Previous run Propulsion Method (select only one): <input type="radio"/> Free Swimming <input type="radio"/> Tethered</p> <p><b>CPCM_IND</b></p> <p><input type="radio"/> Cathodic Protection Current Measurement (CPCM) Most recent run Year: <u>CPCM_RECENT_YEAR</u>      <b>CPCM_RCNT_PROPUL_METHOD</b> Most recent run Propulsion Method (select only one): <input type="radio"/> Free Swimming <input type="radio"/> Tethered Previous run Year: <u>CPCM_PREVIOUS_YEAR</u>      <b>CPCM_PREV_PROPUL_METHOD</b> Previous run Propulsion Method (select only one): <input type="radio"/> Free Swimming <input type="radio"/> Tethered</p> <p><b>OTHER_TOOL_TECH_IND</b></p> <p><input type="radio"/> Other, specify tool: <u>OTHER_TOOL</u> Most recent run Year: <u>OTHER_RECENT_YEAR</u>      <b>OTHER_RCNT_PROPUL_METHOD</b> Most recent run Propulsion Method (select only one): <input type="radio"/> Free Swimming <input type="radio"/> Tethered Previous run Year: <u>OTHER_PREVIOUS_YEAR</u>      <b>OTHER_PREV_PROPUL_METHOD</b> Previous run Propulsion Method (select only one): <input type="radio"/> Free Swimming <input type="radio"/> Tethered</p>	<p><b>INSP_COMPL_BEFORE_DAMAGE_IND</b></p> <p>J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? <input type="radio"/> Yes <input type="radio"/> No <b>HAS_HYDRTST_CONDUC_BEFORE_IND</b></p> <p>J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? (initial post construction pressure test is NOT reported here)</p> <p style="text-align: center;"><b>HYDRTST_MOST_RCNT_YEAR</b>      <b>HYDRTST_MOST_RCNT_PRESSURE</b>  <input type="radio"/> Yes <math>\Rightarrow</math> Most recent year tested: <u>/ / / / /</u>      Test pressure (psig): <u>/ / / / / /</u>  <input type="radio"/> No</p> <p><b>DIRECT_ASMNT_CONDUCTED</b></p> <p>J3. Has Direct Assessment been conducted on the pipeline segment?  <input type="radio"/> Yes, and an investigative dig was conducted at the point of the Accident <math>\Rightarrow</math> Most recent year conducted: <u>/ / / / /</u>  <input type="radio"/> Yes, but the point of the Accident was not identified as a dig site <math>\Rightarrow</math> Most recent year conducted: <u>/ / / / /</u>  <input type="radio"/> No      <b>DIRECT_ASMNT_PNT_NOT_IDNTF_YR</b></p> <p>If J3 is Yes, J3a. For each type, indicate the year of the most recent assessment:  External Corrosion Direct Assessment (ECDA)      <u>/ / / / /</u> <b>ASMNT_ECDA_RCNT_YEAR</b>, <b>ASMNT_ECDA_RCNT_IND</b>  Other, specify type: <u>ASMNT_OTHER_TYPE</u>      <u>/ / / / /</u> <b>ASMNT_OTHER_RCNT_YEAR</b>, <b>ASMNT_OTHER_RCNT_IND</b></p> <p>J4. Has one or more non-destructive examination been conducted prior to the Accident at the point of the Accident since January 1, 2002?  <input type="radio"/> Yes <input type="radio"/> No      <b>NON_DESTRUCTIVE_EXAM_IND</b></p> <p>J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:  <input type="radio"/> Radiography      <u>/ / / / /</u> <b>EXM_RADIOGRAPHY_RCNT_YEAR</b>, <b>EXM_RADIOGRAPHY_RCNT_IND</b>  <input type="radio"/> Guided Wave Ultrasonic      <u>/ / EXM_WAVE_ULTRASONIC_RCNT_YEAR</u>, <b>EXM_WAVE_ULTRASONIC_RCNT_IND</b>  <input type="radio"/> Handheld Ultrasonic Tool      <u>/ / EXM_HANDL_ULTRASONIC_RCNT_YEAR</u>, <b>EXM_HANDL_ULTRASONIC_RCNT_IND</b>  <input type="radio"/> Wet Magnetic Particle Test      <u>/ / EXM_WET_MGNT_PARTCL_RCNT_YEAR</u>, <b>EXM_WET_MGNT_PARTCL_RCNT_IND</b>  <input type="radio"/> Dry Magnetic Particle Test      <u>/ / EXM_DRY_MGNT_PARTCL_RCNT_YEAR</u>, <b>EXM_DRY_MGNT_PARTCL_RCNT_IND</b>  <input type="radio"/> Other, specify type <u>EXM_OTHER_TYPE</u>      <u>/ / / / /</u> <b>EXM_OTHER_RCNT_YEAR</b>, <b>EXM_OTHER_RCNT_IND</b></p>
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<b>PART K – CONTRIBUTING FACTORS</b>	
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 during a root cause analysis, select all that apply below and explain each in the Narrative:	
External Corrosion <b>EXTRNL_COR_GALVANIC_IND</b> <input type="checkbox"/> External Corrosion, Galvanic <b>EXTRNL_COR_ATMOSPHERIC_IND</b> <input type="checkbox"/> External Corrosion, Atmospheric <b>EXTRNL_COR_STRAY_CURRENT_IND</b> <input type="checkbox"/> External Corrosion, Stray Current Induced <b>EXTRNL_COR_MICROBIOLOGIC_IND</b> <input type="checkbox"/> External Corrosion, Microbiologically Induced <b>EXTRNL_COR_SELECTIVE_SEAM_IND</b> <input type="checkbox"/> External Corrosion, Selective Seam  Internal Corrosion <b>INTRNL_COR_CORROSIVE_CMDTY_IND</b> <input type="checkbox"/> Internal Corrosion, Corrosive Commodity <b>INTRNL_COR_WTR_DRPOUT_ACID_IND</b> <input type="checkbox"/> Internal Corrosion, Water drop-out/Acid <b>INTRNL_COR_MICROBIOLOGIC_IND</b> <input type="checkbox"/> Internal Corrosion, Microbiological <b>INTRNL_COR_EROSION_IND</b>	Pipe/Weld Failure <input type="checkbox"/> Design-related <b>PWF DESIGN_IND</b> <input type="checkbox"/> Construction-related <b>PWF CONSTRUCTION_IND</b> <input type="checkbox"/> Installation-related <b>PWF INSTALLATION_IND</b> <input type="checkbox"/> Fabrication-related <b>PWF FABRICATION_IND</b> <input type="checkbox"/> Original Manufacturing-related <b>PWF MANUFACTURING_IND</b> <input type="checkbox"/> Environmental Cracking-related, Stress Corrosion Cracking <b>PWF ENV_STRESS_CORROSION_IND</b> <input type="checkbox"/> Environmental Cracking-related, Sulfide Stress Cracking <b>PWF ENV_SULFIDE_STRESS_IND</b> <input type="checkbox"/> Environmental Cracking-related, Hydrogen Stress Cracking <b>PWF ENV_HYDROGEN_STRESS_IND</b> <input type="checkbox"/> Environmental Cracking-related, Hard Spot <b>PWF ENV_HARD_SPOT_IND</b>

<p>Natural Forces <span style="color:red">NF_EARTH_MOVEMENT_IND</span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods</li> <li><input type="checkbox"/> Heavy Rains/Floods <span style="color:red">NF_HEAVY_RAINS_IND</span></li> <li><input type="checkbox"/> Lightning <span style="color:red">NF_LIGHTNING_IND</span></li> <li><input type="checkbox"/> Temperature <span style="color:red">NF_TEMPERATURE_IND</span></li> <li><input type="checkbox"/> High Winds <span style="color:red">NF_HIGH_WINDS_IND</span></li> <li><input type="checkbox"/> Tree/Vegetation Root <span style="color:red">NF_VEGITATION_ROOT_IND</span></li> </ul> <p>Excavation Damage <span style="color:red">EXCVTN_DMG_OPERATOR_IND</span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Excavation Damage by Operator (First Party) <span style="color:red">EXCVTN_DMG_OP_CONTRACTOR_IND</span></li> <li><input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) <span style="color:red">EXCVTN_DMG_THIRD_PARTY_IND</span></li> <li><input type="checkbox"/> Excavation Damage by Third Party <span style="color:red">EXCVTN_DMG_PREVIOUS_DAMAGE_IND</span></li> <li><input type="checkbox"/> Previous Damage due to Excavation Activity</li> </ul> <p>Other Outside Force <span style="color:red">OSF_NEARBY_INDUSTRIAL_IND</span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion</li> <li><input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation <span style="color:red">OSF_VEHICLE_IND</span></li> <li><input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment <span style="color:red">OSF_OTHER_MARITIME_IND</span></li> <li><input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation <span style="color:red">OSF_ELECTRICAL_ARCING_IND</span></li> <li><input type="checkbox"/> Electrical Arcing from Other Equipment or Facility <span style="color:red">OSF_PREVIOUS_MECHANICAL_IND</span></li> <li><input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation</li> <li><input type="checkbox"/> Intentional Damage <span style="color:red">OSF_INTEENTIONAL_IND</span></li> </ul>	<p>Equipment Failure <span style="color:red">EOF_CONTROL_RELEASE_IND</span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Malfunction of Control/Relief Equipment <span style="color:red">EOF_PUMP_EQUIPMENT_IND</span></li> <li><input type="checkbox"/> Pump or Pump-related Equipment <span style="color:red">EQF_THREADED_COUPLING_IND</span></li> <li><input type="checkbox"/> Threaded Connection/Coupling Failure <span style="color:red">EQF_NON_THREADED_IND</span></li> <li><input type="checkbox"/> Non-threaded Connection Failure</li> <li><input type="checkbox"/> Defective or Loose Tubing or Fitting</li> <li><input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material <span style="color:red">EQF_EQUIPMENT_BODY_IND</span></li> </ul> <p>Incorrect Operation <span style="color:red">IO_DAMAGE_BY_OPERATOR_IND</span></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage <span style="color:red">IO_TANK_VESSEL_IND</span></li> <li><input type="checkbox"/> Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow <span style="color:red">IO_VALVE_POSITION_IND</span></li> <li><input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure <span style="color:red">IO_EQUIPMENT_OVERPRESSURE_IND</span></li> <li><input type="checkbox"/> Pipeline or Equipment Overpressured <span style="color:red">IO_NOT_INSTALLED_PROPERLY_IND</span></li> <li><input type="checkbox"/> Equipment Not Installed Properly <span style="color:red">IO_WRONG_EQUIPMENT_IND</span></li> <li><input type="checkbox"/> Wrong Equipment Specified or Installed</li> <li><input type="checkbox"/> Inadequate Procedure <span style="color:red">IO_INADEQUATE_PROCEDURE_IND</span></li> <li><input type="checkbox"/> No procedure established <span style="color:red">IO_NO_PROCEDURE_IND</span></li> <li><input type="checkbox"/> Failure to follow procedures <span style="color:red">IO_FOLLOW_PROCEDURE_IND</span></li> </ul>
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<b>PART H – NARRATIVE DESCRIPTION OF THE ACCIDENT</b>	
<b>NARRATIVE</b> <hr/>	
<b>PART I – PREPARER AND AUTHORIZED SIGNATURE</b>	
<b>PREPARER_NAME</b> Preparer's Name (type or print)	<b>PREPARER_TELEPHONE</b> <hr/>
<b>PREPARER_TITLE</b> Preparer's Title (type or print)	Preparer's Telephone Number
<b>PREPARER_EMAIL</b> Preparer's E-mail Address	<b>PREPARER_FAX</b> <hr/>
Local Contact Name: optional <b>LOCAL_CONTACT_NAME</b> Local Contact Email: optional <b>LOCAL_CONTACT_EMAIL</b> Local Contact Phone: optional <b>LOCAL_CONTACT_TELEPHONE</b>	Preparer's Facsimile Number
<b>AUTHORIZER_NAME</b> Authorized Signer's Name	<b>AUTHORIZER_TELEPHONE</b> <hr/>
<b>AUTHORIZER_TITLE</b> Authorized Signer's Title	<b>AUTHORIZER_DATE</b> <u>Date</u> Authorized Signer Telephone Number <b>AUTHORIZER_EMAIL</b> <hr/>

**Note:** Field names not on the form are as following:

Field Name	Field Name Description
<b>DATAFILE_AS_OF</b>	<i>Data as of date</i>
<b>SIGNIFICANT</b>	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.</i>
<b>IYEAR</b>	<i>Year accident occurred, derived from accident date</i>
<b>NET_LOSS_BBLS</b>	<i>UNINTENTIONAL_RELEASE_BBLS – RECOVERED_BBLS</i>
<b>EST_COST_OPER_PAID_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>EST_COST_GAS_RELEASED_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>EST_COST_PROP_DAMAGE_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>EST_COST_EMERGENCY_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>EST_COST_ENVIRONMENTAL_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>EST_COST_OTHER_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>TOTAL_COST_IN84</b>	<i>Converted Property Damage to Year 1984 dollars</i>
<b>TOTAL_COST_CURRENT</b>	<i>Converted Property Damage to Current Year dollars</i>
<b>MAP_SEVEN_CAUSE</b>	<i>Cause by PHMSA for 20 year accident trending</i>
<b>MAP_SEVEN_SUBCAUSE</b>	<i>SubCause by PHMSA for 20 year accident trending</i>
<b>MAP_EIGHT_CAUSE</b>	<i>Cause by PHMSA for 20 year accident trending</i>
<b>MAP_EIGHT_SUBCAUSE</b>	<i>SubCause by PHMSA for 20 year accident trending</i>
<b>SPILL_TYPE_CATEGORY</b>	<i>Spill type category by PHMSA for accident trending; If there was fatality, injury, fire, explosion, water contamination, total property damage &gt; \$50K, or unintentional loss &gt;= 5bbls, then SPILL_TYPE_CATEGORY='LARGE', else SPILL_TYPE_CATEGORY='SMALL'.</i>
<b>SERIOUS</b>	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>
<b>IPE</b>	<i>Impacting People or the Environment (IPE) - when commodity (A8) is crude oil, refined petroleum products, of biofuel, if either criterion 1 or 2 below is met, the accident counts as IPE : 1. Regardless of Location of Accident (B10): Fatality (A10) greater than</i>

	<i>zero; or Injury requiring in-patient hospitalization (A11) greater than zero; or Ignition (A22) = Yes; or Explosion (A22d) = Yes; or Evacuation (A25) greater than zero; or Wildlife impact (D1) = Yes; or Water contamination (D5a) = Ocean/Seawater, Groundwater, or Drinking water; or Public/Non-Operator Private Property Damage (D8a) greater than zero 2. For Location of Accident (B10) not "TOTALLY CONTAINED ON OPERATOR CONTROLLED PROPERTY": Unintentional Release Volume (A7) greater than or equal to 5 gallons AND HCA (D7) = Yes; or Unintentional Release Volume (A7) greater than or equal to 5 barrels AND HCA (D7) = No; or Water contamination (D5a) = Surface; or Soil contamination (D2) = Yes</i>
<b>IA_IPE</b>	<i>Integrity Assessment Target - accidents Impacting People or the Environment (IPE) and one of these causes: Corrosion, Pipeline/Weld Material Failure, Failure of Previously Damage Pipe - caused by Excavation Damage or Other Outside Force Damage.</i>
<b>OM_IPE</b>	<i>Operation &amp; Maintenance Target - accidents Impacting People or the Environment (IPE) and one of these causes: Equipment Failure, Incorrect Operation, 1st &amp; 2nd Party Excavation Damage, 3rd Party Excavation Damage with Root Cause = Locating Practices Not Sufficient.</i>