Form Approved
OMB No. 2137-0047

U.S. Department of Transportation
Research and Special Programs
Administration

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date ___**DOR**___

No. ___**RPTID**___
(DOT Use Only)

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 Office Of Pipeline Safety Web Page at http://ops.dot.gov. **REPORT_TYPE**

PART A – GENERAL REPORT INFORMATION   Check: ☐ **Original Report** ☐ **Supplemental Report** ☐ **Final Report**

1. a. Operator's OPS 5-digit Identification Number (if known) /__**OPERATOR_ID**__/__/__/__/__/
2. b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known) **OWNER_OPERATOR_ID** /__/__/__/__/__/
   c. Name of Operator ___**NAME**_____
   d. Operator street address ___**OPSTREET**_____
   e. Operator address ___**OPCITY**___ **OPCOUNTY**___ **OPSTATE**___ **OPZIP**_____
      City, County, State and Zip Code

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident **IDATE**
   /__/__/ **IHOUR** /__/__/ /__/__/ /__/__/
   hr.   month   day   year

3. Location of accident
   (If offshore, do not complete a through d. See Part C.1)
   a. Latitude: **LATITUDE**   Longitude: **LONGITUDE**
   (if not available, see instructions for how to provide specific location)
   b. **ACCITY**   **ACCOUNTY**
      City, and County or Parish
   c. **ACSTATE**   **ACZIP**
      State and Zip Code
   MPVST   **SURVNO**
   d. Mile post/valve station ○ or survey station no. ○
      (whichever gives more accurate location)
   _____

4. Telephone report **TELRN**   **TELDT**
   /__/__/__/__/__/__/ /__/__/ /__/__/ /__/__/
   NRC Report Number   month   day   year

5. Losses *(Estimated)*
   Public/Community Losses reimbursed by operator:
   Public/private property damage $**PPPRP**_____
   Cost of emergency response phase $**EMRPRP**_____
   Cost of environmental remediation $**ENVPRP**_____
   Other Costs $**OPCPRP**_____
    (describe) ___**OPCPRPO**_____

   Operator Losses:
   Value of product lost $**PRODPRP**_____
   Value of operator property damage $**OPPRP**_____
   Other Costs $**OOPPRP**_____
    (describe) ___**OOPPRPO**_____
   Total Costs $**TOTAL_COST**_____

6. Commodity Spilled ○ Yes ○ No **SPILLED**
   (If Yes, complete Parts a through c where applicable)
   a. Name of commodity spilled ___**COMM**_____
   b. Classification of commodity spilled: **CLASS_TEXT**
      ○ HVLs /other flammable or toxic fluid which is a gas at ambient conditions
      ○ CO_2/ N_2 or other non-flammable, non-toxic fluid which is a gas at ambient conditions
      ○ Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
      ○ Crude oil

c. **Estimated amount of commodity involved :** **SPUNIT_TEXT**
   ○ **Barrels**
   ○ **Gallons (check only if spill is less than one barrel)**
   Amounts:
   Spilled : ___**LOSS**_____
   Recovered: ___**RECOV**_____

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :   *(For large spills [5 barrels or greater] see Part H)*

CAUSE
○ **Corrosion**   ○ **Natural Forces**   ○ **Excavation Damage**   ○ **Other Outside Force Damage**
○ **Material and/or Weld Failures**   ○ **Equipment**   ○ **Incorrect Operation**   ○ **Other**

PART B – PREPARER AND AUTHORIZED SIGNATURE

PNAME   **PHONE**
(type or print) Preparer's Name and Title   Area Code and Telephone Number

PEMAIL
Preparer's E-mail Address   Area Code and Facsimile Number

Authorized Signature   (type or print) Name and Title   Date   Area Code and Telephone Number

Form RSPA F 7000-1 (01-2001)   *Page 1 of 4*

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PART C – ORIGIN OF THE ACCIDENT (Check all that apply)

1. Additional location information
   a. Line segment name or ID   LINE_SEG
   b. Accident on Federal land other than Outer Continental
      Shelf ○ Yes ○ No   IFED
   c. Is pipeline interstate? ○ Yes ○ No   INTER

OFFSHORE
Offshore: ○ Yes ○ No *(complete d if offshore)*
d. Area   OFFAREA   Block #   BNUMB
State / / / or Outer Continental Shelf □   OCS
   OFFST

2. Location of system involved *(check all that apply)*
   □ Operator's Property   OPPROP
   □ Pipeline Right of Way   PIPEROW
   □ High Consequence Area (HCA)?   HCA
      Describe HCA_____   HCADESC

3. Part of system involved in accident   SYSPRT_TEXT
   ○ Above Ground Storage Tank
   ○ Cavern or other below ground storage facility
   ○ Pump/meter station; terminal/tank farm piping and
     equipment, including sumps
   ○ Other Specify: _____   SYSPRTO

   ○ Onshore **pipeline**, including valve sites
   ○ Offshore **pipeline**, including platforms

   *If failure occurred on **Pipeline**, complete items a - g:*

4. Failure occurred on   FAIL_OC_TEXT
   ○ Body of Pipe   ○ Pipe Seam   ○ Scraper Trap
   ○ Pump   ○ Sump   ○ Joint
   ○ Component   ○ Valve   ○ Metering Facility
   ○ Repair Sleeve   ○ Welded Fitting   ○ Bolted Fitting
   ○ Girth Weld
   Other *(specify)* _____   FAIL_OCO

   Year the component that failed was installed: / / / /   PRTYR
5. Maximum operating pressure *(MOP)*
   a. Estimated pressure at point and time of accident:
      INC_PRS *PSIG*
   b. MOP at time of accident:
      MOP *PSIG*
   c. Did an overpressurization occur relating to the accident?
      ○ Yes ○ No   OPRS

a. Type of leak or rupture   LRTYPE_TEXT
   ○ Leak: ○ Pinhole ○ Connection Failure *(complete sec. H5)*
      LEAK_TEXT
      ○ Puncture, diameter *(inches)* _____   PUNC_DIAM
   ○ Rupture: ○ Circumferential – Separation
      RUPTURE_TEXT
      ○ Longitudinal – Tear/Crack, length *(inches)* ____ RUPLN
         Propagation Length, total, both sides *(feet)* PROPLN
   ○ N/A
   ○ Other _____   LRTYPEO

b. Type of block valve used for isolation of immediate section:
   Upstream: **M** □ Manual **A** □ Automatic **R** □ Remote Control
   UBLKV *   **C** □ Check Valve
   Downstream: **M** □ Manual   **A** □ Automatic **R** □ Remote Control
   DBLKV *   **C** □ Check Valve
c. Length of segment isolated   SEGISO ft
d. Distance between valves   VLVDIST ft
e. Is segment configured for internal inspection tools? ○ Yes ○ No   SEGCONF
f. Had there been an in-line inspection device run at the point of
   failure? ○ Yes ○ No ○ Don't Know   INLINE_TEXT
      ○ Not Possible due to physical constraints in the system
g. If *Yes*, type of device run *(check all that apply)*
   □ High Resolution Magnetic Flux tool   Year run: DRHRMFY
     DRHRMF
   □ Low Resolution Magnetic Flux tool   Year run: DRLRMFY
     DRLRMF
   □ UT tool   DRUT   Year run: DRUTY
   □ Geometry tool   DRGEO   Year run: DRGEOY
   □ Caliper tool   DRCAL   Year run: DRCALY
   □ Crack tool   DRCRK   Year run: DRCRKY
   □ Hard Spot tool   DRHARD   Year run: DRHARDY
   □ Other tool   DROTH   Year run: DROTHY

PART D – MATERIAL SPECIFICATION

1. Nominal pipe size *(NPS)*   NPS / / / / / in.
2. Wall thickness   WALLTHK / / / / / in.
3. Specification ____ SPEC   SMYS / / / / / / /
4. Seam type ____   SEAM   SMYS
5. Valve type ____   VALVE   MANYR
6. Manufactured by ____ MANU   in year / / / / /

PART E – ENVIRONMENT

1. Area of accident   LOCLK_TEXT
   ○ Under pavement   ○ In open ditch
   ○ Under pavement   ○ Above ground
   ○ Underground   ○ Under water
   ○ Inside/under building   ○ Other ____ LOCLKO

2. Depth of cover: DEPTH_COV inches

PART F – CONSEQUENCES

1. Consequences *(check and complete all that apply)*

	Fatalities	Injuries
a. Number of operator employees:	EFAT	EINJ
Contractor employees working for operator:	NFAT	NINJ
General public:	GPFAT	GPINJ
Totals:	FATAL	INJURE

c. Product ignited ○ Yes ○ No   IGNITE
d. Explosion ○ Yes ○ No   EXPLO
e. □ Evacuation *(general public only)* / / / / / people   EVAC EVACNO
   Reason for Evacuation: EVAC_REASON_TEXT
   ○ Precautionary by company
   ○ Evacuation required or initiated by public official

SHUTDOWN
b. Was pipeline/segment shutdown due to leak? ○ Yes ○ No
   If Yes, how long? SHUTDAY days SHUTHR hours SHUTMIN minutes

f. Elapsed time until area was made safe:
   STHH / / / hr. / / / min.   STMN

2. Environmental Impact

a. Wildlife Impact: Fish/aquatic ○ Yes ○ No   FISH
   Birds ○ Yes ○ No   BIRDS
   Terrestrial ○ Yes ○ No   TERRESTRIAL
b. Soil Contamination ○ Yes ○ No   SOIL
   If Yes, estimated number of cubic yards: ____   SOIL_YRD
c. Long term impact assessment performed: ○ Yes ○ No   IMPACT
d. Anticipated remediation ○ Yes ○ No   REMEDIAL   RGROUND
   If Yes, check all that apply: □ Surface water □ Groundwater □ Soil □ Vegetation □ Wildlife   RSURFACE   RSOIL   RVEG   RWILD

e. Water Contamination: ○ Yes ○ No *(If Yes, provide the following)*   WATER
   Amount in water ____ barrels   AMT_IN_WATER
   Ocean/Seawater ○ No ○ Yes   OCEAN
   Surface ○ No ○ Yes   SURFACE
   Groundwater ○ No ○ Yes   GROUNDW
   Drinking water ○ No ○ Yes *(If Yes, check below.)*   DRINK
   ○ Private well ○ Public water intake   DRINKSRC_TEXT

Form RSPA F 7000-1 (01-2001)   *Page 2 of 4*

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PART G – LEAK DETECTION INFORMATION

1. Computer based leak detection capability in place? ○ Yes ○ No   COMP_BASED

2. Was the release initially detected by? (check one):   ○ CPM/SCADA-based system with leak detection
   DETECTED_TEXT
   ○ Static shut-in test or other pressure or leak test
   ○ Local operating personnel, procedures or equipment
   ○ Remote operating personnel, including controllers
   ○ Air patrol or ground surveillance
   ○ A third party   ○ Other (specify) _____DETECTEDO_____

DURLEAK_DAY   DURLEAK_HR
3. Estimated leak duration   days ____ hours ____

PART H – APPARENT CAUSE
CAUSE_DETAILS

Important: There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident. Check one circle in each of the supplemental categories corresponding to the cause you indicate. See the instructions for guidance.

H1 – CORROSION

PIPE_COAT_TEXT   VIS_EXAM_TEXT   COR_CAUSE_TEXT

1. ☐ External Corrosion

a. Pipe Coating   b. Visual Examination   c. Cause of Corrosion
   ○ Bare   ○ Localized Pitting   ○ Galvanic   ○ Atmospheric
   ○ Coated   ○ General Corrosion   ○ Stray Current ○ Microbiological

2. ☐ Internal Corrosion   ○ Other ____VIS_EXAMO____   ○ Cathodic Protection Disrupted
                                                                    ○ Stress Corrosion Cracking
(Complete items a – e where   ○ Selective Seam Corrosion
applicable.)
                       PROT   ○ Other _____COR_CAUSEO_____

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?
   ○ No   ○ Yes, Year Protection Started: /   /   /   /   CPYR
   PREV_DAM
e. Was pipe previously damaged in the area of corrosion?   PREV_DAM_UK
   ○ No   ○ Yes ⇒ Estimated time prior to accident: /   /   / years /   /   / months *Unknown* ☐
                                            PREV_DAM_YR   PREV_DAM_MO

H2 – NATURAL FORCES

EARTH_MOVE_TEXT

3. ☐ Earth Movement ⇒ ○ Earthquake   ○ Subsidence   ○ Landslide   ○ Other ____EARTH_MOVEO____

4. ☐ Lightning

FLOODS_TEXT
5. ☐ Heavy Rains/Floods ⇒ ○ Washouts   ○ Flotation   ○ Mudslide   ○ Scouring   ○ Other ___FLOODSO___
TEMPER_TEXT
6. ☐ Temperature ⇒ ○ Thermal stress   ○ Frost heave   ○ Frozen components   ○ Other ___TEMPERO___

7. ☐ High Winds

H3 – EXCAVATION DAMAGE

8. ☐ Operator Excavation Damage (including their contractors/Not Third Party)

9. ☐ Third Party *(complete a-f)*
   a. Excavator group   THIRD_PARTY_GRP_TEXT
      ○ General Public ○ Government ○ Excavator other than Operator/subcontractor
      THIRD_PARTY_TYPE_TEXT
   b. Type: ○ Road Work ○ Pipeline ○ Water ○ Electric ○ Sewer ○ Phone/Cable
      ○ Landowner-not farming related   ○ Farming ○ Railroad
      ○ Other liquid or gas transmission pipeline operator or their contractor
      ○ Nautical Operations   ○ Other ____THIRD_PARTY_TYPEO____
      EXCAV_TYPE_TEXT
   c. Excavation was: ○ Open Trench   ○ Sub-strata (boring, directional drilling, etc…)
      EXCAV_ON   EXCAV_LAST_CONTACT
   d. Excavation was an ongoing activity (Month or longer) ○ Yes   ○ No   If Yes, Date of last contact /___/___/___
   NOTIF e. Did operator get prior notification of excavation activity?   NOTIF_DATE
      ○ Yes; Date received: /   /   / mo. /   /   / day /   /   /   / yr.   ○ No
      Notification received from: ○ One Call System ○ Excavator ○ Contractor ○ Landowner   NOTIF_RCVD_TEXT
   MARKED f. Was pipeline marked as result of location request for excavation?   ○ No ○ Yes *(If Yes, check applicable items i - iv)*
      i.   Temporary markings: ○ Flags ○ Stakes ○ Paint   TEMP_MARK_TEXT
   PERM_MARK ii. Permanent markings: ○
      iii. Marks were (check one) : ○ Accurate ○ Not Accurate   ACC_MARK_TEXT
   MKD_IN_TIME iv. Were marks made within required time? ○ Yes   ○ No

H4 – OTHER OUTSIDE FORCE DAMAGE
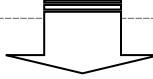   FIRE_EXPLO_TEXT
10. ☐ Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: ○ Man made ○ Natural

11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe

12. ☐ Rupture of Previously Damaged Pipe

13. ☐ Vandalism

Form RSPA F 7000-1 (01-2001)   *Page 3 of 4*

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H5 – MATERIAL AND/OR WELD FAILURES

Material

PIPE_BODY_TEXT
14. ☐ Body of Pipe ⇒ ○ Dent ○ Gouge ○ Bend ○ Arc Burn ○ Other PIPE_BODYO ___

COMPONENT_TEXT
15. ☐ Component ⇒ ○ Valve ○ Fitting ○ Vessel ○ Extruded Outlet ○ Other COMPONENTO ___

JOINT_TEXT
16. ☐ Joint ⇒ ○ Gasket ○ O-Ring ○ Threads ○ Other JOINTO ___

Weld

BUTT_TEXT
17. ☐ Butt ⇒ ○ Pipe ○ Fabrication ○ Other BUTTO ___

FILLET_TEXT
18. ☐ Fillet ⇒ ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other FILLETO ___

19. ☐ Pipe Seam ⇒ ○ LF ERW ○ DSAW ○ Seamless ○ Flash Weld

PIPE_SEAM_TEXT ○ HF ERW ○ SAW ○ Spiral ○ Other PIPE_SEAMO ___

*Complete a-g if you indicate **any** cause in part H5.*

FAIL_TYPE_TEXT
a. Type of failure:

CONS_DEF_TEXT
○ Construction Defect ⇒ ○ Poor Workmanship ○ Procedure not followed ○ Poor Construction Procedures
○ Material Defect

PIPE_DAMAGE
b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ○ Yes ○ No

c. Was part which leaked pressure tested before accident occurred? ○ Yes, *complete d-g* ○ No PRS_TEST

TEST_YR TEST_MO TEST_DAY
d. Date of test: /___/___/___/ yr. /___/___/ mo. /___/___/ day

TEST_MED_TEXT
e. Test medium: ○ Water ○ Inert Gas ○ Other ____ TEST_MEDO ____

f. Time held at test pressure: /___/___/ hr. TEST_TP

g. Estimated test pressure at point of accident: ____ TEST_PRS ____ *PSIG*

H6 – EQUIPMENT

MALFUNC_TEXT
20. ☐ Malfunction of Control/Relief Equipment ⇒ ○ Control valve ○ Instrumentation ○ SCADA ○ Communications
○ Block valve ○ Relief valve ○ Power failure ○ Other MALFUNCO ___

THREADS_TEXT
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ○ Nipples ○ Valve Threads ○ Dresser Couplings ○ Other THREADSO ___

SEAL_TEXT
22. ☐ Seal Failure ⇒ ○ Gasket ○ O-Ring ○ Seal/Pump Packing ○ Other SEALO ___

H7 – INCORRECT OPERATION

23. ☐ Incorrect Operation IO_TYPE_TEXT

a. Type: ○ Inadequate Procedures ○ Inadequate Safety Practices ○ Failure to Follow Procedures
○ Other ____ IO_TYPEO ____

IO_DRUG IO_ALCO
b. Number of employees involved who failed a post-accident test: drug test: /___/___/___/ alcohol test /___/___/___/

H8 – OTHER

MISC
24. ☐ Miscellaneous, *describe:* ____

25. ☐ Unknown UNKNOWN_TEXT
○ Investigation Complete ○ Still Under Investigation *(submit a supplemental report when investigation is complete)*

PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT *(Attach additional sheets as necessary)*

NARRATIVE

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

Field Name	Field Name Description
DATAFILE_AS_OF	*Data as of date*
SIGNIFICANT	*Identify if record meets the significant criteria or not: If there was fatality, injury, fire, explosion, total property damage $50K or more in 1984 dollars, non-HVL loss >= 50bbls, HVL loss >= 5bbls, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.*
IYEAR	*Year accident occurred, derived from accident date*
PPPRPCURRENT	*Converted Property Damage to Current Year dollars*
EMRPRPCURRENT	*Converted Property Damage to Current Year dollars*
ENVPRPCURRENT	*Converted Property Damage to Current Year dollars*
OPCPRPCURRENT	*Converted Property Damage to Current Year dollars*
PRODPRPCURRENT	*Converted Property Damage to Current Year dollars*
OOPRPCURRENT	*Converted Property Damage to Current Year dollars*
OOPPRPCURRENT	*Converted Property Damage to Current Year dollars*
TOTAL_COST_IN84	*Converted Property Damage to Year 1984 dollars*
TOTAL_COST_CURRENT	*Converted Property Damage to Current Year dollars*
MAP_SEVEN_CAUSE	*Cause by PHMSA for 20 year accident trending*
MAP_SEVEN_SUBCAUSE	*SubCause by PHMSA for 20 year accident trending*
MAP_EIGHT_CAUSE	*Cause by PHMSA for 20 year accident trending*
MAP_EIGHT_SUBCAUSE	*SubCause by PHMSA for 20 year accident trending*
SPILL_TYPE_CATEGORY	*Spill type category by PHMSA for accident trending; If there was fatality, injury, fire, explosion, water contamination, total property damage > $50K, or loss >= 5bbls, then SPILL_TYPE_CATEGORY='LARGE', else SPILL_TYPE_CATEGORY='SMALL'.*
SERIOUS	*Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.*