



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

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING 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 one: Original Report Supplemental Report Final Report

Operator Name and Address

OPERATOR_ID

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

2. Time and date of the incident

IHOUR / / / / hr. **IDATE** / / / month / / / day / / / year

3. Location of incident

- a. Nearest street or road _____
 b. **ACITY** **ACCOUNTY**
 City and County or Parrish _____
 c. **ACSTATE** **ACZIP**
 State and Zip Code _____
 d. Mile Post/Valve Station **MPVST**
 e. Survey Station No. **SURVNO**
 f. Latitude: **LATITUDE** Longitude: **LONGITUDE**
 (if not available, see instructions for how to provide specific location)
 g. Class location description **OFFSHORE**, **OFFSHORE_TEXT**, **CLASS**
 Onshore: Class 1 Class 2 Class 3 Class 4
 Offshore: Class 1 (complete rest of this item)
 Area **OFFAREA** Block # **BNUMB**
 State / / / / or Outer Continental Shelf **OCS**

h. Incident on Federal Land other than Outer Continental Shelf
 Yes No **IFED**

i. Is pipeline Interstate Yes No **INTER_TEXT**

4. Type of leak or rupture **LRTYPE_TEXT**

- Leak: Pinhole Connection Failure (complete sec. F5)
LEAK_TEXT
 Puncture, diameter (inches) **PUNC_DIAM**
RUPTURE_TEXT
 Rupture: Circumferential – Separation
 – Longitudinal
 – Tear/Crack, length (inches) **RUPLN**
 – Propagation Length, total, both sides (feet) **PROPLN**
 N/A
 Other: **LRTYPEO**

5. Consequences (check and complete all that apply)

- Fatality **FATAL** Total number of people: / / / /
 Employees: / / / / General Public: / / / /
 Non-employee Contractors: / / / / **NFAT** **GPFAT**
 Injury requiring inpatient hospitalization **INJURE** Total number of people: / / / /
 Employees: / / / / General Public: / / / /
 Non-employee Contractors: / / / / **NINJ** **GPINJ**
 Property damage/loss (estimated) **TOTAL_COST**
 Gas loss \$ **GASPRP** Operator damage \$ **OPPRP**
 Public/private property damage \$ **PPPRP**
HIGHCON
 Release Occurred in a 'High Consequence Area'
IGNITE **EXPLO**
 Gas ignited – No explosion **EVAC** **EVACNO**
 Evacuation (general public only) / / / / people

Reason for Evacuation: **EVAC_REASON_TEXT**

Emergency worker or public official ordered, precautionary
 Threat to the public Company policy

6. Elapsed time until area was made safe:

STHH / / / hr. **STMIN** / / / min.

7. Telephone Report **TELRN**

/ / / / / / / / NRC Report Number / / / / month / / / day / / / year

8. a. Estimated pressure at point and time of incident:

INC_PRS **PSIG**

- b. Max. allowable operating pressure (MAOP): **MAOP** **PSIG**
 c. MAOP established by 49 CFR section: **MAOPSEC 1-4, C**
 192.619 (a)(1) 192. 619 (a)(2) 192. 619 (a)(3)
 192.619 (a)(4) 192. 619 (c)

- d. Did an overpressurization occur relating to the incident? Yes No
OVERPRS

PART B – PREPARER AND AUTHORIZED SIGNATURE

PNAME

(type or print) Preparer's Name and Title

PHONE

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

PART C - ORIGIN OF THE INCIDENT

1. Incident occurred on **TYSYS_TEXT**
- Transmission System
 - Gathering System
 - Transmission Line of Distribution System
2. Failure occurred on **PRTFL_TEXT**
- Body of pipe
 - Pipe Seam
 - Joint
 - Component
 - Other: **PRTFO**
3. Material involved (*pipe, fitting, or other component*)
- Steel **PLAS_DUCT** **PLAS_BRIT** **PLAS_JNT**
 - Plastic (If plastic, complete all items that apply in a-c)
Plastic failure was: a.ductile b.brittle c.joint failure
 - Material other than plastic or steel: **MLKDO**
4. Part of system involved in incident **PRTSY_TEXT**
- Pipeline
 - Regulator/Metering System
 - Compressor Station
 - Other: **PRTSYO**
5. Year the pipe or component which failed was installed: **PRTYR**

PART D - MATERIAL SPECIFICATION (if applicable)

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**
6. Pipe or valve manufactured by **MANU**

PART E - ENVIRONMENT

- LOCK TEXT**
1. Area of incident
- In open ditch
 - Under pavement
 - Under ground
 - Inside/under building
 - Other: **LOCLKO**
2. Depth of cover: **DEPTH_COV** inches

MANYR

in year / / / / /

PART F - APPARENT CAUSE

Important: There are 25 numbered causes in this section. Check the box to the left of the primary cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

CAUSE **CAUSE_DETAILS****F1 - CORROSION**

- If either F1 (1) External Corrosion or F1 (2) Internal Corrosion is checked, complete all subparts a - e.
- PIPE_COAT_TEXT** **VIS_EXAM_TEXT** **COR_CAUSE_TEXT**
1. External Corrosion
- a. Pipe Coating b. Visual Examination
- Bare
 - Coated
 - Other: **VIS_EXAMO**
- PROT**
- d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
- No
 - Yes, Year Protection Started: **CPYR**
- PREV_DAM**
- e. Was pipe previously damaged in the area of corrosion? **PREV_DAM_YR** **PREV_DAM_MO**
- No
 - Yes, How long prior to incident: **/ / / / years** **/ / / months**

F2 - NATURAL FORCES**EARTH_MOVE_TEXT**

3. Earth Movement \Rightarrow Earthquake Subsidence Landslide Other: **EARTH_MOVEO**
4. Lightning
- FLOODS_TEXT**
5. Heavy Rains/Floods \Rightarrow Washouts Flotation Mudslide Scouring Other: **FLOODSO**
6. Temperature \Rightarrow Thermal stress Frost heave Frozen components Other: **TEMPO**
7. High Winds

F3 - EXCAVATION

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

9. Third Party Excavation Damage (*complete a-d*)

- a. Excavator group **THIRD_PARTY_GRP_TEXT**

- General Public
- Government
- Professional Excavator
- Operator/subcontractor

THIRD_PARTY_TYPE_TEXT

- b. Type: Road Work Pipeline Water Electric Sewer Phone/Cable Landowner Railroad

- Other: **THIRD_PARTY_TYPEO**

- NOTIF** c. Did operator get prior notification of excavation activity?

NOTIF_MO **NOTIF_DAY** **NOTIF_YR**

- No
- Yes: Date received: **/ / / mo. / / / day / / / yr.**

Notification received from: One Call System Excavator Contractor Landowner **NOTIF_RCVD_TEXT**

- MARKED** d. Was pipeline marked?

- No
- Yes (*If Yes, check applicable items i - iv*)

- i. Temporary markings: Flags Stakes Paint **TEMP_MARK_TEXT**

- PERM_MARK** ii. Permanent markings: Yes No

- iii. Marks were (*check one*): Accurate Not Accurate **ACC_MARK_TEXT**

- MKD_IN_TIME** iv. Were marks made within required time? Yes No

F4 - OTHER OUTSIDE FORCE DAMAGE**FIRE_EXPLO_TEXT**

10. Fire/Explosion as primary cause of failure \Rightarrow 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

F5 – MATERIAL AND WELDS

Material

14. Body of Pipe ⇒ Dent Gouge Wrinkle Bend Arc Burn Other: PIPE_BODYO
 15. Component ⇒ Valve Fitting Vessel Extruded Outlet Other: COMPONENTO
 16. Joint ⇒ Gasket O-Ring Threads Other: JOINTO

Weld

17. Butt ⇒ Pipe Fabrication Other: BUTTO
 18. Fillet ⇒ Branch Hot Tap Fitting Repair Sleeve Other: FILLETO
 19. Pipe Seam ⇒ LF ERW DSAW Seamless Flash Weld Other: PIPE_SEAMO
 HF ERW SAW Spiral

Complete a-g if you indicate any cause in part F5.



CONS_DEF_TEXT

- a. Type of failure: FAIL_TYPE_TEXT
 Construction Defect ⇒ Poor Workmanship Procedure not followed Poor Construction Procedures
 Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? Yes No PIPE_DAMAGE
- c. Was part which leaked pressure tested before incident occurred? Yes, complete d-g No PRS_TEST
- d. Date of test: TEST_MO / TEST_DAY / TEST_YR
- e. Test medium: Water Natural Gas Inert Gas Other: TEST_MEDO
- f. Time held at test pressure: TEST_TP hr.
- g. Estimated test pressure at point of incident: TEST_PRS PSIG

F6 – EQUIPMENT AND OPERATIONS

MALFUNC_TEXT

20. Malfunction of Control/Relief Equipment ⇒ Valve Instrumentation Pressure Regulator Other: MALFUNCO
THREADS_TEXT
21. Threads Stripped, Broken Pipe Coupling ⇒ Nipples Valve Threads Mechanical Couplings Other: THREADSO
22. Ruptured or Leaking Seal/Pump Packing
23. Incorrect Operation IO_TYPE_TEXT
 a. Type: Inadequate Procedures Inadequate Safety Practices Failure to Follow Procedures Other: IO_TYPEO
 b. Number of employees involved who failed post-incident drug test: IO_DRUG / IO_ALCO /
IO_SENIOR c. Were most senior employee(s) involved qualified? Yes No d. Hours on duty: IO_SEN_HRS

F7 – OTHER

24. Miscellaneous, describe: MISC

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

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)

NARRATIVE

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

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
IYEAR	<i>Year incident occurred, derived from incident date</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.</i>
TOTAL_COST_IN84	<i>Converted Property Damage to Year 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
GASPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
OPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
PPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
MAP_SEVEN_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_SEVEN_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
MAP_EIGHT_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_EIGHT_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>
SYSTEM_TYPE	<i>System Type = 'GT (Gas Transmission)' when TYSYS_TEXT = TRANSMISSION or TRANSMISSION LINE OF DISTRIBUTION SYSTEM. System Type = 'GG (Gas Gathering)' when TYSYS_TEXT = GATHERING.</i>