OMB NO: 2137-0635

EXPIRATION DATE: 6/30/2026

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

INCIDENT REPORT – GAS DISTRIBUTION SYSTEM

Report Date **REPORT_RECEIVED_DATE**

No. **REPORT_NUMBER** **SUPPLEMENTAL_NUMBER**

(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 PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.

PART A – KEY REPORT INFORMATION

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

A1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / **OPERATOR_ID**

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

A3. Address of Operator:

A3a. _____ *auto-populated based on OPID* **OPERATOR_STREET_ADDRESS** _____
(Street Address)

A3b. _____ *auto-populated based on OPID* **OPERATOR_CITY_NAME** _____
(City)

A3c. State: *auto-populated based on OPID* / / **OPERATOR_STATE_ABBREVIATION**

A3d. Zip Code: *auto-populated based on OPID* / / / / / - / / / / **OPERATOR_POSTAL_CODE**

A4. Local time *(24-hr clock)* and date of incident:

LOCAL_DATETIME

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

A4a. Time Zone for local time (select only one) ○ Alaska   ○ Eastern   ○ Central   ○ Hawaii-Aleutian   ○ Mountain   ○ Pacific.

A4b. Daylight Saving in effect?   ○ Yes   ○ No **DAYLIGHT_SAVINGS_IND**

A5. Location of Incident:

A5a. _____ **LOCATION_STREET_ADDRESS** _____ (Street Address or location description)

A5b. _____ **LOCATION_CITY_NAME** _____ (City)

A5c. _____ **LOCATION_COUNTY_NAME** _____ (County or Parish)

A5d. State: / / / **LOCATION_STATE_ABBREVIATION**

A5e. Zip Code: / / / / / - / / / / **LOCATION_POSTAL_CODE**

A5f. Latitude: / / . / / / / / **LOCATION_LATITUDE**

Longitude: - / / / . / / / / / **LOCATION_LONGITUDE**

COMMODITY_RELEASED_TYPE

A6. Gas released : (select only one, based on predominant volume released)

☐ Natural Gas

☐ Propane Gas

☐ Synthetic Gas

☐ Hydrogen Gas

☐ Landfill Gas

☐ Other Gas ⇨ *Name: _____COMMODITY_DETAILS_____

UNINTENTIONAL_RELEASE

A7. Estimated volume of gas released unintentionally: / / /,/ / / / thousand standard cubic feet (mcf)

INTENTIONAL_RELEASE

A8. Estimated volume of intentional and controlled release/blowdown: / / /,/ / / / thousand standard cubic feet (mcf)

A9. Were there fatalities? ○ Yes ○ No **FATALITY_IND**

If Yes, specify the number in each category:

NUM_EMP_FATALITIES

A9a. Operator employees   / / / / /

A9b. Contractor employees   **NUM_CONTR_FATALITIES**
working for the Operator   / / / / /

A9c. Non-Operator   **NUM ER FATALITIES**
emergency responders   / / / / /

A9d. Workers working on the
right-of-way, but NOT   **NUM_WORKER_FATALITIES**
associated with this Operator   / / / / /

A9e. General public   **NUM_GP_FATALITIES**
/ / / / /

A9f. Total fatalities (sum of above)   *calculated* **FATAL**

A10. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No

If Yes, specify the number in each category: **INJURY_IND**

NUM_EMP_INJURIES

A10a. Operator employees   / / / / /

A10b. Contractor employees   **NUM_CONTR_INJURIES**
working for the Operator   / / / / /

A10c. Non-Operator   **NUM_ER_INJURIES**
emergency responders   / / / / /

A10d. Workers working on the
right-of-way, but NOT   **NUM_WORKER_INJURIE**
associated with this Operator   **S**   / / / / /

A10e. General public   **NUM_GP_INJURIES**
/ / / / /

A10f. Total injuries (sum of above)   *calculated* **INJURE**

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

☐ SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)

☐ Static Shut-in Test or Other Pressure or Leak Test

☐ Controller   ☐ Local Operating Personnel, including contractors

☐ Air Patrol   ☐ Ground Patrol by Operator or its contractor

☐ Notification from Public   ☐ Notification from Emergency Responder

☐ Notification from Third Party that caused the Incident   ☐ Other _____ACCIDENT_DETAILS_____

A11a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question A11, specify the following: *(select only one)* **OPERATOR_TYPE**

○ Operator employee   ○ Contractor working for the Operator

INCIDENT_IDENTIFIED_DATETIME

A12. Local time operator identified failure   / / / / /   / / /   / / /   / / /
Hour   Month   Day   Year

If A11 = Notification from Emergency Responder, skip questions A13 through A15.   **COMMUNICATION_STATE_FED_IND**

A13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident?   ○ Yes   ○ No

If No, skip A14 and A15   **PARTY_INITIATED_COMMUNICATION**

A14. Which party initiated communication about the incident? ○ Operator   ○ Local/State/Federal Emergency Responder

A15. Local time of initial Operator and Local/State/Federal Emergency Responder communication   **INITIAL_RESPONDER_COM_DATETIME**

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

ON_SITE_DATETIME

A16. Local time operator resources arrived on site   / / / / /   / / /   / / /   / / /
Hour   Month   Day   Year

CONFIRMED_DISCOVERY_DATETIME

A17. Local time of confirmed discovery   /_/ / / /   / / /   / / /   / / /
Hour   Month   Day   Year

A18. Local time *(24-hr clock)* and date of initial operator report to the National Response Center:

/ / / / /   / / /   / / /   / / /   **NRC_RPT_DATETIME**
Hour   Month   Day   Year

NRC_RPT_NUM

A19. Initial Operator National Response Center Report Number OR

○ NRC Notification Required But Not Made

A19a. Additional NRC Report numbers submitted by the operator: **ADDITIONAL_NRC_REPORT_NUMBERS**

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A20. Method of Flow Control (select all that apply)
○ "Key/Critical" Valve – inspected in accordance with Part 192.747   **FLOW_CONT_KEY_CRIT_IND**
○ Main Valve other than "Key/Critical"   **FLOW_CONT_MAIN_VALVE_IND**
○ Service (curb) Valve   **FLOW_CONT_SERVICE_VALVE_IND**
○ Meter/Regulator shut-off Valve   **FLOW_CONT_METER_REG_IND**
○ Excess flow valve   **FLOW_CONT_EXCESS_FLOW_IND**
○ Squeeze-Off   **FLOW_CONT_SQUEEZE_OFF_IND**
○ Stopple fitting   **FLOW_CONT_STOPPLE_FITNG_IND**
○ Other – mandatory text field **FLOW_CONT_OTHER_IND**   **FLOW_CONT_OTHER_DETAIL**

A21. Did the gas ignite?   ○ Yes   ○ No   **IGNITE_IND**

If A21 = Yes, answer A21a through A21d.

IGNITE_DATETIME
A21a. Local time of ignition   /   /   /   /   /   /   /   /   /   /
                                Hour   Month   Day   Year

A21b. How was the fire extinguished? **HOW_EXTINGUISHED**   **HOW_EXTINGUISHED_OTHER_DETAIL**
         ○ Operator/Contractor   ○ Local/State/Federal Emergency Responder   ○ Allowed to burn out   ○ Other, specify: _____
                                GAS_CONSUMED_BY_FIRE_IN_MCF
A21c. Estimated volume of gas consumed by fire (MCF): _____ (must be less than or equal to A7.)

A21d. Did the gas explode?   ○ Yes   ○ No   **EXPLODE_IND**

A22. Number of general public evacuated: /   /   /, /   /   /   / **NUM_PUB_EVACUATED**

PART B – ADDITIONAL LOCATION INFORMATION	

B1. Was the Incident on Federal land? ○ Yes ○ No **FEDERAL**

B2. Location of Incident: *(select only one)* **LOCATION_TYPE**
- ☐ Operator-controlled property
- ☐ Public property
- ☐ Private property
- ☐ Utility Right-of-Way / Easement

B3. Area of Incident: *(select only one)* **INCIDENT_AREA_TYPE**
 INCIDENT_AREA_SUBTYPE
- ☐ Underground Specify: ○ Under soil   ○ Under a building   ○ Under pavement
  ○ Exposed due to excavation   ○ In underground enclosed space (e.g., vault)
  ○ Exposed due to loss cover   ○ Other _____ **INCIDENT_AREA_DETAILS**

  B3a. Depth-of-Cover (in): /   /, /   /   / / **DEPTH_OF_COVER**
  OTHER_UNDERGROUND_FACILITIES
  B3b. Were other underground facilities found within 12 inches of the failure location? ○ Yes   ○ No

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

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

CROSSING
B4. Did Incident occur in a crossing? ○ Yes   ○ No

If Yes, specify type below:
BRIDGE_CROSSING_IND
- ☐ Bridge crossing ⇨ Specify: ○ Cased   ○ Uncased **BRIDGE_TYPE**
RAILROAD_CROSSING_IND
- ☐ Railroad crossing ⇨ *(Select all that apply)* ○ Cased   ○ Uncased   ○ Bored/drilled **RAILROAD_TYPE**
ROAD_CROSSING_IND
- ☐ Road crossing ⇨ *(Select all that apply)* ○ Cased   ○ Uncased   ○ Bored/drilled **ROAD_TYPE**
WATER_CROSSING_IND
- ☐ Water crossing ⇨ *(Select all that apply)* ○ Cased   ○ Uncased   ○ Bored/drilled **WATER_TYPE**

Name of body of water (If commonly known): _____ **WATER_NAME**
WATER_DEPTH
Approx. water depth at time and location of Incident (ft): /   /, /   /   / / or ○ Unknown

(select only one of the following) **WATER_SUBTYPE**
- ○ Shoreline/Bank/Marsh crossing
- ○ Below water, pipe in bored/drilled crossing
- ○ Below water, pipe buried below bottom (NOT in bored/drilled crossing)
- ○ Below water, pipe on or above bottom

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PART C – ADDITIONAL FACILITY INFORMATION	

C1. Indicate the type of pipeline system: **PIPE_FACILITY_TYPE**

☐ privately owned

☐ municipally owned

☐ investor owned

☐ cooperative

☐ Other ⇨ Specify: _____**PIPE_TYPE_OTHER**_____ __

SYSTEM_PART_INVOLVED

C2. Part of system involved in Incident: *(select only one)*

☐ Main ☐ Main Valve ☐ Service ☐ Service Valve ☐ Service Riser ☐ Outside Meter/Regulator set ☐ Inside Meter/Regulator set

☐ Farm Tap Meter/Regulator set ☐ District Regulator/Metering Station ☐ Other *mandatory text field* **SYSTEM_PART_DETAILS**

INSTALLATION_YEAR

C2a. Year item involved in the incident was installed: /___/___/___/___/ or ◯ Unknown

MANUFACTURED_YEAR

C2b. Year item involved in the incident was manufactured: /___/___/___/___/ or ◯ Unknown

When C2.is any value other than "Main", "Main Valve", "District Regulator/Metering Station", or "Other": **CUSTOMER_TYPE**

    C2c. Indicate the customer type: *(select only one)* ◯ Single Family Residential ◯ Multi-Family Residential

  ◯ Non-Residential with Meter capacity less than 1,000 scfh ◯ Non-Residential with Meter Capacity 1,000 scfh of higher

    C2d. Was an EFV installed on the service line before the time of the incident? ◯ Yes ◯ No **WAS_EFV_INSTALLED_BEFORE_IND**

    If C2d = Yes, then C2e. Did the EFV activate? ◯ Yes ◯ No ◯ Unable to determine **EVF_ACTIVATION_IND**

    C2f. Was a curb valve installed on the service line before the time of the incident? ◯ Yes ◯ No

    CURB_VALVE_INST_BEFORE_INC_IND

C3. When C2. is "Main" or "Service" answer C3a through c and C4:

    C3a. Nominal Pipe Size: /___/___/.__/___/___/___/ **PIPE_DIAMETER**

    C3b. Pipe specification (e.g., API 5L, ASTM D2513): **PIPE_SPECIFICATION** OR ◯ Unknown

    C3c. Pipe manufacturer: _____**PIPE_MANUFACTURER**_____ or ◯ Unknown

MATERIAL_INVOLVED

C4. Material involved in Incident: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic

    ☐ Reconditioned Cast Iron ☐ Unknown ☐ Other ⇨ Specify: ____**MATERIAL_DETAILS**____

    C4a. If Steel ⇨ Specify seam type: **STEEL_SEAM_TYPE**

◯ Longitudinal ERW - High Frequency ◯ Single SAW ◯ Flash Welded ◯ DSAW ◯ Longitudinal ERW - Low Frequency

◯ Continuous Welded ◯ Furnace Butt Welded ◯ Longitudinal ERW – Unknown Frequency ◯ Spiral Welded ◯ Lap Welded

◯ Seamless ◯ Other ⇨ Specify: ____**STEEL_SEAM_TYPE_DETAILS**____

    WT_STEEL

    C4b. If Steel ⇨ Specify wall thickness *(inches)*: /___/.__/___/___/ or ☐ Unknown

    PLASTIC_TYPE

    C4c. If Plastic ⇨ Specify type: ◯ Polyvinyl Chloride (PVC) ◯ Polyethylene (PE) ◯ Cross-linked Polyethylene (PEX)

            ◯ Polybutylene (PB) ◯ Polypropylene (PP) ◯ Acrylonitrile Butadiene Styrene (ABS)

            ◯ Polyamide (PA) ◯ Cellulose Acetate Butyrate (CAB)

            ◯ Other ⇨ Specify: _____**PLASTIC_DETAILS**_____

            ◯ Unknown

    PLASTIC_SDR   **WT_PLASTIC**

    C4d. If Plastic ⇨ Specify Standard Dimension Ratio (SDR): /___/___/___/ or wall thickness: /___/.__/___/___/ or ◯ Unknown

            WT_PLASTIC_UNKNOWN_IND

    C4e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇨**MATERIAL_PE_PIPE_CODE**

        Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE /___/___/___/___/ or ◯ Unknown

RELEASE_TYPE

C5. Type of release involved: *(select only one)*

    PUNCTURE_AXIAL   **PUNCTURE_CIRCUM**

☐ Mechanical Puncture ⇨ Approx. size: /__/__/__/__/.__/in. (axial) by /__/__/__/__/.__/in. (circumferential)

LEAK_TYPE   **LEAK_TYPE_OTHER**

☐ Leak ⇨ Select Type: ◯ Pinhole ◯ Crack ◯ Connection Failure ◯ Seal or Packing ◯ Other

RUPTURE_ORIENT   **RUPTURE_DETAILS**

☐ Rupture ⇨ Select Orientation: ◯ Circumferential ◯ Longitudinal ◯ Other _____

    RUPTURE_LENGTH   **RUPTURE_WIDTH**

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

☐ Other ⇨ *Describe: ____**RELEASE_TYPE_DETAIL**_____

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PART D – ADDITIONAL CONSEQUENCE INFORMATION	

D1. Class Location of Incident: *(select only one)* CLASS_LOCATION_TYPE

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

D2. Estimated Property Damage :

D2a. Estimated cost of public and non-Operator private property damage EST_COST_OPER_PAID
$ / / / /,/ / / /,/ / / /

D2b. Estimated cost of Operator's property damage & repairs EST_COST_PROP_DAMAGE
$ / / / /,/ / / /,/ / / /

D2c. Estimated cost of emergency response EST_COST_EMERGENCY
$ / / / /,/ / / /,/ / / /

D2d. Estimated other costs EST_COST_OTHER
$ / / / /,/ / / /,/ / / /

Describe: EST_COST_OTHER_DETAILS

D2e. Total estimated property damage (sum of above) $ *calculated*

Cost of Gas Released

Cost of Gas in $ per thousand standard cubic feet (mcf): GAS_COST_IN_MCF

D2f. Estimated cost of gas released unintentionally EST_COST_UNINTENTIONAL_RELEASE $ *calculated*

D2g. Estimated cost of gas released intentionally during controlled release/blowdown EST_COST_INTENTIONAL_RELEASE $ *calculated*

D2h. Total estimated cost of gas released (sum of D2f and g) $ *calculated*

D2i. Estimated Total Cost (sum of D2e and D2h) TOTAL_COST $ *calculated*

D3. Estimated number of customers out of service:

D3a. Commercial entities COMMERCIAL_AFFECTED / /,/ / / /
D3b. Industrial entities INDUSTRIAL_AFFECTED / /,/ / / /
D3c. Residences RESIDENCES_AFFECTED / /,/ / / /

Injured Persons not included in A10   The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. *If a person is included in A10, do not include them in D4.*

D4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: NUM_PERSONS_HOSP_NOT_OVNGHT _____

If a person is included in D4, do not include them in D5.

D5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: NUM_INJURED_TREATED_BY_EMT

Buildings Affected

D6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted): NUM_RESIDENT_BUILDING_AFFCTD

D7. Number of business buildings affected (evacuated or required repair or had gas service interrupted): NUM_BUSINESS_BUILDING_AFFCTD

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PART E – ADDITIONAL OPERATING INFORMATION	

E1. Estimated pressure at the point and time of the Incident (psig): / / / / / **ACCIDENT_PSIG**

E2. Normal operating pressure at the point and time of the Incident (psig): / / / / / **NORMAL_PSIG**

E3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): / / / / / **MOP_PSIG**

E3a. MAOP established by 49 CFR section: **MOP_CFR_SECTION**

☐ 192.619 (a)(1) ☐ 192. 619 (a)(2) ☐ 192. 619 (a)(3) ☐ 192.619 (a)(4) ☐ 192. 619 (c)
☐ 192.621m ☐ 192.623

MAOP_ESTABLISHED_DATE

E3b. Date MAOP established: / / / / / / / / /
       Month   Day   Year

ACCIDENT_PRESSURE

E4. Describe the pressure on the system relating to the Incident: *(select only one)*
   ☐ Pressure did not exceed MAOP
   ☐ Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201
   ☐ Pressure exceeded the applicable allowance in §192.201

GAS_ODORIZED_SYSTEM_TYPE

E5. Type of odorization system for gas at the point of failure:
   ☐ none ☐ drip ☐ injection pump ☐ by-pass ☐ wick
   ☐ combination of odorization types ☐ odorized by others ☐ Other, specify: **GAS_ODORIZED_SYS_OTHER_DETAIL**

GAS_ODORIZED_LEVEL

E6. Odorant level near the point of failure measured after the failure: %LEL OR ○ Not Measured **GAS_ODORIZED_LVL_NOT_MSRD_IND**

E7. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?
   ☐ No **SCADA_IN_PLACE_IND**
   ☐ Yes ⇨ E7a. Was it operating at the time of the Incident? ○ Yes ○ No **SCADA_OPERATING_IND**

   E7b. Was it fully functional at the time of the Incident? ○ Yes ○ No **SCADA_FUNCTIONAL_IND**

   E7c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? ○ Yes ○ No **SCADA_DETECTION_IND**

   E7d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? ○ Yes ○ No **SCADA_CONF_IND**

E8. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? *(select only one)* **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 Incident
   ☐ No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)* **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**
      INVEST_INCORRECT_PROCEDURE_IND
      ○ Investigation identified incorrect procedures **INVEST_INCORRECT_CONTROL_IND**
      ○ Investigation identified incorrect control room equipment operation
      ○ 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
      _____
      _____

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PART F – DRUG & ALCOHOL TESTING INFORMATION	

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

○ No

○ Yes ⇨ F1a. Specify how many were tested: /___/___/   **NUM_EMPLOYEES_TESTED**

               F1b. Specify how many failed: /___/___/   **NUM_EMPLOYEES_FAILED**

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

○ No

○ Yes ⇨ F2a. Specify how many were tested: /___/___/   **NUM_CONTRACTORS_TESTED**

               F2b. Specify how many failed: /___/___/   **NUM_CONTRACTORS_FAILED**

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PART G – APPARENT CAUSE	*Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors.*
CAUSE CAUSE_DETAILS	

G1 – Corrosion Failure – only one **sub-cause** can be picked from shaded left-hand column
INTERNAL_EXTERNAL

☐ **External Corrosion**

VISUAL_EXAM_RESULTS
1. Results of visual examination:
   - ○ 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 ⇨   4a. Was failed item considered to be under cathodic protection at the time of the incident? UNDER_CATHODIC_PROTECTION_IND
      - ○ Yes ⇨ Year protection started: /____/____/____/____/
      - ○ No   CATHODIC_PRO_START_YEAR

      SHIELDING_EVIDENT
      4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?
      - ○ Yes ○ No

      CATHODIC_SURVEY_TYPE
      4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)
      CP_ANNUAL_SURVEY_IND   CP_ANNUAL_SURVEY_YEAR
      - ○ Yes, CP Annual Survey ⇨ Most recent year conducted: /__/__/__/__/

      CLOSE_INTERVAL_SURVEY_IND   CLOSE_INTERVAL_SURVEY_YEAR
      - ○ Yes, Close Interval Survey ⇨ Most recent year conducted: /__/__/__/__/

      OTHER_CP_SURVEY_IND   OTHER_CP_SURVEY_YEAR
      - ○ Yes, Other CP Survey ⇨ Most recent year conducted: /__/__/__/__/
      Describe Other CP Survey: OTHER_CP_SURVEY_DETAILS
      - ○ No

      EXTERNALLY_COATED
   - ○ No ⇨   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

6. Pipeline coating type, if steel pipe is involved: *(select only one)*
   COATING_TYPE   ○ Epoxy   ○ Coal Tar   ○ Asphalt
              ○ Polyolefin   ○ Extruded Polyethylene
              ○ Cold Applied Tape   ○ Paint   ○ Composite   ○ None
              ○ Other COATING_TYPE_DETAILS_____
              ○ Unknown
6a. Field Applied?   Y, N, or Unknown   FIELD_APPLIED_IND

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☐ **Internal Corrosion**	INT_VISUAL_EXAM_RESULTS
	7. Results of visual examination:
	    ○ Localized Pitting ○ General Corrosion ○ Not cut open
	    ○ Other _____INT_VISUAL_EXAM_DETAILS_____
	
	8. Cause of corrosion: *(select all that apply)*
	INT_CORROSIVE_
	COMMODITY_IND INT_WATER_
	ACID_IND INT_MICROBIOLOGICAL_IND INT_EROSION_IND
	    ○ Corrosive Commodity ○ Water drop-out/Acid ○ Microbiological ○ Erosion
	    ○ Other ___INT_OTHER_CORROSION_IND___ INT_CORROSION_TYPE_DETAILS
	
	9. The cause(s) of corrosion selected in Question 8 is based on the following; *(select that apply)* INT_FIELD_EXAM_BASIS_IND INT_METALLURGICAL_BASIS_IND
	    ○ Field examination ○ Determined by metallurgical analysis
	    ○ Other ___INT_OTHER_BASIS_IND___ INT_CORROSION_BASIS_DETAILS
	
	10. Location of corrosion: *(select all that apply)*
	INT_LOW_POINT_PIPE_LOC_IND INT_ELBOW_LOC_IND INT_DROP_OUT_LOC_IND
	    ○ Low point in pipe ○ Elbow ○ Drop-out
	    ○ Other ___INT_OTHER_LOC_IND___ CORROSION_LOCATION_DETAILS
	CORROSION_INHIBITOR
	11. Was the gas/fluid treated with corrosion inhibitors or biocides? ○ Yes ○ No
	LIQUID_FOUND
	12. Were any liquids found in the distribution system where the Incident occurred?
	    ○ Yes ○ No

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

COR_HYDROTEST_LEAK_SURVEY_DATE

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

COR_HYDROTEST_CONDUCTED_IND

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

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

NATURAL_FORCE_TYPE

☐ **Earth Movement, NOT due to Heavy Rains/Floods**	EARTH_SUBTYPE 1. Specify: ○ Earthquake ○ Subsidence ○ Landslide ○ Other ___NF_OTHER_DETAILS___
☐ **Heavy Rains/Floods**	HEAVY_RAINS_SUBTYPE NF_OTHER_DETAILS 2. Specify: ○ Washouts/Scouring ○ Flotation ○ Mudslide ○ Other _____
☐ **Lightning**	LIGHTNING_SUBTYPE 3. Specify: ○ Direct hit ○ Secondary impact such as resulting nearby fires
☐ **Temperature**	TEMPERATURE_SUBTYPE 4. Specify: ○ Thermal Stress ○ Frost Heave ○ Frozen Components ○ Other ___NF_OTHER_DETAILS___
☐ **High Winds**	
☐ **Tree/Vegetation Roots**	
☐ **Damage from Snow/Ice Impact or Accumulation**	
☐ **Other Natural Force Damage**	NF_OTHER_DETAILS 5. Describe: _____

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

NF_EXTREME_WEATHER_IND

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

        NF_HURRICANE_IND   NF_TROPICAL_STORM_IND   NF_TORNADO_IND

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

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

PARTY_TYPE

☐ **Excavation Damage by Operator (First Party)**	
☐ **Excavation Damage by Operator's Contractor (Second Party)**	
☐ **Excavation Damage by Third Party**	

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

Complete the following if any Excavation Damage sub-caused is selected.

PRIOR_NOTIFICATION_IND

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

       ONE_CALL_SYSTEM_IND   EXCAVATOR_IND   CONTRACTOR_IND   LANDOWNER_IND

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

3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center? ○ Yes   ○ No ○ Unknown
If yes, answer 3c through 3e.   STATE_LAW_EXEMPT_IND

3c. (select only one)   ○   Excavator is exempt

STATE_LAW_EXEMPT_TYPE ○   Activity is exempt and did not exceed the limits of the exemption

                            ○   Activity is exempt and exceeded the limits of the exemption

                            ○   Other   mandatory text field: STATE_LAW_EXEMPT_DETAIL

3d. Exempting Authority: STATE_LAW_EXEMPT_AUTHORITY

3e. Exempting Criteria: STATE_LAW_EXEMPT_CRITERIA

---

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

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

      PUBLIC_ROW_IND   PUBLIC_SUBTYPE

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

       PRIVATE_ROW_IND   PRIVATE_SUBTYPE

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

   ☐ Pipeline Property/Easement   PIPELINE_EASEMENT_ROW_IND

   ☐ Power/Transmission Line   POWER_TRANSMISSION_ROW_IND

   ☐ Railroad   RAILROAD_ROW_IND

   ☐ Dedicated Public Utility Easement   PUBLIC_UTIL_EASEMENT_ROW_IND

   ☐ Federal Land   FEDERAL_LAND_ROW_IND

   ☐ Unknown/Other   UNKNOWN_ROW_IND

6. Was the facility part of a Join Trench? ○ Yes   ○ No   JOINT_TRENCH_IND

7. Did this event involve a Cross Bore? ○ Yes   ○ No   CROSS_BORE_IND

8. Measured Depth from Grade: (select only one)   DEPTH_OF_GRADE

     ○ Embedded in Concrete/Asphalt Pavement   ○ <18"   ○ 18" – 36"

     ○ >36"   ○ Measured depth From Grade in inches: DEPTH_OF_GRADE_DETAIL

9. Type of excavator: *(select only one)*   EXCAVATOR_TYPE

     ○ Contractor   ○ County   ○ Developer   ○ Farmer   ○ Municipality   ○ Occupant

     ○ Railroad   ○ State   ○ Utility   ○ Unknown/Other

10. Type of excavation equipment: *(select only one)* **EXCAVATOR_EQUIPMENT**
- ○ Auger
- ○ Backhoe/Trackhoe
- ○ Boring
- ○ Drilling
- ○ Directional Drilling
- ○ Explosives
- ○ Farm Equipment
- ○ Grader/Scraper
- ○ Hand Tools
- ○ Milling Equipment
- ○ Probing Device
- ○ Trencher
- ○ Vacuum Equipment
- ○ Unknown/Other

11. Type of work performed: *(select only one)* **WORK_PERFORMED**
- ○ Agriculture
- ○ Cable TV
- ○ Curb/Sidewalk
- ○ Building Construction
- ○ Building Demolition
- ○ Drainage
- ○ Driveway
- ○ Electric
- ○ Engineering/Surveying
- ○ Fencing
- ○ Grading
- ○ Irrigation
- ○ Landscaping
- ○ Liquid Pipeline
- ○ Milling
- ○ Natural Gas
- ○ Pole
- ○ Public Transit Authority
- ○ Railroad Maintenance
- ○ Road Work
- ○ Sewer (Sanitary/Storm)
- ○ Site Development
- ○ Steam
- ○ Storm Drain/Culvert
- ○ Street Light
- ○ Telecommunications
- ○ Traffic Signal
- ○ Traffic Sign
- ○ Water
- ○ Waterway Improvement
- ○ Unknown/Other

ONE_CALL_NOTIFIED_IND

12. Was the One-Call Center notified?　○ Yes　○ No　If No, skip to question 13

ONE_CALL_TICKET_NU

　　12a. If Yes, specify ticket number: / / / / ˙/ / / / / / / / / / / / / / /

　　12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
　　　　　ONE_CALL_CENTER_NAME
　　　　　_____

　　12c. Was work area white lined?　○ No　○ Yes　○ Unknown　**WHITE_LINED_IND**

LOCATOR_TYPE

13. Type of Locator:　○ Facility Owner　○ Contractor Locator　○ Unknown/Other

VISIBLE_MARKS

14. Were facility locate marks visible in the area of excavation?　○ No　○ Yes　○ Unknown/Other

**SERVICE_INTERRUPTIO
N**

15. Did the damage cause an interruption in service?　○ No　○ Yes　○ Unknown/Other

SERVICE_INTERRUPTION_HOURS

　　15a. If Yes, specify duration of the interruption: /___/___/ ˙/___/ hours

ROOT_CAUSE

16. Description of the CGA-DIRT Root Cause *(select the predominant CGA-DIRT Root Cause from the list below)*:

ROOT_CAUSE_CATEGORY

- ☐ **Notification Issue** 　**ROOT_CAUSE_TYPE**
  - ○ 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
  - ○ Facility not marked due to Incorrect facility records/maps
  - ○ Facility not marked due to Locator error
  - ○ Facility not marked due to No response from operator/contract locator
  - ○ Facility not marked due to Incomplete marks at damage location
  - ○ Facility not marked due to Tracer wire issue
  - ○ Facility not marked due to Unlocatable Facility
  - ○ Facility marked inaccurately due to Abandoned facility
  - ○ Facility marked inaccurately due to Incorrect facility records/maps
  - ○ Facility marked inaccurately due to Locator error
  - ○ Facility marked inaccurately due to 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 selected from the shaded left-hand column

OUTSIDE_FORCE_TYPE

☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident**	
☐ **Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**	VEHICLE_SUBTYPE 1. Vehicle/Equipment operated by: *(select only one)* ○ Operator ○ Operator's Contractor ○ Third Party If this sub-cause is picked, complete questions 7-13 below.

☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**	2. Select one or more of the following IF an extreme weather event was a factor:
	OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND
	  ○ Hurricane ○ Tropical Storm ○ Tornado
	  ○ Heavy Rains/Flood ○ Other _____ OSF_OTHER_WEATHER_IND
	OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS

☐ **Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation**	
☐ **Electrical Arcing from Other Equipment or Facility**	

☐ **Previous Mechanical Damage NOT Related to Excavation**	Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser. OSF_HYDROTEST_LEAK_SURVEY_DATE
	3. Date of the most recent Leak Survey conducted: / / / / / / / / /
	      Month Day Year
	OSF_HYDROTEST_CONDUCTED_IND
	4. Has one or more pressure test been conducted since original construction at the point of the Incident? OSF_HYDROTEST_CONDUCTED_YEAR
	  ○ Yes ⇒ Most recent year tested: / / / /
	          Test pressure (psig): / / / / / /
	  ○ No OSF_HYDROTEST_PRESSURE

☐ **Intentional Damage**	5. Specify: INTENTIONAL_SUBTYPE
	  ○ Vandalism ○ Terrorism
	  ○ Theft of transported commodity ○ Theft of equipment
	  ○ Other _____ INTENTIONAL_DETAILS

☐ **Erosion of Support Due to Other Utilities**	
☐ **Other Outside Force Damage**	6. Describe: OSF_OTHER_DETAILS _____

Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.

DRIVER_ISSUED_CITATION_IND
7. Was the driver of the vehicle or equipment issued one or more citations related to the incident? ○ Yes ○ No ○ Unknown

If 7. is Yes, what was the nature of the citations (select all that apply)
  ○ 7a. Excessive Speed CITATION_SPEED_IND
  ○ 7b. Reckless Driving CITATION_RECKLESS_IND
  ○ 7c. Driving Under the Influence CITATION_DUI_IND
  ○ 7d. Other, describe: CITATION_OTHER_IND CITATION_OTHER_DETAIL
DRIVER_IN_CONTROL_IND
8. Was the driver under control of the vehicle at the time of the collision? ○ Yes ○ No ○ Unknown
  ESTIMATED_SPEED
9. Estimated speed of the vehicle at the time of impact (miles per hour)?_____ or ○ Unknown
  VEHICLE_TYPE
10. Type of vehicle? (select only one) ○ Motorcycle/ATV ○ Passenger Car ○ Small Truck ○ Bus ○ Large Truck
  VEHICLE_TRAVEL_FROM
11. Where did the vehicle travel from to hit the pipeline facility? (select only one)
  ○ Roadway ○ Driveway ○ Parking Lot ○ Loading Dock ○ Off-Road
  VEHICLE_TRAVEL_DISTANCE_FT
12. Shortest distance from answer in 11. to the damaged pipeline facility (in feet): ._____
  PROTECTIONS_INSTALLED_IND
13. At the time of the incident, were protections installed to protect the damaged pipeline facility from vehicular damage? ○ Yes ○ No

If 13. is Yes, specify type of protection (select all that apply):
  ○ 13a. Bollards/Guard Posts PROTECTION_BOLLARDS_POST_IND
  ○ 13b. Barricades, including "jersey" barriers and fences PROTECTION_BARRICADES_IND
  ○ 13c. Guard Rails PROTECTION_GUARD_RAILS_IND
  ○ 13d. Meter Box PROTECTION_METER_BOX_IND
  ○ 13e. Ingress or Regress at a Residence PROTECTION_INGRESS_REGRESS_IND
  ○ 13f. Other, describe: PROTECTION_OTHER_IND PROTECTION_OTHER_DETAIL

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G5 – Pipe, Weld, or Joint Failure – only one **sub-cause** can be selected from the shaded left-hand column
PWJF_FAILURE_TYPE

☐ **Body of Pipe**	**PIPE_BODY_SUBTYPE** 1. Specify: ○ Dent ○ Gouge ○ Bend ○ Arc Burn ○ Crack ○ Other **PIPE_BODY_DETAILS**
☐ **Butt Weld**	**BUTT_WELD_SUBTYPE** 2. Specify: ○ Pipe ○ Fabrication ○ Other ___**BUTT_WELD_DETAILS**___
☐ **Fillet Weld**	**FILLET_WELD_SUBTYPE** 3. Specify: ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other ___**FILLET_WELD_DETAILS**___
☐ **Pipe Seam**	**PIPE_SEAM_SUBTYPE** 4. Specify: ○ LF ERW ○ HF ERW ○ Flash Weld ○ DSAW ○ SAW ○ Spiral ○ Other ___**PIPE_SEAM_DETAILS**___
☐ **Threaded Metallic Pipe**	
☐ **Mechanical Joint Failure**	**MEC_FITTING_INVOLVED** 5a. Specify the Mechanical Fitting Involved *(select only one)* ☐ Stab ☐ Nut Follower ☐ Bolted ☐ Other Compression Type Fitting *(specify):* ___**MEC_FITTING_INVLVD_DTL**___ **MEC_FITTING_TYPE** 5b. Specify the Type of Mechanical Fitting *(select only one)* ☐ Service or Main Tee ☐ Tapping Tee ☐ Transition Fitting ☐ Coupling ☐ Riser ☐ Adapter ☐ Valve ☐ Sleeve ☐ End Cap ☐ Other *(specify):* ___**MEC_FTTING_TYPE_DETAIL**___ **MEC_MANUFACTURER** 5c. Fitting Manufacturer: _____ or ☐ Unknown 5d. Part or Model Number: ___**MEC_PART_NUMBER**___ or ☐ Unknown 5e. Fitting Material *(select only one)* **MEC_FITTING_MATERIAL** ☐ Steel ☐ Plastic ☐ Brass ☐ Combination Plastic and Steel ☐ Unknown ☐ Other *(specify):* ___**MEC_FITTING_MATERIAL_DETAIL**___ **MEC_HOW_FAILURE_OCCURED** 5f. How did the joint failure occur? *(select only one)* ☐ Leaked Through Seal ☐ Leaked Through Body ☐ Pulled Out ☐ Other *(specify):* ___**MEC_HOW_FAILURE_OCCURED_DTL**___

☐ **Fusion Joint**	**PLASTIC_JOINT_SUBTYPE**
	6. Specify: ○ Butt, Heat Fusion ○ Butt, Electrofusion ○ Saddle, Heat Fusion
	○ Saddle, Electrofusion ○ Socket, Heat Fusion ○ Socket, Electrofusion
	○ Other ___**PLASTIC_JOINT_DETAILS**___
	7. Year installed: __/ __/ __/ __/ **FPW_INSTALLED_YEAR**
	8. Other attributes: ___**FPW_OTHER_ATTR**___
	9. Specify the two materials being joined:
	  9a. First material being joined: **FPW_FIRST_PLASTIC_TYPE**
	    ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE)
	    ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB)
	    ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS)
	    ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB)
	    ○ Other ⇨ Specify: ___**FPW_FIRST_PLASTIC_TYPE_OTHER**___
	
	  9b. Second material being joined: **FPW_SECOND_PLASTIC_TYPE**
	    ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE)
	    ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB)
	    ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS)
	    ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB)
	    ○ Other ⇨ Specify: ___**FPW_SECOND_PLASTIC_TYPE_OTHER**___

☐ **Other Pipe, Weld, or Joint Failure**	10. Describe: ___**PWJF_FAILURE_DETAILS**___

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Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected. ADDITIONAL_ARC ADDITIONAL_ LACK_FUSION_IND
ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND, ADDITIONAL_PIPE_BEND_IND, BURN_IND, CRACK_IND

ADDITIONAL_LAMINATION_IND, ADDITIONAL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND, ADDITIONAL_MISALIGNMENT_IND

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

12. Was the Incident a result of: RESULT_CONSTRUCTION_IND RESULT_CONSTRUCTION_SUBTYPE
    ☐ Construction defect, specify: ⇨ ○ Poor workmanship ○ Procedure not followed ○ Poor construction/installation procedures
    RESULT_MATERIAL_IND RESULT_MATERIAL_SUBTYPE
    ☐ Material defect, specify: ⇨ ○ Long seam ○ Other _____ RESULT_MATERIAL_DETAILS

    ☐ Design defect RESULT_DESIGN_IND

    ☐ Previous damage RESULT_PREVIOUS_IND

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

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

☐ **Malfunction of Control/Relief Equipment**	1. Specify: *(select all that apply)* INSTRUMENTATION_IND SCADA_IND CONTROL_VALVE_IND ○ Control Valve ○ Instrumentation ○ SCADA COMMUNICATIONS_IND ○ Communications ○ Block Valve ○ Check Valve BLOCK_VALVE_IND CHECK_VALVE_IND RELIEF_VALVE_IND ○ Relief Valve ○ Power Failure ○ Stopple/Control Fitting POWER_FAILURE_IND PRESSURE_REGULATOR_IND ○ Pressure Regulator STOPPLE_CONTROL_FITTING_IND ○ Other ___ OTHER_CONTROL_RELIEF_IND OTHER_CONTROL_RELIEF_DETAILS
☐ **Threaded Connection Failure**	OTHER_STRIPPED_IND 2. Specify: ○ Pipe Nipple ○ Valve Threads ○ Threaded Pipe Collar ○ Threaded Fitting ○ Other ___ OTHER_STRIPPED_DETAILS
☐ **Non-threaded Connection Failure**	OTHER_NON_THREADED_IND 3. Specify: ○ O-Ring ○ Gasket ○ Other Seal or Packing ○ Other___ OTHER_NON_THREADED_DETAILS
☐ **Valve**	VALVE_OTHER_IND 4. Specify: ○ Manufacturing defect ○ Other VALVE_OTHER_DETAILS 4a. Valve type: ___ VALVE_TYPE 4b. Manufactured by: ___ EQ_MANUFACTURER EQ_MANUFACTURE_YEAR 4c. Year manufactured: /___/___/___/___/ or ○ Unknown VALVE_MATERIAL 4d. Valve Material: ☐ Steel ☐ Plastic ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Other, specify: *mandatory text field*___ VALVE_MATERIAL_DETAILS
☐ **Other Equipment Failure**	5. Describe: ___ EQ_FAILURE_DETAILS ___

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

OPERATION_TYPE

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

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

2. Was this Incident 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

3. What category type was the activity that caused the Incident: 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

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

    4a. 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 Incident Cause – *only one **sub-cause** can be selected from the shaded left-hand column

OTHER_TYPE

☐ **Miscellaneous**	1. Describe: ____ MISC_DETAILS
☐ **Unknown**	UNKNOWN_SUBTYPE 2. Specify: ○ Investigation complete, cause of Incident unknown Mandatory comment field: INCIDENT_UNKNOWN_COMMENTS ○ Still under investigation, cause of Incident to be determined* *(*Supplemental Report required)*

The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:

External Corrosion
- ☐ External Corrosion, Galvanic **EXTRNL_COR_GALVANIC_IND**
- ☐ External Corrosion, Atmospheric **EXTRNL_COR_ATMOSPHERIC_IND**
- ☐ External Corrosion, Stray Current Induced **EXTRNL_COR_STRAY_CURRENT_IND**
- ☐ External Corrosion, Microbiologically Induced **EXTRNL_COR_MICROBIOLOGIC_IND**
- ☐ External Corrosion, Selective Seam **EXTRNL_COR_SELECTIVE_SEAM_IND**

Internal Corrosion
- ☐ Internal Corrosion, Corrosive Commodity **INTRNL_COR_CORROSIVE_CMDTY_IND**
- ☐ Internal Corrosion, Water drop-out/Acid **INTRNL_COR_WTR_DRPOUT_ACID_IND**
- ☐ Internal Corrosion, Microbiological **INTRNL_COR_MICROBIOLOGIC_IND**
- ☐ Internal Corrosion, Erosion **INTRNL_COR_EROSION_IND**

Natural Forces
- ☐ Earth Movement, NOT due to Heavy Rains/Floods **NF_EARTH_MOVEMENT_IND**
- ☐ Heavy Rains/Floods **NF_HEAVY_RAINS_IND**
- ☐ Lightning **NF_LIGHTNING_IND**
- ☐ Temperature **NF_TEMPERATURE_IND**
- ☐ High Winds **NF_HIGH_WINDS_IND**
- ☐ Snow/Ice **NF_SNOW_ICE_IND**
- ☐ Tree/Vegetation Root **NF_VEGITATION_ROOT_IND**

Excavation Damage
- ☐ Excavation Damage by Operator (First Party) **EXCVTN_DMG_OPERATOR_IND**
- ☐ Excavation Damage by Operator's Contractor (Second Party) **EXCVTN_DMG_OP_CONTRACTOR_IND**
- ☐ Excavation Damage by Third Party **EXCVTN_DMG_THIRD_PARTY_IND**
- ☐ Previous Damage due to Excavation Activity **EXCVTN_DMG_PREVIOUS_DAMAGE_IND**

Other Outside Force
- ☐ Nearby Industrial, Man-made, or Other Fire/Explosion **OSF_NEARBY_INDUSTRIAL_IND**
- ☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation **OSF_VEHICLE_IND**
- ☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment **OSF_BOAT_IND**
- ☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation **OSF_OTHER_MARITIME_IND**
- ☐ Electrical Arcing from Other Equipment or Facility **OSF_ELECTRICAL_ARCING_IND**
- ☐ Previous Mechanical Damage NOT Related to Excavation **OSF_PREVIOUS_MECHANICAL_IND**
- ☐ Intentional Damage **OSF_INTENTIONAL_IND**
- ☐ Other underground facilities buried within 12 inches of the failure location **OSF_OTHER_UNDERGROUND_IND**

Pipe/Weld Failure
- ☐ Design-related **PWF_DESIGN_IND**
- ☐ Construction-related **PWF_CONSTRUCTION_IND**
- ☐ Installation-related **PWF_INSTALLATION_IND**
- ☐ Fabrication-related **PWF_FABRICATION_IND**
- ☐ Original Manufacturing-related **PWF_MANUFACTURING_IND**

Equipment Failure
- ☐ Malfunction of Control/Relief Equipment **EQF_CONTROL_RELEAF_IND**
- ☐ Threaded Connection/Coupling Failure **EQF_THREADED_COUPLING_IND**
- ☐ Non-threaded Connection Failure **EQF_NON_THREADED_IND**
- ☐ Valve Failure **EQF_VALVE_FAILURE_IND**

Incorrect Operation
- ☐ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage **IO_DAMAGE_BY_OPERATOR_IND**
- ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure **IO_VALVE_POSITION_IND**
- ☐ Pipeline or Equipment Overpressured **IO_EQUIPMENT_OVERPRESSURE_IND**
- ☐ Equipment Not Installed Properly **IO_NOT_INSTALLED_PROPERLY_IND**
- ☐ Wrong Equipment Specified or Installed **IO_WRONG_EQUIPMENT_IND**
- ☐ Inadequate Procedure **IO_INADEQUATE_PROCEDURE_IND**
- ☐ No procedure established **IO_NO_PROCEDURE_IND**
- ☐ Failure to follow procedures **IO_FOLLOW_PROCEDURE_IND**

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

NARRATIVE

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PART I – PREPARER AND AUTHORIZED PERSON

PREPARER_NAME
Preparer's Name (type or print)

PREPARER_TITLE
Preparer's Title (type or print)

PREPARER_EMAIL
Preparer's E-mail Address

Local Contact Name: optional **LOCAL_CONTACT_NAME**
Local Contact Email: optional **LOCAL_CONTACT_EMAI**
Local Contact Phone: optional **LOCAL_CONTACT_TELEPHONE**

PREPARER_TELEPHONE
Preparer's Telephone Number

PREPARER_FAX
Preparer's Facsimile Number

AUTHORIZER_NAME
Authorized Signer

AUTHORIZER_TITLE
Authorized Signer's Title

AUTHORIZER_TELEPHONE
Authorized Signer Telephone Number

AUTHORIZER_EMAIL
Authorized Signer's E-mail Address

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

Field Name	Field Name Description
DATAFILE_AS_OF	*Data as of date*
FF	*Identify if incident was cause by fire first or not*
SIGNIFICANT	*Identify if record meets the significant criteria or not: If incident is NOT 'FF' and If there was fatality, injury, or total property damage is $50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.*
SERIOUS	*Identify if record meets the SERIOUS criteria or not: If there was fatality or injury and if FF criteria is false then SERIOUS = 'YES' else SERIOUS = 'NO'.*
IYEAR	*Year incident occurred, derived from accident date*
EST_COST_OPER_PAID_CURRENT	*Converted Property Damage to Current Year dollars*

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EST_COST_PROP_DAMAGE_CURRENT	*Converted Property Damage to Current Year dollars*
EST_COST_EMERGENCY_CURRENT	*Converted Property Damage to Current Year dollars*
EST_COST_OTHER_CURRENT	*Converted Property Damage to Current Year dollars*
EST_COST_UNINTENT_REL_CURRENT	*Converted Property Damage to Current Year dollars*
EST_COST_INTENT_REL_CURRENT	*Converted Property Damage to Current Year dollars*
TOTAL_COST_IN84	*Converted Property Damage to 1984 dollars*
TOTAL_COST_CURRENT	*Converted Property Damage to Current Year dollars*
MAP_SEVEN_CAUSE	*Cause by PHMSA for 20 year incident trending*
MAP_SEVEN_SUBCAUSE	*SubCause by PHMSA for 20 year incident trending*
MAP_EIGHT_CAUSE	*Cause by PHMSA for 20 year incident trending*
MAP_EIGHT_SUBCAUSE	*SubCause by PHMSA for 20 year incident trending*

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