

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	INCIDENT REPORT – NATURAL AND OTHER GAS TRANSMISSION AND GATHERING PIPELINE SYSTEMS	Report Date _____ No. _____ <small>(DOT Use Only)</small> <div style="text-align: left;"><small>REPORT_RECEIVED_DATE</small></div> <div style="text-align: left;"><small>REPORT_NUMBER</small></div> <div style="text-align: left;"><small>SUPPLEMENTAL_NUMBER</small></div>
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A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

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

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply)	<input type="checkbox"/> Original	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Final
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Last Revision Date _____

- Operator's OPS-issued Operator Identification Number (OPID): ____ / ____ / ____ / ____ / ____ / ____ **OPERATOR_ID**
- Name of Operator: _____ **NAME**
- Address of Operator:
 3.a _____ **OPERATOR_STREET_ADDRESS**
 (Street Address)
 3.b _____ **OPERATOR_CITY_NAME**
 (City)
 3.c State: ____ / ____ / ____ **OPERATOR_STATE_ABBREVIATION**
 3.d Zip Code: ____ / ____ / ____ / ____ / ____ - ____ / ____ / ____ / ____ **OPERATOR_POSTAL_CODE**

<ol style="list-style-type: none"> Local time (24-hr clock) and date of the Incident: LOCAL_DATETIME ____ / ____ / ____ ____ / ____ / ____ Hour Month Day Year Location of Incident: LOCATION_LATITUDE Latitude: ____ / ____ / ____ . ____ / ____ / ____ / ____ / ____ Longitude: - ____ / ____ / ____ / ____ . ____ / ____ / ____ / ____ / ____ LOCATION_LONGITUDE 	<ol style="list-style-type: none"> National Response Center Report Number: ____ / ____ / ____ / ____ / ____ / ____ NRC_RPT_NUM Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ Hour Month Day Year NRC_RPT_DATETIME
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- Incident resulted from: **INCIDENT_RESULTED**
☐ Unintentional release of gas
☐ Intentional release of gas
☐ Reasons other than release of gas
 COMMODITY_RELEASED_TYPE
- 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**

10. Estimated volume of gas released unintentionally:	____ / ____ / ____ / ____ / ____ / ____ Thousand Cubic Feet (MCF)
11. Estimated volume of intentional and controlled release/blowdown :	____ / ____ / ____ / ____ / ____ / ____ Thousand Cubic Feet (MCF)
12. Estimated volume of accompanying liquid released:	____ / ____ / ____ / ____ / ____ / ____ Barrels

UNINTENTIONAL_RELEASE

INTENTIONAL_RELEASE

ACCOMPANYING_LIQUID

<p>13. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No FATALITY_IND</p> <p>If Yes, specify the number in each category:</p> <p>13.a Operator employees NUM_EMP_FATALITIES <div style="text-align: right;">/ / / / /</div></p> <p>13.b Contractor employees NUM_CONTR_FATALITIES <div style="text-align: right;">/ / / / /</div></p> <p>13.c Non-Operator emergency responders NUM_ER_FATALITIES <div style="text-align: right;">/ / / / /</div></p> <p>13.d Workers working on the right-of-way, but NOT associated with this Operator NUM_WORKER_FATALITIES <div style="text-align: right;">/ / / / /</div></p> <p>13.e General public NUM_GP_FATALITIES <div style="text-align: right;">/ / / / /</div></p> <p>13.f Total fatalities (sum of above) FATAL <div style="text-align: right;">/ / / / /</div></p>	<p>14. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No INJURY_IND</p> <p>If Yes, specify the number in each category:</p> <p>14.a Operator employees NUM_EMP_INJURIES <div style="text-align: right;">/ / / / /</div></p> <p>14.b Contractor employees working for the Operator NUM_CONTR_INJURIES <div style="text-align: right;">/ / / / /</div></p> <p>14.c Non-Operator emergency responders NUM_ER_INJURIES <div style="text-align: right;">/ / / / /</div></p> <p>14.d Workers working on the right-of-way, but NOT associated with this Operator NUM_WORKER_INJURIES <div style="text-align: right;">/ / / / /</div></p> <p>14.e General public NUM_GP_INJURIES <div style="text-align: right;">/ / / / /</div></p> <p>14.f Total injuries (sum of above) INJURE <div style="text-align: right;">/ / / / /</div></p>
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15. Was the pipeline/facility shut down due to the incident? **SHUTDOWN_DUE_ACCIDENT_IND**

☐ Yes ☐ No ➡ Explain: **SHUTDOWN_EXPLAIN** _____

If Yes, complete Questions 15.a and 15.b: *(use local time, 24-hr clock)*

15.a Local time and date of shutdown **SHUTDOWN_DATETIME**

/ / / / /
Hour

/ / /
Month

/ / /
Day

/ / /
Year

15.b Local time pipeline/facility restarted **RESTART_DATETIME**

/ / / / /
Hour

/ / /
Month

/ / /
Day

/ / /
Year

STILL_SHUTDOWN_IND
☐ Still shut down*
*(*Supplemental Report required)*

16. Did the gas ignite? ☐ Yes ☐ No **IGNITE_IND**

17. Did the gas explode? ☐ Yes ☐ No **EXPLODE_IND**

18. Number of general public evacuated: **NUM_PUB_EVACUATED**

/ / / / /

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

19.a Local time operator identified failure **INCIDENT_IDENTIFIED_DATETIME**

/ / / / /
Hour

/ / /
Month

/ / /
Day

/ / /
Year

19.b Local time operator resources arrived on site **ON_SITE_DATETIME**

/ / / / /
Hour

/ / /
Month

/ / /
Day

/ / /
Year

PART B – ADDITIONAL LOCATION INFORMATION

1. Was the origin of the Incident onshore? **ON_OFF_SHORE**
☐ Yes (Complete Questions 2-12) ☐ No (Complete Questions 13-15)

If Onshore:

2. State: / / / **ONSHORE_STATE_ABBREVIATION**
3. Zip Code: / / - / / / / / **ONSHORE_POSTAL_CODE**
4. **ONSHORE_CITY_NAME** 5. **ONSHORE_COUNTY_NAME**
City County or Parish

6. Operator designated location: (select only one)
☐ Milepost/Valve Station (specify in shaded area below)
☐ Survey Station No. (specify in shaded area below)
DESIGNATED_NAME
/ / / / / / / / / / / / / / / /

7. Pipeline/Facility name: **PIPE_FAC_NAME**

8. Segment name/ID: **SEGMENT_NAME**

9. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? ☐ Yes ☐ No **FEDERAL**

10. Location of Incident: (select only one) **LOCATION_TYPE**

☐ Operator-controlled property

☐ Pipeline right-of-way

11. Area of Incident (as found): (select only one)
INCIDENT_AREA_TYPE

☐ **INCIDENT_AREA_SUBTYPE**
Belowground storage or aboveground storage vessel, including attached appurtenances

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

Depth-of-Cover (in): / / / / / **DEPTH_OF_COVER**

☐ Aboveground ⇨ Specify:
☐ Typical aboveground facility piping or appurtenance
☐ Overhead crossing
☐ In or spanning an open ditch
☐ Inside a building ☐ Inside 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**

12. Did Incident occur in a crossing? ☐ Yes ☐ No **CROSSING**

If Yes, specify type below:

☐ Bridge crossing . Specify: ☐ Cased ☐ Uncased ⇨

☐ Railroad crossing . (select all that apply) ⇨

☐ Cased ☐ Uncased ☐ Bored/drilled

☐ Road crossing . (select all that apply) ⇨

☐ Cased ☐ Uncased ☐ Bored/drilled

☐ Water crossing ⇨

⇨ Specify: ☐ Cased ☐ Uncased

Name of body of water, if commonly known:

WATER_NAME

Approx. water depth (ft) at the point of the Incident:

/ / / / / **WATER_DEPTH**

(select only one of the following) **WATER_SUBTYPE**

- ☐ Shoreline/Bank 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

If Offshore:

13. Approximate water depth (ft.) at the point of the Incident:

/ / / / / **OFF_WATER_DEPTH**

14. Origin of Incident: **OFF_ACCIDENT_ORIGIN**

☐ In State waters **OFFSHORE_STATE_ABBREVIATION**

⇨ Specify: State: / / /

Area: **OFF_INSTATE_AREA**

OFF_INSTATE_BLOCK Block/Tract #: / / / / /

OFFSHORE_COUNTY_NAME Nearest County/Parish: _____

☐ On the Outer Continental Shelf (OCS)

⇨ Specify:

Area: **OFF_OCS_AREA**

Block #: / / / / / **OFF_OCS_BLOCK**

15. Area of Incident: (select only one) **OFF_AREA_ACCIDENT_TYPE**

☐ Shoreline/Bank crossing or shore approach

☐ Below water, pipe buried or jetted below seabed

☐ Below water, pipe on or above seabed

☐ Splash Zone of riser

☐ Portion of riser outside of Splash Zone, including riser bend

☐ Platform

BRIDGE_CROSSING_IND, BRIDGE_TYPE

RAILROAD_CROSSING_IND, RAILROAD_TYPE

ROAD_CROSSING_IND, ROAD_TYPE

WATER_CROSSING_IND, WATER_TYPE

PART C – PARTIAL FACILITY INFORMATION	
1. Is the pipeline or facility: PIPE_FACILITY_TYPE <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	
2. Part of system involved in Incident: (select only one) SYSTEM_PART_INVOLVED <input type="checkbox"/> Belowground Storage, Including Associated Equipment and Piping <input type="checkbox"/> Aboveground Storage, Including Associated Equipment and Piping <input type="checkbox"/> Onshore Compressor Station Equipment and Piping <input type="checkbox"/> Onshore Regulator/Metering Station Equipment and Piping <input type="checkbox"/> Onshore Pipeline, Including Valve Sites <input type="checkbox"/> Offshore Platform, Including Platform-mounted Equipment and Piping <input type="checkbox"/> Offshore Pipeline, Including Riser and Riser Bend	
3. Item involved in Incident: (select only one) ITEM_INVOLVED <input type="checkbox"/> Pipe ⇨ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam PIPE_TYPE 3.a Nominal diameter of pipe (in): / / . / / / / PIPE_DIAMETER 3.b Wall thickness (in): / . / / / / / PIPE_WALL_THICKNESS PIPE_SMYS 3.c SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / . / / / / 3.d Pipe specification: PIPE_SPECIFICATION 3.e Pipe Seam ⇨ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded PIPE_SEAM_TYPE <input type="radio"/> Longitudinal 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 ERW <input type="radio"/> Spiral Welded SAW <input type="radio"/> Spiral Welded DSAW <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other PIPE_SEAM_DETAILS 3.f Pipe manufacturer: PIPE_MANUFACTURER 3.g Year of manufacture: / / / / / / PIPE_MANUFACTURE_YEAR 3.h Pipeline coating type at point of Incident PIPE_COATING_TYPE ⇨ Specify: <input type="radio"/> Fusion Bonded Epoxy <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene <input type="radio"/> Field Applied Epoxy <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other PIPE_COATING_DETAILS WELD_SUBTYPE <input type="checkbox"/> Weld, including heat-affected zone ⇨ Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld <input type="radio"/> Other WELD_DETAILS If Pipe Girth Weld is selected, complete items 3.a. through h. above. If the values differ on either side of the girth weld, enter one value in 3.a. through h. and list the different value(s) in Part H - Narrative Description of the Incident. <input type="checkbox"/> Valve <input type="radio"/> Mainline ⇨ 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 VALVE_TYPE VALVE_MAINLINE_TYPE <input type="radio"/> Other VALVE_MAINLINE_DETAILS 3.i Mainline valve manufacturer: VALVE_MANUFACTURER 3.j Year of manufacture: / / / / / / VALVE_MANUFACTURE_YEAR <input type="radio"/> Relief Valve <input type="radio"/> Auxiliary or Other Valve <input type="checkbox"/> Compressor <input type="checkbox"/> Meter <input type="checkbox"/> Scraper/Pig Trap <input type="checkbox"/> Separator/Separator Filter <input type="checkbox"/> Strainer/Filter <input type="checkbox"/> Dehydrator/Drier/Treater <input type="checkbox"/> Regulator/Control Valve <input type="checkbox"/> Drip/Drip Collection Device <input type="checkbox"/> Pulsation Bottle <input type="checkbox"/> Cooler <input type="checkbox"/> Repair Sleeve or Clamp <input type="checkbox"/> Hot Tap Equipment <input type="checkbox"/> Stopple Fitting <input type="checkbox"/> Flange <input type="checkbox"/> Relief Line <input type="checkbox"/> Auxiliary Piping (e.g. drain lines) <input type="checkbox"/> Tubing <input type="checkbox"/> Instrumentation <input type="checkbox"/> Underground Gas Storage or Cavern <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Other ITEM_INVOLVED_DETAILS _____ 4. Year item involved in Incident was installed: / / / / / / INSTALLATION_YEAR	

5. Material involved in Incident: (select only one) **MATERIAL_INVOLVED**

☐ Carbon Steel

☐ Plastic

☐ Material other than Carbon Steel or Plastic ➡ *Specify: **MATERIAL_DETAILS**

RELEASE_TYPE

6. Type of Incident involved: (select only one)

PUNCTURE_AXIAL

PUNCTURE_CIRCUM

☐ Mechanical Puncture ➡ Approx. size: / / / / / in. (axial) by / / / / / in. (circumferential) **LEAK_TYPE_OTHER**

LEAK_TYPE

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

RUPTURE_ORIENT

☐ Rupture ➡ Select Orientation: ☐ Circumferential ☐ Longitudinal ☐ Other **RUPTURE_DETAILS**

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

☐ Other ➡ *Describe: **RELEASE_TYPE_DETAILS**

PART D – ADDITIONAL CONSEQUENCE INFORMATION

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

☐ Class 1 Location

☐ Class 2 Location

☐ Class 3 Location

☐ Class 4 Location

2. Did this Incident occur in a High Consequence Area (HCA)? **COULD_BE_HCA**

☐ No

DETERMINATION_METHOD

☐ Yes ➡ 2.a Specify the Method used to identify the HCA: ☐ Method 1 ☐ Method 2

3. What is the PIR (Potential Impact Radius) for the location of this Incident? **PIR_RADIUS** / / / / / feet

4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident?

☐ Yes ☐ No **HEAT_DAMAGE_IND**

5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident?

☐ Yes ☐ No **NON_HEAT_DAMAGE_IND**

6. Were any of the fatalities or injuries reported for persons located outside the PIR?

☐ Yes ☐ No **HCA_FATALITIES_IND**

7. Estimated Property Damage:

7.a Estimated cost of public and non-Operator private property damage \$ / / / / / **EST_COST_OPER_PAID**

7.b Estimated cost of Operator's property damage & repairs \$ / / / / / **EST_COST_PROP_DAMAGE**

7.c Estimated cost of Operator's emergency response \$ / / / / / **EST_COST_EMERGENCY**

7.d Estimated other costs **EST_COST_OTHER** \$ / / / / / **EST_COST_OTHER_DETAILS**
Describe _____

7.e Total estimated property damage (sum of above) \$ / / / / /

Cost of Gas Released

7.f Estimated cost of gas released unintentionally \$ / / / / / **EST_COST_GAS_RELEASED**

7.g Estimated cost of gas released during intentional and controlled blowdown \$ / / / / / **EST_COST_INTENT_REL**

7.h Total estimated cost of gas released (sum of 7.f & 7.g above) \$ / / / / /

TOTAL_COST – Estimated Total Cost, sum of 7.a-d and 7.f-

2. Estimated pressure at the point and time of the Incident (psig) ACCIDENT_PSIG / / / , / / / /

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

2a. 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) ♦ 192.619 (d)
 ♦ Other Specify Other: MOP_CFR_SECTION_DETAILS

3. Describe the pressure on the system or facility relating to the Incident: (*select only one*) ACCIDENT_PRESSURE
☐ Pressure did not exceed MAOP
☐ Pressure exceeded MAOP, but did not exceed 110% of MAOP
☐ Pressure exceeded 110% of MAOP

4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Incident operating under an established pressure restriction with pressure limits below those normally allowed by the MAOP ?
☐ No PRESSURE_RESTRICTION_IND
☐ Yes ➡ (*Complete 4.a and 4.b below*) EXCEED_RESTRICTION_IND
 4.a Did the pressure exceed this established pressure restriction? ☐ Yes ☐ No
 4.b Was this pressure restriction mandated by PHMSA or the State? PHMSA_RESTRICTION_IND
 ☐ PHMSA ☐ State ☐ Not mandated

- ☐
- Offshore Gathering

6. 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 ➔ ☐ 6.a Was it operating at the time of the Incident? ☐ Yes ☐ No **SCADA_OPERATING_IND**

☐ 6.b Was it fully functional at the time of the Incident? ☐ Yes ☐ No **SCADA_FUNCTIONAL_IND**

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

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

ACCIDENT_IDENTIFIER

7. How was the Incident initially identified for the Operator? (select only one)

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

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

☐ Controller

☐ Air Patrol

☐ Notification from Public

☐ Notification from Third Party that caused the Incident

☐ Local Operating Personnel, including contractors

☐ Ground Patrol by Operator or its contractor

☐ Notification from Emergency Responder

☐ Other **ACCIDENT_DETAILS**

7.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 7, specify the following: (select only one) **OPERATOR_TYPE**

☐ Operator employee

☐ Contractor working for the Operator

8. 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)

☐ Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue **INVEST_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**

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

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **EMPLOYEE_DRUG_TEST_IND**
- ☐ No
- ☐ Yes ➡ *1.a Specify how many were tested: / / / **NUM_EMPLOYEES_TESTED**
- *1.b Specify how many failed: / / / **NUM_EMPLOYEES_FAILED**
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **CONTRACTOR_DRUG_TEST_IND**
- ☐ No
- ☐ Yes ➡ *2.a Specify how many were tested: / / / **NUM_CONTRACTORS_TESTED**
- *2.b Specify how many failed: / / / **NUM_CONTRACTORS_FAILED**

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**
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 under the ground? **UNDERGROUND_LOCATION**
☐ Yes ⇒ 4.a Was failed item considered to be under cathodic protection at the time of the incident? **UNDER_CATHODIC_PROTECTION_IND**
☐ Yes ⇒ Year protection started: **CATHODIC_PRO_START_YEAR**
☐ No **SHIELDING_EVIDENT**
4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident?
☐ Yes ☐ No **CATHODIC_SURVEY_TYPE**
4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident?
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: **EXTERNALLY_COATED**
☐ No ⇒ 4.d Was the failed item externally coated or painted? ☐ Yes ☐ No
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
☐ Yes ☐ No **PRIOR_DAMAGE**

☐ Internal Corrosion

6. Results of visual examination: **INT_VISUAL_EXAM_RESULTS**
☐ Localized Pitting ☐ General Corrosion ☐ Not cut open
☐ Other **INT_VISUAL_EXAM_DETAILS**
7. 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**
8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all 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**
9. Location of corrosion: (select all that apply)
INT_LOW_POINT_PIPE_LOC_IND, INT_ELLOW_LOC_IND, INT_DROP_OUT_LOC_IND
☐ Low point in pipe ☐ Elbow ☐ Drop-out
☐ Other **INT_OTHER_LOC_IND, CORROSION_LOCATION_DETAILS**
10. Was the gas/fluid treated with corrosion inhibitors or biocides? ☐ Yes ☐ No **CORROSION_INHIBITORS**
11. Was the interior coated or lined with protective coating? ☐ Yes ☐ No **CORROSION_LINING**
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?
☐ Not applicable - Not mainline pipe ☐ Yes ☐ No **CLEANING_DEWATERING**
13. Were corrosion coupons routinely utilized?
☐ Not applicable - Not mainline pipe ☐ Yes ☐ No **CORROSION_COUPONS**

Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld

COR_INSPECT_TOOL_COLLECTED_IND

14. Has one or more internal inspection tool collected data at the point of the Incident?

☐ Yes ☐ No

14.a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

☐ Magnetic Flux Leakage Tool **COR_MAGNETIC_FLUX_LEAKAGE_IND**

____/____/____/____/____

COR_MAGNETIC_FLUX_LEAKAGE_YEAR

☐ Ultrasonic **COR_ULTRASONIC_IND**

____/____/____/____/____

COR_ULTRASONIC_YEAR

☐ Geometry **COR_GEOMETRY_IND**

____/____/____/____/____

COR_GEOMETRY_YEAR

☐ Caliper **COR_CALIPER_IND**

____/____/____/____/____

COR_CALIPER_YEAR

☐ Crack **COR_CRACK_IND**

____/____/____/____/____

COR_CRACK_YEAR

☐ Hard Spot **COR_HARDSPOT_IND**

____/____/____/____/____

COR_HARDSPOT_YEAR

☐ Combination Tool **COR_COMBINATION_TOOL_IND**

____/____/____/____/____

COR_COMBINATION_TOOL_YEAR

☐ Transverse Field/Triaxial **COR_TRANSVERSE_FIELD_IND**

____/____/____/____/____

COR_TRANSVERSE_FIELD_YEAR

☐ Other **COR_INSPECTION_OTHER_IND**

____/____/____/____/____

COR_INSPECTION_OTHER_YEAR

COR_INSPECTION_OTHER_DETAILS

COR_HYDROTEST_CONDUCTED_IND

15. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?

☐ Yes ☒ No Most recent year tested: ____/____/____/____/____ Test pressure (psig): ____/____/____/____/____

☐ No

COR_HYDROTEST_CONDUCTED_YEAR

COR_HYDROTEST_PRESSURE

COR_DIRECT_INSPECTION_TYPE

16. Has one or more Direct Assessment been conducted on this segment?

COR_DIRECT_YES_DIG_YEAR

☐ Yes, and an investigative dig was conducted at the point of the Incident ☒ No Most recent year conducted: ____/____/____/____/____

☐ Yes, but the point of the Incident was not identified as a dig site ☒ No Most recent year conducted: ____/____/____/____/____

☐ No

COR_DIRECT_YES_NO_DIG_YEAR

COR_NON_DESTRUCTIVE_IND

17. Has one or more non-destructive examination been conducted at the point of the Incident since January 21, 2002?

☐ Yes ☐ No

17.a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

☐ Radiography

____/____/____/____/____

COR_RADIOGRAPHY_IND, COR_RADIOGRAPHY_YEAR

☐ Guided Wave Ultrasonic

____/____/____/____/____

COR_GUIDED_WAVE_IND, COR_GUIDED_WAVE_YEAR

☐ Handheld Ultrasonic Tool

____/____/____/____/____

COR_HANDHELD_ULTRA_IND, COR_HANDHELD_ULTRA_YEAR

☐ Wet Magnetic Particle Test

____/____/____/____/____

COR_WET_MAGNETIC_IND, COR_WET_MAGNETIC_YEAR

☐ Dry Magnetic Particle Test

____/____/____/____/____

COR_DRY_MAGNETIC_IND, COR_DRY_MAGNETIC_YEAR

☐ Other **COR_NON_DEST_DETAILS**

____/____/____/____/____

COR_NON_DEST_OTHER_IND, COR_NON_DEST_OTHER_YEAR

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

2. Specify: ☐ Washout/Scouring ☐ Flotation ☐ Mudslide ☐ Other **NF_OTHER_DETAILS**

☐ 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

☐ Other Natural Force Damage

5. Describe: **NF_OTHER_DETAILS**

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**

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 Questions 1-5 ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is Pipe or Weld.

1. Has one or more internal inspection tool collected data at the point of the Incident?
☐ Yes ☐ No **EX_INSPECT_TOOL_COLLECTED_IND**

1.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

EX_MAGNETIC_FLUX_LEAKAGE_IND	⇒ <input type="radio"/> Magnetic Flux Leakage	EX_MAGNETIC_FLUX_LEAKAGE_YEAR	____/____/____/____/____
EX_ULTRASONIC_IND	⇒ <input type="radio"/> Ultrasonic	EX_ULTRASONIC_YEAR	____/____/____/____/____
EX_GEOMETRY_IND	⇒ <input type="radio"/> Geometry	EX_GEOMETRY_YEAR	____/____/____/____/____
EX_CALIPER_IND	⇒ <input type="radio"/> Caliper	EX_CALIPER_YEAR	____/____/____/____/____
EX_CRACK_IND	⇒ <input type="radio"/> Crack	EX_CRACK_YEAR	____/____/____/____/____
EX_HARDSPOT_IND	⇒ <input type="radio"/> Hard Spot	EX_HARDSPOT_YEAR	____/____/____/____/____
EX_COMBINATION_TOOL_IND	⇒ <input type="radio"/> Combination Tool	EX_COMBINATION_TOOL_YEAR	____/____/____/____/____
EX_TRANSVERSE_FIELD_IND	⇒ <input type="radio"/> Transverse Field/Triaxial	EX_TRANSVERSE_FIELD_YEAR	____/____/____/____/____
EX_INSPECTION_OTHER_IND	⇒ <input type="radio"/> Other EX_INSPECTION_OTHER_DETAILS	EX_INSPECTION_OTHER_YEAR	____/____/____/____/____

2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? ☐ Yes ☐ No **EX_BEFORE_DAMAGE**

3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? **EX_HYDROTEST_CONDUCTED_IND**

☐ Yes ⇒ Most recent year tested: **EX_HYDROTEST_CONDUCTED_YEAR** ____/____/____/____/____
Test pressure (psig): **EX_HYDROTEST_PRESSURE** ____/____/____/____/____
☐ No **EX_DIRECT_INSPECTION_TYPE**

4. Has one or more Direct Assessment been conducted on the pipeline segment?

☐ Yes, and an investigative dig was conducted at the point of the Incident
⇒ Most recent year conducted: **EX_DIRECT_YES_DIG_YEAR** ____/____/____/____/____
☐ Yes, but the point of the Incident was not identified as a dig site
⇒ Most recent year conducted: **EX_DIRECT_YES_NO_DIG_YEAR** ____/____/____/____/____
☐ No

5. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002? **EX_NON_DESTRUCTIVE_IND**

☐ Yes ☐ No

5.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

EX_RADIOGRAPHY_IND	⇒ <input type="radio"/> Radiograph	EX_RADIOGRAPHY_YEAR	____/____/____/____/____
EX_GUIDED_WAVE_IND	⇒ <input type="radio"/> Guided Wave Ultrasonic	EX_GUIDED_WAVE_YEAR	____/____/____/____/____
EX_HANDHELD_ULTRA_IND	⇒ <input type="radio"/> Handheld Ultrasonic Tool	EX_HANDHELD_ULTRA_YEAR	____/____/____/____/____
EX_WET_MAGNETIC_IND	⇒ <input type="radio"/> Wet Magnetic Particle Test	EX_WET_MAGNETIC_YEAR	____/____/____/____/____
EX_DRY_MAGNETIC_IND	⇒ <input type="radio"/> Dry Magnetic Particle Test	EX_DRY_MAGNETIC_YEAR	____/____/____/____/____
EX_NON_DEST_OTHER_IND	⇒ <input type="radio"/> Other EX_NON_DEST_OTHER_DETAILS	EX_NON_DEST_OTHER_YEAR	____/____/____/____/____

Complete the following if Excavation Damage by Third Party is selected as the sub-cause.

6. Did the operator get prior notification of the excavation activity? ☐ Yes ☐ No **PRIOR_NOTIFICATION_IND**

6.a If Yes, Notification received from: (select all that apply) ☐ One-Call System ☐ Excavator ☐ Contractor ☐ Landowner
ONE_CALL_SYSTEM_IND EXCAVATOR_IND CONTRACTOR_IND LANDOWNER_IND

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

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

8. 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 ➡ Specify: ☐ Private Landowner ☐ Private Business ☐ Private Easement **PRIVATE_ROW_IND, PRIVATE_SUBTYPE**
- ☐ 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**
- ☐ Data not collected **DATA_NOT_COLLECTED_ROW_IND**
- ☐ Unknown/Other **UNKNOWN_ROW_IND**

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

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

EXCAVATOR_EQUIPMENT

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

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

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
- ☐ Data not collected ☐ Unknown/Other

ONE_CALL_NOTIFIED_IND

12. Was the One-Call Center notified? ☐ Yes ☐ No

ONE_CALL_TICKET_NUM

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

*12.b 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

LOCATOR_TYPE

13. Type of Locator: ☐ Utility Owner ☐ Contract Locator ☐ Data not collected ☐ Unknown/Other

VISIBLE_MARKS

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

FACILITIES_MARKED

15. Were facilities marked correctly? ☐ No ☐ Yes ☐ Data not collected ☐ Unknown/Other

SERVICE_INTERRUPTION

16. Did the damage cause an interruption in service? ☐ No ☐ Yes ☐ Data not collected ☐ Unknown/Other

16.a If Yes, specify duration of the interruption: / / / / / hours **SERVICE_INTERRUPTION_HOURS**

(This CGA-DIRT section continued on next page with Question 17.)

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

ONE_CALL_SUBTYPE

- ☐ One-Call Notification Practices Not Sufficient: (select only one)
- ☐ No notification made to the One-Call Center
 - ☐ Notification to One-Call Center made, but not sufficient
 - ☐ Wrong information provided

LOCATING_SUBTYPE

- ☐ Locating Practices Not Sufficient: (select only one)
- ☐ Facility could not be found/located
 - ☐ Facility marking or location not sufficient
 - ☐ Facility was not located or marked
 - ☐ Incorrect facility records/maps

EXCAVATION_SUBTYPE

- ☐ Excavation Practices Not Sufficient: (select only one)
- ☐ Excavation practices not sufficient (other)
 - ☐ Failure to maintain clearance
 - ☐ Failure to maintain the marks
 - ☐ Failure to support exposed facilities
 - ☐ Failure to use hand tools where required
 - ☐ Failure to verify location by test-hole (pot-holing)
 - ☐ Improper backfilling

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

☐ Other / None of the Above (explain)

ROOT_CAUSE_OTHER

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

[illegible]

<div>OSF_RADIOGRAPHY_IND</div> <div>OSF_GUIDED_WAVE_IND</div> <div>OSF_HANDHELD_ULTRA_IND</div> <div>OSF_WET_MAGNETIC_IND</div> <div>OSF_DRY_MAGNETIC_IND</div> <div>OSF_NON_DEST_OTHER_IND</div>	<p>7. Has one or more non-destructive examination been conducted at the point of the Incident since January 1, 2002? OSF_NON_DESTRUCTIVE_IND</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>7.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:</p> <div> <div>⇒ <input type="radio"/> Radiography</div> <div>_____ OSF_RADIOGRAPHY_YEAR</div> </div> <div> <div>⇒ <input type="radio"/> Guided Wave Ultrasonic</div> <div>_____ OSF_GUIDED_WAVE_YEAR</div> </div> <div> <div>⇒ <input type="radio"/> Handheld Ultrasonic Tool</div> <div>_____ OSF_HANDHELD_ULTRA_YEAR</div> </div> <div> <div>⇒ <input type="radio"/> Wet Magnetic Particle Test</div> <div>_____ OSF_WET_MAGNETIC_YEAR</div> </div> <div> <div>⇒ <input type="radio"/> Dry Magnetic Particle Test</div> <div>_____ OSF_DRY_MAGNETIC_YEAR</div> </div> <div> <div>⇒ <input type="radio"/> Other</div> <div>OSF_NON_DEST_OTHER_DETAILS _____ OSF_NON_DEST_OTHER_YEAR</div> </div>
<div><input type="checkbox"/> Intentional Damage</div>	<p>8. Specify: INTENTIONAL_SUBTYPE</p> <div> <div><input type="radio"/> Vandalism</div> <div><input type="radio"/> Terrorism</div> </div> <div> <div><input type="radio"/> Theft of transported commodity</div> <div><input type="radio"/> Theft of equipment</div> </div> <div> <div><input type="radio"/> Other</div> <div>INTENTIONAL_DETAILS _____</div> </div>
<div><input type="checkbox"/> Other Outside Force Damage</div>	<p>9. Describe: OSF_OTHER_DETAILS _____</p>

G5 - Material Failure of Pipe or Weld		Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."	
		Only one sub-cause can be picked from shaded left-hand column	
<p>1. The sub-cause selected below is based on the following: <i>(select all that apply)</i></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FIELD_EXAM_IND Field Examination <input type="checkbox"/> METALLURGICAL_IND Determined by Metallurgical Analysis </div> <div> <input type="checkbox"/> Other Analysis OTHER_ANALYSIS_IND, OTHER_ANALYSIS_DETAILS </div> </div> <input type="checkbox"/> STILL_UNDER_INVEST_IND Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i>			
<input type="checkbox"/> PWJF_FAILURE_TYPE Construction-, Installation-, or Fabrication-related	FATIGUE_VIBR_RELATED_1, FATIGUE_VIBR_RELATED_2 <p>2. List contributing factors: <i>(select all that apply)</i></p> <input type="checkbox"/> Fatigue- or Vibration-related: FAILURE_SUBTYPE_1, FAILURE_SUBTYPE_2 <div style="margin-left: 20px;"> <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 FATIGUE_VIBR_RELATED_OTHER_1, FATIGUE_VIBR_RELATED_OTHER_2 </div> <input type="checkbox"/> Mechanical Stress MECHANICAL_STRESS_1, MECHANICAL_STRESS_2 <input type="checkbox"/> Other OTHER_FACTOR_1, OTHER_FACTOR_2, OTHER_FACTOR_DETAILS_1, OTHER_FACTOR_DETAILS_2		
<input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)			
<input type="checkbox"/> Environmental Cracking-related	STRESS_SUBTYPE <p>3. Specify: <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Sulfide Stress Cracking <input type="radio"/> Hydrogen Stress Cracking <input type="radio"/> Other STRESS_DETAILS</p>		
<p>Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.</p> <p>ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND, ADDITIONAL_PIPE_BEND_IND, ADDITIONAL_ARC_BURN_IND, ADDITIONAL_CRACK_IND, ADDITIONAL_LACK_FUSION_IND, ADDITIONAL_LAMINATION_IND, ADDITIONAL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND, PWF_ADDITIONAL_MISALIGN_IND, ADDITIONAL_BURNT_STEEL_IND</p> <p>4. Additional factors <i>(select all that apply)</i>: <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 <input type="radio"/> Lamination <input type="radio"/> Buckle <input type="radio"/> Wrinkle <input type="radio"/> Misalignment <input type="radio"/> Burnt Steel <input type="radio"/> Other PWF_ADDITIONAL_OTHER_IND, ADDITIONAL_OTHER_DETAILS</p> <p>5. Has one or more internal inspection tool collected data at the point of the Incident? <input type="radio"/> Yes <input type="radio"/> No PWF_INSPECT_TOOL_COLLECTED_IND</p> <p>5.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PWF_MAGNETIC_FLUX_LEAKAGE_IND</p> <input type="radio"/> Magnetic Flux Leakage Tool / / / / / PWF_MAGNETIC_FLUX_LEAKAGE_YEAR <input type="radio"/> Ultrasonic PWF_ULTRASONIC_IND / / / / / PWF_ULTRASONIC_YEAR <input type="radio"/> Geometry PWF_GEOMETRY_IND / / / / / PWF_GEOMETRY_YEAR <input type="radio"/> Caliper PWF_CALIPER_IND / / / / / PWF_CALIPER_YEAR <input type="radio"/> Crack PWF_CRACK_IND / / / / / PWF_CRACK_YEAR <input type="radio"/> Hard Spot PWF_HARD_SPOT_IND / / / / / PWF_HARD_SPOT_YEAR <input type="radio"/> Combination Tool / / / / / PWF_COMBINATION_TOOL_IND, PWF_COMBINATION_TOOL_YEAR <input type="radio"/> Transverse Field/Triaxial / / / / / PWF_TRANSVERSE_FIELD_IND, PWF_TRANSVERSE_FIELD_YEAR <input type="radio"/> Other PWF_INSPECTION_OTHER_IND, PWF_INSPECTION_OTHER_YEAR, PWF_INSPECTION_OTHER_DETAILS </div> <div style="width: 45%;"></div> </div> <p>6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? PWF_HYDROTEST_CONDUCTED_IND</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Yes ⇒ *Most recent year tested: / / / / / *Test pressure (psig): / / / / / <input type="radio"/> No PWF_HYDROTEST_CONDUCTED_YEAR, PWF_HYDROTEST_PRESSURE </div> <div></div> </div> <p>PWF_DIRECT_INSPECTION_TYPE</p> <p>7. Has one or more Direct Assessment been conducted on the pipeline segment? PWF_DIRECT_YES_DIG_YEAR</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Yes, and an investigative dig was conducted at the point of the Incident ⇒ Most recent year conducted: / / / / / <input type="radio"/> Yes, but the point of the incident was not identified as a dig site ⇒ Most recent year conducted: / / / / / <input type="radio"/> No PWF_DIRECT_YES_NO_DIG_YEAR </div> <div></div> </div> <p>8. Has one or more non-destructive examination(s) been conducted at the point of the Incident since January 1, 2002?</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Yes <input type="radio"/> No PWF_NON_DESTRUCTIVE_IND </div> <div></div> </div> <p>8.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Radiography / / / / / PWF_RADIOGRAPHY_IND, PWF_RADIOGRAPHY_YEAR <input type="radio"/> Guided Wave Ultrasonic / / / / / PWF_GUIDED_WAVE_IND, PWF_GUIDED_WAVE_YEAR <input type="radio"/> Handheld Ultrasonic Tool / / / / / PWF_HANDHELD_ULTRA_IND, PWF_HANDHELD_ULTRA_YEAR <input type="radio"/> Wet Magnetic Particle Test / / / / / PWF_WET_MAGNETIC_IND, PWF_WET_MAGNETIC_YEAR <input type="radio"/> Dry Magnetic Particle Test / / / / / PWF_DRY_MAGNETIC_IND, PWF_DRY_MAGNETIC_YEAR <input type="radio"/> Other PWF_NON_DEST_OTHER_IND, PWF_NON_DEST_OTHER_YEAR, PWF_NON_DEST_OTHER_DETAILS </div> <div style="width: 45%;"></div> </div>			

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

<p>EQ_FAILURE_TYPE</p> <p><input type="checkbox"/> Malfunction of Control/Relief Equipment</p> <p>RELIEF_VALVE_IND PRESSURE_REGULATOR_IND OTHER_CONTROL_RELIEF_IND</p>	<p>CONTROL_VALVE_IND, INSTRUMENTATION_IND, SCADA_IND, COMMUNICATIONS_IND</p> <p>1. Specify: (select all that apply) BLOCK_VALVE_IND, CHECK_VALVE_IND</p> <p><input type="radio"/> Control Valve <input type="radio"/> Instrumentation <input type="radio"/> SCADA</p> <p><input type="radio"/> Communications <input type="radio"/> Block Valve <input type="radio"/> Check Valve</p> <p><input type="radio"/> Relief Valve <input type="radio"/> Power Failure <input type="radio"/> Stopp/Control Fitting</p> <p><input type="radio"/> Pressure Regulator <input type="radio"/> ESD System Failure</p> <p><input type="radio"/> Other OTHER_CONTROL_RELIEF_DETAILS, ESD_SYSTEM_FAILURE_IND</p>
<p><input type="checkbox"/> Compressor or Compressor-related Equipment</p>	<p>OTHER_PUMP_IND</p> <p>2. Specify: <input type="radio"/> Seal/Packing Failure <input type="radio"/> Body Failure <input type="radio"/> Crack in Body</p> <p><input type="radio"/> Appurtenance Failure <input type="radio"/> Pressure Vessel Failure</p> <p><input type="radio"/> Other OTHER_PUMP_DETAILS</p>
<p><input type="checkbox"/> Threaded Connection/Coupling Failure</p>	<p>OTHER_STRIPPED_IND</p> <p>3. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Mechanical Coupling</p> <p><input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting</p> <p><input type="radio"/> Other OTHER_STRIPPED_DETAILS</p>
<p><input type="checkbox"/> Non-threaded Connection Failure</p>	<p>OTHER_NON_THREADED_IND</p> <p>4. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Seal (NOT compressor seal) or Packing</p> <p><input type="radio"/> Other OTHER_NON_THREADED_DETAILS</p>
<p><input type="checkbox"/> Defective or Loose Tubing or Fitting</p>	
<p><input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material</p>	
<p><input type="checkbox"/> Other Equipment Failure</p>	<p>5. Describe: EQ_FAILURE_DETAILS</p> <p>_____</p>

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

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

- | | |
|--|---|
| <input type="radio"/> Excessive vibration | ADDITIONAL_VIBRATION_IND |
| <input type="radio"/> Overpressurization | ADDITIONAL_OVERPRESSURE_IND |
| <input type="radio"/> No support or loss of support | ADDITIONAL_SUPPORT_IND |
| <input type="radio"/> Manufacturing defect | ADDITIONAL_DEFECT_IND |
| <input type="radio"/> Loss of electricity | ADDITIONAL_ELECTRICITY_IND |
| <input type="radio"/> Improper installation | ADDITIONAL_INSTALLATION_IND |
| <input type="radio"/> Mismatched items (different manufacturer for tubing and tubing fittings) | ADDITIONAL_MISMATCH_IND |
| <input type="radio"/> Dissimilar metals | ADDITIONAL_DISSIMILAR_IND |
| <input type="radio"/> Breakdown of soft goods due to compatibility issues with transported gas/fluid | ADDITIONAL_BREAKDOWN_IND |
| <input type="radio"/> Valve vault or valve can contributed to the release | ADDITIONAL_VALVE_IND |
| <input type="radio"/> Alarm/status failure | ADDITIONAL_ALARM_IND |
| <input type="radio"/> Misalignment | EQ_ADDITIONAL_MISALIGN_IND |
| <input type="radio"/> Thermal stress | EQ_ADDITIONAL_THERMAL_IND |
| <input type="radio"/> Other _____ | EQ_ADDITIONAL_OTHER_IND, EQ_ADDITIONAL_OTHER_DETAILS |

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

<input type="checkbox"/> OPERATION_TYPE Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
<input type="checkbox"/> Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	OVERFLOW_OTHER_IND 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 OVERFLOW_OTHER_DETAILS _____
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an 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: OPERATION_DETAILS _____

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

3. 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** _____
4. 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**
5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? ☐ Yes ☐ No
- 5.a 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 picked from shaded left-hand column

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

(Attach additional sheets as necessary)

[illegible]

PREPARER_NAME Preparer's Name (type or print)		PREPARER_TELEPHONE Preparer's Telephone Number	
PREPARER_TITLE Preparer's Title (type or print)			
PREPARER_EMAIL Preparer's E-mail Address		PREPARER_FAX Preparer's Facsimile Number	
AUTHORIZER_NAME Authorized Signer Name		PREPARED_DATE Date	AUTHORIZER_TELEPHONE Authorized Signer Telephone Number
AUTHORIZER_TITLE Authorized Signer Title			AUTHORIZER_EMAIL Authorized Signer E-mail Address

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

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
SIGNIFICANT	<i>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 then SIGNIFICANT='YES', else SIGNIFICANT='NO'.</i>
IYEAR	<i>Year accident occurred, derived from accident date</i>
EST_COST_OPER_PAID_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_INTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_GAS_RELEASED_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_PROP_DAMAGE_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_EMERGENCY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_OTHER_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
TOTAL_COST_IN84	<i>Converted Property Damage to 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
STHH	<i>Elapsed Time Until Area Was Made Safe / Hours</i>
MAP_CAUSE	<i>Cause by PHMSA for 20 year accident trending</i>
MAP_SUBCAUSE	<i>SubCause by PHMSA for 20 year accident 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>