OMB NO: 2137-0047

EXPIRATION DATE: 7/31/2015

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

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

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

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

2. Name of Operator: **NAME**

3. 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**

4. Local time *(24-hr clock)* and date of the Accident:
LOCAL_DATETIME
/ / / / / / / / / / /
Hour   Month   Day   Year

5. Location of Accident:
Latitude: / / . / / / / / **LOCATION_LATITUDE**
Longitude: - / / / . / / / / **LOCATION_LONGITUDE**

6. National Response Center Report Number (if applicable):
/ / / / / / **NRC_RPT_NUM**

7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if applicable): **NRC_RPT_DATETIME**
/ / / / / / / / / / /
Hour   Month   Day   Year

8. Commodity released: *(select only one, based on predominant volume released)* **COMMODITY_RELEASED_TYPE**

☐ Crude Oil **COMMODITY_SUBTYPE**

☐ Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions
○ Gasoline (non-Ethanol)   ○ Diesel, Fuel Oil, Kerosene, Jet Fuel
○ Mixture of Refined Products (transmix or other mixture)
○ Other ⇒ Name: **COMMODITY_DETAILS**

☐ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions
○ Anhydrous Ammonia
○ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)
○ Other HVL ⇒ Name: **COMMODITY_DETAILS**

☐ CO_2 (Carbon Dioxide)

☐ Biofuel / Alternative Fuel (including ethanol blends) **BLEND_DETAILS**
○ Fuel Grade Ethanol **BLEND_DETAILS**   ○ Ethanol Blend ⇒ % Ethanol: / / /
○ Biodiesel ⇒ Blend (e.g. B2, B20, B100): B/ / / /   ○ Other ⇒ Name: **BIO_DIESEL_DETAILS**

9. Estimated volume of commodity released unintentionally: **UNINTENTIONAL_RELEASE_BBLS**
/ / / / ,/ / / / ./ / / Barrels

10. Estimated volume of intentional and/or controlled release/blowdown: **INTENTIONAL_RELEASE_BBLS**
(only reported for HVL and CO_2 Commodities)
/ / / / ,/ / / / ./ / / Barrels

11. Estimated volume of commodity recovered: **RECOVERED_BBLS**
/ / / / ,/ / / / ./ / / Barrels

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

If Yes, specify the number in each category:

12.a Operator employees **NUM_EMP_FATALITIES** / / / /

12.b Contractor employees **NUM_CONTR_FATALITIES**
working for the Operator / / / /

12.c Non-Operator **NUM_ER_FATALITIES**
emergency responders / / / /

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

12.e General public **NUM_GP_FATALITIES** / / / /

12.f Total fatalities (sum of above) / / / /
FATAL

13. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No **INJURY_IND**

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

13.a Operator employees / / / /

13.b Contractor employees **NUM_CONTR_INJURIES**
working for the Operator / / / /

13.c Non-Operator **NUM_ER_INJURIES**
emergency responders / / / /

13.d Workers working on the **NUM_WORKER_INJURIES**
right-of-way, but NOT
associated with this Operator / / / /

13.e General public **NUM_GP_INJURIES** / / / /

13.f Total injuries (sum of above) / / / /
INJURE

14. Was the pipeline/facility shut down due to the Accident? **SHUTDOWN_DUE_ACCIDENT_IND**

○ Yes   ○ No ⇒ Explain: _____ **SHUTDOWN_EXPLAIN**

If Yes, complete Questions 14.a and 14.b: *(use local time, 24-hr clock)*

14.a Local time and date of shutdown **SHUTDOWN_DATETIME** / / / / / / / / / / /
Hour   Month   Day   Year

14.b Local time pipeline/facility restarted **RESTART_DATETIME** / / / / / / / / / / / ○ Still shut down* **STILL_SHUTDOWN_IND**
Hour   Month   Day   Year   *(*Supplemental Report required)*

15. Did the commodity ignite?   ○ Yes   ○ No **IGNITE_IND**

16. Did the commodity explode?   ○ Yes   ○ No **EXPLODE_IND**

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

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

INCIDENT_IDENTIFIED_DATETIME

18.a Local time Operator identified failure / / / / / / / / / / / / /
Hour   Month   Day   Year

18.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 Accident onshore? **ON_OFF_SHORE**
    ○ Yes *(Complete Questions 2-12)*   ○ No *(Complete Questions 13-15)*

If **Onshore**:	If **Offshore**:

If Onshore:

ONSHORE_STATE_ABBREVIATION
2. State: / / /

ONSHORE_POSTAL_CODE
3. Zip Code: / / / / / - / / / /

4. **ONSHORE_CITY_NAME**   5 **ONSHORE_COUNTY_NAME**
   City   County or Parish

DESIGNATED_LOCATION
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 Accident on Federal land, other than the Outer Continental Shelf (OCS)? ○ Yes ○ No **FEDERAL**

10. Location of Accident: *(select only one)* **LOCATION_TYPE**
    ☐ Totally contained on Operator-controlled property
    ☐ Originated on Operator-controlled property, but then flowed or migrated off the property
    ☐ Pipeline right-of-way

INCIDENT_AREA_TYPE
11. Area of Accident (as found): *(select only one)*
    INCIDENT_AREA_SUBTYPE
    ☐ Tank, 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**

CROSSING
12. Did Accident occur in a crossing?: ○ Yes   ○ No
    If Yes, specify type below:
    ☐ Bridge crossing ⇨ Specify: ○ Cased ○ Uncased ⇨ **BRIDGE_CROSSING_IND, BRIDGE_TYPE**
    ☐ Railroad crossing ⇨ *(select all that apply)* ⇨ **RAILROAD_CROSSING_IND, RAILROAD_TYPE**
       ○ Cased ○ Uncased ○ Bored/drilled
    ☐ Road crossing ⇨ *(select all that apply)* ⇨ **ROAD_CROSSING_IND, ROAD_TYPE**
       ○ Cased ○ Uncased ○ Bored/drilled
    ☐ Water crossing ⇨ **WATER_CROSSING_IND, WATER_TYPE**
      ⇨ Specify: ○ Cased ○ Uncased
      Name of body of water, if commonly known:
      WATER_NAME
      Approx. water depth (ft) at the point of the Accident:
      / /,/ / / **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 Accident:
    / / /,/ / / **OFF_WATER_DEPTH**

14. Origin of Accident: **OFF_ACCIDENT_ORIGIN**
    ☐ In State waters **OFFSHORE_STATE_ABBREVIATION**
      ⇨ Specify: State: / / /
        Area: **OFF_INSTATE_AREA**
        OFF_INSTATE_BLOCK
        Block/Tract #: / / / / /
        Nearest County/Parish: **OFFSHORE_COUNTY_NAME**
    ☐ On the Outer Continental Shelf (OCS)
      ⇨ Specify: Area: **OFF_OCS_AREA**
        OFF_OCS_BLOCK
        Block #: / / / / /

15. Area of Accident: *(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

PART C – ADDITIONAL FACILITY INFORMATION	

1. Is the pipeline or facility: **PIPE_FACILITY_TYPE**
   - ☐ Interstate
   - ☐ Intrastate

2. Part of system involved in Accident: *(select only one)* **SYSTEM_PART_INVOLVED**   **SYSTEM_SUBPART_INVOLVED**
   - ☐ Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances ⟹ ○ Atmospheric or Low Pressure
                                                                                              ○ Pressurized
   - ☐ Onshore Terminal/Tank Farm Equipment and Piping
   - ☐ Onshore Equipment and Piping Associated with Belowground Storage
   - ☐ Onshore Pump/Meter Station Equipment and Piping
   - ☐ Onshore Pipeline, Including Valve Sites
   - ☐ Offshore Platform/Deepwater Port, Including Platform-mounted Equipment and Piping
   - ☐ Offshore Pipeline, Including Riser and Riser Bend

3. Item involved in Accident: *(select only one)* **ITEM_NVOLVED**
   - **PIPE_TYPE**
   - ☐ Pipe ⟹ Specify: ○ Pipe Body   ○ Pipe Seam
     - 3.a Nominal diameter of pipe (in): /   /   /./   /   /   /   **PIPE_DIAMETER**
     - 3.b Wall thickness (in): /   /./   /   /   /   **PIPE_WALL_THICKNESS**
     - 3.c SMYS (Specified Minimum Yield Strength) of pipe (psi): /   /   /   /,/   /   /   /   **PIPE_SMYS**
     - 3.d Pipe specification: _____ **PIPE_SPECIFICATION**
     - 3.e Pipe Seam ⟹ Specify: ○ Longitudinal ERW - High Frequency   ○ Single SAW   ○ Flash Welded
       - **PIPE_SEAM_TYPE**   ○ Longitudinal ERW - Low Frequency   ○ DSAW   ○ Continuous Welded
       - ○ Longitudinal ERW – Unknown Frequency   ○ Furnace Butt Welded
       - ○ Spiral Welded ERW   ○ Spiral Welded SAW   ○ Spiral Welded DSAW
       - ○ Lap Welded   ○ Seamless   ○ 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 Accident   **PIPE_COATING_TYPE**
       - ⟹ Specify: ○ Fusion Bonded Epoxy   ○ Coal Tar   ○ Asphalt   ○ Polyolefin
       - ○ Extruded Polyethylene   ○ Field Applied Epoxy   ○ Cold Applied Tape   ○ Paint
       - **WELD_SUBTYPE**   ○ Composite   ○ None   ○ Other _____ **PIPE_COATING_DETAILS**
   - ☐ Weld, including heat-affected zone ⟹ Specify: ○ Pipe Girth Weld   ○ Other Butt Weld   ○ Fillet Weld   ○ 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 Accident.
   - **VALVE_TYPE**   **VALVE_MAINLINE_TYPE**
   - ☐ Valve   ○ Mainline ⟹ Specify: ○ Butterfly   ○ Check   ○ Gate   ○ Plug   ○ Ball   ○ Globe
     - ○ Other _____ **VALVE_MAINLINE_DETAILS**
     - 3.i Mainline valve manufacturer: _____ **VALVE_MANUFACTURER**
     - 3.j Year of manufacture: /   /   /   /   **VALVE_MANUFACTURE_YEAR**
     - ○ Relief Valve
     - ○ Auxiliary or Other Valve
   - ☐ Pump
   - ☐ Meter/Prover
   - ☐ Scraper/Pig Trap
   - ☐ Sump/Separator
   - ☐ Repair Sleeve or Clamp
   - ☐ Hot Tap Equipment
   - ☐ Stopple Fitting
   - ☐ Flange
   - ☐ Relief Line
   - ☐ Auxiliary Piping (e.g. drain lines)
   - ☐ Tubing
   - ☐ Instrumentation
   - ☐ Tank/Vessel ⟹ Specify: ○ Single Bottom System   ○ Double Bottom System   ○ Tank Shell   ○ Chime
     - **TANK_VESSEL_SUBTYPE**   ○ Roof/Roof Seal   ○ Roof Drain System   ○ Mixer   ○ Pressure Vessel Head or Wall
     - ○ Appurtenance   ○ Other _____ **TANK_VESSEL_DETAILS**
   - ☐ Other _____ **ITEM_INVOLVED_DETAILS**

4. Year item involved in Accident was installed: /   /   /   /   **INSTALLATION_YEAR**

5. Material involved in Accident: *(select only one)*   **MATERIAL_INVOLVED**
   ☐ Carbon Steel
   ☐ Material other than Carbon Steel ⇨ Specify: _____   **MATERIAL_DETAILS**

   RELEASE_TYPE
6. Type of Accident involved: *(select only one)*
   ☐ Mechanical Puncture ⇨ Approx. size: /__/__/__/./__/in. (axial) by /__/__/__/./__/in. (circumferential)   **PUNCTURE_AXIAL**   **PUNCTURE_CIRCUM**

   LEAK_TYPE
   ☐ Leak ⇨ Select Type: ○ Pinhole   ○ Crack   ○ Connection Failure   ○ Seal or Packing   ○ Other   **LEAK_TYPE_OTHER**

   RUPTURE_ORIENT
   ☐ Rupture ⇨ Select Orientation: ○ Circumferential   ○ Longitudinal   ○ Other   **RUPTURE_DETAILS**   _____
   Approx. size: /__/__/__/./__/ in. (widest opening) by /__/__/__/7/./__/in. (length circumferentially or axially)   **RUPTURE_WIDTH**   **RUPTURE_LENGTH**

   ☐ Overfill or Overflow
   ☐ Other ⇨ Describe: _____   **RELEASE_TYPE_DETAILS**

PART D – ADDITIONAL CONSEQUENCE INFORMATION

1. Wildlife impact: ○ Yes   ○ No   **WILDLIFE_IMPACT_IND**
   1.a If Yes, specify all that apply:
       ☐ Fish/aquatic   **FISH_AQUATIC_IMPACT_IND**
       ☐ Birds   **BIRDS_IMPACT_IND**
       ☐ Terrestrial   **TERRESTRIAL_IMPACT_IND**
2. Soil contamination: ○ Yes   ○ No   **SOIL_CONTAMINATION**
3. Long term impact assessment performed or planned: ○ Yes   ○ No   **LONG_TERM_ASSESSMENT**
4. Anticipated remediation: ○ Yes   ○ No (not needed)   **REMEDIATION_IND**
   4.a If Yes, specify all that apply:
   SURFACE_WATER_REMED_IND,   **GROUNDWATER_REMED_IND,**   **SOIL_REMED_IND,**   **VEGETATION_REMED_IND, WILDLIFE_REMED_IND**
       ☐ Surface water   ☐ Groundwater   ☐ Soil   ☐ Vegetation   ☐ Wildlife
   WATER_CONTAM_IND
5. Water contamination: ○ Yes ⇨ *(Complete 5.a – 5.c below)*   ○ No

   5.a Specify all that apply:
       ☐ Ocean/Seawater   **OCEAN_SEAWATER_IND**
       ☐ Surface   **SURFACE_CONTAM_IND**
       ☐ Groundwater   **GROUNDWATER_CONTAM_IND**
       ☐ Drinking water ⇨ *(Select one or both)* ○ Private Well   ○ Public Water Intake   **DRINKING_WATER_CONTAM_IND**   **PRIVATE_WELL_CONTAM_IND**   **PUBLIC_WATER_CONTAM_IND**
   5.b Estimated amount released in or reaching water: /__/__/__/,/__/__/__/./__/ / Barrels   **AMOUNT_RELEASED**
   5.c Name of body of water, if commonly known: _____   **REL_WATER_NAME**

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

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

   7.a If Yes, specify HCA type(s):   *(select all that apply)*
       ☐ Commercially Navigable Waterway   **COMMERCIALLY_NAV_IND**
       Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
       ○ Yes   ○ No   **COMMERCIALLY_NAV_YES_NO**

       ☐ High Population Area   **HIGH_POP_IND**
       Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
       ○ Yes   ○ No   **HIGH_POP_YES_NO**

       ☐ Other Populated Area   **OTHER_POP_IND**
       Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
       ○ Yes   ○ No   **OTHER_POP_YES_NO**

       ☐ Unusually Sensitive Area (USA) – Drinking Water   **USA_DRINKING_IND**
       Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
       ○ Yes   ○ No   **USA_DRINKING_YES_NO**

       ☐ Unusually Sensitive Area (USA) – Ecological   **USA_ECOLOGICAL_IND**
       Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
       ○ Yes   ○ No   **USA_ECOLOGICAL_YES_NO**

8. Estimated Property Damage:

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

    8.b Estimated cost of commodity lost   **EST_COST_GAS_RELEASED** $ / / / /,/ / / /,/ / / /

                              EST_COST_PROP_DAMAGE

    8.c Estimated cost of Operator's property damage & repairs $ / / / /,/ / / /,/ / / /

                              EST_COST_EMERGENCY

    8.d Estimated cost of Operator's emergency response $ / / / /,/ / / /,/ / / /

                            EST_COST_ENVIRONMENTAL

    8.e Estimated cost of Operator's environmental remediation $ / / / /,/ / / /,/ / / /

    8.f Estimated other costs   **EST_COST_OTHER** $ / / / /,/ / / /,/ / / /

            Describe   **EST_COST_OTHER_DETAILS** _____

    8.g Total estimated property damage (sum of above) **TOTAL_COST** $ / / / /,/ / / /,/ / / /

PART E – ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Accident (psig):   / / /,/ / / /   **ACCIDENT_PSIG**

2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig) :   / / /,/ / / /   **MOP_PSIG**

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

4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?
   - ☐ No   **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

          PHMSA_RESTRICTION_IND

    4.b Was this pressure restriction mandated by PHMSA or the State?   ○ PHMSA   ○ State   ○ Not mandated

5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?
   - ☐ No   **PART_C_QUESTION_2_IND**
   - ☐ Yes ⇨ *(Complete 5.a – 5.e below)*   **UPSTREAM_VALVE_TYPE_IND**

    5.a Type of upstream valve used to initially isolate release source: ○ Manual   ○ Automatic   ○ Remotely Controlled

          DOWNSTREAM_VALVE_TYPE_IND

    5.b Type of downstream valve used to initially isolate release source: ○ Manual   ○ Automatic   ○ Remotely Controlled

          ○ Check Valve

    5.c Length of segment initially isolated between valves (ft):   / / / /,/ / / /   **LENGTH_SEGMENT_ISOLATED**

    5.d Is the pipeline configured to accommodate internal inspection tools?   **INTERNAL_INSPECTION_IND**
   - ☐ Yes
   - ☐ No ⇨ Which physical features limit tool accommodation? *(select all that apply)*
     - ○ Changes in line pipe diameter   **DIAMETER_CHANGE_IND**
     - ○ Presence of unsuitable mainline valves   **UNSUITABLE_MAINLINE_IND**
     - ○ Tight or mitered pipe bends   **TIGHT_MITERED_IND**
     - ○ Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)   **OTHER_RESTRICTIONS_IND**
     - ○ Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)   **EXTRA_THICK_WALL_IND**
     - ○ Other ⇨ Describe: **OTHER_INSPECTION_IND** _____ **INTERNAL_INSPECTION_DETAILS** _____

    5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?
   - ☐ No   **OPERATION_COMPLICATIONS_IND**
   - ☐ Yes ⇨ Which operational factors complicate execution? *(select all that apply)*
     - ○ Excessive debris or scale, wax, or other wall build-up   **EXCESSIVE_DEBRIS_IND**
     - ○ Low operating pressure(s)   **LOW_OP_PRESSURE_IND**
     - ○ Low flow or absence of flow   **LOW_FLOW_IND**
     - ○ Incompatible commodity   **INCOMPAT_COMMOD_IND**
     - ○ Other ⇨ Describe: **OTHER_COMPLICATIONS_IND** _____ **INSPECT_COMP_DETAILS** _____

    5.f Function of pipeline system: *(select only one)*   **PIPELINE_FUNCTION**
   - ☐ > 20% SMYS Regulated Trunkline/Transmission   ☐ > 20% SMYS Regulated Gathering
   - ☐ ≤ 20% SMYS Regulated Trunkline/Transmission   ☐ ≤ 20% SMYS Regulated Gathering

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

☐ No   **SCADA_IN_PLACE_IND**

☐ Yes ⇨   6.a Was it operating at the time of the Accident?   ○ Yes   ○ No   **SCADA_OPERATING_IND**

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

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

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

☐ No   **CPM_IN_PLACE_IND**

☐ Yes ⇨   7.a Was it operating at the time of the Accident?   ○ Yes   ○ No   **CPM_OPERATING_IND**

       7.b Was it fully functional at the time of the Accident?   ○ Yes   ○ No   **CPM_FUNCTIONAL_IND**

       7.c Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?   ○ Yes   ○ No   **CPM_DETECTION_IND**

       7.d Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?   ○ Yes   ○ No   **CPM_CONF_IND**

8. How was the Accident initially identified for the Operator? *(select only one)*   **ACCIDENT_IDENTIFIER**

☐ CPM leak detection system or SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations)

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

☐ Controller   ☐ Local Operating Personnel, including contractors

☐ Air Patrol   ☐ Ground Patrol by Operator or its contractor

☐ Notification from Public   ☐ Notification from Emergency Responder

☐ Notification from Third Party that caused the Accident   ☐ Other   **ACCIDENT_DETAILS** _____

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

         ○ Operator employee   ○ Contractor working for the Operator

9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident? *(select only one)*   **INVESTIGATION_STATUS**

     ☐ Yes, but the investigation of the control room and/or controller actions has not yet been completed by the Operator *(Supplemental Report required)*

     ☐ No, the facility was not monitored by a controller(s) at the time of the Accident

     ☐ No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the Operator did not investigate)*   **INVESTIGATION_STATUS_DETAILS**

     _____
     _____
     _____

     ☐ Yes, specify investigation result(s): *(select all that apply)*

         ○ 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 Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **EMPLOYEE_DRUG_TEST_IND**

　　○ No
　　○ Yes ⇨ *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 Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **CONTRACTOR_DRUG_TEST_IND**

　　○ No
　　○ Yes ⇨ *2.a Specify how many were tested: ___/___/___ **NUM_CONTRACTORS_TESTED**
　　　　　　*2.b Specify how many failed: ___/___/___ **NUM_CONTRACTORS_FAILED**

PART G – APPARENT CAUSE **CAUSE, CAUSE_DETAILS**	*Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).*

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 Accident? **UNDER_CATHODIC_PROTECTION_IND** 　　　　　　　○ Yes ⇨ Year protection started: ___/___/___/___/ 　　　　　　　○ No　　　　　　**CATHODIC_PRO_START_YEAR** 　　　　　　4.b Was shielding, tenting, or disbonding of coating evident at the point of the Accident? **SHIELDING_EVIDENT** 　　　　　　　○ Yes　○ No 　　　　　　4.c Has one or more Cathodic Protection Survey been conducted at the point of the Accident? **CATHODIC_SURVEY_TYPE** **CP_ANNUAL_SURVEY_IND, _YEAR**　⇨　○ Yes, CP Annual Survey ⇨ Most recent year conducted: ___/___/___/___/ **CLOSE_INTERVAL_SURVEY_IND, _YEAR**　⇨　○ Yes, Close Interval Survey ⇨ Most recent year conducted: ___/___/___/___/ **OTHER_CP_SURVEY_IND, _YEAR**　⇨　○ Yes, Other CP Survey ⇨ Most recent year conducted: ___/___/___/___/ 　　　　　　　○ No 　　　　　　**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**

INT_CORROSIVE_COMMODITY_IND
INT_WATER_ACID_IND
INT_MICROBIOLOGICAL_IND
INT_EROSION_IND
INT_OTHER_CORROSION_IND

⇨

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)*
   ○ Corrosive Commodity   ○ Water drop-out/Acid   ○ Microbiological   ○ Erosion
   ○ Other _____ 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_ELBOW_LOC_IND,   INT_OTHER_LOC_IND
   ○ Low point in pipe   ○ Elbow   ○ Other _____ CORROSION_LOCATION_DETAILS _____

   CORROSION_INHIBITORS
10. Was the commodity treated with corrosion inhibitors or biocides?   ○ Yes   ○ No
    CORROSION_LINING
11. Was the interior coated or lined with protective coating?   ○ Yes   ○ No
    CLEANING_DEWATERING
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?
    ○ Not applicable - Not mainline pipe   ○ Yes   ○ No
    CORROSION_COUPONS
13. Were corrosion coupons routinely utilized?
    ○ Not applicable - Not mainline pipe   ○ Yes   ○ No

Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Tank/Vessel.

14. List the year of the most recent inspections: API_STD_OUT_OF_SERVICE_IND,   API_STD_OUT_OF_SERVICE_YEAR
    14.a API Std 653 Out-of-Service Inspection   / / / / /   ○ No Out-of-Service Inspection completed
    14.b API Std 653 In-Service Inspection   / / / / /   ○ No In-Service Inspection completed
    API_STD_IN_SERVICE_IND,   API_STD_IN_SERVICE_YEAR

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

15. Has one or more internal inspection tool collected data at the point of the Accident?   COR_INSP_TOOL_COLL_IND
    ○ Yes   ○ No

    15.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_MAG_FLUX_LEAKAGE_YEAR
    ○ Ultrasonic   / / / / /   COR_ULTRASONIC_IND , _YEAR
    ○ Geometry   / / / / /   COR_GEOMETRY_IND , _YEAR
    ○ Caliper   / / / / /   COR_CALIPER_IND , _YEAR
    ○ Crack   / / / / /   COR_CRACK_IND , _YEAR
    ○ Hard Spot   / / / / /   COR_HARDSPOT_IND , _YEAR
    ○ Combination Tool   / / / / /   COR_COMBINATION_TOOL_IND , _YEAR
    ○ Transverse Field/Triaxial   / / / / /   COR_TRANSVERSE_FIELD_IND , _YEAR
    ○ Other _____   / / / / /   COR_INSPECTION_OTHER_IND , _YEAR _DETAILS

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

17. Has one or more Direct Assessment been conducted on this segment?   DIRECT_INSPECTION_TYPE   DIRECT_YES_DIG_YEAR
    ○ Yes, and an investigative dig was conducted at the point of the Accident ⇨ Most recent year conducted: / / / / /
    ○ Yes, but the point of the Accident was not identified as a dig site ⇨ Most recent year conducted: / / / / /
    ○ No
    DIRECT_YES_NO_DIG_YEAR

18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?
    ○ Yes   ○ No   COR_NON_DESTRUCTIVE_IND

    18.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 , _YEAR
    ○ Guided Wave Ultrasonic   / / / / /   COR_GUIDED_WAVE_IND , _YEAR
    ○ Handheld Ultrasonic Tool   / / / / /   COR_HANDHELD_ULTRA_IND , _YEAR
    ○ Wet Magnetic Particle Test   / / / / /   COR_WET_MAGNETIC_IND , _YEAR
    ○ Dry Magnetic Particle Test   / / / / /   COR_DRY_MAGNETIC_IND , _YEAR
    ○ Other _____   / / / / /   COR_NON_DEST_OTHER_IND , _YEAR, COR_NON_DEST_DETAILS

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 Accident generated in conjunction with an extreme weather event? ○ Yes ○ No

    6.a If Yes, specify: (*select all that apply*) NF_HURRICANE_IND ○ Hurricane NF_TROPICAL_STORM_IND ○ Tropical Storm NF_TORNADO_IND ○ 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 Accident" (from PART C, Question 3) is Pipe or Weld.**

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

1. Has one or more internal inspection tool collected data at the point of the Accident?
    ○ 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 , _YEAR ⇒	○ Magnetic Flux Leakage / / / / /
EX_ULTRASONIC_IND , _YEAR ⇒	○ Ultrasonic / / / / /
EX_GEOMETRY_IND , _YEAR ⇒	○ Geometry / / / / /
EX_CALIPER_IND , _YEAR ⇒	○ Caliper / / / / /
EX_CRACK_IND , _YEAR ⇒	○ Crack / / / / /
EX_HARDSPOT_IND , _YEAR ⇒	○ Hard Spot / / / / /
EX_COMBINATION_TOOL_IND , _YEAR ⇒	○ Combination Tool / / / / /
EX_TRANSVERSE_FIELD_IND , _YEAR ⇒	○ Transverse Field/Triaxial / / / / /
EX_INSPECTION_OTHER_IND , _YEAR , _DETAILS ⇒	○ Other _____ / / / / /

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 Accident?   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 Accident

        ⇒ Most recent year conducted: / / / /   EX_DIRECT_YES_DIG_YEAR

    ○ Yes, but the point of the Accident was not identified as a dig site

        ⇒ Most recent year conducted: / / / /

    ○ No   EX_DIRECT_YES_NO_DIG_YEAR

5. Has one or more non-destructive examination been conducted at the point of the Accident 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, _YEAR ⇨ ○ Radiography / / / / /
EX_GUIDED_WAVE_IND, _YEAR ⇨ ○ Guided Wave Ultrasonic / / / / /
EX_HANDHELD_ULTRA_IND , _YEAR ⇨ ○ Handheld Ultrasonic Tool / / / / /
EX_WET_MAGNETIC_IND, _YEAR ⇨ ○ Wet Magnetic Particle Test / / / / /
EX_DRY_MAGNETIC_IND , _YEAR ⇨ ○ Dry Magnetic Particle Test / / / / /
EX_NON_DEST_OTHER_IND , _YEAR ⇨ ○ Other ___**EX_NON_DEST_OTHER_DETAILS**___ / / / / /

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_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**
☐ 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

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 ○ 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**_____

13. Type of Locator: **LOCATOR_TYPE** ○ 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

15. Were facilities marked correctly? **FACILITIES_MARKED** ○ 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**

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

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

☐ Excavation Practices Not Sufficient: *(select only one)* **EXCAVATION_SUBTYPE**
   ○ 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** _____
_____
_____
_____

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

OUTSIDE_FORCE_TYPE ☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident**	
☐ **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
☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**	**OSF_HURRICANE_IND** **OSF_TROPICAL_STORM_IND** **OSF_TORNADO_IND** 2. Select one or more of the following IF an extreme weather event was a factor: ○ Hurricane ○ Tropical Storm ○ Tornado **OSF_OTHER_WEATHER_IND** ○ Heavy Rains/Flood ○ Other _____ **OSF_HEAVY_RAINS_IND** **OSF_OTHER_WEATHER_DETAILS**
☐ **Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation**	
☐ **Electrical Arcing from Otherv Equipment or Facility**	
☐ **Previous Mechanical Damage NOT Related to Excavation** **OSF_MAGNETIC_FLUX_LEAKAGE_IND , _YEAR** ⇨ **OSF_ULTRASONIC_IND , _YEAR** ⇨ **OSF_GEOMETRY_IND , _YEAR** ⇨ **OSF_CALIPER_IND , _YEAR** ⇨ **OSF_CRACK_IND , _YEAR** ⇨ **OSF_HARDSPOT_IND , _YEAR** ⇨ **OSF_COMBINATION_TOOL_IND , _YEAR** ⇨ **OSF_TRANSVERSE_FIELD_IND , _YEAR** ⇨ **OSF_INSPECTION_OTHER_IND , _YEAR , _DETAILS** ⇨	**Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.** 3. Has one or more internal inspection tool collected data at the point of the Accident? ○ Yes ○ No **OSF_INSPECT_TOOL_COLLECTED_IND** 3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: ○ Magnetic Flux Leakage / / / / / ○ Ultrasonic / / / / / ○ Geometry / / / / / ○ Caliper / / / / / ○ Crack / / / / / ○ Hard Spot / / / / / ○ Combination Tool / / / / / ○ Transverse Field/Triaxial / / / / / ○ Other _____ / / / / / 4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? ○ Yes ○ No **OSF_BEFORE_DAMAGE** 5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? **OSF_HYDROTEST_CONDUCTED_IND** **OSF_HYDROTEST_CONDUCTED_YEAR** ○ Yes ⇨ Most recent year tested: / / / / Test pressure (psig): / / ,/ / / / ○ No **OSF_HYDROTEST_PRESSURE** **OSF_DIRECT_INSPECTION_TYPE** 6. Has one or more Direct Assessment been conducted on the pipeline segment? ○ Yes, and an investigative dig was conducted at the point of the Accident **OSF_DIRECT_YES_DIG_YEAR** ⇨ Most recent year conducted: / / / / ○ Yes, but the point of the Accident was not identified as a dig site ⇨ Most recent year conducted: / / / / ○ No **OSF_DIRECT_YES_NO_DIG_YEAR** 7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? ○ Yes ○ No **OSF_NON_DESTRUCTIVE_IND** *(This section continued on next page with Question 7.a)*

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OSF_RADIOGRAPHY_IND , _YEAR ⇒ **OSF_GUIDED_WAVE_IND , _YEAR** ⇒ **OSF_HANDHELD_ULTRA_IND , _YEAR** ⇒ **OSF_WET_MAGNETIC_IND , _YEAR** ⇒ **OSF_DRY_MAGNETIC_IND , _YEAR** ⇒ **OSF_NON_DEST_OTHER_IND , _YEAR** ⇒	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: ○ Radiography　　　　　　　/ / / / / ○ Guided Wave Ultrasonic　/ / / / / ○ Handheld Ultrasonic Tool　/ / / / / ○ Wet Magnetic Particle Test　/ / / / / ○ Dry Magnetic Particle Test　/ / / / / ○ Other ____**OSF_NON_DEST_DETAILS**____ / / / / /
☐ **Intentional Damage**	8. Specify: **INTENTIONAL_SUBTYPE** 　　○ Vandalism　　　　　　　　　　○ Terrorism 　　○ Theft of transported commodity　○ Theft of equipment 　　○ Other ____**INTENTIONAL_DETAILS**____
☐ **Other Outside Force Damage**	9. Describe: _____**OSF_OTHER_DETAILS**_____

G5 - Material Failure of Pipe or Weld	Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."
	*Only one **sub-cause** can be picked from shaded left-hand column

1. The sub-cause selected below is based on the following: *(select all that apply)*
FIELD_EXAM_IND　　　**METALLURGICAL_IND**
☐ Field Examination　☐ Determined by Metallurgical Analysis　☐ Other Analysis　**OTHER_ANALYSIS_IND,**　**OTHER_ANALYSIS_DETAILS**
STILL_UNDER_INVEST_IND
☐ Sub-cause is Tentative or Suspected; Still Under Investigation *(Supplemental Report required)*

FAILURE_TYPE ☐ **Construction-, Installation-, or Fabrication-related**	2. List contributing factors: *(select all that apply)* ☐ Fatigue- or Vibration-related: **FATIGUE_VIBR_RELATED_1, _2**　**FAILURE_SUBTYPE_1, _2** 　　○ Mechanically-induced prior to installation (such as during transport of pipe) 　　○ Mechanical Vibration
☐ **Original Manufacturing-related (NOT girth weld or other welds formed in the field)**	○ Pressure-related 　　○ Thermal 　　○ Other **FATIGUE_VIBR_RELATED_OTHER_1, _2** ☐ Mechanical Stress **MECHANICAL_STRESS_1, _2** ☐ Other ____**OTHER_FACTOR_1, _2**____ **OTHER_FACTOR_DETAILS_1, _2**
☐ **Environmental Cracking-related**	3. Specify: ○ Stress Corrosion Cracking　　　○ Sulfide Stress Cracking **STRESS_SUBTYPE** 　　　　○ Hydrogen Stress Cracking　　○ Other ____ **STRESS_DETAILS**

Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.
ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND, ADDITIONAL_PIPE_BEND_IND, ADDITIONAL_ARC_BURN_IND, ADDITIONAL_CRACK_IND,
4. Additional factors: *(select all that apply)* ○ Dent ○ Gouge ○ Pipe Bend ○ Arc Burn ○ Crack ○ Lack of Fusion
　　○ Lamination　○ Buckle　○ Wrinkle　○ Misalignment　○ Burnt Steel **ADDITIONAL_LACK_FUSION_IND**
　　○ Other **ADDITIONAL_LAMINATION_IND, ADDITIONAL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND, PWF_ADDL_MISALIGNMENT_IND**
　　　　ADDITIONAL_BURNT_STEEL_IND, PWF_ADDITIONAL_OTHER_IND, PWF_ADDITIONAL_OTHER_DETAILS

PWF_INSP_TOOL_COLLECTED_IND
5. Has one or more internal inspection tool collected data at the point of the Accident?　　○ Yes　○ No

　5.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:
　　○ Magnetic Flux Leakage Tool　/ / / / / **PWF_MAGNETIC_FLUX_LEAKAGE_IND , PWF_MAG_FLUX_LEAKAGE_YEAR**
　　○ Ultrasonic　　　　　　　/ / / / / **PWF_ULTRASONIC_IND, _YEAR**
　　○ Geometry　　　　　　　/ / / / / **PWF_GEOMETRY_IND, _YEAR**
　　○ Caliper　　　　　　　　/ / / / / **PWF_CALIPER_IND , _YEAR**
　　○ Crack　　　　　　　　　/ / / / / **PWF_CRACK_IND , _YEAR**
　　○ Hard Spot　　　　　　　/ / / / / **PWF_HARDSPOT_IND , _YEAR**
　　○ Combination Tool　　　　/ / / / / **PWF_COMBINATION_TOOL_IND , _YEAR**
　　○ Transverse Field/Triaxial　/ / / / / **PWF_TRANSVERSE_FIELD_IND , _YEAR**
　　○ Other _____ / / / / / **PWF_INSPECTION_OTHER_IND , _YEAR, _DETAILS**

PWF_HYDROTEST_CONDUCTED_IND
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?
　　○ Yes ⇒ Most recent year tested: / / / / /　　Test pressure (psig): / / /,/ / / /
　　○ No　　　　**PWF_HYDROTEST_CONDUCTED_YEAR**　　**PWF_HYDROTEST_PRESSURE**
PWF_DIRECT_INSPECTION_TYPE
7. Has one or more Direct Assessment been conducted on the pipeline segment?　　　　　　**PWF_DIRECT_YES_DIG_YEAR**
　　○ Yes, and an investigative dig was conducted at the point of the Accident ⇒ Most recent year conducted: / / / / /
　　○ Yes, but the point of the Accident was not identified as a dig site ⇒ Most recent year conducted: / / / / /
　　○ No　　　　　　　　　　　　　　　　　　　　　　　　**PWF_DIRECT_YES_NO_DIG_YEAR**
PWF_NON_DEST_IND
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?
　　○ Yes　○ No

　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:
　　○ Radiography　　　　　/ / / / / **PWF_RADIOGRAPHY_IND, _YEAR**
　　○ Guided Wave Ultrasonic / / / / / **PWF_GUIDED_WAVE_IND , _YEAR**
　　○ Handheld Ultrasonic Tool / / / / / **PWF_HANDHELD_ULTRA_IND , _YEAR**
　　○ Wet Magnetic Particle Test / / / / / **PWF_WET_MAGNETIC_IND , _YEAR**
　　○ Dry Magnetic Particle Test / / / / / **PWF_DRY_MAGNETIC_IND , _YEAR**
　　○ Other _____ / / / / / **PWF_NON_DEST_OTHER_IND , _YEAR , _DETAILS**

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

☐ **Malfunction of Control/Relief Equipment**	**EQ_FAILURE_TYPE** **CONTROL_VALVE_IND, INSTRUMENTATION_IND, SCADA_IND, COMMUNICATIONS_IND, BLOCK_VALVE_IND** 1. Specify: *(select all that apply)* **CHECK_VALVE_IND, RELIEF_VALVE_IND, POWER_FAILURE_IND** ○ Control Valve ○ Instrumentation ○ SCADA ○ Communications ○ Block Valve ○ Check Valve ○ Relief Valve ○ Power Failure ○ Stopple/Control Fitting ○ ESD System Failure **ESD_SYSTEM_FAILURE_IND** **STOPPLE_CONTROL_FITTING_IND** ○ Other **OTHER_CONTROL_RELIEF_IND,** **OTHER_CONTROL_RELIEF_DETAILS**
☐ **Pump or Pump-related Equipment**	**OTHER_PUMP_IND** 2. Specify: ○ Seal/Packing Failure ○ Body Failure ○ Crack in Body ○ Appurtenance Failure ○ Other **OTHER_PUMP_DETAILS**
☐ **Threaded Connection/Coupling Failure**	**OTHER_STRIPPED_IND** 3. Specify: ○ Pipe Nipple ○ Valve Threads ○ Mechanical Coupling ○ Threaded Pipe Collar ○ Threaded Fitting ○ Other **OTHER_STRIPPED_DETAILS**
☐ **Non-threaded Connection Failure**	**OTHER_NON_THREADED_IND** 4. Specify: ○ O-Ring ○ Gasket ○ Seal (NOT pump seal) or Packing ○ Other **OTHER_NON_THREADED_DETAILS**
☐ **Defective or Loose Tubing or Fitting**	
☐ **Failure of Equipment Body (except Pump), Tank Plate, or other Material**	
☐ **Other Equipment Failure**	5. Describe: _____ **FAILURE_DETAILS** _____

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

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

○ Excessive vibration   **ADDITIONAL_VIBRATION_IND**

○ Overpressurization   **ADDITIONAL_OVERPRESSURE_IND**

○ No support or loss of support   **ADDITIONAL_SUPPORT_IND**

○ Manufacturing defect   **ADDITIONAL_DEFECT_IND**

○ Loss of electricity   **ADDITIONAL_ELECTRICITY_IND**

○ Improper installation   **ADDITIONAL_INSTALLATION_IND**

○ Mismatched items (different manufacturer for tubing and tubing fittings)   **ADDITIONAL_MISMATCH_IND**

○ Dissimilar metals   **ADDITIONAL_DISSIMILAR_IND**

○ Breakdown of soft goods due to compatibility issues with transported commodity   **ADDITIONAL_BREAKDOWN_IND**

○ Valve vault or valve can contributed to the release   **ADDITIONAL_VALVE_IND**

○ Alarm/status failure   **ADDITIONAL_ALARM_IND**

○ Misalignment   **IEF_ADDL_MISALIGNMENT_IND**

○ Thermal stress   **ADDITIONAL_THERMAL_IND**

○ Other _____   **EQ_ADDITIONAL_OTHER_IND,**   **EQ_ADDITIONAL_OTHER_DETAILS**

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G7 - Incorrect Operation - *only one **sub-cause** can be picked from 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**	
☐ **Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow**	**OVERFLOW_OTHER_IND** 1. Specify: ○ Valve misalignment ○ Incorrect reference data/calculation ○ Miscommunication ○ Inadequate monitoring ○ Other ___**OVERFLOW_OTHER_DETAILS**___
☐ **Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure**	
☐ **Pipeline or Equipment Overpressured**	
☐ **Equipment Not Installed Properly**	
☐ **Wrong Equipment Specified or Installed**	
☐ **Other Incorrect Operation**	2. Describe: ___**OPERATION_DETAILS**___

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

3. Was this Accident related to: *(select all that apply)*
   ○ Inadequate procedure   **RELATED_INADEQUATE_PROC_IND**
   ○ No procedure established   **RELATED_NO_PROC_IND**
   ○ Failure to follow procedure   **RELATED_FAILURE_FOLLOW_IND**
   ○ Other: ___**RELATED_OTHER_IND**___   **OPERATION_RELATED_DETAILS**

4. What category type was the activity that caused the Accident: **CATEGORY_TYPE**
   ○ Construction
   ○ Commissioning
   ○ Decommissioning
   ○ Right-of-Way activities
   ○ Routine maintenance
   ○ Other maintenance
   ○ Normal operating conditions
   ○ Non-routine operating conditions (abnormal operations or emergencies)

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

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

OTHER_TYPE ☐ **Miscellaneous**	1. Describe: **MISC_DETAILS**
☐ **Unknown**	2. Specify: ○ Investigation complete, cause of Accident unknown ○ Still under investigation, cause of Accident to be determined* **UNKNOWN_SUBTYPE** *(*Supplemental Report required)*

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

NARRATIVE

PART I – PREPARER AND AUTHORIZED SIGNATURE

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's Name

PREPARED_DATE **AUTHORIZER_TELEPHONE**

Date Authorized Signer Telephone Number

AUTHORIZER_EMAIL

Authorized Signer's E-mail Address

AUTHORIZER_TITLE

Authorized Signer's Title

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

Field Name	Field Name Description
DATAFILE_AS_OF	*Data as of date*
SIGNIFICANT	*Identify if record meets the significant criteria or not: If there was fatality, injury, fire, explosion, total property damage $50K or more in 1984 dollars, non-HVL loss >= 50bbls, HVL loss >= 5bbls, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.*
IYEAR	*Year accident occurred, derived from accident date*
NET_LOSS_BBLS	*UNINTENTIONAL_RELEASE_BBLS – RECOVERED_BBLS*
EST_COST_OPER_PAID_CURRENT	*Converted Property Damage to Current Year dollars*
EST_COST_GAS_RELEASED_CURRENT	*Converted Property Damage to Current Year dollars*
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_ENVIRONMENTAL_CURRENT	*Converted Property Damage to Current Year dollars*
EST_COST_OTHER_CURRENT	*Converted Property Damage to Current Year dollars*
TOTAL_COST_IN84	*Converted Property Damage to Year 1984 dollars*
TOTAL_COST_CURRENT	*Converted Property Damage to Current Year dollars*
MAP_CAUSE	*Cause by PHMSA for 20 year accident trending*
MAP_SUBCAUSE	*SubCause by PHMSA for 20 year accident trending*
SPILL_TYPE_CATEGORY	*Spill type category by PHMSA for accident trending; If there was fatality, injury, fire, explosion, water contamination, total property damage > $50K, or unintentional loss >= 5bbls, then SPILL_TYPE_CATEGORY='LARGE', else SPILL_TYPE_CATEGORY='SMALL'.*
SERIOUS	*Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.*