NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $25,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $500,000 as provided in 49 USC 1678. Form Approved OMB No. 2137-0522

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

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date DOR

No. RPTID (DOT Use Only)

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at* http://ops.dot.gov.

REPORT_TYPE

PART A – GENERAL REPORT INFORMATION

Check one: ☐ **Original Report** ☐ **Supplemental Report** ☐ **Final Report**

Operator Name and Address

OPERATOR_ID

a. Operator's 5-digit Identification Number (when known) / / / / / /

OWNER_OPERATOR_ID

b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) / / / / / /

c. Name of Operator NAME

d. Operator street address OPSTREET

e. Operator address OPCITY OPCOUNTY OPSTATE OPZIP
City, County or Parrish, State and Zip Code

2. Time and date of the incident
IHOUR / / / / / hr. IDATE / / / month / / day / / year

3. Location of incident

a. _____
Nearest street or road

b. ACCITY ACCOUNTY
City and County or Parrish

c. ACSTATE ACZIP
State and Zip Code

d. Mile Post/Valve Station MPVST

e. Survey Station No. SURVNO

f. Latitude: LATITUDE Longitude: LONGITUDE
(if not available, see instructions for how to provide specific location)

g. Class location description OFFSHORE, OFFSHORE_TEXT, CLASS
Onshore: ○ Class 1 ○ Class 2 ○ Class 3 ○ Class 4

Offshore: ○ Class 1 *(complete rest of this item)*
Area OFFAREA Block # BNUMB
State OFFST / / or Outer Continental Shelf ☐ OCS

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

i. Is pipeline Interstate ○ Yes ○ No INTER_TEXT

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

5. Consequences *(check and complete all that apply)*
FATAL
a. ☐ Fatality Total number of people: / / / /
EFAT
Employees: / / / / *General Public:* / / / /
GPFAT
Non-employee Contractors: / / / / NFAT

INJURE
b. ☐ Injury requiring inpatient hospitalization Total number of people: / / / /
EINJ
Employees: / / / / *General Public:* / / / /
GPINJ
Non-employee Contractors: / / / / NINJ

c. ☐ Property damage/loss *(estimated)* Total $ TOTAL_COST
Gas loss $ GASPRP Operator damage $ OPPRP
Public/private property damage $ PPPRP

HIGHCON
d. ☐ Release Occurred in a 'High Consequence Area'
IGNITE EXPLO
e. ☐ Gas ignited – No explosion f. ☐ Explosion
EVAC EVACNO
g. ☐ Evacuation *(general public only)* / / / / people

Reason for Evacuation: EVAC_REASON_TEXT
○ Emergency worker or public official ordered, precautionary
○ Threat to the public ○ Company policy

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

7. Telephone Report
TELRN / / / / / / / NRC Report Number
TELDT / / / month / / day / / year

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

b. Max. allowable operating pressure *(MAOP):* MAOP *PSIG*

c. MAOP established by 49 CFR section: MAOPSEC 1-4, C
☐ 192.619 (a)(1) ☐ 192. 619 (a)(2) ☐ 192. 619 (a)(3)
☐ 192.619 (a)(4) ☐ 192. 619 (c)

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

PART B – PREPARER AND AUTHORIZED SIGNATURE

PNAME
(type or print) Preparer's Name and Title

PHONE
Area Code and Telephone Number

PEMAIL
Preparer's E-mail Address

Area Code and Facsimile Number

Authorized Signature (type or print) Name and Title

Date

Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT

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

PART D – MATERIAL SPECIFICATION (if applicable)

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

PART E – ENVIRONMENT

1. Area of incident LOCLK_TEXT
   - ○ Under pavement ○ In open ditch
   - ○ Under ground ○ Above ground
   - ○ Inside/under building ○ Under water
   - ○ Other: LOCLKO
2. Depth of cover: DEPTH_COV inches

PART F – APPARENT CAUSE

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

F1 – CORROSION

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a – e.

1. ☐ External Corrosion
2. ☐ Internal Corrosion

a. Pipe Coating PIPE_COAT_TEXT
   - ○ Bare
   - ○ Coated

b. Visual Examination VIS_EXAM_TEXT
   - ○ Localized Pitting
   - ○ General Corrosion
   - ○ Other: VIS_EXAMO

c. Cause of Corrosion COR_CAUSE_TEXT
   - ○ Galvanic ○ Stray Current
   - ○ Improper Cathodic Protection
   - ○ Microbiological
   - ○ Stress Corrosion Cracking
   - ○ Other: COR_CAUSEO

PROT
d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
   - ○ No ○ Yes, Year Protection Started: / / / / / CPYR

PREV_DAM
e. Was pipe previously damaged in the area of corrosion?
   - ○ No ○ Yes, How long prior to incident: PREV_DAM_YR / / / years PREV_DAM_MO / / / months

F2 – NATURAL FORCES

3. ☐ Earth Movement ⇒ EARTH_MOVE_TEXT ○ Earthquake ○ Subsidence ○ Landslide ○ Other: EARTH_MOVEO
4. ☐ Lightning
5. ☐ Heavy Rains/Floods ⇒ FLOODS_TEXT ○ Washouts ○ Flotation ○ Mudslide ○ Scouring ○ Other: FLOODSO
6. ☐ Temperature ⇒ TEMPER_TEXT ○ Thermal stress ○ Frost heave ○ Frozen components ○ Other: TEMPERO
7. ☐ High Winds

F3 - EXCAVATION

8. ☐ Operator Excavation Damage *(including their contractors)* / Not Third Party
9. ☐ Third Party Excavation Damage *(complete a-d)*

   a. Excavator group THIRD_PARTY_GRP_TEXT
   ○ General Public ○ Government ○ Professional Excavator ○ Operator/subcontractor

   b. Type: THIRD_PARTY_TYPE_TEXT ○ Road Work ○ Pipeline ○ Water ○ Electric ○ Sewer ○ Phone/Cable ○ Landowner ○ Railroad ○ Other: THIRD_PARTY_TYPEO

   NOTIF c. Did operator get prior notification of excavation activity?
   ○ No ○ Yes: Date received: NOTIF_MO / / mo. NOTIF_DAY / / day NOTIF_YR / / yr.
   Notification received from: ○ One Call System ○ Excavator ○ Contractor ○ Landowner NOTIF_RCVD_TEXT

   MARKED d. Was pipeline marked?
   ○ No ○ Yes *(If Yes, check applicable items i – iv)*
   i. Temporary markings: ○ Flags ○ Stakes ○ Paint TEMP_MARK_TEXT
   PERM_MARK ii. Permanent markings: ○ Yes ○ No
   iii. Marks were *(check one)* ○ Accurate ○ Not Accurate ACC_MARK_TEXT
   MKD_IN_TIME iv. Were marks made within required time? ○ Yes ○ No

F4 – OTHER OUTSIDE FORCE DAMAGE

10. ☐ Fire/Explosion as primary cause of failure ⇒ FIRE_EXPLO_TEXT Fire/Explosion cause: ○ Man made ○ Natural
11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe
12. ☐ Rupture of Previously Damaged Pipe
13. ☐ Vandalism

F5 – MATERIAL AND WELDS

Material

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

Weld

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

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

a. Type of failure: FAIL_TYPE_TEXT

☐ Construction Defect ⇒ CONS_DEF_TEXT: ○ Poor Workmanship ○ Procedure not followed ○ Poor Construction Procedures

☐ Material Defect

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

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

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

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

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

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

F6 – EQUIPMENT AND OPERATIONS

20. ☐ Malfunction of Control/Relief Equipment ⇒ MALFUNC_TEXT: ○ Valve ○ Instrumentation ○ Pressure Regulator ○ Other: MALFUNCO
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ THREADS_TEXT: ○ Nipples ○ Valve Threads ○ Mechanical Couplings ○ Other: THREADSO
22. ☐ Ruptured or Leaking Seal/Pump Packing

23. ☐ Incorrect Operation

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

b. Number of employees involved who failed post-incident drug test: IO_DRUG / / Alcohol test: IO_ALCO / /

c. Were most senior employee(s) involved qualified? IO_SENIOR ○ Yes ○ No d. Hours on duty: IO_SEN_HRS / /

F7 – OTHER

24. ☐ Miscellaneous, *describe:* MISC

25. ☐ Unknown UNKNOWN_TEXT

○ Investigation Complete ○ Still Under Investigation *(submit a supplemental report when investigation is complete)*

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)

NARRATIVE

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

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