NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.

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Expires: 5/31/2024

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

INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS

REPORT_RECEIVED_DATE
Report Date _____

REPORT_NUMBER

SUPPLEMENTAL_NUMBER
No. _____
(DOT Use Only)

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 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 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)* ☐ Original ☐ Supplemental ☐ Final REPORT_TYPE

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

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

A3. Address of Operator:

A3a. Street Address: *auto-populated based on OPID* OPERATOR_STREET_ADDRESS
A3b. City: *auto-populated based on OPID* OPERATOR_CITY_NAME
A3c. State: *auto-populated based on OPID* OPERATOR_STATE_ABBREVIATION
A3d. Zip Code: *auto-populated based on OPID* OPERATOR_POSTAL_CODE

A4. Earliest local time *(24-hr clock)* and date an incident reporting criteria was met:

/___/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year LOCAL_DATETIME

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

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

A5. Location of Incident:
Latitude: /___/___/ . /___/___/___/___/___/ LOCATION_LATITUDE
Longitude: - /___/___/___/ . /___/___/___/___/___/ LOCATION_LONGITUDE

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

☐ Natural Gas
☐ Propane Gas
☐ Synthetic Gas
☐ Hydrogen Gas
☐ Landfill Gas
☐ Other Gas ⇨ Name: COMMODITY_DETAILS

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

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

ACCOMPANYING_LIQUID
A9. Estimated volume of accompanying liquid released: /___/___/,/___/___/___/ Barrels

A10. Were there fatalities? ○ Yes ○ No FATALITY_IND

If Yes, specify the number in each category:

A10a. Operator employees /__/__/__/__/ NUM_EMP_FATALITIES

A10b. Contractor employees working for the Operator /__/__/__/__/ NUM_CONTR_FATALITIES

A10c. Non-Operator emergency responders /__/__/__/__/ NUM_ER_FATALITIES

A10d. Workers working on the right-of-way, but NOT associated with this Operator NUM_WORKER_FATALITIES /__/__/__/__/

A10e. General public /__/__/__/__/ NUM_GP_FATALITIES

A10f. Total fatalities (sum of above) *calculated* FATAL

INJURY_IND

A11. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No

If Yes, specify the number in each category:

A11a. Operator employees NUM_EMP_INJURIES /__/__/__/__/

A11b. Contractor employees working for the Operator NUM_CONTR_INJURIES /__/__/__/__/

A11c. Non-Operator emergency responders NUM_ER_INJURIES /__/__/__/__/

A11d. Workers working on the right-of-way, but NOT associated with this Operator NUM_WORKER_INJURIES /__/__/__/__/

A11e. General public NUM_GP_INJURIES /__/__/__/__/

A11f. Total injuries (sum of above) *calculated* INJURE

ACCIDENT_IDENTIFIER

A12. What was the Operator's initial indication of the Failure? *(select only one)*

☐ 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
☐ 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 _____

A12a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 12, specify the following: *(select only one)*

OPERATOR_TYPE ○ Operator employee ○ Contractor working for the Operator

INCIDENT_IDENTIFIED_DATETIME

A13. Local time Operator identified failure /__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

SYSTEM_PART_INVOLVED

A14. Part of system involved in Incident: *(select only one)*

☐ Belowground Storage, Including Associated Equipment and Piping
☐ Aboveground Storage, Including Associated Equipment and Piping
☐ Onshore Compressor Station Equipment and Piping
☐ Onshore Regulator/Metering Station Equipment and Piping
☐ Onshore Pipeline, Including Valve Sites
☐ Offshore Platform, Including Platform-mounted Equipment and Piping
☐ Offshore Pipeline, Including Riser and Riser Bend

A15. Operational Status at time Operator identified failure *(select only one)*

○ Post-Construction Commissioning STATUS_WHEN_IDENTIFIED
○ Post-Maintenance/Repair
○ Routine Start-Up
○ Routine Shutdown
○ Normal Operation, includes pauses during maintenance
○ Idle

SHUTDOWN_DUE_ACCIDENT_IND

A16. If A15 = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the incident?

○ Yes ○ No ⇨ Explain: SHUTDOWN_EXPLAIN _____

If Yes, complete Questions A16.a and A16.b: *(use local time, 24-hr clock)*

SHUTDOWN_DATETIME

A16a. Local time and date of shutdown /__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

RESTART_DATETIME

STILL_SHUTDOWN_IND

A16b. Local time pipeline/facility restarted /__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year ○ Still shut down*

**Supplemental Report required*

If A12. = Notification from Emergency Responder, skip A17.

COMMUNICATION_STATE_FED_IND

A17a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? ○ Yes ○ No

If No, skip A17b and c.

PARTY_INITIATED_COMMUNICATION

A17b. Which party initiated communication about the incident? ○ Operator ○ Local/State/Federal Emergency Responder

A17c. Local time of initial Operator and Local/State/Federal Emergency Responder communication INITIAL_RESPONDER_COM_DATETIME /__/__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

ON_SITE_DATETIME

A18. Local time operator resources arrived on site /__/__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A19. reserved

A20a. Local time *(24-hr clock)* and date of initial operator report to the National Response Center :

/ / / / / (Hour) / / / (Month) / / / (Day) / / / (Year) NRC_RPT_DATETIME

A20b. Initial Operator National Response Center Report Number NRC_RPT_NUM OR

○ NRC Notification Required But Not Made

A20c. Additional NRC Report numbers submitted by the operator: ADDITIONAL_NRC_REPORT_NUMBERS

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

If A21 = Yes, then answer A21a through d:

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

A21b. How was the fire extinguished? HOW_EXTINGUISHED HOW_EXTINGUISHED_OTHER_DETAIL

○ Operator/Contractor ○ Local/State/Federal Emergency Responder ○ Allowed to burn out ○ Other, specify:_____

A21c. Estimated volume of gas consumed by fire (mcf): GAS_CONSUMED_BY_FIRE_IN_MCF (must be less than or equal to A7.)

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

If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A22a through f

A22a. Initial action taken to control flow upstream of failure location UPSTREAM_ACTION_TAKEN ○ Valve Closure ○ Operational Control - mandatory text field UPSTREAM_OPRTNL_CNTRL_DETAIL

If Valve Closure, answer A22.b and c:

A22b. Local time of final upstream valve closure UPSTREAM_VALVE_CLOSE_DATETIME / / / / / (Hour) / / / (Month) / / / (Day) / / / (Year)

A22c. Type of upstream valve used to complete upstream isolation of release source: UPSTREAM_VALVE_TYPE_IND

○ Manual ○ Automatic ○ Remotely Controlled

A22d. Initial action taken to control flow downstream of failure location DOWNSTREAM_ACTION_TAKEN ○ Valve Closure ○ Operational Control - mandatory text field DOWNSTREAM_OPRTNL_CNTRL_DETAIL

If Valve Closure, answer A22e and f.:

A22e. Local time of final downstream valve closure DOWNSTREAM_VLV_CLOSE_DATETIME / / / / / (Hour) / / / (Month) / / / (Day) / / / (Year)

A22f. Type of downstream valve used to complete downstream isolation of release source: DOWNSTREAM_VALVE_TYPE_IND

○ Manual ○ Automatic ○ Remotely Controlled ○ Check Valve

A23. Number of general public evacuated: / / / /,/ / / / NUM_PUB_EVACUATED

PART B – ADDITIONAL LOCATION INFORMATION

B1. Was the origin of the Incident onshore? *Auto-populated based on A14* ON_OFF_SHORE
O Yes *(Complete Questions B2-B11)* O No *(Complete Questions B12-B14)*

B1a. Pipeline/Facility name: PIPE_FAC_NAME

B1b. Segment name/ID: SEGMENT_NAME

If **Onshore**:

ONSHORE_STATE_ABBREVIATION ONSHORE_POSTAL_CODE
B2. State: /___/___/ B3. Zip Code: /___/___/___/___/___/ - /___/___/___/___/

B4 ONSHORE_CITY_NAME (City) B5 ONSHORE_COUNTY_NAME (County or Parish)

B6. Operator designated location: *(select only one)*
DESIGNATED_LOCATION
☐ Milepost *(specify in shaded area below)*
☐ Survey Station No. *(specify in shaded area below)*
☐ Not Applicable (B7 will not accept data)

DESIGNATED_NAME
B7. /___/___/___/___/___/___/___/___/___/___/___/___/___/___/

FEDERAL
B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No

LOCATION_TYPE
B9. Location of Incident: *(select only one)* ☐ Operator-controlled property ☐ Pipeline right-of-way

INCIDENT_AREA_TYPE
B10. Area of Incident (as found): *(select only one)*

INCIDENT_AREA_SUBTYPE
☐ Belowground storage or aboveground storage vessel, including attached appurtenances
☐ Underground ⇨ Specify: O Under soil O Under a building O Under pavement O Exposed due to excavation
O Exposed due to loss of cover O In underground enclosed space (e.g., vault) O Other INCIDENT_AREA_DETAILS

B10a. Depth-of-Cover (in): /___/,/___/___/___/ DEPTH_OF_COVER

OTHER_UNDERGROUND_FACILITIES
B10.b. Were other underground facilities found within 12 inches of the failure location? O Yes O No

☐ Aboveground ⇨ Specify: O Typical aboveground facility piping or appurtenance O Overhead crossing
O In or spanning an open ditch O Inside a building O Inside other enclosed space O Other INCIDENT_AREA_DETAILS
☐ Transition Area ⇨ Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area
O Other INCIDENT_AREA_DETAILS

CROSSING
B11. Did Incident occur in a crossing? O Yes O No If Yes, specify type:

☐ Bridge crossing Specify: O Cased O Uncased BRIDGE_CROSSING_IND, BRIDGE_TYPE
☐ Railroad crossing *(select all that apply)* O Cased O Uncased O Bored/drilled RAILROAD_CROSSING_IND, RAILROAD_TYPE
☐ Road crossing *(select all that apply)* O Cased O Uncased O Bored/drilled ROAD_CROSSING_IND, ROAD_TYPE
☐ Water crossing WATER_CROSSING_IND, WATER_TYPE
Specify: O Cased O Uncased
Name of body of water, if commonly known: WATER_NAME
WATER_DEPTH
Approx. water depth (ft) at the point of the Incident: /___/,/___/___/___/ OR O Unknown
(select only one of the following)
WATER_SUBTYPE
O Shoreline/Bank/Marsh crossing
O Below water, pipe in bored/drilled crossing
O Below water, pipe buried below bottom (NOT in bored/drilled crossing)
O Below water, pipe on or above bottom
CROSSING_100_FEET
Is this water crossing 100 feet or more in length from high water mark to high water mark? O Yes O No

If **Offshore**:

OFF_WATER_DEPTH
B12. Approximate water depth (ft.) at the point of the Incident: /___/,/___/___/___/

OFF_ACCIDENT_ORIGIN
B13. Origin of Incident:

☐ In State waters Specify: OFFSHORE_STATE_ABBREVIATION, State: /___/___/ OFF_INSTATE_AREA Area: _____ OFF_INSTATE_BLOCK Block/Tract #: /___/___/___/___/
Nearest County/Parish: OFFSHORE_COUNTY_NAME

OCS_TYPE
☐ On the Outer Continental Shelf (OCS)) (select only one) O OCS – Alaska O OCS- Atlantic O OCS-Gulf of Mexico O OCS – Pacific
Area: OFF_OCS_AREA Block/Tract #: /___/___/___/___/___/ OFF_OCS_BLOCK

OFF_AREA_ACCIDENT_TYPE
B14. Area of Incident: *(select only one)*

☐ Shoreline/Bank/Marsh 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

C1. Is the pipeline or facility: PIPE_FACILITY_TYPE
- ☐ Interstate
- ☐ Intrastate

C2. Material involved in Incident: *(select only one)* MATERIAL_INVOLVED
- ☐ Carbon Steel
- ☐ Plastic
- ☐ Material other than Carbon Steel or Plastic ⇨ *Specify: MATERIAL_DETAILS _____

C3. Item involved in Incident: *(select only one)* ITEM_INVOLVED

☐ **Pipe** ⇨ Specify: PIPE_TYPE ○ Pipe Body ○ Pipe Seam C3a. Nominal Pipe Size: PIPE_DIAMETER /__/__/./__/__/__/

If Pipe Body: Was this a Puddle/Spot Weld? ○ Yes ○ No PUDDLE_WELD_IND

If C2. is Carbon Steel

C3b. Wall thickness (in): PIPE_WALL_THICKNESS /__/./__/__/__/

C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): PIPE_SMYS /__/__/__/,/__/__/__/

C3d. Pipe specification: PIPE_SPECIFICATION _____ OR ○ Unknown

C3e. Pipe Seam ⇨ Specify: PIPE_SEAM_TYPE ○ Longitudinal ERW - High Frequency ○ Single SAW ○ Flash Welded ○ DSAW ○ Longitudinal ERW - Low Frequency ○ Continuous Welded ○ Furnace Butt Welded ○ Longitudinal ERW – Unknown Frequency ○ Spiral Welded ○ Lap Welded ○ Seamless ○ Other PIPE_SEAM_DETAILS _____

C3f. Pipe manufacturer: PIPE_MANUFACTURER _____ OR ○ Unknown

C3g. Pipeline coating type at point of Incident PIPE_COATING_TYPE
⇨ Specify: ○ Epoxy ○ Coal Tar ○ Asphalt ○ Polyolefin ○ Extruded Polyethylene ○ Cold Applied Tape ○ Paint ○ Composite ○ None ○ Other PIPE_COATING_DETAILS _____

C3h. Coating field applied? COATING_APPLIED_IND ○ Yes ○ No ○ Unknown

If C2. is Plastic

C3i. If Plastic ⇨ Specify type: PLASTIC_TYPE ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ Unknown ○ Other: mandatory text field_ PLASTIC_DETAILS

C3j. If Plastic ⇨ Specify Standard Dimension Ratio (SDR): PLASTIC_SDR /__/__/__/__/ or wall thickness: WT_PLASTIC /__/./__/__/__/ or WT_PLASTIC_UNKNOWN_IND ○ Unknown

C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.)
MATERIAL_PE_PIPE_CODE PE /__/__/__/__/ or ○ Unknown PLASTIC_PE_UNKNOWN_IND

☐ **Weld/Fusion, including heat-affected zone** ⇨ WELD_SUBTYPE, WELD_DETAILS

Specify: ○ Pipe Girth Weld ○ Pipe Plastic Fusion ○ Other Butt Weld ○ Fillet Weld

If Pipe Girth Weld is selected, complete items C3.a through h above.

Are any of the C3b through h values different on either side of the girth weld? ○ Yes ○ No DIFFERENT_GIRTH_WELD_IND

If Yes, enter the different value(s) below:

C3l. Wall thickness (in): DIFF_GIRTH_WELD_WALL_THICKNESS /__/./__/__/__/

C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): DIFF_GIRTH_WELD_SMYS /__/__/__/,/__/__/__/

C3n. Pipe specification: DIFF_GIRTH_WELD_SPECIFICATION _____ OR ○ Unknown

C3o. Pipe Seam ⇨ Specify: DIFF_GIRTH_WELD_SEAM_TYPE ○ Longitudinal ERW - High Frequency ○ Single SAW ○ Flash Welded ○ Longitudinal ERW - Low Frequency ○ DSAW ○ Continuous Welded ○ Longitudinal ERW – Unknown Frequency ○ Furnace Butt Welded ○ Spiral Welded ○ Lap Welded ○ Seamless ○ Other, describe: DIFF_GIRTH_WELD_SEAM_DETAIL _____

C3p. Pipe manufacturer: DIFF_GIRTH_WELD_MANUFACTURER _____ OR ○ Unknown

C3q. Pipeline coating type at point of Accident DIFF_GIRTH_WELD_COATING_TYPE
⇨ Specify: ○ Fusion Bonded Epoxy (FBE) ○ Coal Tar ○ Asphalt ○ Polyolefin ○ Extruded Polyethylene ○ Epoxy other than FBE ○ Cold Applied Tape ○ Paint ○ Composite ○ None ○ Other, describe: DIFF_GIRTH_WELD_COATING_DETAIL _____

C3r. Coating field applied? DIFF_GIRTH_WELD_CTNG_APPLD_IND ○ Yes ○ No ○ Unknown

If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.

VALVE_TYPE

☐ **Valve, excluding Regulator/Control Valves**

○ Mainline ⇨ Specify: ○ Butterfly ○ Check ○ Gate ○ Plug ○ Ball ○ Globe ○ Other VALVE_MAINLINE_DETAILS

VALVE_MAINLINE_TYPE C3s. Mainline valve manufacturer: VALVE_MANUFACTURER OR ○ Unknown

○ Relief Valve

○ Auxiliary or Other Valve

☐ **Compressor**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Meter**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Scraper/Pig Trap**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Odorization System**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Filter/Strainer/Separator**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Dehydrator/Drier/Treater/Scrubber**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Regulator/Control Valve**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Pulsation Bottle or Drip/Drip Collection Device**

☐ **Cooler or Heater,** including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Repair Sleeve or Clamp**

☐ **Hot Tap Equipment**

☐ **Tap Fitting** (stopple, thread-o-ring, weld-o-let, etc.)

☐ **Flange Assembly, including Gaskets**

☐ **ESD System**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.

☐ **Drain Lines**

☐ **Tubing, including Fittings**

C3t. Tubing material (select only one): TUBING_MATERIAL

- ☐ Stainless steel
- ☐ Carbon steel
- ☐ Copper
- ☐ Other

C3u. Type of tubing (select only one): TUBING_TYPE

- ☐ Rigid
- ☐ Flexible

☐ **Instrumentation, including Programmable Logic Controllers and Controls**

☐ **Underground Gas Storage or Cavern**

☐ **Other** ITEM_INVOLVED_DETAILS

C4. Year item involved in Incident was installed: INSTALLATION_YEAR /___/___/___/ OR ○ Unknown

C5. Year item involved in Incident was manufactured: MANUFACTURED_YEAR /___/___/___/ OR ○ Unknown

C6. Type of release involved: *(select only one)* RELEASE_TYPE

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

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

☐ Rupture ⇨ Select Orientation: RUPTURE_ORIENT ○ Circumferential ○ Longitudinal ○ Other RUPTURE_DETAILS

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

☐ Other ⇨ *Describe: RELEASE_TYPE_DETAILS

PART D – ADDITIONAL CONSEQUENCE INFORMATION

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

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

COULD_BE_HCA

D2. Did this Incident occur in a High Consequence Area (HCA)?

- ☐ No
- ☐ Yes ⇨ D2.a Specify the Method used to identify the HCA: DETERMINATION_METHOD ○ Method 1(Class Location) ○ Method 2 (PIR)

D3. What is the PIR (Potential Impact Radius) for the location of this Incident? PIR_RADIUS / /,/ / / / feet or NOT_FLAMMABLE_IND ○ Not Flammable

HEAT_DAMAGE_IND

D4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? ○ Yes ○ No

NON_HEAT_DAMAGE_IND

D5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? ○ Yes ○ No

HCA_FATALITIES_IND

D6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? ○ Yes ○ No

If Yes, Describe the cause of the fatalities or injuries: FATAL_INJURE_CAUSE

D13. **If D2. Is No, answer D13a.**

DID_OCCUR_IN_MCA_IND

D13a. Did this incident occur in a Moderate Consequence Area (MCA)? ○ Yes ○ No

If D13a. is Yes, answer D13b.

D13b. Select each of the items below that were present within the potential impact circle:

- ○ 5 or more buildings intended for human occupancy MCA_BUILDNG_HUMAN_OCCUPY_IND
- ○ Paved surface for a designated interstate, freeway, expressway, or other principal 4-lane arterial roadway MCA_PAVED_SURFACE_FREEWAY_IND

D7. Estimated Property Damage:

EST_COST_OPER_PAID

D7a. Estimated cost of public and non-Operator private property damage $ /___/___/___/,/___/___/___/,/___/___/___/

EST_COST_PROP_DAMAGE

D7b. Estimated cost of Operator's property damage & repairs $ /___/___/___/,/___/___/___/,/___/___/___/

EST_COST_EMERGENCY

D7c. Estimated cost of emergency response $ /___/___/___/,/___/___/___/,/___/___/___/

EST_COST_OTHER

D7d. Estimated other costs $ /___/___/___/,/___/___/___/,/___/___/___/

Describe: EST_COST_OTHER_DETAILS

D7e. Total estimated property damage (sum of above) $ *calculated*

Cost of Gas Released

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

EST_COST_GAS_RELEASED

D7f. Estimated cost of gas released unintentionally $ *calculated*

EST_COST_INTENTIONAL_RELEASE

D7g. Estimated cost of gas released during intentional and controlled blowdown $ *calculated*

D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) $ *calculated*

PRPTY

D7i. Estimated Total Cost (sum of D7e and D7h) $ *calculated*

Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. ***If a person is included in A11, do not include them in D8.***

NUM_PERSONS_HOSP_NOT_OVNGHT

D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: ____

If a person is included in D8, do not include them in D9.

D9. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: NUM_INJURED_TREATED_BY_EMT

Buildings Affected

D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted): NUM_RESIDENT_BUILDING_AFFCTD

D11. Number of business buildings affected (evacuated or required repair or gas service interrupted): NUM_BUSINESS_BUILDING_AFFCTD

WILDLIFE_IMPACT_IND

D12. Wildlife impact: ○ Yes ○ No

D12a. If Yes, specify all that apply:

- ☐ Fish/aquatic FISH_AQUATIC_IMPACT_IND
- ☐ Birds BIRDS_IMPACT_IND
- ☐ Terrestrial TERRESTRIAL_IMPACT_IND

PART E – ADDITIONAL OPERATING INFORMATION

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

E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): GAS_FLOW_IN_PIPE_IN_MCF

E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig) : MOP_PSIG

E2a. 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)
☐ 192.624 (c)(1) ☐ 192. 624(c)(2) ☐ 192.624 (c)(3) ☐ 192.624 (c)(4) ☐ 192.624(c)(5) ☐ 192.624 (c)(6)
☐ Other Specify Other: MOP_CFR_SECTION_DETAILS

E2b. Date MAOP established: MAOP_ESTABLISHED_DATE
/ / / (Month / Day / Year)

MAOP_REVERSAL_FLOW_IND

E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction? ○ Yes ○ No ○ Bi-Directional

ACCIDENT_PRESSURE

E3. Describe the pressure on the system or facility relating to the Incident: (select only one)

☐ Pressure did not exceed MAOP
☐ Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201
☐ Pressure exceeded the applicable allowance in §192.201

E4. 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 ? PRESSURE_RESTRICTION_IND

☐ No ☐ Yes ⇨ *(Complete E4.a and E4.b below)*

EXCEED_RESTRICTION_IND

E4a. Did the pressure exceed this "established pressure restriction?" ○ Yes ○ No

PHMSA_RESTRICTION_IND

E4b. Was this pressure restriction mandated by PHMSA or the State? ○ PHMSA ○ State ○ Not mandated

GAS_REQUIRED_ODORIZED_IND

E5. Was the gas at the point of failure required to be odorized in accordance with §192.625? ○ Yes ○ No

If yes, Was the gas at the point of failure odorized in accordance with §192.625? ○ Yes ○ No GAS_ODORIZED_IND

If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer E6 through E8.

E6. Length of segment between upstream and downstream shut-off valves closest to failure location (ft): LENGTH_SEGMENT_ISOLATED

INTERNAL_INSPECTION_IND

E7 Is the pipeline configured to accommodate internal inspection tools?

☐ Yes
☐ No ⇨ Which physical features limit tool accommodation? *(select all that apply)*

DIAMETER_CHANGE_IND ○ Changes in line pipe diameter
UNSUITABLE_MAINLINE_IND ○ Presence of unsuitable mainline valves
TIGHT_MITERED_IND ○ Tight or mitered pipe bends
OTHER_RESTRICTIONS_IND ○ Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)
EXTRA_THICK_WALL_IND ○ Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)
OTHER_INSPECTION_IND ○ Other ⇨ Describe: INTERNAL_INSPECTION_DETAILS

OPERATION_COMPLICATIONS_IND

E8 For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?

☐ No
☐ Yes ⇨ Which operational factors complicate execution? *(select all that apply)*

EXCESSIVE_DEBRIS_IND ○ Excessive debris or scale, wax, or other wall build-up
LOW_OP_PRESSURE_IND ○ Low operating pressure(s)
LOW_FLOW_IND ○ Low flow or absence of flow
INCOMPAT_COMMOD_IND ○ Incompatible commodity
OTHER_COMPLICATIONS_IND ○ Other ⇨ Describe: INSPECT_COMP_DETAILS

E9 Function of pipeline system: *(select only one)* PIPELINE_FUNCTION

☐ Transmission System ☐ Transmission Line of Distribution System
☐ Type A Gathering ☐ Type B Gathering
☐ Transmission in Storage Field ☐ Offshore Gathering

E10 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 ⇨ E10.a Was it operating at the time of the Incident? ○ Yes ○ No SCADA_OPERATING_IND

E10.b Was it fully functional at the time of the Incident? ○ Yes ○ No SCADA_FUNCTIONAL_IND

E10.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? ○ Yes ○ No SCADA_DETECTION_IND

E10.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? ○ Yes ○ No SCADA_CONF_IND

INVESTIGATION_STATUS

E11 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)*

☐ 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

INVEST_NO_SCHEDULE_IND

○ Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue *(provide an explanation for why not):* INVEST_NO_SCHEDULE_IND_DETAILS

○ Investigation identified no control room issues INVEST_NO_CONTROL_ROOM_IND

○ Investigation identified no controller issues INVEST_NO_CONTROLLER_IND

○ Investigation identified incorrect controller action or controller error INVEST_INCORRECT_ACTION_IND

○ Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response INVEST_FATIGUE_IND

○ 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

INVEST_OTHER_IND

○ Investigation identified areas other than those above ⇨ Describe: INVEST_OTHER_IND_DETAILS

PART F – DRUG & ALCOHOL TESTING INFORMATION

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

○ No

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

F1b. Specify how many failed: / / / NUM_EMPLOYEES_FAILED

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

○ No

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

F2b. Specify how many failed: / / / NUM_CONTRACTORS_FAILED

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 Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part K – Contributing Factors.

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

GALVANIC_CORROSION_IND, ATMOSPHERE_CORROSION_IND, STRAY_CURRENT_CORROSION_IND, MICROBIOLOGICAL_CORROSION_IND, SELECTIVE_SEAM_CORROSION_IND

2. Type of corrosion: *(select all that apply)*
   ○ Galvanic ○ Atmospheric ○ Stray Current ○ Microbiological ○ Selective Seam
   ○ Other OTHER_CORROSION_IND, CORROSION_TYPE_DETAILS

STRAY_CURRENT_TYPE

2a. If 2 is Stray Current, specify ○ Alternating Current ○ Direct Current AND

2b. Describe the stray current source: STRAY_CURRENT_DETAILS

3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)* FIELD_EXAM_BASIS_IND METALLURGICAL_BASIS_IND
   ○ Field examination ○ Determined by metallurgical analysis
   ○ Other OTHER_BASIS_IND, CORROSION_BASIS_DETAILS

4. Was the failed item buried or submerged? UNDERGROUND_LOCATION
   ○ Yes ⇨ 4a. Was failed item considered to be under cathodic protection at the time of the incident? UNDER_CATHODIC_PROTECTION_IND
      ○ Yes ⇨ Year protection started: /___/___/___/___/ CATHODIC_PRO_START_YEAR
      ○ No

SHIELDING_EVIDENT

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

CATHODIC_SURVEY_TYPE

4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)

CP_ANNUAL_SURVEY_IND ○ Yes, CP Annual Survey ⇨ Most recent year conducted: CP_ANNUAL_SURVEY_YEAR /___/___/___/___/

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

OTHER_CP_SURVEY_IND ○ Yes, Other CP Survey ⇨ Most recent year conducted: OTHER_CP_SURVEY_YEAR /___/___/___/___/
   Describe other CP survey OTHER_CP_SURVEY_DETAILS
   ○ No

EXTERNALLY_COATED

○ No ⇨ 4d. Was the failed item externally coated or painted? ○ Yes ○ No

PRIOR_DAMAGE

5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
   ○ Yes ○ No ○ N/A Bare/Ineffectively Coated Pipe

☐ **Internal Corrosion**

6. Results of visual examination: INT_VISUAL_EXAM_RESULTS
   ○ Localized Pitting ○ General Corrosion ○ Not cut open
   ○ Other INT_VISUAL_EXAM_DETAILS

INT_CORROSIVE_COMMODITY_IND, INT_WATER_ACID_IND, INT_MICROBIOLOGICAL_IND, INT_EROSION_IND

7. Cause of corrosion: *(select all that apply)*
   ○ 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

INT_LOW_POINT_PIPE_LOC_IND, INT_ELBOW_LOC_IND, INT_DROP_OUT_LOC_IND, INT_DEAD_LEG_LOC_IND

9. Location of corrosion: *(select all that apply)*
   ○ Low point in pipe ○ Elbow ○ Drop-out ○ Dead-Leg
   ○ Other INT_OTHER_LOC_IND, CORROSION_LOCATION_DETAILS

CORROSION_INHIBITORS

10. Was the gas/fluid treated with corrosion inhibitors or biocides? ○ Yes ○ No

CORROSION_LINING

11. Was the interior coated or lined with protective coating? ○ Yes ○ No

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? CORROSION_COUPONS
   ○ Not applicable - Not mainline pipe ○ Yes ○ No

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 NF_OTHER_DETAILS 2. Specify: ○ Washout/Scouring ○ Flotation ○ Mudslide ○ Other _____
☐ **Lightning**	LIGHTNING_SUBTYPE 3. Specify: ○ Direct hit ○ Secondary impact such as resulting nearby fires
☐ **Temperature**	TEMPERATURE_SUBTYPE 4. Specify: ○ Thermal Stress ○ Frost Heave ○ Frozen Components ○ Other NF_OTHER_DETAILS
☐ **High Winds**	
☐ **Trees/Vegetation Roots**	
☐ **Snow/Ice impact or Accumulation**	
☐ **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

6a. 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

EX_PARTY_TYPE

☐ **Excavation Damage by Operator (First Party)**	
☐ **Excavation Damage by Operator's Contractor (Second Party)**	
☐ **Excavation Damage by Third Party**	
☐ **Previous Damage due to Excavation Activity**	

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

1. Did the operator get prior notification of the excavation activity? ○ Yes ○ No — PRIOR_NOTIFICATION_IND

1a. If Yes, Notification received from: *(select all that apply)* ○ One-Call System — ONE_CALL_SYSTEM_IND ○ Excavator — EXCAVATOR_IND ○ Contractor — CONTRACTOR_IND ○ Landowner — LANDOWNER_IND

1b. Per the primary Incident Investigator results, did State law exempt the excavator from notifying the one-call center? ○ Yes ○ No ○ Unknown — STATE_LAW_EXEMPT_IND

If yes, answer 1c. through 1e. — STATE_LAW_EXEMPT_TYPE

1c. select one of the following:

- ○ Excavator is exempt
- ○ Activity is exempt and did not exceed the limits of the exemption
- ○ Activity is exempt and exceeded the limits of the exemption
- ○ Other mandatory text field: _____ STATE_LAW_EXEMPT_DETAIL

1d. Exempting authority _____ STATE_LAW_EXEMPT_AUTHORITY

1e. Exempting criteria _____ STATE_LAW_EXEMPT_CRITERIA

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

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

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

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

PRIVATE_ROW_IND — ☐ Private ⇨ Specify: PRIVATE_SUBTYPE ○ 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

EXCAVATOR_TYPE

4. Type of excavator: *(select only one)*

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

EXCAVATOR_EQUIPMENT

5. 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

WORK_PERFORMED

6. Type of work performed: *(select only one)*

○ 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

7. Was the One-Call Center notified? ○ Yes ○ No If No, skip to question 11

*7a. If Yes, specify ticket number: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/ ONE_CALL_TICKET_NUM

*7b. 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

8. Type of Locator: ○ Utility Owner ○ Contract Locator ○ Data not collected ○ Unknown/Other

VISIBLE_MARKS

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

FACILITIES_MARKED

10. Were facilities marked correctly? ○ No ○ Yes ○ Data not collected ○ Unknown/Other

SERVICE_INTERRUPTION

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

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

ROOT_CAUSE

12. 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)*:

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

OUTSIDE_FORCE_TYPE

☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident**	
☐ **Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**	VEHICLE_SUBTYPE 1. Vehicle/Equipment operated by: *(select only one)* ○ Operator ○ Operator's Contractor ○ Third Party If this sub-section is picked, please complete questions 5-11 below
☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**	2. Select one or more of the following IF an extreme weather event was a factor: OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND ○ Hurricane ○ Tropical Storm ○ Tornado ○ Heavy Rains/Flood ○ Other OSF_OTHER_WEATHER_IND,
☐ **Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation**	OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS
☐ **Electrical Arcing from Other Equipment or Facility**	
☐ **Previous Mechanical Damage NOT Related to Excavation**	
☐ **Intentional Damage**	3. Specify: INTENTIONAL_SUBTYPE ○ Vandalism ○ Terrorism ○ Theft of transported commodity ○ Theft of equipment ○ Other INTENTIONAL_DETAILS
☐ **Other Outside Force Damage**	4. Describe: OSF_OTHER_DETAILS

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

DRIVER_ISSUED_CITATION_IND

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

If 5 is Yes, what was the nature of the citations (select all that apply)

5a. Excessive Speed CITATION_SPEED_IND
5b. Reckless Driving CITATION_RECKLESS_IND
5c. Driving Under the Influence CITATION_DUI_IND
5e. Other, describe: CITATION_OTHER_IND, CITATION_OTHER_DETAIL

DRIVER_IN_CONTROL_IND

6. Was the driver under control of the vehicle at the time of the collision? ○ Yes ○ No ○ Unknown

ESTIMATED_SPEED_UNKNOWN_IND

7. Estimated speed of the vehicle at the time of impact (miles per hour)? ESTIMATED_SPEED or ○ Unknown

VEHICLE_TYPE

8. Type of vehicle? (select only one) ○ Motorcycle/ATV ○ Passenger Car ○ Small Truck ○ Bus ○ Large Truck

9. Where did the vehicle travel from to hit the pipeline facility? (select only one) VEHICLE_TRAVEL_FROM
○ Roadway ○ Driveway ○ Parking Lot ○ Loading Dock ○ Off-Road

10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet): VEHICLE_TRAVEL_DISTANCE_FT

PROTECTIONS_INSTALLED_IND

11. At the time of the Incident, were protections installed to protect the damaged pipeline facility from vehicular damage? ○ Yes ○ No

If 11. is Yes, specify type of protection (select all that apply):

11a. Bollards/Guard Posts PROTECTION_BOLLARDS_POST_IND
11b. Barricades – include Jersey barriers and fences in instructions PROTECTION_BARRICADES_IND
11c. Guard Rails PROTECTION_GUARD_RAILS_IND
11d. Other, describe: PROTECTION_OTHER_IND, PROTECTION_OTHER_DETAIL

G5 - Material Failure of Pipe or Weld

PWJF_FAILURE_TYPE

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

1. The sub-cause selected below is based on the following: *(select all that apply)*

FIELD_EXAM_IND ☐ Field Examination ☐ Determined by Metallurgical Analysis METALLURGICAL_IND ☐ Other Analysis OTHER_ANALYSIS_IND, OTHER_ANALYSIS_DETAILS

☐ Sub-cause is Tentative or Suspected; Still Under Investigation *(Supplemental Report required)* STILL_UNDER_INVEST_IND

☐ **Design-, Construction-, Installation-, or Fabrication-related**

☐ **Original Manufacturing-related (NOT girth weld or other welds formed in the field)**

☐ **Environmental Cracking-related**

FATIGUE_VIBR_RELATED_1, FATIGUE_VIBR_RELATED_2

2. List contributing factors: *(select all that apply)*

☐ Fatigue- or Vibration-related: FAILURE_SUBTYPE_1, FAILURE_SUBTYPE_2

- ○ Mechanically-induced prior to installation (such as during transport of pipe)
- ○ Mechanical Vibration
- ○ Pressure-related
- ○ Thermal
- ○ Other FATIGUE_VIBR_RELATED_OTHER_1, FATIGUE_VIBR_RELATED_OTHER_2

☐ Mechanical Stress MECHANICAL_STRESS_1, MECHANICAL_STRESS_2

☐ Other OTHER_FACTOR_1, OTHER_FACTOR_2

OTHER_FACTOR_DETAILS_1, OTHER_FACTOR_DETAILS_2

STRESS_SUBTYPE

3. Specify: ○ Stress Corrosion Cracking ○ Sulfide Stress Cracking ○ Hydrogen Stress Cracking ○ Hard Spot ○ 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 ADDITIONAL_LACK_FUSION_IND

4. Additional factors (*select all that apply*): ○ Dent ○ Gouge ○ Pipe Bend ○ Arc Burn ○ Crack ○ Lack of Fusion

ADDITIONAL_LAMINATION_IND ADDITIONAL_BUCKLE_IND ADDITIONAL_WRINKLE_IN PWF_ADDITIONAL_MISALIGN_IND ADDITIONAL_BURNT_STEEL_IND

○ Lamination ○ Buckle ○ Wrinkle ○ Misalignment ○ Burnt Steel

○ Other PWF_ADDITIONAL_OTHER_IND, ADDITIONAL_OTHER_DETAILS

5. Post-construction pressure test value (psig) /__/__/__/__/ OR ○ Unknown

POST_CONSTR_PRESSURE_TEST_VAL

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

EQ_FAILURE_TYPE

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

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

OPERATION_TYPE

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

☐ **Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage**	
☐ **Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure**	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 an 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 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

   5a. 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

OTHER_TYPE

G8 – Other Incident Cause - only one **sub-cause** can be picked from shaded left-hand column

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

PART J – INTEGRITY INSPECTIONS	**Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:** **Corrosion (any subCause in Part G1); or** **Previous Damage due to Excavation Activity (subCause in Part G3); or** **Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or** **Material Failure of Pipe or Weld (any subCause in Part G5)**

COLLECTED_DATA_IND

J1. Have internal inspection tools collected data at the point of the Incident?

○ Yes ○ No

J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs:

AXIAL_MAGNETIC_FLX_LKG_IND

○ Axial Magnetic Flux Leakage

Most recent run Year: AXIAL_RECENT_YEAR

AXIAL_RCNT_PROPUL_METHOD

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered

AXIAL_RCNT_ATTUNED_DETECT

Most recent run Attuned to Detect (select only one): ○ Metal Loss ○ Hard Spots ○ Girth Weld Anomalies

○ Other Describe: AXIAL_RCNT_ATND_DTCT_DTLS

If Metal Loss, specify (select only one): ○ High Resolution ○ Standard Resolution AXIAL_RCNT_ATND_DTCT_METAL

○ Other Describe: AXIAL_RCNT_ATT_DT_METAL_DTLS

Previous run Year: AXIAL_PREVIOUS_YEAR

AXIAL_PREV_PROPUL_METHOD

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered

AXIAL_PREV_ATTUNED_DETECT

Previous run Attuned to Detect (select only one): ○ Metal Loss ○ Hard Spots ○ Girth Weld Anomalies

○ Other Describe: AXIAL_PREV_ATND_DTCT_DTLS

If Metal Loss, specify (select only one): ○ High Resolution ○ Standard Resolution AXIAL_PREV_ATND_DTCT_METAL

○ Other Describe: AXIAL_PREV_ATT_DT_METAL_DTLS

CIR_TRN_WAVE_MGN_FLX_LKG_IND

○ Circumferential/Transverse Wave Magnetic Flux Leakage

Most recent run Year: CIRC_WAVE_RECENT_YEAR

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered CIRC_WV_RCNT_PROPUL_METHOD

Most recent run Resolution (select only one): ○ High Resolution ○ Standard Resolution CIRC_WV_RCNT_RESOLUTION

○ Other Describe: CIRC_WV_RCNT_RESOLUTION_DTLS

Previous run Year: CIRC_WV_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered CIRC_WV_PREV_PROPUL_METHOD

Previous run Resolution (select only one): ○ High Resolution ○ Standard Resolution CIRC_WV_PREV_RESOLUTION

○ Other Describe: CIRC_WV_PREV_RESOLUTION_DTLS

○ Ultrasonic ULTRASONIC_IND

Most recent run Year: ULTRASONIC_RECENT_YEAR

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered ULTRASONIC_RCNT_PROPUL_METHOD

Most recent run Attuned to (select only one) ○ Wall Measurement ○ Crack ULTRASONIC_RCNT_ATTUNED

○ Other Describe: ULTRA_RCNT_ATTUNEDD_DTLS

If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one): UTRA_RCNT_ATT_METL_RESOLUTION

○ Standard Resolution ○ Other Describe: UTRA_RCNT_ATT_METL_RES_DTLS

Previous run Year: ULTR_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered ULTRA_PREV_PROPUL_METHOD

Most recent run Attuned to (select only one) ○ Wall Measurement ○ Crack ULTRA_PREV_ATTUNED

○ Other Describe: ULTRA_PREV_ATTUNED_DTLS

If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one): UTRA_PREV_ATT_METL_RESOLUTION

○ Standard Resolution ○ Other Describe: UTRA_PREV_ATT_METL_RES_DTLS

○ Geometry/Deformation GEOMETRY_DEFORMATION_IND

Most recent run Year: GEOMETRY_RECENT_YEAR

GEOMETRY_RCNT_PROPUL_METHOD

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered

Most recent run Resolution (select only one): ○ High Resolution ○ Standard Resolution GEOMETRY_RCNT_RESOLUTION

○ Other Describe: GEOMETRY_RCNT_RESOLUTION_DTLS

Most recent run Measurement Cups (select only one): ○ Inside ILI Cups ○ No Cups GEOMETRT_RCNT_MEASUR_CUPS

Previous run Year: GEOMETRY_PREVIOUS_YEAR

GEOMETRY_PREV_PROPUL_METHOD

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered

GEOMETRY_PREV_RESOLUTION

Previous run Resolution (select only one): ○ High Resolution ○ Standard Resolution

○ Other Describe: GEOMETRY_PREV_RESOLUTION_DTLS

Previous run Measurement Cups (select only one): ○ Inside ILI Cups ○ No Cups GEOMETRT_PREV_MEASUR_CUPS

EMAT_IND

○ Electromagnetic Acoustic Transducer (EMAT)

Most recent run Year: EMAT_RECENT_YEAR

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered EMAT_RCNT_PROPUL_METHOD

Previous run Year: EMAT_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered EMAT_PREV_PROPUL_METHOD

CPCM_IND

○ Cathodic Protection Current Measurement (CPCM)

Most recent run Year: CPCM_RECENT_YEAR

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered CPCM_RCNT_PROPUL_METHO

Previous run Year: CPCM_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered CPCM_PREV_PROPUL_METHOD

OTHER_TOOL_TECH_IND

○ Other, specify tool: OTHER_TOOL

Most recent run Year: OTHER_RECENT_YEAR

Most recent run Propulsion Method (select only one): ○ Free Swimming ○ Tethered OTHER_RCNT_PROPUL_METHOD

Previous run Year: OTHER_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ○ Free Swimming ○ Tethered OTHER_PREV_PROPUL_METHOD

Answer J1b only when the cause is:
Previous Damage due to Excavation Activity (subCause in Part G3); or
Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4) INSP_COMPL_BEFORE_DAMAGE_IND

J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? ○ Yes ○ No

HAS_HYDRTST_CONDUC_BEFORE_IND

J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? (initial post construction pressure test is NOT reported here)

HYDRTST_MOST_RCNT_YEAR HYDRTST_MOST_RCNT_PRESSURE

○ Yes ⇨ Most recent year tested: / / / / / Test pressure (psig): / / / / / /

○ No

DIRECT_ASMNT_CONDUCTED

J3. Has Direct Assessment been conducted on the pipeline segment?

DIRECT_ASMNT_AT_PNT_ACCDNT_YR

○ 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_ASMNT_PNT_NOT_IDNTF_YR

If Yes, J3a. For each type, indicate the year of the most recent assessment:

External Corrosion Direct Assessment (ECDA) / / / / / ASMNT_ECDA_RCNT_YEAR, ASMNT_ECDA_RCNT_IND

Internal Corrosion Direct Assessment (ICDA) / / / / / ASMNT_ICDA_RCNT_YEAR, ASMNT_ICDA_RCNT_IND

Stress Corrosion Cracking Direct Assessment (SCCDA) / / / / / ASMNT_SCCDA_RCNT_YEAR, ASMNT_SCCDA_RCNT_IND

Confirmatory Direct Assessment ASMNT_CONFIRMATORY_RCNT_YEAR, ASMNT_CONFIRMATORY_RCNT_IND

Other, specify type: ASMNT_OTHER_TYPE / / / / / ASMNT_OTHER_RCNT_YEAR, ASMNT_OTHER_RCNT_IND

J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002?

○ Yes ○ No NON_DESTRUCTIVE_EXAM_IND

J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:

EXM_RADIOGRAPHY_RCNT_YEAR, EXM_RADIOGRAPHY_RCNT_IND

○ Radiography / / / /

○ Guided Wave Ultrasonic / / / / EXM_WAVE_ULTRASONIC_RCNT_YEAR, EXM_WAVE_ULTRASONIC_RCNT_IND

○ Handheld Ultrasonic Tool / / / / EXM_HANDL_ULTRASONIC_RCNT_YEAR, EXM_HANDL_ULTRASONIC_RCNT_IND

○ Wet Magnetic Particle Test / / / / EXM_WET_MGNT_PARTCL_RCNT_YEAR, EXM_WET_MGNT_PARTCL_RCNT_IND

○ Dry Magnetic Particle Test / / / / EXM_DRY_MGNT_PARTCL_RCNT_YEAR, EXM_DRY_MGNT_PARTCL_RCNT_IND

○ Other, specify type EXM_OTHER_TYPE / / / / / EXM_OTHER_RCNT_YEAR EXM_OTHER_RCNT_IND

PART K – CONTRIBUTING FACTORS

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

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

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

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

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

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

Pipe/Weld Failure
- ☐ Design-related PWF_DESIGN_IND
- ☐ Construction-related PWF_CONSTRUCTION_IND
- ☐ Installation-related PWF_INSTALLATION_IND
- ☐ Fabrication-related PWF_FABRICATION_IND
- ☐ Original Manufacturing-related PWF_MANUFACTURING_IND
- ☐ Environmental Cracking-related, Stress Corrosion Cracking PWF_ENV_STRESS_CORROSION_IND
- ☐ Environmental Cracking-related, Sulfide Stress Cracking PWF_ENV_SULFIDE_STRESS_IND
- ☐ Environmental Cracking-related, Hydrogen Stress Cracking PWF_ENV_HYDROGEN_STRESS_IND
- ☐ Environmental Cracking-related, Hard Spot PWF_ENV_HARD_SPOT_IND

Equipment Failure
- ☐ Malfunction of Control/Relief Equipment EQF_CONTROL_RELEAF_IND
- ☐ Compressor or Compressor-related Equipment EQF_COMPRESSOR_IND
- ☐ Threaded Connection/Coupling Failure EQF_THREADED_COUPLING_IND
- ☐ Non-threaded Connection Failure EQF_NON_THREADED_IND
- ☐ Defective or Loose Tubing or Fitting EQF_DEFECTIVE_FITTING_IND
- ☐ Failure of Equipment Body (except Compressor), Vessel Plate, or other Material EQF_EQUIPMENT_BODY_IND

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

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT

(Attach additional sheets as necessary)

NARRATIVE

PART I – PREPARER AND AUTHORIZED PERSON

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

LOCAL_CONTACT_NAME
Local Contact Name: optional

LOCAL_CONTACT_EMAIL
Local Contact Email: optional

LOCAL_CONTACT_TELEPHONE
Local Contact Phone: optional

AUTHORIZER_NAME
Authorized Signer Name

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
IYEAR	*Year accident occurred, derived from accident date*