

<div></div> <div>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</div>	INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS	<div>Expires: 06/7/2024</div> <div>REPORT_RECEIVED_DATE</div> <div>Report Date _____</div> <div>REPORT_NUMBER</div> <div>No. SUPPLEMENTAL_NUMBER</div> <div>(DOT Use Only)</div>
<div>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.</div>		
<div><div>INSTRUCTIONS</div><div>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.</div></div>		
PART A – KEY REPORT INFORMATION	Report Type: (select all that apply) <div><input type="checkbox"/> Original<input type="checkbox"/> Supplemental<input type="checkbox"/> Final</div> 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: <div><div>A3a. Street Address: auto-populated based on OPID OPERATOR_STREET_ADDRESS</div><div>A3b. City: auto-populated based on OPID OPERATOR_CITY_NAME</div><div>A3c. State: auto-populated based on OPID OPERATOR_STATE_ABBREVIATION</div><div>A3d. Zip Code: auto-populated based on OPID OPERATOR_POSTAL_CODE</div></div>		
A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met: <div><div>_____/_____/_____ Hour Month Day Year LOCAL_DATETIME</div><div>TIME_ZONE</div></div>		
A4a. Time Zone for local time (select only one) <input type="radio"/> Alaska <input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Hawaii-Aleutian <input type="radio"/> Mountain <input type="radio"/> Pacific.		
A4b. Daylight Saving in effect? <input type="radio"/> Yes <input type="radio"/> No DAYLIGHT_SAVINGS_IND		
A5. Location of Incident: <div>Latitude: _____. LOCATION_LATITUDE</div> <div>Longitude: - _____. LOCATION_LONGITUDE</div>		
A6. Gas released: (select only one, based on predominant volume released) COMMODITY_RELEASED_TYPE <div><div><input type="checkbox"/> Natural Gas</div><div><input type="checkbox"/> Propane Gas</div><div><input type="checkbox"/> Synthetic Gas</div><div><input type="checkbox"/> Hydrogen Gas</div><div><input type="checkbox"/> Landfill Gas</div><div><input type="checkbox"/> Other Gas ➞ Name: COMMODITY_DETAILS</div></div>		
A7. Estimated volume of gas released unintentionally: UNINTENTIONAL_RELEASE _____/_____/_____/_____/_____/_____/ thousand standard cubic feet (mcf)		
A8. Estimated volume of intentional and controlled release/blowdown : INTENTIONAL_RELEASE _____/_____/_____/_____/_____/_____/ thousand standard cubic feet (mcf)		
A9. Estimated volume of accompanying liquid released: ACCOMPANYING_LIQUID _____/_____/_____/_____/ Barrels		

<p>A10. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No FATALITY_IND</p> <p>If Yes, specify the number in each category:</p> <p>A10a. Operator employees NUM_EMP_FATALITIES <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A10b. Contractor employees NUM_CONTR_FATALITIES working for the Operator <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A10c. Non-Operator NUM_ER_FATALITIES emergency responders <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A10d. Workers working on the NUM_WORKER_FATALITIES right-of-way, but NOT associated with this Operator <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A10e. General public NUM_GP_FATALITIES <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A10f. Total fatalities (sum of above) <i>calculated</i> FATAL</p>	<p style="text-align: right;">INJURY_IND</p> <p>A11. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>A11a. Operator employees NUM_EMP_INJURIES <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A11b. Contractor employees NUM_CONTR_INJURIES working for the Operator <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A11c. Non-Operator NUM_ER_INJURIES emergency responders <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A11d. Workers working on the NUM_WORKER_INJURIES right-of-way, but NOT associated with this Operator <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A11e. General public NUM_GP_INJURIES <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div></p> <p>A11f. Total injuries (sum of above) <i>calculated</i> INJURE</p>
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A12. What was the Operator's initial indication of the Failure? (*select only one*) **ACCIDENT_IDENTIFIER**

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

A13. Local time Operator identified failure **INCIDENT_IDENTIFIED_DATETIME**

Hour

Month

Day

Year

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

☐ 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*) **STATUS_WHEN_IDENTIFIED**

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

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*)

A16a. Local time and date of shutdown **SHUTDOWN_DATETIME**

Hour

Month

Day

Year

A16b. Local time pipeline/facility restarted **RESTART_DATETIME**

Hour

Month

Day

Year

☐ Still shut down*
**Supplemental Report required*

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

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

A18. Local time operator resources arrived on site **ON_SITE_DATETIME**

Hour

Month

Day

Year

A19. reserved

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Hour Month Day Year **NRC_RPT_DATETIME**

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

If A21 = Yes, then answer A21a through d:

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

GAS CONSUMED BY FIRE IN MCF

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

EXPLODE IND

A21d. Did the gas explode? ☐ Yes ☐ No

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 ☐ Valve Closure ☐ Operational Control - mandatory text field
If Valve Closure, answer A22.b and c: ☐ UPSTREAM VALVE CLOSE DATETIME

A22b. Local time of final upstream valve closure

UPSTREAM_VALVE_CLOSE_DATETIME

Hour Month Day Year

UPSTREAM VALVE TYPE IND

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

☐ Manual ☐ Automatic ☐ Remotely Controlled

DOWNSTREAM_ACTION_TAKEN ☐ Manual ☐ Automatic ☐ Remotely Controlled **DOWNSTREAM_OPRTNL_CNTRL_DETAIL**
A22d. Initial action taken to control flow downstream of failure location ☐ Valve Closure ☐ Operational Control - mandatory text field
If Valve Closure, answer A22e and f:

A22e. Local time of final downstream valve closure

DOWNSTREAM_VLV_CLOSE_DATETIME

Hour	Month	Dav	Year
1	2	3	4

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	
<p>B1. Was the origin of the Incident onshore? <i>Auto-populated based on A14</i> ON_OFF_SHORE <input type="radio"/> Yes <i>(Complete Questions B2-B11)</i> <input type="radio"/> No <i>(Complete Questions B12-B14)</i></p>	
<p>B1a. Pipeline/Facility name: PIPE_FAC_NAME</p>	
<p>B1b. Segment name/ID: SEGMENT_NAME</p>	
<p>If Onshore:</p>	
<p>ONSHORE_STATE_ABBREVIATION B2. State: <u> </u> / <u> </u> / <u> </u> ONSHORE_POSTAL_CODE B3. Zip Code: <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u></p>	
<p>B4 ONSHORE_CITY_NAME B5 ONSHORE_COUNTY_NAME City County or Parish</p>	
<p>DESIGNATED_LOCATION B6. Operator designated location: <i>(select only one)</i> <input type="checkbox"/> Milepost <i>(specify in shaded area below)</i> <input type="checkbox"/> Survey Station No. <i>(specify in shaded area below)</i> <input type="checkbox"/> Not Applicable (B7 will not accept data)</p>	
<p>DESIGNATED_NAME B7. / / / / / / / / / / / / / / / /</p>	
<p>B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? FEDERAL LOCATION_TYPE <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>B9. Location of Incident: <i>(select only one)</i> <input type="checkbox"/> Operator-controlled property <input type="checkbox"/> Pipeline right-of-way INCIDENT_AREA_TYPE</p>	
<p>B10. Area of Incident (as found): <i>(select only one)</i> INCIDENT_AREA_SUBTYPE <input type="checkbox"/> Belowground storage or aboveground storage vessel, including attached appurtenances <input type="checkbox"/> Underground ⇨ Specify: <input type="radio"/> Under soil <input type="radio"/> Under a building <input type="radio"/> Under pavement <input type="radio"/> Exposed due to excavation <input type="radio"/> Exposed due to loss of cover <input type="radio"/> In underground enclosed space (e.g., vault) <input type="radio"/> Other INCIDENT_AREA_DETAILS DEPTH_OF_COVER B10a. Depth-of-Cover (in): <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p>	
<p>OTHER_UNDERGROUND_FACILITIES B10b. Were other underground facilities found within 12 inches of the failure location? <input type="radio"/> Yes <input type="radio"/> No</p>	
<p><input type="checkbox"/> Aboveground ⇨ Specify: <input type="radio"/> Typical aboveground facility piping or appurtenance <input type="radio"/> Overhead crossing <input type="radio"/> In or spanning an open ditch <input type="radio"/> Inside a building <input type="radio"/> Inside other enclosed space <input type="radio"/> Other INCIDENT_AREA_DETAILS <input type="checkbox"/> Transition Area ⇨ Specify: <input type="radio"/> Soil/air interface <input type="radio"/> Wall sleeve <input type="radio"/> Pipe support or other close contact area <input type="radio"/> Other INCIDENT_AREA_DETAILS</p>	
<p>CROSSING B11. Did Incident occur in a crossing? <input type="radio"/> Yes <input type="radio"/> No If Yes, specify type: <input type="checkbox"/> Bridge crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased BRIDGE_CROSSING_IND, BRIDGE_TYPE <input type="checkbox"/> Railroad crossing <i>(select all that apply)</i> <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled RAILROAD_CROSSING_IND, RAILROAD_TYPE <input type="checkbox"/> Road crossing <i>(select all that apply)</i> <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled ROAD_CROSSING_IND, ROAD_TYPE <input type="checkbox"/> Water crossing WATER_CROSSING_IND, WATER_TYPE Specify: <input type="radio"/> Cased <input type="radio"/> Uncased Name of body of water, if commonly known: WATER_NAME WATER_DEPTH Approx. water depth (ft) at the point of the Incident: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> OR <input type="radio"/> Unknown <i>(select only one of the following)</i> <input type="radio"/> Shoreline/Bank/Marsh crossing WATER_SUBTYPE <input type="radio"/> Below water, pipe in bored/drilled crossing <input type="radio"/> Below water, pipe buried below bottom (NOT in bored/drilled crossing) <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>If Offshore:</p>	
<p>B12. Approximate water depth (ft.) at the point of the Incident: OFF_WATER_DEPTH OFF_ACCIDENT_ORIGIN OFFSHORE_STATE_ABBREVIATION B13. Origin of Incident: OFF_INSTATE_AREA OFF_INSTATE_BLOCK <input type="checkbox"/> In State waters Specify: State: <u> </u> / <u> </u> / <u> </u> Area: <u> </u> Block/Tract #: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> Nearest County/Parish: OFFSHORE_COUNTY_NAME</p>	
<p>OCS_TYPE <input type="checkbox"/> On the Outer Continental Shelf (OCS)) (select only one) <input type="radio"/> OCS – Alaska <input type="radio"/> OCS- Atlantic <input type="radio"/> OCS-Gulf of Mexico <input type="radio"/> OCS – Pacific Area: OFF_OCS_AREA Block/Tract #: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> OFF_OCS_BLOCK</p>	
<p>B14. Area of Incident: <i>(select only one)</i> OFF_AREA_ACCIDENT_TYPE <input type="checkbox"/> Shoreline/Bank/Marsh crossing or shore approach <input type="checkbox"/> Below water, pipe buried or jetted below seabed <input type="checkbox"/> Below water, pipe on or above seabed <input type="checkbox"/> Splash Zone of riser <input type="checkbox"/> Portion of riser outside of Splash Zone, including riser bend <input type="checkbox"/> Platform</p>	

PART C – ADDITIONAL FACILITY INFORMATION	
C1. Is the pipeline or facility: PIPE_FACILITY_TYPE <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	
C2. Material involved in Incident: (select only one) MATERIAL_INVOLVED <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Material other than Carbon Steel or Plastic ➡ *Specify: MATERIAL_DETAILS	
C3. Item involved in Incident: (select only one) ITEM_INVOLVED <input type="checkbox"/> PIPE_TYPE ➡ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam C3a. Nominal Pipe Size: PIPE_DIAMETER / / / / / If Pipe Body: Was this a Puddle/Spot Weld? <input type="radio"/> Yes <input type="radio"/> No PUDDLE_WELD_IND If C2. is Carbon Steel PIPE_WALL_THICKNESS C3b. Wall thickness (in): PIPE_WALL_THICKNESS / / / / / C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): PIPE_SMYS / / / / / C3d. Pipe specification: PIPE_SPECIFICATION OR <input type="radio"/> Unknown C3e. Pipe Seam ➡ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> DSAW PIPE_SEAM_TYPE <input type="radio"/> Longitudinal ERW - Low Frequency <input type="radio"/> Continuous Welded <input type="radio"/> Furnace Butt Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other PIPE_SEAM_DETAILS C3f. Pipe manufacturer: PIPE_MANUFACTURER OR <input type="radio"/> Unknown C3g. Pipeline coating type at point of Incident PIPE_COATING_TYPE ➡ Specify: <input type="radio"/> Epoxy <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other PIPE_COATING_DETAILS C3h. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown COATING_APPLIED_IND If C2. is Plastic PLASTIC_TYPE C3i. If Plastic ➡ Specify type: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) PLASTIC_DETAILS <input type="radio"/> Unknown <input type="radio"/> Other: mandatory text field PLASTIC_SDR WT_PLASTIC WT_PLASTIC_UNKNOWN_IND C3j. If Plastic ➡ Specify Standard Dimension Ratio (SDR): PLASTIC_SDR / / / / / or wall thickness: WT_PLASTIC / / / / / or <input type="radio"/> 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 <input type="radio"/> Unknown PLASTIC_PE_UNKNOWN_IND <input type="checkbox"/> Weld/Fusion, including heat-affected zone ➡ WELD_SUBTYPE Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Pipe Plastic Fusion <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld WELD_DETAILS 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? <input type="radio"/> Yes <input type="radio"/> No DIFFERENT_GIRTH_WELD_IND If Yes, enter the different value(s) below: DIFF_GIRTH_WELD_WALL_THICKNESS C3l. Wall thickness (in): DIFF_GIRTH_WELD_WALL_THICKNESS / / / / / DIFF_GIRTH_WELD_SMYS C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): DIFF_GIRTH_WELD_SMYS / / / / / C3n. Pipe specification: DIFF_GIRTH_WELD_SPECIFICATION OR <input type="radio"/> Unknown DIFF_GIRTH_WELD_SEAM_TYPE C3o. Pipe Seam ➡ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> Longitudinal ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency <input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other, describe: DIFF_GIRTH_WELD_SEAM_DETAIL C3p. Pipe manufacturer: DIFF_GIRTH_WELD_MANUFACTURER OR <input type="radio"/> Unknown C3q. Pipeline coating type at point of Accident DIFF_GIRTH_WELD_COATING_TYPE ➡ Specify: <input type="radio"/> Fusion Bonded Epoxy (FBE) <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene <input type="radio"/> Epoxy other than FBE <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other, describe: DIFF_GIRTH_WELD_COATING_DETAIL C3r. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown DIFF_GIRTH_WELD_CTNG_APPLD_IND If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.	

- ☐ **VALVE_TYPE**
Valve, excluding Regulator/Control Valves **VALVE MAINLINE DETAILS**
☐ Mainline \Rightarrow Specify: ☐ Butterfly ☐ Check ☐ Gate ☐ Plug ☐ Ball ☐ Globe ☐ Other **ITEM_INVOLVED_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: / / / / / OR ☐ Unknown **MANUFACTURED_YEAR**

- C6. Type of release involved: (select only one) **RELEASE_TYPE**
- ☐ **PUNCTURE_AXIAL**
Mechanical Puncture \Rightarrow Approx. size: / / / / / in. (axial) by / / / / / in. (circumferential)
- ☐ **LEAK_TYPE**
Leak \Rightarrow Select Type: ☐ Pinhole ☐ Crack ☐ Connection Failure ☐ Seal or Packing ☐ Other **LEAK_TYPE_OTHER**
- ☐ **RUPTURE_ORIENT**
Rupture \Rightarrow Select Orientation: ☐ Circumferential ☐ Longitudinal ☐ Other **RUPTURE_DETAILS**
Approx. size: **RUPTURE_WIDTH** / / / / / in. (widest opening) by **RUPTURE_LENGTH** / / / / / in. (length circumferentially or axially)
- ☐ **Other** \Rightarrow *Describe: **RELEASE_TYPE_DETAILS**

PART D – ADDITIONAL CONSEQUENCE INFORMATIOND1. Class Location of Incident: (select only one) **CLASS_LOCATION_TYPE**

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

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

- ☐ No **DETERMINATION_METHOD**
☐ Yes → D2.a Specify the Method used to identify the HCA: ☐ 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 **NOT_FLAMMABLE_IND**D4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? ☐ Yes ☐ No **HEAT_DAMAGE_IND**D5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? ☐ Yes ☐ No **NON_HEAT_DAMAGE_IND**D6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? **HCA_FATALITIES_IND** ☐ Yes ☐ NoIf Yes, Describe the cause of the fatalities or injuries: **FATAL_INJURE_CAUSE** _____

D13. If D2. Is No, answer D13a.

DID_OCCUR_IN_MCA_INDD13a. 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:

D7a. Estimated cost of public and non-Operator private property damage \$ **EST_COST_OPER_PAID** / / / / /D7b. Estimated cost of Operator's property damage & repairs \$ **EST_COST_PROP_DAMAGE** / / / / /D7c. Estimated cost of emergency response \$ **EST_COST_EMERGENCY** / / / / /D7d. Estimated other costs \$ **EST_COST_OTHER** / / / / /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** _____D7f. Estimated cost of gas released unintentionally \$ *calculated* **EST_COST_GAS_RELEASED**D7g. Estimated cost of gas released during intentional and controlled blowdown \$ *calculated* **EST_COST_INTENT_REL**D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) \$ *calculated*D7i. Estimated Total Cost (sum of D7e and D7h) \$ *calculated* **TOTAL_COST****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.**D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: **NUM_PERSONS_HOSP_NOT_OVNIGHT** _____**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**

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

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

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

☐ Pressure did not exceed MAOP

☐ Pressure exceeded MAOP, but did not exceed 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**

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

E7 Is the pipeline configured to accommodate internal inspection tools? **INTERNAL_INSPECTION_IND**

☐ 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

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

OPERATION_COMPLICATIONS_IND

☐ 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**

<input type="checkbox"/> Transmission System	<input type="checkbox"/> Transmission Line of Distribution System
<input type="checkbox"/> Type A Gathering	<input type="checkbox"/> Type B Gathering
<input type="checkbox"/> Transmission in Storage Field	<input type="checkbox"/> 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**
- 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)* **INVESTIGATION_STATUS**
☐ Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator **(Supplemental Report required)**
☐ No, the facility was not monitored by a controller(s) at the time of the Incident
☐ No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate):* **INVESTIGATION_STATUS_DETAILS**
☐ Yes, specify investigation result(s): *(select all that apply)*
☐ Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue **INVEST_SCHEDULE_IND** **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
MAP_CAUSE	MAP_SUBCAUSE
<p>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.</p>	
<p>G1 - Corrosion Failure – only one sub-cause can be picked from shaded left-hand column</p>	
<p>INTERNAL_EXTERNAL</p>	
<p><input type="checkbox"/> External Corrosion</p> <p>GALVANIC_CORROSION_IND ATMOSPHERE_CORROSION_IND STRAY_CURRENT_CORROSION_IND</p>	<p>1. Results of visual examination: VISUAL_EXAM_RESULTS <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other VISUAL_EXAM_DETAILS</p> <p>2. Type of corrosion: (select all that apply) SELECTIVE_SEAM_CORROSION_IND <input type="radio"/> Galvanic <input type="radio"/> Atmospheric <input type="radio"/> Stray Current <input type="radio"/> Microbiological <input type="radio"/> Selective Seam <input type="radio"/> Other OTHER_CORROSION_IND CORROSION_TYPE_DETAILS</p> <p>2a. If 2 is Stray Current, specify <input type="radio"/> Alternating Current <input type="radio"/> Direct Current AND 2b. Describe the stray current source: STRAY_CURRENT_DETAILS</p> <p>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 <input type="radio"/> Field examination <input type="radio"/> Determined by metallurgical analysis <input type="radio"/> Other OTHER_BASIS_IND CORROSION_BASIS_DETAILS</p> <p>4. Was the failed item buried or submerged? UNDERGROUND_LOCATION <input type="radio"/> Yes ⇒ 4a. Was failed item considered to be under cathodic protection at the time of the incident? UNDER_CATHODIC_PROTECTION_IND <input type="radio"/> Yes ⇒ Year protection started: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <input type="radio"/> No CATHODIC_PRO_START_YEAR</p> <p>4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident? SHIELDING_EVIDENT <input type="radio"/> Yes <input type="radio"/> No CATHODIC_SURVEY_TYPE</p> <p>4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply) CP_ANNUAL_SURVEY_YEAR <input type="radio"/> Yes, CP Annual Survey ⇒ Most recent year conducted: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> CLOSE_INTERVAL_SURVEY_YEAR <input type="radio"/> Yes, Close Interval Survey ⇒ Most recent year conducted: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> OTHER_CP_SURVEY_YEAR <input type="radio"/> Yes, Other CP Survey ⇒ Most recent year conducted: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> Describe other CP survey OTHER_CP_SURVEY_DETAILS <input type="radio"/> No EXTERNALLY_COATED <input type="radio"/> No ⇒ 4d. Was the failed item externally coated or painted? <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. Was there observable damage to the coating or paint in the vicinity of the corrosion? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Bare/Ineffectively Coated Pipe PRIOR_DAMAGE</p>
<p><input type="checkbox"/> Internal Corrosion</p> <p>INT_CORROSIVE_COMMODITY_IND INT_WATER_ACID_IND INT_MICROBIOLOGICAL_IND</p> <p>INT_LOW_POINT_PIPE_LOC_IND INT_ELBOW_LOC_IND INT_DROP_OUT_LOC_IND</p>	<p>6. Results of visual examination: INT_VISUAL_EXAM_RESULTS <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Not cut open <input type="radio"/> Other INT_VISUAL_EXAM_DETAILS</p> <p>7. Cause of corrosion: (select all that apply) INT_EROSION_IND <input type="radio"/> Corrosive Commodity <input type="radio"/> Water drop-out/Acid <input type="radio"/> Microbiological <input type="radio"/> Erosion <input type="radio"/> Other INT_OTHER_CORROSION_IND INT_CORROSION_TYPE_DETAILS</p> <p>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 <input type="radio"/> Field examination <input type="radio"/> Determined by metallurgical analysis <input type="radio"/> Other INT_OTHER_BASIS_IND INT_CORROSION_BASIS_DETAILS</p> <p>9. Location of corrosion: (select all that apply) INT_DEAD_LEG_LOC_IND <input type="radio"/> Low point in pipe <input type="radio"/> Elbow <input type="radio"/> Drop-out <input type="radio"/> Dead-Leg <input type="radio"/> Other INT_OTHER_LOC_IND CORROSION_LOCATION_DETAILS</p> <p>10. Was the gas/fluid treated with corrosion inhibitors or biocides? <input type="radio"/> Yes <input type="radio"/> No CORROSION_INHIBITORS</p> <p>11. Was the interior coated or lined with protective coating? <input type="radio"/> Yes <input type="radio"/> No CORROSION LINING</p> <p>12. Were cleaning/dewatering pigs (or other operations) routinely utilized? <input type="radio"/> Not applicable - Not mainline pipe <input type="radio"/> Yes <input type="radio"/> No CLEANING_DEWATERING</p> <p>13. Were corrosion coupons routinely utilized? <input type="radio"/> Not applicable - Not mainline pipe <input type="radio"/> Yes <input type="radio"/> No CORROSION_COUPONS</p>

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

<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	EARTH SUBTYPE 1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> Heavy Rains/Floods	HEAVY_RAINS SUBTYPE 2. Specify: <input type="radio"/> Washout/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> Lightning	LIGHTNING SUBTYPE 3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	TEMPERATURE SUBTYPE 4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Trees/Vegetation Roots	
<input type="checkbox"/> Snow/Ice impact or Accumulation	
<input type="checkbox"/> 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**PARTY_TYPE**

<input type="checkbox"/> Excavation Damage by Operator (First Party)	
<input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party)	
<input type="checkbox"/> Excavation Damage by Third Party	
<input type="checkbox"/> Previous Damage due to Excavation Activity	

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

1. Did the operator get prior notification of the excavation activity? ☐ Yes ☐ No **ONE_CALL_SYSTEM_IND, EXCAVATOR_IND, CONTRACTOR_IND, LANDOWNER_IND**
- 1a. If Yes, Notification received from: (select all that apply) ☐ One-Call System ☐ Excavator ☐ Contractor ☐ Landowner
- 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.
- 1c. select one of the following: **STATE_LAW_EXEMPT_TYPE**
- ☐ 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: ☐ City Street ☐ State Highway ☐ County Road ☐ Interstate Highway ☐ Other **PUBLIC_SUBTYPE**
- PRIVATE_ROW_IND** ☐ Private ☐ Specify: ☐ Private Landowner ☐ Private Business ☐ Private Easement **PRIVATE_SUBTYPE**
- ☐ Pipeline Property/Easement **PIPELINE_EASEMENT_ROW_IND**
- ☐ Power/Transmission Line **POWER_TRANSMISSION_ROW_IND**
- ☐ Railroad **RAILROAD_ROW_IND**
- ☐ Dedicated Public Utility Easement **PUBLIC_UTIL_EASEMENT_ROW_IND**
- ☐ Federal Land **FEDERAL_LAND_ROW_IND**
- ☐ Data not collected **DATA_NOT_COLLECTED_ROW_IND**
- ☐ Unknown/Other **UNKNOWN_ROW_IND**

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

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

5. 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

6. 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

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

ONE_CALL_TICKET_NUM

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

*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_INTERRUPTIO

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**

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): **ROOT_CAUSE**

ONE_CALL_SUBTYPE

☐ One-Call Notification Practices Not Sufficient: (select only one)

- ☐ No notification made to the One-Call Center
- ☐ Notification to One-Call Center made, but not sufficient
- ☐ Wrong information provided

LOCATING_SUBTYPE

☐ Locating Practices Not Sufficient: (select only one)

- ☐ Facility could not be found/located
- ☐ Facility marking or location not sufficient
- ☐ Facility was not located or marked
- ☐ Incorrect facility records/maps

EXCAVATION_SUBTYPE

☐ Excavation Practices Not Sufficient: (select only one)

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

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

☐ Other / None of the Above (explain)

ROOT_CAUSE_OTHER

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

<input type="checkbox"/> OUTSIDE_FORCE_TYPE Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	VEHICLE_SUBTYPE 1. Vehicle/Equipment operated by: <i>(select only one)</i> <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party If this sub-section is picked, please complete questions 5-11 below
<input type="checkbox"/> 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: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other <u>OSF_OTHER_WEATHER_IND</u> OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility	
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	
<input type="checkbox"/> Intentional Damage	3. Specify: INTENTIONAL_SUBTYPE <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of transported commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other <u>INTENTIONAL_DETAILS</u>
<input type="checkbox"/> Other Outside Force Damage	4. Describe: <u>OSF_OTHER_DETAILS</u>

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

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

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

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

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

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		Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."	
PWJF_FAILURE_TYPE		Only one sub-cause can be picked from shaded left-hand column	
1. The sub-cause selected below is based on the following: <i>(select all that apply)</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> FIELD_EXAM_IND Field Examination <input type="checkbox"/> METALLURGICAL_IND Determined by Metallurgical Analysis <input type="checkbox"/> OTHER_ANALYSIS_IND Other Analysis OTHER_ANALYSIS_DETAILS </div> <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i> STILL_UNDER_INVEST_IND			
<input type="checkbox"/> Design-, Construction-, Installation-, or Fabrication-related	FATIGUE_VIBR_RELATED_1, FATIGUE_VIBR_RELATED_2 2. List contributing factors: <i>(select all that apply)</i> <input type="checkbox"/> Fatigue- or Vibration-related: FAILURE_SUBTYPE_1, FAILURE_SUBTYPE_2 <input type="radio"/> Mechanically-induced prior to installation (such as during transport of pipe) <input type="radio"/> Mechanical Vibration <input type="radio"/> Pressure-related <input type="radio"/> Thermal <input type="radio"/> Other FATIGUE_VIBR_RELATED_OTHER_1, FATIGUE_VIBR_RELATED_OTHER_2 <input type="checkbox"/> Mechanical Stress MECHANICAL_STRESS_1, MECHANICAL_STRESS_2 <input type="checkbox"/> Other OTHER_FACTOR_DETAILS_1, OTHER_FACTOR_DETAILS_2		
<input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)	OTHER_FACTOR_1, OTHER_FACTOR_2		
<input type="checkbox"/> Environmental Cracking-related			
STRESS_SUBTYPE 3. Specify: <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Sulfide Stress Cracking <input type="radio"/> Hydrogen Stress Cracking <input type="radio"/> Hard Spot <input type="radio"/> Other STRESS_DETAILS			
<div style="display: flex; justify-content: space-between; font-size: small;"> ADDITIONAL_DENT_IND ADDITIONAL_GOUGE_IND ADDITIONAL_PIPE_BEND_IND ADDITIONAL_ARC_BURN_IND </div> Complete the following if any Material Failure of Pipe or Weld sub-cause is selected. <div style="display: flex; justify-content: space-between; font-size: small;"> ADDITIONAL_CRACK_IND ADDITIONAL_LACK_FUSION_IND ADDITIONAL_LAMINATION_IND ADDITIONAL_BUCKLE_IND </div> 4. Additional factors <i>(select all that apply)</i> : <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Pipe Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Lack of Fusion <input type="radio"/> Lamination <input type="radio"/> Buckle <input type="radio"/> Wrinkle PWF_ADDITIONAL_MISALIGN_IND <input type="radio"/> Misalignment <input type="radio"/> Burnt Steel ADDITIONAL_BURNT_STEEL_IND <input type="radio"/> Other PWF_ADDITIONAL_OTHER_IND ADDITIONAL_OTHER_DETAILS			
5. Post-construction pressure test value (psig) <u> / / / / / </u> OR <input type="radio"/> Unknown POST_CONSTR_PRESSURE_TEST_VAL			

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

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

- ☐ 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**
- ☐ Improper maintenance **ADDITIONAL_IMPROPER_MNTNCE_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 gas/fluid **ADDITIONAL_BREAKDOWN_IND**
- ☐ Valve vault or valve can contributed to the release **ADDITIONAL_VALVE_IND**
- ☐ Alarm/status failure **ADDITIONAL_ALARM_IND**
- ☐ Misalignment **EQ_ADDITIONAL_MISALIGN_IND**
- ☐ Thermal stress **EQ_ADDITIONAL_THERMAL_IND**
- ☐ Erosion/abnormal wear **ADDITIONAL_EROSION_WEAR_IND**
- ☐ Other _____ **EQ_ADDITIONAL_OTHER_IND** **EQ_ADDITIONAL_OTHER_DETAILS** _____

G7 - Incorrect Operation - only one sub-cause can be picked from shaded left-hand column		OPERATION_TYPE
<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage		
<input type="checkbox"/> Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	OVERFLOW_OTHER_IND 1. Specify: <input type="radio"/> Valve Misalignment <input type="radio"/> Incorrect Reference Data/Calculation <input type="radio"/> Miscommunication <input type="radio"/> Inadequate Monitoring <input type="radio"/> Other OVERFLOW_OTHER_DETAILS	
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure		
<input type="checkbox"/> Pipeline or Equipment Overpressured		
<input type="checkbox"/> Equipment Not Installed Properly		
<input type="checkbox"/> Wrong Equipment Specified or Installed		
<input type="checkbox"/> Other Incorrect Operation	2. Describe: OPERATION_DETAILS	
Complete the following if any Incorrect Operation sub-cause is selected. 3. Was this Incident related to: (select all that apply) <input type="radio"/> Inadequate procedure RELATED_INADEQUATE_PROC_IND <input type="radio"/> No procedure established RELATED_NO_PROC_IND <input type="radio"/> Failure to follow procedure RELATED_FAILURE_FOLLOW_IND <input type="radio"/> Other: RELATED_OTHER_IND OPERATION_RELATED_DETAILS 4. What category type was the activity that caused the Incident: CATEGORY_TYPE <input type="radio"/> Construction <input type="radio"/> Commissioning <input type="radio"/> Decommissioning <input type="radio"/> Right-of-Way activities <input type="radio"/> Routine maintenance <input type="radio"/> Other maintenance <input type="radio"/> Normal operating conditions <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? QUALIFIED_INDIVIDUALS <input type="radio"/> Yes, they were qualified for the task(s) <input type="radio"/> No, but they were performing the task(s) under the direction and observation of a qualified individual <input type="radio"/> No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual		
G8 – Other Incident Cause - only one sub-cause can be picked from shaded left-hand column		OTHER_TYPE
<input type="checkbox"/> Miscellaneous	1. Describe: MISC_DETAILS	
<input type="checkbox"/> Unknown	UNKNOWN_SUBTYPE 2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown Mandatory comment field: INCIDENT_UNKNOWN_COMMENTS <input type="radio"/> 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)
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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

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered **AXIAL_RCNT_PROPUL_METHOD**

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

☐ 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

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered **AXIAL_PREV_PROPUL_METHOD**

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

☐ 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_IND

☐ Ultrasonic

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_ATTUNEDDTLS

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_IND

☐ Geometry/Deformation

Most recent run Year: GEOMETRY_RECENT_YEAR

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered **GEOMETRY_RCNT_PROPUL_METHOD**

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

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered **GEOMETRY_PREV_PROPUL_METHOD**

Previous run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution **GEOMETRY_PREV_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 **EMAT_RCNT_PROPUL_METHOD**
 Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered
 Previous run Year: EMAT_PREVIOUS_YEAR **EMAT_PREV_PROPUL_METHOD**
 Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

CPCM_IND

- ☐ Cathodic Protection Current Measurement (CPCM)
 Most recent run Year: CPCM_RECENT_YEAR **CPCM_RCNT_PROPUL_METHO**
 Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered
 Previous run Year: CPCM_PREVIOUS_YEAR **CPCM_PREV_PROPUL_METHOD**
 Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

OTHER_TOOL_TECH_IND

- ☐ Other, specify tool: OTHER_TOOL
 Most recent run Year: OTHER_RECENT_YEAR **OTHER_RCNT_PROPUL_METHOD**
 Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered
 Previous run Year: OTHER_PREVIOUS_YEAR **OTHER_PREV_PROPUL_METHOD**
 Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

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_CONDUCT_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)

☐ Yes ☒ Most recent year tested: HYDRTST_MOST_RCNT_YEAR **HYDRTST_MOST_RCNT_PRESSURE**
 Test pressure (psig):

☐ No

DIRECT_ASMNT_CONDUCTED

J3. Has 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: **DIRECT_ASMNT_AT_PNT_ACCDNT_YR**

☐ Yes, but the point of the Accident was not identified as a dig site ☒ Most recent year conducted:

☐ No **DIRECT_ASMNT_PNT_NOT_IDNTE_YR**

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

External Corrosion Direct Assessment (ECDA)	<u> </u>	ASMNT_ECDA_RCNT_YEAR, ASMNT_ECDA_RCNT_IND
Internal Corrosion Direct Assessment (ICDA)	<u> </u>	ASMNT_ICDA_RCNT_YEAR, ASMNT_ICDA_RCNT_IND
Stress Corrosion Cracking Direct Assessment (SCCDA)	<u> </u>	ASMNT_SCCDA_RCNT_YEAR, ASMNT_SCCDA_RCNT_IND
Confirmatory Direct Assessment	<u> </u>	ASMNT_CONFIRMATORY_RCNT_YEAR, ASMNT_CONFIRMATORY_RCNT_IND
Other, specify type: <u>ASMNT_OTHER_TYPE</u>	<u> </u>	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:

<input type="radio"/> Radiography	<u> </u>	EXM_RADIOGRAPHY_RCNT_YEAR, EXM_RADIOGRAPHY_RCNT_IND
<input type="radio"/> Guided Wave Ultrasonic	<u> </u>	EXM_WAVE_ULTRASONIC_RCNT_YEAR, EXM_WAVE_ULTRASONIC_RCNT_IND
<input type="radio"/> Handheld Ultrasonic Tool	<u> </u>	EXM_HANDL_ULTRASONIC_RCNT_YEAR, EXM_HANDL_ULTRASONIC_RCNT_IND
<input type="radio"/> Wet Magnetic Particle Test	<u> </u>	EXM_WET_MGNT_PARTCL_RCNT_YEAR, EXM_WET_MGNT_PARTCL_RCNT_IND
<input type="radio"/> Dry Magnetic Particle Test	<u> </u>	EXM_DRY_MGNT_PARTCL_RCNT_YEAR, EXM_DRY_MGNT_PARTCL_RCNT_IND
<input type="radio"/> Other, specify type <u>EXM_OTHER_TYPE</u>	<u> </u>	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:

<p>External Corrosion</p> <p><input type="checkbox"/> External Corrosion, Galvanic EXTRNL_COR_GALVANIC_IND</p> <p><input type="checkbox"/> External Corrosion, Atmospheric EXTRNL_COR_ATMOSPHERIC_IND</p> <p><input type="checkbox"/> External Corrosion, Stray Current Induced EXTRNL_COR_STRAY_CURRENT_IND</p> <p><input type="checkbox"/> External Corrosion, Microbiologically Induced EXTRNL_COR_MICROBIOLOGIC_IND</p> <p><input type="checkbox"/> External Corrosion, Selective Seam EXTRNL_COR_SELECTIVE_SEAM_IND</p> <p>Internal Corrosion</p> <p><input type="checkbox"/> Internal Corrosion, Corrosive Commodity INTRNL_COR_CORROSIVE_CMDTY_IND</p> <p><input type="checkbox"/> Internal Corrosion, Water drop-out/Acid INTRNL_COR_WTR_DRPOUT_ACID_IND</p> <p><input type="checkbox"/> Internal Corrosion, Microbiological INTRNL_COR_MICROBIOLOGIC_IND</p> <p><input type="checkbox"/> Internal Corrosion, Erosion INTRNL_COR_EROSION_IND</p> <p>Natural Forces</p> <p><input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods NF_EARTH_MOVEMENT_IND</p> <p><input type="checkbox"/> Heavy Rains/Floods NF_HEAVY_RAINS_IND</p> <p><input type="checkbox"/> Lightning NF_LIGHTNING_IND</p> <p><input type="checkbox"/> Temperature NF_TEMPERATURE_IND</p> <p><input type="checkbox"/> High Winds NF_HIGH_WINDS_IND</p> <p><input type="checkbox"/> Tree/Vegetation Root NF_VEGETATION_ROOT_IND</p> <p>Excavation Damage</p> <p><input type="checkbox"/> Excavation Damage by Operator (First Party) EXCVTN_DMG_OPERATOR_IND</p> <p><input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) EXCVTN_DMG_OP_CONTRACTOR_IND</p> <p><input type="checkbox"/> Excavation Damage by Third Party EXCVTN_DMG_THIRD_PARTY_IND</p> <p><input type="checkbox"/> Previous Damage due to Excavation Activity EXCVTN_DMG_PREVIOUS_DAMAGE_IND</p> <p>Other Outside Force</p> <p><input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion OSF_NEARBY_INDUSTRIAL_IND</p> <p><input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation OSF_VEHICLE_IND</p> <p><input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment OSF_BOAT_IND</p> <p><input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation OSF_OTHER_MARITIME_IND</p> <p><input type="checkbox"/> Electrical Arcing from Other Equipment or Facility OSF_ELECTRICAL_ARCING_IND</p> <p><input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation OSF_PREVIOUS_MECHANICAL_IND</p> <p><input type="checkbox"/> Intentional Damage OSF_INTENTIONAL_IND</p> <p><input type="checkbox"/> Other underground facilities buried within 12 inches of the failure location OSF_OTHER_UNDERGROUND_IND</p>	<p>Pipe/Weld Failure</p> <p><input type="checkbox"/> Design-related PWF_DESIGN_IND</p> <p><input type="checkbox"/> Construction-related PWF_CONSTRUCTION_IND</p> <p><input type="checkbox"/> Installation-related PWF_INSTALLATION_IND</p> <p><input type="checkbox"/> Fabrication-related PWF_FABRICATION_IND</p> <p><input type="checkbox"/> Original Manufacturing-related PWF_MANUFACTURING_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Stress Corrosion Cracking PWF_ENV_STRESS_CORROSION_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Sulfide Stress Cracking PWF_ENV_SULFIDE_STRESS_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Hydrogen Stress Cracking PWF_ENV_HYDROGEN_STRESS_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Hard Spot PWF_ENV_HARD_SPOT_IND</p> <p>Equipment Failure</p> <p><input type="checkbox"/> Malfunction of Control/Relief Equipment EQF_CONTROL_RELIEF_IND</p> <p><input type="checkbox"/> Compressor or Compressor-related Equipment EQF_COMPRESSOR_IND</p> <p><input type="checkbox"/> Threaded Connection/Coupling Failure EQF_THREADED_COUPLING_IND</p> <p><input type="checkbox"/> Non-threaded Connection Failure EQF_NON_THREADED_IND</p> <p><input type="checkbox"/> Defective or Loose Tubing or Fitting EQF_DEFECTIVE_FITTING_IND</p> <p><input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material EQF_EQUIPMENT_BODY_IND</p> <p>Incorrect Operation</p> <p><input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO_DAMAGE_BY_OPERATOR_IND</p> <p><input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure IO_VALVE_POSITION_IND</p> <p><input type="checkbox"/> Pipeline or Equipment Overpressured IO_EQUIPMENT_OVERPRESSURE_IND</p> <p><input type="checkbox"/> Equipment Not Installed Properly IO_NOT_INSTALLED_PROPERLY_IND</p> <p><input type="checkbox"/> Wrong Equipment Specified or Installed IO_WRONG_EQUIPMENT_IND</p> <p><input type="checkbox"/> Inadequate Procedure IO_INADEQUATE_PROCEDURE_IND</p> <p><input type="checkbox"/> No procedure established IO_NO_PROCEDURE_IND</p> <p><input type="checkbox"/> Failure to follow procedures IO_FOLLOW_PROCEDURE_IND</p>
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Note: Field names not on the form are as following:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, fire, explosion, total property damage \$50K or more in 1984 dollars then SIGNIFICANT='YES', else SIGNIFICANT='NO'.</i>
IYEAR	<i>Year accident occurred, derived from accident date</i>
EST_COST_OPER_PAID_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_INTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_GAS_RELEASED_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_PROP_DAMAGE_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_EMERGENCY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_OTHER_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
TOTAL_COST_IN84	<i>Converted Property Damage to 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>
SYSTEM_TYPE	<i>System Type = 'UNGS (Underground Natural Gas Storage)' when Part A14 (SYSTEM_PART_INVOLVED) = 'Belowground Storage, Including Associated Equipment and Piping' and incident date is 01/01/2017 or later. For remaining reports, System Type = 'GT (Gas Transmission)' when Part E9 (PIPELINE_FUNCTION) = Transmission System, Transmission Line of Distribution System, or Transmission in Storage Field. For remaining reports, System Type = 'GG (Gas Gathering)'</i>