



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

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date **DOR**
No. **RPTID**
(DOT Use Only)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0522. The filling out of this information is mandatory and will take six hours to complete.

INSTRUCTIONS

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

PART A - GENERAL REPORT INFORMATION

Check: ☐ Original Report ☐ Supplemental Report ☐ Final Report
REPORT_TYPE

1. Operator Name and Address

OPERATOR_ID

a. Operator's 5-digit Identification Number / / / / /

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

c. Name of Operator **NAME**

d. Operator street address **OPSTREET**

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

2. Time and date of the incident

IDATE

/ / **IHOURL** / / / /
hr. month day year

3. Incident Location

a. **ACSTREET**

Street or nearest street or road

b. **ACCITY ACCOUNTY**

City and County or Parish

c. **ACSTATE ACZIP**

State and Zip Code

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

e. Class location description

CLASS

☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

f. Incident on Federal Land ☐ Yes ☐ No **IFED**

4. Type of leak or rupture

LRTYPE_TEXT

☐ Leak: ☐ Pinhole ☐ Connection Failure (complete sec. F5)

☐ Puncture, diameter or cross section (inches) **LEAK_TEXT PUNC_DIAM**

☐ Rupture (if applicable): **RUPTURE_TEXT**

☐ Circumferential - Separation

☐ Longitudinal

- Tear/Crack, length (inches) **RUPLN**

- Propagation Length, total, both sides (feet) **PROPLN**

☐ N/A

☐ Other: **LRTYPEO**

5. Consequences (check and complete all that apply)

FATAL

a. ☐ Fatality **EFAT** Total number of people: / / / /

Employees: / / / / General Public: / / / / **GP FAT**

Non-employee Contractors: / / / / **NFAT**

b. ☐ Injury requiring inpatient hospitalization

Total number of people: / / / / **INJURE**

Employees: / / / / **EINJ** General Public: / / / / **GP INJ**

Non-employee Contractors: / / / / **NINJ**

c. ☐ Property damage/loss (estimated) Total \$ **TOTAL_COST**

Gas loss \$ **GASPRP** Operator damage \$ **OPPRP**

Public/private property damage \$ **PPPRP**

d. ☐ Gas ignited **IGNITE** ☐ Explosion ☐ No Explosion

e. ☐ Gas did not ignite **EXPLO** ☐ Explosion ☐ No Explosion

f. ☐ Evacuation (general public only) / / / / / people **EVAC**

Evacuation Reason: **EVAC_REASON_TEXT**

☐ Unknown

☐ Emergency worker or public official ordered, precautionary

☐ Threat to the public

☐ Company policy

6. Elapsed time until area was made safe:

STHH / / / hr. / / / min. **STMN**

7. Telephone Report

TELNR

TELDT

/ / / / /
NRC Report Number month day year

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

INC_PRS PSIG

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

c. MAOP established by:

☐ Test Pressure **MAOPTST** psig

☐ 49 CFR § 192.619 (a)(3) **MAOPEST**

PART B - PREPARER AND AUTHORIZED SIGNATURE

PNAME

(type or print) Preparer's Name and Title

PPHONE

Area Code and Telephone Number

PEMAIL

Preparer's E-mail Address

Area Code and Facsimile Number

Authorized Signature

(type or print) Name and Title

Date

Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT	
1. Incident occurred on TYSYS_TEXT <input type="radio"/> Main <input type="radio"/> Meter Set <input type="radio"/> Service Line <input type="radio"/> Other: TYSYSO <input type="radio"/> Pressure Limiting and Regulating Facility 2. Failure occurred on PRTFL_TEXT <input type="radio"/> Body of pipe <input type="radio"/> Pipe Seam <input type="radio"/> Joint <input type="radio"/> Component <input type="radio"/> Other: PRTFLO	3. Material involved (<i>pipe, fitting, or other component</i>) MLKD_TEXT <input type="radio"/> Steel <input type="radio"/> Cast/Wrought Iron <input type="radio"/> Polyethylene Plastic (complete all items that apply in a-c) <input type="radio"/> Other Plastic (complete all items that apply in a-c) Plastic failure was: <input type="checkbox"/> a. ductile <input type="checkbox"/> b. brittle <input type="checkbox"/> c. joint failure <input type="radio"/> Other material: MLKDO PLAS_DUCT PLAS_BRIT PLAST_INT 4. Year the pipe or component which failed was installed: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <div style="text-align: right;">PRTYR</div>
PART D - MATERIAL SPECIFICATION (if applicable)	
1. Nominal pipe size (NPS) NPS <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> in. 2. Wall thickness WALLTHK <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> in. SMYS 3. Specification SPEC <u> </u> SMYS <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> 4. Seam type SEAM <u> </u> 5. Valve type VALVE <u> </u> 6. Pipe or valve manufactured by MANU <u> </u> in year <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <div style="text-align: right;">MANYR</div>	
PART E - ENVIRONMENT	
1. Area of incident <input type="radio"/> In open ditch LOCKL_TEXT <input type="radio"/> Under pavement <input type="radio"/> Above ground <input type="radio"/> Under ground <input type="radio"/> Under water <input type="radio"/> Inside/under building <input type="radio"/> Other: LOCLKO 2. Depth of cover: DEPTH_COV <u> </u> inches <div style="text-align: right;">MANYR</div>	
PART F - APPARENT CAUSE	
Important: There are 25 numbered causes in this section. Check the box to the left of the primary cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance. CAUSE CAUSE_DETAILS	
F1 - CORROSION <div style="display: flex; align-items: flex-start;"> <div style="width: 20%; border-right: 1px solid black; padding-right: 10px; margin-right: 10px;"> <div style="margin-bottom: 20px;">1. <input type="checkbox"/> External Corrosion</div> <div>2. <input type="checkbox"/> Internal Corrosion</div> </div> <div style="width: 80%; padding-left: 10px;"> <p><i>If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> PIPE_COAT_TEXT a. Pipe Coating <input type="radio"/> Bare <input type="radio"/> Coated <input type="radio"/> Unknown </div> <div style="width: 30%;"> VIS_EXAM_TEXT b. Visual Examination <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other: VIS_EXAMO </div> <div style="width: 30%;"> COR_CAUSE_TEXT c. Cause of Corrosion <input type="radio"/> Galvanic <input type="radio"/> Stray Current <input type="radio"/> Improper Cathodic Protection <input type="radio"/> Microbiological <input type="radio"/> Other: COR_CAUSEO </div> </div> <p>d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown PROT_TEXT CPYR Year Protection Started: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>e. Was pipe previously damaged in the area of corrosion? PREV_DAM_TEXT PREV_DAM_YR PREV_DAM_MO <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown How long prior to incident: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> years <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> months</p> </div> </div>	
F2 - NATURAL FORCES <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 3. <input type="checkbox"/> Earth Movement ⇒ EARTH_MOVE_TEXT <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other: EARTH_MOVEDO 4. <input type="checkbox"/> Lightning 5. <input type="checkbox"/> Heavy Rains/Floods ⇒ FLOODS_TEXT <input type="radio"/> Washouts <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Scouring <input type="radio"/> Other: FLOODSO 6. <input type="checkbox"/> Temperature ⇒ TEMPER_TEXT <input type="radio"/> Thermal stress <input type="radio"/> Frost heave <input type="radio"/> Frozen components <input type="radio"/> Other: TEMPERO 7. <input type="checkbox"/> High Winds </div> </div>	
F3 - EXCAVATION 8. <input type="checkbox"/> Operator Excavation Damage (<i>including their contractors</i>) / Not Third Party 9. <input type="checkbox"/> Third Party Excavation Damage (<i>complete a-d</i>) a. Excavator group THIRD_PARTY_GRP_TEXT <input type="radio"/> General Public <input type="radio"/> Government <input type="radio"/> Excavator other than Operator/subcontractor THIRD_PARTY_TYPE_TEXT b. Type: <input type="radio"/> Road Work <input type="radio"/> Pipeline <input type="radio"/> Water <input type="radio"/> Electric <input type="radio"/> Sewer <input type="radio"/> Phone/Cable/Fiber <input type="radio"/> Landowner <input type="radio"/> Railroad <input type="radio"/> Building Construction <input type="radio"/> Other: THIRD_PARTY_TYPEO <div style="display: flex;"> <div style="width: 10%;">NOTIF</div> <div> c. Did operator get prior notification of excavation activity? NOTIF_DATE <input type="radio"/> No <input type="radio"/> Yes: Date received: <u> </u> / <u> </u> / <u> </u> mo. <u> </u> / <u> </u> / <u> </u> day <u> </u> / <u> </u> / <u> </u> yr. NOTIF_RCVD_TEXT NOTIF_RCVD Notification received from: <input type="radio"/> One Call System <input type="radio"/> Excavator <input type="radio"/> General Contractor <input type="radio"/> Landowner </div> </div> <div style="display: flex;"> <div style="width: 10%;">MARKED</div> <div> d. Was pipeline marked? <input type="radio"/> No <input type="radio"/> Yes (<i>If Yes, check applicable items i - iv</i>) TEMP_MARK_TEXT i. Temporary markings: <input type="radio"/> Flags <input type="radio"/> Stakes <input type="radio"/> Paint PERM_MARK ii. Permanent markings: <input type="radio"/> Yes <input type="radio"/> No ACC_MARK_TEXT iii. Marks were (<i>check one</i>) <input type="radio"/> Accurate <input type="radio"/> Not Accurate MKD_IN_TIME iv. Were marks made within required time? <input type="radio"/> Yes <input type="radio"/> No </div> </div>	
F4 - OTHER OUTSIDE FORCE DAMAGE FIRE_EXPLO_TEXT 10. <input type="checkbox"/> Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: <input type="radio"/> Man made <input type="radio"/> Natural <i>Describe in Part G</i> 11. <input type="checkbox"/> Car, truck or other vehicle not relating to excavation activity damaging pipe 12. <input type="checkbox"/> Rupture of Previously Damaged Pipe 13. <input type="checkbox"/> Vandalism	

F5 – MATERIAL OR WELDS**Material**

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

Weld

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

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

a. Type of failure: FAIL_TYPEMAT

FAIL_TYPECONS

- ☐ Construction Defect ⇒ ☐ Poor Workmanship ☐ Procedure not followed ☐ Poor Construction Procedures
- ☐ Material Defect

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

c. Was part which leaked pressure tested before incident occurred? ☐ Yes, complete d-f, if known ☐ No PRS_TEST

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

e. Time held at test pressure: TEST_TP hr.

f. Estimated test pressure at point of incident: TEST_PRS PSIG

**F6 – EQUIPMENT OR OPERATIONS**

20. ☐ Malfunction of Control/Relief Equipment ⇒ ☐ Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other: MALFUNCNO
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ☐ Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other: THREADSO
22. ☐ Leaking Seals

23. ☐ Incorrect Operation

IO_TYPE_TEXT

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

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

c. Was person involved in incident qualified per OQ rule? ☐ Yes ☐ No d. Hours on duty for person involved: IO_QUAL_HRS

F7 – OTHER

24. ☐ Miscellaneous, describe: MISC
25. ☐ Unknown UNKNOWN_TEXT
- ☐ Investigation Complete ☐ Still Under Investigation (submit a supplemental report when investigation is complete)

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)

NARRATIVE

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

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
FF	<i>Identify if incident was cause by fire first or not</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'. If FF criteria is true then SIGNIFICANT = 'NO'.</i>
IYEAR	<i>Year incident occurred, derived from incident date</i>
TOTAL_COST_IN84	<i>Converted Property Damage to 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
PRPTYCURRENT	<i>Converted Property Damage to Current Year dollars</i>
GASPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
OPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
PPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
MAP_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury and if FF criteria is false then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>