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.

OMB NO: 2137-0635

EXPIRATION DATE: 6/30/2026



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

## INCIDENT REPORT – GAS DISTRIBUTION SYSTEM

Report Date REPORT\_RECEIVED\_DATE
REPORT\_NUMBER
No. SUPPLEMENTAL\_NUMBER
(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.

	llection of information, including suggestions for reducing this burden to: Information Collection ty (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.
INSTRUCTIONS	
information requested and provide speci	instructions for completing this form before you begin. They clarify the ific examples. If you do not have a copy of the instructions, you can obtain mmunity Web Page at <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a> .
PART A – KEY REPORT INFORMATION	Report Type: (select all that apply)
A1. Operator's OPS-issued Operator Identification	Number (OPID): / / / / OPERATOR_ID
A2. Name of Operator:auto-populated base	ed on OPID
A3. Address of Operator:	
A3a auto-populated based on OPID	OPERATOR_STREET_ADDRESS
(Street Address) A3b 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 /_	/
A4. Local time (24-hr clock) and date of incident:  LOCAL_DATETIME  / / / / / / Month Day  TIME_ZONE  A4a. Time Zone for local time (select only one) O	/_ / Year       Alaska O Eastern O Central O Hawaii-Aleutian O Mountain O Pacific.
A4b. Daylight Saving in effect? O Yes O No D	OAYLIGHT_SAVINGS_IND
A5. Location of Incident:	
A5a. LOCATION_STREET_ADDRESS	(Street Address or location description)
A5bLOCATION_CITY_NAME	
A5c. LOCATION_COUNTY_NAME	
A5d. State: / / / LOCATION_STATE_ABBRE	EVIATION
A5e. Zip Code: / / / / / /- / / /	
A5f. Latitude:	

COMMODITY_RELEASED_TYPE  A6. Gas released: (select only one, based on predominant volume released)  Natural Gas Propane Gas Synthetic Gas Hydrogen Gas Landfill Gas Other Gas Name:  COMMODITY_DETAILS  WINITENTIONAL_RELEASE A7. Estimated volume of gas released unintentionally:  WINITENTIONAL_RELEASE A8. Estimated volume of intentional and controlled release/blowdown:  Natural Gas Vinite Gas Vinite Commodity Vinit				
A9. Were there fatalities? O Yes O No FATALITY_IND  If Yes, specify the number in each category:  A9a. Operator employees	A10. Were there injuries requiring inpatient hospitalization? O Yes O No INJURY_IND  If Yes, specify the number in each category:  A10a. Operator employees			
A9b. Contractor employees NUM_CONTR_FATALITIES working for the Operator /_ / / /	A10b. Contractor employees NUM_CONTR_INJURIES working for the Operator /_ / / / /			
A9c. Non-Operator NUM ER FATALITIES emergency responders	A10c. Non-Operator NUM_ER_INJURIES emergency responders			
A9d. Workers working on the right-of-way, but NOT NUM_WORKER_FATALITIES associated with this Operator / / / / / NUM_GP_FATALITIES  A9e. General public / / / / /	A10d. Workers working on the right-of-way, but NOT associated with this Operator / / / / / NUM_GP_INJURIES  A10e. General public			
A9f. Total fatalities (sum of above) <u>calculated</u> FATAL	A10f. Total injuries (sum of above) <u>calculated</u> INJURE			
A11. 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 or pack calculations) Static Shut-in Test or Other Pressure or Leak Test Controller Static Shut-in Test or Other Pressure or Leak Test Controller Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test Static Shut-in Test or Other Pressure or Leak Test or Other Shut-in Tes				
O Operator employee  A12. Local time operator identified failure  O Contractor working for the Operator includent in				
If A11 = Notification from Emergency Responder, skip questions A13 through A15. COMMUNICATION_STATE_FED_IND  A13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? O Yes O No If No, skip A14 and A15 PARTY_INITIATED_COMMUNICATION  A14. Which party initiated communication about the incident? O Operator O Local/State/Federal Emergency Responder				
A15. Local time of initial Operator and Local/State/Federal Emergency	Responder communication INITIAL_RESPONDER_COM_DATETIME			
CONFIRMED_DISCOVERY_DATETIME	Hour Month Day Year			
A18. Local time (24-hr clock) and date of initial operator report to the N	·			
// // Hour         // // Month         Day         Year           NRC_RPT_NUM				
A19. Initial Operator National Response Center Report Number OR  O NRC Notification Required But Not Made				
A19a. Additional NRC Report numbers submitted by the operator: AD	DITIONAL_NRC_REPORT_NUMBERS			

A20. Method of Flow Control (select all that apply)  O "Key/Critical" Valve – inspected in accordance with Part 192.747		
A21. Did the gas ignite? O Yes O No IGNITE_IND		
If A21 = Yes, answer A21a through A21d.		
A21a. Local time of ignition / / / / / / / Month Day Year		
A21b. How was the fire extinguished? HOW_EXTINGUISHED HOW_EXTINGUISHED_OTHER_DETAIL  O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:  GAS_CONSUMED_BY_FIRE_IN_MCF  A21c. Estimated volume of gas consumed by fire (MCF): (must be less than or equal to A7.)		
A21d. Did the gas explode? O Yes O No EXPLODE_IND		
A22. Number of general public evacuated: / / /, / / NUM_PUB_EVACUATED		

PAI	RT B – ADDITIONAL LOCATION INFORMATION
B1.	Was the Incident on Federal land? O Yes O No FEDERAL
B2.	Location of Incident: (select only one) LOCATION_TYPE  □ Operator-controlled property
	☐ Public property
	☐ Private property
	☐ Utility Right-of-Way / Easement
B3.	Area of Incident: (select only one) INCIDENT_AREA_TYPE INCIDENT_AREA_SUBTYPE Underground Specify: O Under soil O Under a building O Under pavement O Exposed due to excavation O In underground enclosed space (e.g., vault) O Exposed due to loss cover O Other INCIDENT_AREA_DETAILS
	B3a. Depth-of-Cover (in): / /, / / DEPTH_OF_COVER OTHER_UNDERGROUND_FACILITIES
	B3b. 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 (e.g. valve or regulator station, outdoor meter set) O Overhead crossing O In or spanning an open ditch O In 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
B4.	CROSSING Did Incident occur in a crossing? O Yes O No
	If Yes, specify type below:  BRIDGE_CROSSING_IND  □ Bridge crossing  Specify: O Cased O Uncased BRIDGE_TYPE
	RAILROAD CROSSING IND  Railroad crossing (Select all that apply) O Cased O Uncased O Bored/drilled RAILROAD TYPE  ROAD CROSSING IND
	ROAD CROSSING IND  Road crossing (Select all that apply) O Cased O Uncased O Bored/drilled ROAD_TYPE  WATER CROSSING IND
	Water crossing ☐ (Select all that apply) O Cased O Uncased O Bored/drilled WATER_TYPE
	Name of body of water (If commonly known):WATER_NAME
	Approx. water depth at time and location of Incident (ft): \(\frac{V}{\psi_1/\infty}\) / or O Unknown
	(select only one of the following) WATER_SUBTYPE  Shoreline/Bank/Marsh crossing Below water, pipe in bored/drilled crossing Below water, pipe buried below bottom (NOT in bored/drilled crossing) Below water, pipe on or above bottom

PART C – ADDITIONAL FACILITY INFORMATION				
C1. Indicate the type of pipeline system: PIPE_FACILITY_TYPE  privately owned  municipally owned  investor owned				
☐ investor owned ☐ cooperative ☐ Other ⇒ Specify:PIPE_TYPE_OTHER  SYSTEM_PART_INVOLVED  C2. Part of system involved in Incident: (select only one)				
☐ Main       ☐ Main Valve       ☐ Service Valve       ☐ Service Riser       ☐ Outside Meter/Regulator set       ☐ Inside Meter/Regulator set         ☐ Farm Tap Meter/Regulator set       ☐ District Regulator/Metering Station       ☐ Other mandatory text field       SYSTEM_PART_DETAILS         INSTALLATION_YEAR         C2a. Year item involved in the incident was installed:       / / / / / / / / / / / / / / / / / / /				
C2b. Year item involved in the incident was manufactured:/_ / _/ or O Unknown				
When C2.is any value other than "Main", "Main Valve", "District Regulator/Metering Station", or "Other": CUSTOMER_TYPE  C2c. Indicate the customer type: (select only one) O Single Family Residential O Multi-Family Residential  O Non-Residential with Meter capacity less than 1,000 scfh O Non-Residential with Meter Capacity 1,000 scfh of higher  C2d. Was an EFV installed on the service line before the time of the incident? O Yes O No WAS_EFV_INSTALLED_BEFORE_IND  If C2d = Yes, then C2e. Did the EFV activate? O Yes O No O Unable to determine EVF_ACTIVATION_IND  C2f. Was a curb valve installed on the service line before the time of the incident? O Yes O No  CURB_VALVE_INST_BEFORE_INC_IND				
C3. When C2. is "Main" or "Service" answer C3a through c and C4:  C3a. Nominal Pipe Size: / / / / PIPE_DIAMETER				
C3b. Pipe specification (e.g., API 5L, ASTM D2513): PIPE_SPECIFICATION OR O Unknown				
C3c. Pipe manufacturer:PIPE_MANUFACTURER or O Unknown				
MATERIAL_INVOLVED C4. Material involved in Incident: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Reconditioned Cast Iron ☐ Unknown ☐ Other ➡ Specify: MATERIAL_DETAILS				
C4a. If Steel ⇒ Specify seam type: STEEL_SEAM_TYPE  O Longitudinal ERW - High Frequency O Single SAW O Flash Welded O DSAW O Longitudinal ERW - Low Frequency  O Continuous Welded O Furnace Butt Welded O Longitudinal ERW – Unknown Frequency O Spiral Welded O Lap Welded  O Seamless O Other  Specify: STEEL_SEAM_TYPE_DETAILS				
WT_STEEL C4b. If Steel ⇒ Specify wall thickness <i>(inches)</i> : / / / / or □ Unknown PLASTIC TYPE				
C4c. If Plastic ⇒ Specify type: O Polyvinyl Chloride (PVC) O Polyethylene (PE) O Cross-linked Polyethylene (PEX) O Polybutylene (PB) O Polypropylene (PP) O Acrylonitrile Butadiene Styrene (ABS) O Polyamide (PA) O Cellulose Acetate Butyrate (CAB) O Other ⇒ Specify: PLASTIC_DETAILS				
O Unknown  PLASTIC_SDR  WT_PLASTIC  C4d. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): ///// or wall thickness: ///////////////////////////////////				
C4e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒ MATERIAL PE PIPE CODE  RELEASE TYPE  Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE / / / / or O Unknown  C5. Type of release involved: (select only one)  PUNCTURE AXIAL  PUNCTURE CIRCUM				
☐ Mechanical Puncture ➡ Approx. size: / _ / _ / _ / _ / _ / _ / _ / _ / _ /				
RUPTURE_ORIENT  ☐ Rupture   Select Orientation: O Circumferential O Longitudinal O Other RUPTURE_DETAILS				
RUPTURE_LENGTH  Approx. size: / / / / / / / in. (widest opening) by / / / / / / / / / / / / / / / / / /				

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			
D2. Estimated Property Damage : EST_COST_OPER_PAID  D2a. Estimated cost of public and non-Operator private property damage \$\( \begin{array}{cccccccccccccccccccccccccccccccccccc			
D2b. Estimated cost of Operator's property damage & repairs  EST_COST_PROP_DAMAGE  \$ / / / / / / / / / / / /  EST_COST_EMERGENCY			
D2c. Estimated cost of emergency response \$\frac{1}{2} \frac{1}{2}			
D2d. Estimated other costs \$\frac{\text{EST_COST_OTHER}}{\text{V} \cdot			
D2e. 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_UNINTENTIONAL_RELEASE			
D2f. Estimated cost of gas released unintentionally \$ calculated  EST_COST_UNIVERSITIONAL_RELEASE \$ calculated			
D2g. Estimated cost of gas released intentionally during controlled release/blowdown \$ calculated			
D2h. Total estimated cost of gas released (sum of D2f and g) \$ calculated			
D2i. Estimated Total Cost (sum of D2e and D2h) TOTAL_COST \$ calculated			
D3. Estimated number of customers out of service:  COMMERCIAL AFFECTED  D3a. Commercial entities / // / / / /  INDUSTRIAL AFFECTED  D3b. Industrial entities / // / / /  RESIDENCES AFFECTED  D3c. Residences / // / / / /			
Injured Persons not included in A10 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. If a person is included in A10, do not include them in D4.  NUM PERSONS HOSP NOT OVNGHT			
D4. 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 D4, do not include them in D5.			
D5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: NUM_INJURED_TREATED_BY_EMT			
Buildings Affected			
D6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted): Num_RESIDENT_BUILDING_AFFCTD			
D7. Number of business buildings affected (evacuated or required repair or had gas service interrupted): Num_BUSINESS_BUILDING_AFFCTD			

PART E - ADI	DITIONAL OPERATING INFORMATION				
E1. Estimated	pressure at the point and time of the Incider	t (psig):		<u>                                     </u>	ACCIDENT_PSIG
E2. Normal op	erating pressure at the point and time of the	Incident (psig):		<u> </u>	NORMAL_PSIG
E3. Maximum	Allowable Operating Pressure (MAOP) at the	e point and time of the Inc	ident (psig):	<u> </u>	MOP_PSIG
□ 192.	stablished by 49 CFR section: MOP_CFR_SI 619 (a)(1)	(a)(3) \( \square 192.619 \) (a)(4)	□ 192. 619	(c)	-
E3b. Date MA	AOP established: ////////////////////////////////////	<u> </u>			
	Month Day  [PRESSURE	Year			
	he pressure on the system relating to the Inc essure did not exceed MAOP	cident: (select only one)			
	essure and not exceed MAOP essure exceeded MAOP, but did not exceed	the applicable allowance	in §192 201		
☐ Pr	essure exceeded the applicable allowance in ORIZED_SYSTEM_TYPE	• • • • • • • • • • • • • • • • • • • •	3102.201		
	lorization system for gas at the point of failur	e:			
□ none	e 🗆 drip 🗆 injection pump 🗆 b	y-pass □ wick			
□ com			ther, speci	fy: GAS_ODOR	IZED_SYS_OTHER_DETAIL
E6. Odorant le	GAS_ODOR vel near the point of failure measured after t	RIZED_LEVEL he failure: %LEL OR	O Not Measu	red GAS_ODORIZ	ED_LVL_NOT_MSRD_IND
E7. Was a Sup	pervisory Control and Data Acquisition (SCA SCADA_IN_PLACE_IND	DA)-based system in plac	e on the pipelir	ne or facility involv	red in the Incident?
☐ Yes ⊏		e Incident?	O Yes O	No SCADA_OPI	ERATING_IND
	E7b. Was it fully functional at the time	of the Incident?	O Yes C	No SCADA_FU	NCTIONAL_IND
	E7c. Did SCADA-based information (s				
	initial indication of the Incident?			No SCADA_DE	
	E7d. Did SCADA-based information (s confirmed discovery of the Incident?			r volume calculati O No <mark>SCADA_CO</mark>	
	restigation initiated into whether or not the co (select only one) INVESTIGATION STATI	` ,	issues were th	ne cause of or a co	ontributing factor to the
□ Ye	es, but the investigation of the control room a		as not yet been	completed by the	e operator (Supplemental
	<i>t required)</i> o, the facility was not monitored by a controll	er(s) at the time of the Inc	cident		
	o, the operator did not find that an investigati			room issues was i	necessary due to:
(p	rovide an explanation for why the operator d	id not investigate)	ESTIGATION_S	STATUS_DETAILS	S
□ Ye	es, Specify investigation result(s): (select all	that apply) INVEST SCH	EDULE IND		<del> </del>
	O Investigation reviewed work schedule	rotations, continuous hour		hile working for th	ne Operator) and other
	factors associated with fatigue INVEST_N O Investigation did NOT review work sch		ue beure of com	viaa (whila warkin	a for the Operator) and other
	O Investigation did NOT review work sch factors associated with fatigue (provide an			•	
			INVEST_N	O_SCHEDULE_IN	D_DETAILS
	O Investigation identified no control room			M_IND	
	<ul><li>O Investigation identified no controller is</li><li>O Investigation identified incorrect control</li></ul>			NCORRECT ACT	ION IND
	O Investigation identified that fatigue ma response INVEST_FATIGUE_IND				
	INVEST INCORRECT PROCEDURE	d			
	<ul> <li>Investigation identified incorrect proce</li> <li>Investigation identified incorrect control</li> </ul>		RRECT_CONTI	ROL_IND	INVEST MAINT IND
	O Investigation identified maintenance a	ctivities that affected cont	rol room operat		
	O Investigation identified areas other that	n those above 🖒 Descri	be: INVEST		OT OTHER IN STRUCT
				INVE	ST_OTHER_IND_DETAILS

PART F – DRUG & ALCOHOL TESTING INFORMATION	
F1. As a result of this Incident, were any Operator employees tested under Drug & Alcohol Testing regulations? <a href="mailto:EMPLOYEE_DRUG_TEST_IND">EMPLOYEE_DRUG_TEST_IND</a>	er the post-accident drug and alcohol testing requirements of DOT's
O No	
O Yes 🖒 F1a. Specify how many were tested: //_NU!	M_EMPLOYEES_TESTED
F1b. Specify how many failed: / / / NUM	M_EMPLOYEES_FAILED
F2. As a result of this Incident, were any Operator contractor employees t DOT's Drug & Alcohol Testing regulations? CONTRACTOR_DRUG_	
O No	
O Yes ➡ F2a. Specify how many were tested: //_N	UM_CONTRACTORS_TESTED
F2b. Specify how many failed: <u>/ / /</u> N	UM_CONTRACTORS_FAILED

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 J – Contributing Factors.

G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column INTERNAL\_EXTERNAL

☐ External Corrosion	ISUAL_EXAM_RESULTS  1. Results of visual examination:  O Localized Pitting O General Corrosion O Other VISUAL_EXAM_DETAILS
GALVA'	2. Type of corrosion: (select all that apply)  NIC_CORROSION_IND, ATMOSPHERE_CORROSION_IND, STRAY_CURRENT_CORROSION_IND  MICROBIOLOGICAL_CORROSION_IND, SELECTIVE_SEAM_CORROSION_IND  O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam  O Other OTHER_CORROSION_IND CORROSION_TYPE_DETAILS  STRAY_CURRENT_TYPE
	2a. If 2. is Stray Current, specify O Alternating Current O Direct Current AND
	2b. Describe the stray current source: <a href="mailto:stray_current_betails">STRAY_CURRENT_DETAILS</a> 3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply) FIELD_EXAM_BASIS_IND
	4. Was the failed item buried or submerged? UNDERGROUND_LOCATION  O Yes   4a. Was failed item considered to be under contaction at the time of the incident? UNDER_CATHODIC_PROTECTION_IND  O Yes   Year protection started: / / / / / / / / / / / / / / / / / / /
	4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?  O Yes O 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  CP ANNUAL SURVEY YEAR
	O Yes, CP Annual Survey → Most recent year conducted: / / / / / /  CLOSE INTERVAL SURVEY IND CLOSE_INTERVAL_SURVEY_YEAR
	O Yes, Close Interval Survey ⇒ Most recent year conducted: / / / /  OTHER CP_SURVEY_IND OTHER_CP_SURVEY_YEAR O Yes, Other CP Survey ⇒ Most recent year conducted: / / / /  Describe Other CP Survey: OTHER_CP_SURVEY_DETAILS O No
	EXTERNALLY_COATED  O No   → 4d. Was the failed item externally coated or painted? O Yes O No  PRIOR_DAMAGE  5. Was there observable damage to the coating or paint in the vicinity of the corrosion?  O Yes O No O N/A Bare/Ineffectively Coated Pipe
	6. Pipeline coating type, if steel pipe is involved: (select only one)  COATING_TYPE O Epoxy O Coal Tar O Asphalt O Polyolefin O Extruded Polyethylene O Cold Applied Tape O Paint O Composite O Other COATING_TYPE_DETAILS
	O Unknown 6a. Field Applied? Y, N, or Unknown FIELD_APPLIED_IND

Internal Corrosion  7. Results of visual examination: O Localized Pitting O General Corrosion O Other INT_VISUAL_EXAM_DETAILS  O Not cut open				
	8. Cause of corrosion: (select all that apply)  INT_CORROSIVE_ INT_WATER_ INT_MICROBIOLOGICAL INT_EROSION_ COMMODITY_IND ACID IND IND  O Corrosive Commodity O Water drop-out/Acid O Microbiological O Erosion O Other INT_OTHER_CORROSION_IND INT_CORROSION_TYPE_DETAILS			
	9. The cause(s) of corrosion selected in Question 8 is based on the following; (select all that apply) INT_FIELD_EXAM_BASIS_IND  O Field examination O Determined by metallurgical analysis O Other INT_OTHER_BASIS_IND INT_CORROSION_BASIS_DETAILS			
INT_LOW	10. Location of corrosion: (select all that apply)  POINT_PIPE_LOC_IND INT_ELBOW_LOC_IND INT_DROP_OUT_LOC_IND  O Low point in pipe O Elbow O Drop-out O Other INT_OTHER_LOC_IND CORROSION_LOCATION_DETAILS CORROSION_INHIBITOR  11. Was the gas/fluid treated with corrosion inhibitors or biocides? O Yes O No LIQUID_FOUND  12. Were any liquids found in the distribution system where the Incident occurred? O Yes O No			
Complete the following if any Corrosion Failure sub- is Main, Service, or Service Riser.	cause is selected AND the "Part of system involved in Incident" (from PART C, Question 2)			
13. Date of the most recent Leak Survey conducted:	HYDROTEST_LEAK_SURVEY_DATE			
COR_HYDROTEST_CONDUCTED_IND	Month Day Year			
<ul><li>14. Has one or more pressure test been conducted sin</li><li>O Yes   → Most recent year tested: //</li></ul>	/			
O No COR_HYDROTEST_CO	NDUCTED_YEAR COR_HYDROTEST_PRESSURE			
G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column				
G2 - Natural Force Damage - only one	e sub-cause can be picked from shaded left-handed column  NATURAL_FORCE_TYPE			
E	NATURAL_FORCE_TYPE  ARTH_SUBTYPE			
	NATURAL_FORCE_TYPE  ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O Other NF_OTHER_DETAILS			
☐ Earth Movement, NOT due to Heavy	NATURAL_FORCE_TYPE  ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE			
Earth Movement, NOT due to Heavy Rains/Floods	NATURAL_FORCE_TYPE  ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE  NF_OTHER_DETAILS			
Earth Movement, NOT due to Heavy Rains/Floods  Heavy Rains/Floods	NATURAL_FORCE_TYPE  ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE 2. Specify: O Washouts/Scouring O Flotation O Mudslide O Other  LIGHTNING_SUBTYPE			
☐ Earth Movement, NOT due to Heavy Rains/Floods ☐ Heavy Rains/Floods ☐ Lightning	ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE			
☐ Earth Movement, NOT due to Heavy Rains/Floods ☐ Heavy Rains/Floods ☐ Lightning ☐ Temperature	ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE			
Earth Movement, NOT due to Heavy Rains/Floods  Heavy Rains/Floods  Lightning  Temperature  High Winds	ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE			
Earth Movement, NOT due to Heavy Rains/Floods  Heavy Rains/Floods  Lightning  Temperature  High Winds  Tree/Vegetation Roots  Damage from Snow/Ice Impact or	ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE			
Earth Movement, NOT due to Heavy Rains/Floods  Heavy Rains/Floods  Lightning  Temperature  High Winds  Tree/Vegetation Roots  Damage from Snow/Ice Impact or Accumulation  Other Natural Force Damage  Complete the following if any Natural Force Damage	RTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O Other NF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE 2. Specify: O Washouts/Scouring O Flotation O Mudslide O Other			
Earth Movement, NOT due to Heavy Rains/Floods  Heavy Rains/Floods  Lightning  Temperature  High Winds  Tree/Vegetation Roots  Damage from Snow/Ice Impact or Accumulation  Other Natural Force Damage  Complete the following if any Natural Force Damage	ATURAL_FORCE_TYPE  ARTH_SUBTYPE  1. Specify: O Earthquake O Subsidence O Landslide O OtherNF_OTHER_DETAILS  HEAVY_RAINS_SUBTYPE 2. Specify: O Washouts/Scouring O Flotation O Mudslide O Other  LIGHTNING_SUBTYPE 3. Specify: O Direct hit O Secondary impact such as resulting nearby fires  TEMPERATURE_SUBTYPE 4. Specify: O Thermal Stress O Frost Heave O Frozen Components O OtherNF_OTHER_DETAILS  5. Describe:NF_OTHER_DETAILS  B sub-cause is selected.  NF_EXTREME_WEATHER_IND atted in conjunction with an extreme weather event? O Yes O No			

G3 - Excavation Damage - only one sub-cause can be picked from shaded left-hand column PARTY_TYPE				
☐ Excavation Damage by Operator (First Party)				
☐ Excavation Damage by Operator's Contractor (Second Party)				
☐ Excavation Damage by Third Party				
☐ Previous Damage due to Excavation Activity	Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.  1. Date of the most recent Leak Survey conducted:			
Complete the following if any Excavation Damage s				
3. Did the operator get prior notification of the excavat				
ONE_CALL_SYSTEM_IND EXCAVATOR_IND CONTRACTOR_IND LANDOWNER_IND  3a. If Yes, Notification received from: (select all that apply)  One-Call System  O Excavator  O Contractor  O Landowner  3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center?  O Yes  O No  O Unknown If yes, answer 3c through 3e.				
Do you want PHMSA to upload the following inform     Right-of-Way where event occurred: (select all that	apply)			
PUBLIC_ROW_IND PUBLIC_S  ☐ Public  ☐ Specify: O City Street O State				
PRIVATE_ROW_IND PRIVATE_ ☐ Private  ☐ Specify: O Private Landowner	SUBTYPE O Private Business O 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 □ Unknown/Other UNKNOWN_ROW_IND				
6. Was the facility part of a Join Trench? O Yes	O No JOINT_TRENCH_IND			
7. Did this event involve a Cross Bore? O Yes	O No CROSS_BORE_IND			
O Embedded in Concrete/Asphalt Pavement	EPTH_OF_GRADE O <18" O 18" – 36" n inches: DEPTH_OF_GRADE_DETAIL			
9. Type of excavator: (select only one) EXCAVATOR O Contractor O County O Develor O Railroad O State O Utility				

10.	Type of excavation equipment: (select only one) EXCAVATOR_EQUIPMENT
	O Auger O Backhoe/Trackhoe O Boring O Drilling O Directional Drilling
	O Explosives O Farm Equipment O Grader/Scraper O Hand Tools O Milling Equipment
	O Probing Device O Trencher O Vacuum Equipment O Unknown/Other
11	Type of work performed: (solect only one), WORK PERFORMED
11.	Type of work performed: (select only one) WORK_PERFORMED
	O Agriculture O Cable TV O Curb/Sidewalk O Building Construction O Building Demolition
	O Drainage O Driveway O Electric O Engineering/Surveying O Fencing
	O Grading O Irrigation O Landscaping O Liquid Pipeline O Milling O Natural Gas O Pole O Public Transit Authority O Railroad Maintenance O Road Work
	O Telecommunications O Traffic Signal O Traffic Sign O Water O Waterway Improvement O Unknown/Other
	ONE_CALL_NOTIFIED_IND
12.	Was the One-Call Center notified? O Yes O No If No, skip to question 13
	ONE_CALL_TICKET_NU  13a If Veg enceifutieket number:
	12a. If Yes, specify ticket number: / / / / / / / / / / / / / / / / /
	12b. 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
	12c. Was work area white lined? O No O Yes O Unknown WHITE_LINED_IND
13	LOCATOR_TYPE Type of Locator:  O Facility Owner  O Contractor Locator  O Unknown/Other
	VISIBLE_MARKS
14.	Were facility locate marks visible in the area of excavation? O No O Yes O Unknown/Other
	SERVICE_INTERRUPTIO
15.	Did the damage cause an interruption in service? O No O Yes O Unknown/Other  SERVICE INTERRUPTION HOURS
	15a. If Yes, specify duration of the interruption: //// hours
16.	ROOT_CAUSE  Description of the CGA-DIRT Root Cause (select the predominant CGA-DIRT Root Cause from the list below):
	ROOT_CAUSE_CATEGORY
	□ Notification Issue ROOT_CAUSE_TYPE
	O No notification made to the One-Call Center/811
	O Excavator dug outside area described on ticket
	O Excavator dug prior to valid start date/time
	O Excavator dug after valid ticket expired
	O Excavator provided incorrect notification information
	☐ Excavation Issue
	_
	O Excavator dug prior to verifying marks by test-hole (pothole) O Excavator failed to maintain clearance after verifying marks
	O Excavator failed to protect/shore/support facilities
	O Improper backfilling practices
	O Marks faded or not maintained
	O Improper excavation practice not listed above
	□ Locating Issue
	O Facility not marked due to Abandoned facility
	O Facility not marked due to Incorrect facility records/maps
	O Facility not marked due to Locator error
	O Facility not marked due to No response from operator/contract locator
	O Facility not marked due to Incomplete marks at damage location
	O Facility not marked due to Tracer wire issue O Facility not marked due to Unlocatable Facility
	O Facility marked inaccurately due to Abandoned facility
	O Facility marked inaccurately due to Abandoned racinty  O Facility marked inaccurately due to Incorrect facility records/maps
	O Facility marked inaccurately due to Incorrect facility records/maps
	O Facility marked inaccurately due to Tracer wire issue
	··, ······-··-,···, ···-···- ·

ious damage	O One Call Center Error O Previous damage		
DOOM CLIVER TURE OFFICE	O Root Cause not listed (comment required):	ROOT_CAUSE_TYPE_OTHER	

G4 – Other Outside Force Dame	age – only one sub-cause can be selected from the shaded left-hand column
☐ 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 Only one) If this sub-cause is picked, complete questions 7-13 below.
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	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     O Hurricane O Tropical Storm O Tornado     O Heavy Rains/Flood O Other OSF_OTHER_WEATHER_IND     OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS
☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
☐ Electrical Arcing from Other Equipment or Facility	
☐ Previous Mechanical Damage NOT Related to Excavation	Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser. OSF_HYDROTEST_LEAK_SURVEY_DATE  3. Date of the most recent Leak Survey conducted:
☐ Intentional Damage	5. Specify: INTENTIONAL_SUBTYPE O Vandalism O Terrorism O Theft of transported commodity O Theft of equipment O OtherINTENTIONAL_DETAILS
☐ Erosion of Support Due to Other Utilities	
☐ Other Outside Force Damage	6. Describe: OSF_OTHER_DETAILS
Complete the following if Damage by Car, Truck selected.	k, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is
DRIVER_ISSUED_CITATION	ON_IND led one or more citations related to the incident? O Yes O No O Unknown
If 7. is Yes, what was the nature of the citations (s  O 7a. Excessive Speed CITATION_SPI O 7b. Reckless Driving O 7c. Driving Under the Influence CITATI O 7d. Other, describe: CITATION_OTHI DRIVER_IN_CONTROL_IND  8. Was the driver under control of the vehicle at the ESTIMATED_SPEED 9. Estimated speed of the vehicle at the time of in VEHICLE_TYPE 10. Type of vehicle? (select only one) O Motor VEHICLE_TRAVEL_FROM 11. Where did the vehicle travel from to hit the pip O Roadway VEHICLE_TRAVEL_DISTANCE_FT 12. Shortest distance from answer in 11. to the day PROTECTIONS INSTALLED_IND	elect all that apply)  EED_IND  CKLESS_IND  ON_DUI_IND  ER_IND CITATION_OTHER_DETAIL  The time of the collision? O Yes O No O Unknown  Inpact (miles per hour)?or O Unknown  Cycle/ATV O Passenger Car O Small Truck O Bus O Large Truck  Deline facility? (select only one)
<ul> <li>13b. Barricades, including "jersey" barriers</li> <li>13c. Guard Rails PROTECTION GUA</li> <li>13d. Meter Box PROTECTION MET</li> </ul>	TION_BOLLARDS_POST_IND s and fences PROTECTION_BARRICADES_IND RD_RAILS_IND

G5 – Pipe, Weld, or Joint Failur	<b>'e</b> – only one <b>sub-cause</b> can be selected from the shaded left-hand column
☐ Body of Pipe	PIPE_BODY_SUBTYPE  1. Specify: O Dent O Gouge O Bend O Arc Burn O Crack O Other PIPE_BODY_DETAILS
□ Butt Weld	BUTT_WELD_SUBTYPE  2. Specify: O Pipe O Fabrication O Other BUTT_WELD_DETAILS
☐ Fillet Weld	FILLET_WELD_SUBTYPE  3. Specify: O Branch O Hot Tap O Fitting O Repair Sleeve O Other FILLET_WELD_DETAILS
□ Pipe Seam	PIPE_SEAM_SUBTYPE  4. Specify: O LF ERW O HF ERW O Flash Weld O DSAW O SAW O Spiral O Other PIPE_SEAM_DETAILS
☐ Threaded Metallic Pipe	
□ Mechanical Joint Failure	MEC_FITTING_INVOLVED  5a. Specify the Mechanical Fitting Involved (select only one)  Stab
☐ Fusion Joint	PLASTIC_JOINT_SUBTYPE  6. Specify: ○ Butt, Heat Fusion ○ Butt, Electrofusion ○ Saddle, Heat Fusion ○ Saddle, Electrofusion ○ Socket, Heat Fusion ○ Socket, Electrofusion ○ Other PLASTIC_JOINT_DETAILS  7. Year installed: / / / FPW_INSTALLED_YEAR  8. Other attributes: FPW_OTHER_ATTR  9. Specify the two materials being joined: FPW_FIRST_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) ○ Other ⇒ Specify: FPW_FIRST_PLASTIC_TYPE ○ Polyvinyl Chloride (PVC) ○ Polyethylene (PE) ○ Cross-linked Polyethylene (PEX) ○ Polybutylene (PB) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polypropylene (PP) ○ Acrylonitrile Butadiene Styrene (ABS) ○ Polyamide (PA) ○ Cellulose Acetate Butyrate (CAB) ○ PW_SECOND_PLASTIC_TYPE_OTHER
☐ Other Pipe, Weld, or Joint Failure	10. Describe: PWJF_FAILURE_DETAILS

Complete the following if any Pipe, Weld, or ADDITIONAL_DENT_IND, ADDITIONAL_GOU	* Joint Failure sub-cause is selected. ADDITIONAL_ARC ADDITIONAL_LACK_FUSION GE_IND, ADDITIONAL_PIPE_BEND_IND, BURN IND, CRACK_IND IND
ADDITIONAL LAMINATION IND, ADDITION	AL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND, ADDITIONAL_MISALIGNMENT_IND
11. Additional Factors: (select all that apply)	
O Lamination O Buckle O Other_ADDITIONAL_OTHER_IN	O Wrinkle O Misalignment O Burnt Steel ADDITIONAL_BURNT_STEEL_IND ADDITIONAL_FACTOR_DETAILS
12. Was the Incident a result of: RESULT_CO	ONSTRUCTION_IND RESULT_CONSTRUCTION_SUBTYPE
☐ Construction defect, specify:   RESULT_MATERIAL_IND  Material defect, specify:   O Long s	oor workmanship O Procedure not followed O Poor construction/installation procedures  LT_MATERIAL_SUBTYPE RESULT_MATERIAL_DETAILS  eam O Other
☐ Design defect RESULT_DESIGN_IND	
☐ Previous damage RESULT_PREVIOU	IS_IND HYDROTEST CONDUCTED IND
13. Has one or more pressure test been cond	lucted since original construction at the point of the Incident?
O Yes ⇒ Most recent year tested: /	/
	T_CONDUCTED_YEAR HYDROTEST_PRESSURE
G6 - Equipment Failure- only o	ne <b>sub-cause</b> can be selected from the shaded left-hand column <b>EQ_FAILURE_TYPE</b>
COMMUNIC RELIEF	1. Specify: (select all that apply)  VALVE_IND O Control Valve ATIONS_IND O Communications  VALVE_IND O Relief Valve  LATOR_IND O Pressure Regulator  1. Specify: (select all that apply)  O Instrumentation IND O Instrumentation O SCADA IND O SCADA O CHECK VALVE_IND O Check Valve O Power Failure  STOPPLE_CONTROL_FITTING_IND
	O Other OTHER_CONTROL_RELIEF_IND OTHER_CONTROL_RELIEF_DETAILS
Threaded Connection Failure	OTHER_STRIPPED_IND
☐ Threaded Connection Failure	<ol> <li>Specify: O Pipe Nipple O Valve Threads O Threaded Pipe Collar</li> <li>O Threaded Fitting O Other OTHER_STRIPPED_DETAILS</li> </ol>
	O Threaded Fitting O Other
	OTHER_NON_THREADED_IND
☐ Non-threaded Connection Failure	3. Specify: O O-Ring O Gasket O Other Seal or Packing O Other OTHER NON THREADED DETAILS
	O OtherOTHER_NON_THREADED_DETAILS
	VALVE_OTHER_IND
□ Valve	4. Specify: O Manufacturing defect O OtherVALVE_OTHER_DETAILS
	4a. Valve type: <del>VALVE_TYPE</del>
	4b. Manufactured by: <u>EQ_MANUFACTURER</u>
	EQ MANUFACTURE YEAR  4c. Year manufactured: / / / / or O Unknown
	VALVE_MATERIAL
	4d. Valve Material: ☐ Steel ☐ Plastic ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Other, specify: mandatory text field VALVE_MATERIAL_DETAILS
_	5 Describe: EQ FAILURE DETAILS
☐ Other Equipment Failure	5. Describe:

G7 - Incorrect Operation - *only one sub-cause can be selected from the shaded left-hand column OPERATION_TYPE		
☐ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage		
☐ 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	1. Describe:	PERATION_DETAILS_
Complete the following if any Incorrect Operation	on sub-cause is se	lected.
O No procedure established RELAT	_INADEQUATE_PR TED_NO_PROC_IND TED_FAILURE_FOLION_R	LOW_IND ELATED_DETAILS
O Decommissioning O Right-of-Way activities O Routine maintenance O Other maintenance O Normal operating conditions O Non-routine operating conditions (about the conditions)	onormal operations of QUALIFICATION	or emergencies)
• •		in your Operator Qualification Program? O Yes O No
<ul> <li>4a. If Yes, were the individuals performing the task(s) qualified for the task(s)? QUALIFIED_INDIVIDUALS         <ul> <li>O Yes, they were qualified for the task(s)</li> <li>O No, but they were performing the task(s) under the direction and observation of a qualified individual</li> <li>O 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</li> </ul> </li> </ul>		
G8 - Other Incident Cause - *only	one sub-cause ca	n he selected from the shaded left hand column
OTHER_TYPE	one <b>sub-cause</b> ca	in be selected from the shaded left-hand column
☐ Miscellaneous	1. Describe:	MISC_DETAILS
	UNKNOWN_SUBTY 2. Specify:	O Investigation complete, cause of Incident unknown  Mandatory comment field: INCIDENT_UNKNOWN_COMMENTS
□ Unknown		O Still under investigation, cause of Incident to be determined* (*Supplemental Report required)

## PART J - CONTRIBUTING FACTORS The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative: Pipe/Weld Failure **External Corrosion** EXTRNL\_COR\_GALVANIC\_IND ☐ External Corrosion, Galvanic EXTRNL\_COR\_ATMOSPHERIC\_IND □ Design-related PWF\_DESIGN\_IND ☐ External Corrosion, Atmospheric COR\_STRAY\_CURRENT\_IND ☐ Construction-related PWF\_CONSTRUCTION IND ☐ External Corrosion, Stray Current Induced EXTRNL COR\_MICROBIOLOGIC\_IND PWF\_INSTALLATION\_IN ☐ External Corrosion, Microbiologically Induced EXTRNL COR SELECTIVE SEAM\_IND ☐ Installation-related ☐ Fabrication-related PWF\_FABRICATION IND ☐ Original Manufacturing-related PWF\_MANUFACTURING\_IND Internal Corrosion ernal Corrosion INTRNL COR CORROSIVE CMDTY IND Internal Corrosion, Corrosive Commodity INTRNL COR WTR DRPOUT ACID IND **Equipment Failure** EQF CONTROL RELEAF IND ☐ Malfunction of Control/Relief Equipment EQF THREADED\_COUPLING\_IND ☐ Internal Corrosion, Water drop-out/Acid MICROBIOLOGIC\_IND ☐ Threaded Connection/Coupling Failure ☐ Internal Corrosion, Microbiological INTRNL COR EROSION IND □ Non-threaded Connection Failure EQF\_NON\_THREADED\_IND □ Internal Corrosion, Erosion ☐ Valve Failure EQF VALVE FAILURE IND Natural Forces NF\_EARTH\_MOVEMENT IND Incorrect Operation ☐ Earth Movement, NOT due to Heavy Rains/Floods IO DAMAGE\_BY\_OPERATOR\_IND ☐ Heavy Rains/Floods NF\_HEAVY\_RAINS\_IND ☐ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO\_VALVE\_POSITION\_IND ☐ Lightning NF\_LIGHTNING\_IND ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in ☐ Temperature NF\_TEMPERATURE\_IND Overpressure IO EQUIPMENT\_OVERPRESSURE\_IND ☐ High Winds NF\_HIGH\_WINDS\_IND ☐ Pipeline or Equipment Overpressured ☐ Snow/Ice NF\_SNOW\_ICE\_IND IO\_NOT\_INSTALLED\_PROPERLY\_IND ☐ Tree/Vegetation Root NF\_VEGITATION\_ROOT\_IND ☐ Equipment Not Installed Properly WRONG\_EQUIPMENT\_IND **Excavation Damage** EXCVTN DMG OPERATOR IND ☐ Wrong Equipment Specified or Installed ☐ Excavation Damage by Operator (First Party) EXCVIN DMG OF CONTRACTOR IND ☐ Inadequate Procedure IO\_INADEQUATE\_PROCEDURE\_IND ☐ Excavation Damage by Operator's Contractor (Second Party) EXCVID DMG\_THIRD\_PARTY\_IND EXCUSTS DAMAGED BY Third PARTY\_IND $\hfill \square$ No procedure established $\hfill \hfill \hfill$ □ Excavation Damage by Third Party EXCVID DMG\_PREVIOUS\_DAMAGE\_IND $\hfill \square$ Failure to follow procedures $\hfill$ □ Previous Damage due to Excavation Activity Other Outside Force OSF NEARBY INDUSTRIAL IND ☐ Nearby Industrial, Man-made, or Other Fire/Explosion ☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation OSF BOAT\_IND ☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment OSF OTHER MARITIME IND ☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation OSF ELECTRICAL\_ARCING\_IND □ Electrical Arcing from Other Equipment or Facility OSF TREVIOUS MECHANICAL IND ☐ Previous Mechanical Damage NOT Related to Excavation OSF\_INTENTIONAL\_IND ☐ Intentional Damage ☐ Other underground facilities buried within 12 inches of the failure location OSF OTHER UNDERGROUND IND

PART H – NARRATIVE DESCRIPTION OF THE INCIDENT	(Attach additional sheets as necessary)
NARRATIVE	
PART I PREPARED AND AUTHORITED REPOON	
PART I – PREPARER AND AUTHORIZED PERSON	
PREPARER_NAME	PREPARER_TELEPHONE
Preparer's Name (type or print)	Preparer's Telephone Number
PREPARER_TITLE	
Preparer's Title (type or print)	
PREPARER_EMAIL	PREPARER_FAX
Preparer's E-mail Address	Preparer's Facsimile Number
Local Contact Name: optional Local Contact Email: optional Local Contact Phone: optional Local Contact Phone: optional	
AUTHORIZER_NAME	AUTHORIZER_TELEPHONE
Authorized Signer	Authorized Signer Telephone Number
AUTHORIZER_TITLE	AUTHORIZER_EMAIL
Authorized Signer's Title	Authorized Signer's E-mail Address

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

Field Name	Field Name Description
IYEAR	Year incident occurred, derived from accident date