OMB NO: 2137-0522

EXPIRATION DATE: 10/31/2016

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

INCIDENT REPORT – GAS DISTRIBUTION SYSTEM

Report Date **REPORT_RECEIVED_DATE**

No. **REPORT_NUMBER SUPPLEMENTAL_NUMBER**

(DOT Use Only)

INSTRUCTIONS

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

PART A – KEY REPORT INFORMATION

Report Type: *(select all that apply)* ☐ Original ☐ Supplemental ☐ Final
REPORT_TYPE

Last Revision Date

1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / / **OPERATOR_ID**

2. Name of Operator: **NAME**

3. Address of Operator:

3.a **OPERATOR_STREET_ADDRESS**
(Street Address)

3.b **OPERATOR_CITY_NAME**
(City)

3.c State: / / **OPERATOR_STATE_ABBREVIATION**

3.d Zip Code: / / / / / - / / / / **OPERATOR_POSTAL_CODE**

4. Local time *(24-hr clock)* and date of the Incident: **LOCAL_DATETIME**

/ / / / / / / / / / / / / /
Hour   Month   Day   Year

5. Location of Incident:

LOCATION_STREET_ADDRESS

5.a
(Street Address or location description)

5.b **LOCATION_CITY_NAME**
(City)

5.c **LOCATION_COUNTY_NAME**
(County or Parish)

5.d State: / / **LOCATION_STATE_ABBREVIATION**

LOCATION_POSTAL_CODE
5.e Zip Code: / / / / / - / / / /

5.f Latitude: / / / . / / / / / **LOCATION_LATITUDE**

Longitude: - / / / / . / / / / / / **LOCATION_LONGITUDE**

6. National Response Center Report Number :

/ / / / / / / / **NRC_RPT_NUM**

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

/ / / / / / / / / / / / / /
Hour   Month   Day   Year

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8. Incident resulted from: **INCIDENT_RESULTED**
   - ☐ Unintentional release of gas
   - ☐ Intentional release of gas
   - ☐ Reasons other than release of gas

9. Gas released : (select only one, based on predominant volume released)
   - ☐ Natural Gas
   - ☐ Propane Gas   **COMMODITY_RELEASED_TYPE**
   - ☐ Synthetic Gas
   - ☐ Hydrogen Gas
   - ☐ Landfill Gas
   - ☐ Other Gas ⇨ *Name: _____ **COMMODITY_DETAILS**

10. Estimated volume of gas released: **GAS_RELEASED** /   /   /,/   /   / / Thousand Cubic Feet (MCF)

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11. Were there fatalities? ○ Yes   ○ No   **FATALITY_IND**

If Yes, specify the number in each category:

11.a Operator employees	**NUM_EMP_FATALITIES** / / / /
11.b Contractor employees working for the Operator	**NUM_CONTR_FATALITIES** / / / /
11.c Non-Operator emergency responders	**NUM_ER_FATALITIES** / / / /
11.d Workers working on the right-of-way, but NOT associated with this Operator	**NUM_WORKER_FATALITIES** / / / /
11.e General public	**NUM_GP_FATALITIES** / / / /
11.f Total fatalities (sum of above)	**FATAL** / / / /

INJURY_IND

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

If Yes, specify the number in each category:

12.a Operator employees	**NUM_EMP_INJURIES** / / / /
12.b Contractor employees working for the Operator	**NUM_CONTR_INJURIES** / / / /
12.c Non-Operator emergency responders	**NUM_ER_INJURIES** / / / /
12.d Workers working on the right-of-way, but NOT associated with this Operator	**NUM_WORKER_INJURIES** / / / /
12.e General public	**NUM_GP_INJURIES** / / / /
12.f Total injuries (sum of above)	/ / / / **INJURE**

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13. Was the pipeline/facility shut down due to the incident?   **SHUTDOWN_DUE_ACCIDENT_IND**
    ○ Yes   ○ No ⇨ Explain: _____ **SHUTDOWN_EXPLAIN**

    If Yes, complete Questions 13.a and 13.b: *(use local time, 24-hr clock)*   **SHUTDOWN_DATETIME**

    13.a Local time and date of shutdown   /   /   /   /   /   /   /   /   /   /   /   /   /   /
                                            Hour   Month   Day   Year

    13.b Local time pipeline/facility restarted   /   /   /   /   /   /   /   /   /   /   /   /   /   /   **STILL_SHUTDOWN_IND**
                                                  Hour   Month   Day   Year   ○ Still shut down*
                                                                                               *(*Supplemental Report required)*
    RESTART_DATETIME

14. Did the gas ignite?   ○ Yes   ○ No   **IGNITE_IND**

15. Did the gas explode?   ○ Yes   ○ No   **EXPLODE_IND**

16. Number of general public evacuated: /   /   /,/   /   /   /   **NUM_PUB_EVACUATED**

17. Time sequence *(use local time, 24-hour clock)*:

    INCIDENT_IDENTIFIED_DATETIME

    17.a Local time operator identified failure   /   /   /   /   /   /   /   /   /   /   /   /   /   /
                                                  Hour   Month   Day   Year

    17.b Local time operator resources arrived on site   /   /   /   /   /   /   /   /   /   /   /   /   /   /   **ON_SITE_DATETIME**
                                                         Hour   Month   Day   Year

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PART B – ADDITIONAL LOCATION INFORMATION	

1. Was the Incident on Federal land? ○ Yes ○ No **FEDERAL**

2. Location of Incident: *(select only one)* **LOCATION_TYPE**
   - ☐ Operator-controlled property
   - ☐ Public property
   - ☐ Private property
   - ☐ Utility Right-of-Way / Easement

3. Area of Incident: *(select only one)* **INCIDENT_AREA_TYPE**
   INCIDENT_AREA_SUBTYPE
   - ☐ Underground Specify: ○ Under soil ○ Under a building ○ Under pavement
     ○ Exposed due to excavation ○ In underground enclosed space (e.g., vault)
     ○ Other _____ **INCIDENT_AREA_DETAILS**

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

   - ☐ Aboveground Specify: ○ Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)
     ○ Overhead crossing
     ○ In or spanning an open ditch ○ Inside a building
     ○ In other enclosed space ○ Other _____ **INCIDENT_AREA_DETAILS**

   - ☐ Transition Area Specify: ○ Soil/air interface ○ Wall sleeve ○ Pipe support or other close contact area
     ○ Other _____ **INCIDENT_AREA_DETAILS**

   CROSSING
4. Did Incident occur in a crossing? ○ Yes ○ No
   If Yes, specify type below:
   - ☐ Bridge crossing ⇨ Specify: ○ Cased ○ Uncased **BRIDGE_CROSSING_IND, BRIDGE_TYPE**
   - ☐ Railroad crossing ⇨ *(Select all that apply)* ○ Cased ○ Uncased ○ Bored/drilled **RAILROAD_CROSSING_IND, RAILROAD_TYPE**
   - ☐ Road crossing ⇨ *(Select all that apply)* ○ Cased ○ Uncased ○ Bored/drilled **ROAD_CROSSING_IND, ROAD_TYPE**
   - ☐ Water crossing ⇨ *(Select all that apply)* ○ Cased ○ Uncased ○ Bored/drilled **WATER_CROSSING_IND, WATER_TYPE**

     Name of body of water (If commonly known): _____ **WATER_NAME**
     Approx. water depth (ft): /___/,/___/___/___/ **WATER_DEPTH**

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PART C – ADDITIONAL FACILITY INFORMATION

1. Indicate the type of pipeline system: **PIPE_FACILITY_TYPE**
   - ☐ privately owned
   - ☐ municipally owned
   - ☐ investor owned
   - ☐ cooperative
   - ☐ Other ⇨ Specify: **PIPE_TYPE_OTHER** _____

2. Part of system involved in Incident: *(select only one)*   ☐ Main   ☐ Service   ☐ Service Riser   ☐ Outside Meter/Regulator set
   SYSTEM_PART_INVOLVED   ☐ Inside Meter/Regulator set   ☐ Farm Tap Meter/Regulator set
   ☐ District Regulator/Metering Station
   ☐ Other _____ **SYSTEM_PART_DETAILS** _____

   2.a. Year "Part of system involved in Incident" was installed: **INSTALLATION_YEAR** / / / / or ○ Unknown **INSTALLATION_YEAR_UNKNOWN_IND**

3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:
   *3.a Nominal diameter of pipe (in): / / ./ / / **PIPE_DIAMETER**

   *3.b Pipe specification (e.g., API 5L, ASTM D2513): ___ **PIPE_SPECIFICATION** ___

   3.c Pipe manufacturer: **PIPE_MANUFACTURER** ___ or ○ Unknown **PIPE_MFRR_UNKNOWN_IND**

   3.d Year of manufacture: / / / / or ○ Unknown **PIPE_MFR_YEAR_UNKNOWN_IND**
   PIPE_MANUFACTURE_YEAR

MATERIAL_INVOLVED
4. Material involved in Incident: ☐ Steel   ☐ Cast/Wrought Iron   ☐ Ductile Iron   ☐ Copper   ☐ Plastic
   ☐ Reconditioned Cast Iron   ☐ Unknown
   ☐ Other ⇨ Specify: ___ **MATERIAL_DETAILS** ___

   4.a. If Steel ⇨ Specify seam type: ___ **MATERIAL_SEAM_TYPE** ___ or ○ None or ○ Unknown **SEAM_TYPE_UNKNOWN_IND**
   WT_STEEL
   4.b. If Steel ⇨ Specify wall thickness *(inches)*: / ./ / / or ☐ Unknown **WT_STEEL_UNKNOWN_IND**
   PLASTIC_TYPE
   4.c. If Plastic ⇨ Specify 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 ___ **PLASTIC_DETAILS** ___
   ○ Unknown

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

   4.e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇨
   Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) **MATERIAL_PE_PIPE_CODE** PE / / / / or ○ Unknown
   RELEASE_TYPE **PLASTIC_PE_UNKNOWN_IND**
5. Type of release involved: *(select only one)*
   ☐ Mechanical Puncture ⇨ Approx. size: / / / ./ /in. (axial) by / / / / ./ /in. (circumferential) **PUNCTURE_AXIAL** **PUNCTURE_CIRCUM**
   LEAK_TYPE
   ☐ Leak ⇨ Select Type: ○ Pinhole   ○ Crack   ○ Connection Failure   ○ Seal or Packing   ○ Other **LEAK_TYPE_OTHER**
   RUPTURE_ORIENT
   ☐ Rupture ⇨ Select Orientation: ○ Circumferential   ○ Longitudinal   ○ Other ___ **RUPTURE_DETAILS** ___
   Approx. size: / / / / ./ / in. (widest opening) by / / / / / ./ /in. (length circumferentially or axially) **RUPTURE_LENGTH** **RUPTURE_WIDTH**
   ☐ Other ⇨ *Describe: ___ **RELEASE_TYPE_DETAILS** ___

PART D – ADDITIONAL CONSEQUENCE INFORMATION	

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

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

2. Estimated Property Damage :

2.a Estimated cost of public and non-Operator private property damage   **EST_COST_OPER_PAID**
$ / / / /,/ / /,/ / / /

2.b Estimated cost of Operator's property damage & repairs   **EST_COST_PROP_DAMAGE**
$ / / / /,/ / /,/ / / /

2.c Estimated cost of Operator's emergency response   **EST_COST_EMERGENCY**
$ / / / /,/ / /,/ / / /

2.d Estimated other costs   **EST_COST_OTHER**
$ / / / /,/ / /,/ / / /

Describe: _____**EST_COST_OTHER_DETAILS**_____

2.e Total estimated property damage (sum of above)   **PRPTY**
$ / / /,/ / / /,/ / / /

Cost of Gas Released

2.f Estimated cost of gas released   **EST_COST_GAS_RELEASED**
$ / / /,/ / / /,/ / / /

PRPTY – Estimated Total Cost, sum of 2.a-d and 2.f

3. Estimated number of customers out of service:

3.a Commercial entities / /,/ / / /   **COMMERCIAL_AFFECTED**

3.b Industrial entities / /,/ / / /   **INDUSTRIAL_AFFECTED**

3.c Residences / /,/ / / /   **RESIDENCES_AFFECTED**

PART E – ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Incident (psig):   / / / / /   **ACCIDENT_PSIG**

2. Normal operating pressure at the point and time of the Incident (psig):   / / / / /   **NORMAL_PSIG**

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

4. Describe the pressure on the system relating to the Incident: *(select only one)*   **ACCIDENT_PRESSURE**
   - ☐ Pressure did not exceed MAOP
   - ☐ Pressure exceeded MAOP, but did not exceed 110% of MAOP
   - ☐ Pressure exceeded 110% of MAOP

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

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

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

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

6. How was the Incident initially identified for the Operator? *(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
   - ☐ 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**

   6.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following: *(select only one)*   **OPERATOR_TYPE**
      ○ Operator employee   ○ Contractor working for the Operator

7. 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)*   **INVEST_SCHEDULE_IND**
      - ○ Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue
      - ○ 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**
      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**
      - ○ Investigation identified areas other than those above ⇨ Describe: _____   **INVEST_OTHER_IND_DETAILS**
      INVEST_OTHER_IND
      _____
      _____

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PART F – DRUG & ALCOHOL TESTING INFORMATION	

1. 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 ⇨ 1.a Specify how many were tested: / / /   **NUM_EMPLOYEES_TESTED**

            1.b Specify how many failed: / / /   **NUM_EMPLOYEES_FAILED**

2. 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 ⇨ 2.a Specify how many were tested: / / /   **NUM_CONTRACTORS_TESTED**

            2.b Specify how many failed: / / /   **NUM_CONTRACTORS_FAILED**

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PART G – APPARENT CAUSE CAUSE, CAUSE_DETAILS (sub_cause)	*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. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).*

G1 – Corrosion Failure – *only one sub-cause can be picked from shaded left-hand column
INTERNAL_EXTERNAL

☐ External Corrosion	1. Results of visual examination: VISUAL_EXAM_RESULTS
	   ○ Localized Pitting ○ General Corrosion
	   ○ Other VISUAL_EXAM_DETAILS
	
	2. Type of corrosion: *(select all that apply)*
	   GALVANIC_CORROSION_IND, ATMOSPHERE_CORROSION_IND, STRAY_CURRENT_CORROSION_IND
	   MICROBIOLOGICAL_CORROSION_IND, SELECTIVE_SEAM_CORROSION_IND
	   ○ Galvanic ○ Atmospheric ○ Stray Current ○ Microbiological ○ Selective Seam
	   ○ Other OTHER_CORROSION_IND, CORROSION_TYPE_DETAILS
	
	3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)* FIELD_EXAM_BASIS_IND METALLURGICAL_BASIS_IND
	   ○ Field examination ○ Determined by metallurgical analysis
	   ○ Other OTHER_BASIS_IND, CORROSION_BASIS_DETAILS
	
	4. Was the failed item buried under the ground? UNDERGROUND_LOCATION
	   ○ Yes ⇨ 4.a Was failed item considered to be under cathodic protection at the time of the incident? UNDER_CATHODIC_PROTECTION_IND, CATHODIC_PRO_START_YEAR
	               ○ Yes ⇨ Year protection started: / / / / /
	               ○ No
	
	        4.b Was shielding, tenting, or disbonding of coating evident at the point of the incident? SHIELDING_EVIDENT
	               ○ Yes ○ No
	
	        4.c Has one or more Cathodic Protection Survey been conducted at the point of the incident? CATHODIC_SURVEY_TYPE
	       CP_ANNUAL_SURVEY_IND CP_ANNUAL_SURVEY_YEAR
	   ○ Yes, CP Annual Survey ⇨ Most recent year conducted: / / /
	               CLOSE_INTERVAL_SURVEY_IND CLOSE_INTERVAL_SURVEY_YEAR
	   ○ Yes, Close Interval Survey ⇨ Most recent year conducted: / / /
	               OTHER_CP_SURVEY_IND OTHER_CP_SURVEY_YEAR
	   ○ Yes, Other CP Survey ⇨ Most recent year conducted: / / /
	   ○ No
	
	                              EXTERNALLY_COATED
	   ○ No ⇨ 4.d Was the failed item externally coated or painted? ○ Yes ○ No
	
	5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
	   ○ Yes ○ No PRIOR_DAMAGE
	
	6. Pipeline coating type, if steel pipe is involved: *(select only one)* COATING_TYPE
	   ○ Fusion Bonded Epoxy ○ Coal Tar ○ Asphalt
	   ○ Polyolefin ○ Extruded Polyethylene ○ Field Applied Epoxy
	   ○ Cold Applied Tape ○ Paint ○ Composite ○ None
	   ○ Other COATING_TYPE_DETAILS
	   ○ Unknown

☐ Internal Corrosion	7. Results of visual examination: INT_VISUAL_EXAM_RESULTS
	   ○ Localized Pitting ○ General Corrosion ○ Not cut open
	   ○ Other INT_VISUAL_EXAM_DETAILS
	
	8. Cause of corrosion: *(select all that apply)*
	
	   INT_CORROSIVE_COMMODITY_IND, INT_WATER_ACID_IND, INT_MICROBIOLOGICAL_IND
	   ○ Corrosive Commodity ○ Water drop-out/Acid ○ Microbiological ○ Erosion
	   ○ Other INT_EROSION_IND, 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 INT_METALLURGICAL_BASIS_IND
	   ○ Field examination ○ Determined by metallurgical analysis
	   ○ Other INT_OTHER_BASIS_IND, INT_CORROSION_BASIS_DETAILS
	
	10. Location of corrosion: *(select all that apply)*
	
	   INT_LOW_POINT_PIPE_LOC_IND, INT_ELBOW_LOC_IND, INT_DROP_OUT_LOC_IND
	   ○ Low point in pipe ○ Elbow ○ Drop-out
	   ○ Other INT_OTHER_LOC_IND, CORROSION_LOCATION_DETAILS
	
	CORROSION_INHIBITORS 11. Was the gas/fluid treated with corrosion inhibitors or biocides? ○ Yes ○ No
	12. Were any liquids found in the distribution system where the Incident occurred?
	   ○ Yes ○ No LIQUID_FOUND

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Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.

COR_HYDROTEST_LEAK_SURVEY_DATE

13. Date of the most recent Leak Survey conducted: /   /   /   /   /   /   /
                                           Month   Day   Year

14. Has one or more pressure test been conducted since original construction at the point of the Incident?   COR_HYDROTEST_CONDUCTED_IND

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

     ○ No   COR_HYDROTEST_CONDUCTED_YEAR   COR_HYDROTEST_PRESSURE

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

NATURAL_FORCE_TYPE	
☐ **Earth Movement, NOT due to Heavy Rains/Floods**	EARTH_SUBTYPE 1. Specify: ○ Earthquake ○ Subsidence ○ Landslide ○ Other NF_OTHER_DETAILS
☐ **Heavy Rains/Floods**	HEAVY_RAINS_SUBTYPE 2. Specify: ○ Washouts/Scouring ○ Flotation ○ Mudslide ○ Other NF_OTHER_DETAILS
☐ **Lightning**	LIGHTNING_SUBTYPE 3. Specify: ○ Direct hit ○ Secondary impact such as resulting nearby fires
☐ **Temperature**	TEMPERATURE_SUBTYPE 4. Specify: ○ Thermal Stress ○ Frost Heave ○ Frozen Components ○ Other NF_OTHER_DETAILS
☐ **High Winds**	
☐ **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

  6.a. If Yes, specify: *(select all that apply)*   ○ Hurricane ○ Tropical Storm   ○ Tornado

                  ○ Other NF_OTHER_IND,   NF_EXTREME_WEATHER_DETAILS

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G3 – Excavation Damage – *only one **sub-cause** can be picked from shaded left-hand column

EX_PARTY_TYPE

☐ **Excavation Damage by Operator (First Party)**

☐ **Excavation Damage by Operator's Contractor (Second Party)**

☐ **Excavation Damage by Third Party**

☐ **Previous Damage due to Excavation Activity**

Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.

EX_HYDROTEST_LEAK_SURVEY_DATE

1. Date of the most recent Leak Survey conducted: ___/___/___ ___/___/___ ___/___/___
   Month   Day   Year

2. Has one or more pressure test been conducted since original construction at the point of the Incident? **EX_HYDROTEST_CONDUCTED_IND**   **EX_HYDROTEST_CONDUCTED_YEAR**

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

   ○ No   **EX_HYDROTEST_PRESSURE**

Complete the following if Excavation Damage by Third Party is selected.

3. Did the operator get prior notification of the excavation activity?   ○ Yes ○ No **PRIOR_NOTIFICATION_IND**

   3.a If Yes, Notification received from: *(select all that apply)* ○ One-Call System ○ Excavator ○ Contractor ○ Landowner

   ONE_CALL_SYSTEM_IND,   EXCAVATOR_IND,   CONTRACTOR_IND,   LANDOWNER_IND

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

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

5. 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**
   EXCAVATOR_TYPE

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

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

   EXCAVATOR_EQUIPMENT

7. Type of excavation equipment: *(select only one)*

   ○ Auger   ○ Backhoe/Trackhoe   ○ Boring   ○ Drilling   ○ Directional Drilling
   ○ Explosives   ○ Farm Equipment   ○ Grader/Scraper   ○ Hand Tools   ○ Milling Equipment
   ○ Probing Device   ○ Trencher   ○ Vacuum Equipment   ○ Data not collected   ○ Unknown/Other

   WORK_PERFORMED

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

   ○ Agriculture   ○ Cable TV   ○ Curb/Sidewalk   ○ Building Construction   ○ Building Demolition
   ○ Drainage   ○ Driveway   ○ Electric   ○ Engineering/Surveying   ○ Fencing
   ○ Grading   ○ Irrigation   ○ Landscaping   ○ Liquid Pipeline   ○ Milling
   ○ Natural Gas   ○ Pole   ○ Public Transit Authority   ○ Railroad Maintenance   ○ Road Work
   ○ Sewer (Sanitary/Storm)   ○ Site Development   ○ Steam   ○ Storm Drain/Culvert   ○ Street Light
   ○ Telecommunications   ○ Traffic Signal   ○ Traffic Sign   ○ Water   ○ Waterway Improvement
   ○ Data not collected   ○ Unknown/Other

(This CGA-DIRT section continued on next page with Question 9.)

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9. Was the One-Call Center notified?   ○ Yes   ○ No   **ONE_CALL_NOTIFIED_IND**

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

    9.b 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
10. Type of Locator: ○ Utility Owner   ○ Contractor Locator   ○ Data not collected   ○ Unknown/Other

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

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

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

    13.a If Yes, specify duration of the interruption: / / / / / hours   **SERVICE_INTERRUPTION_HOURS**

ROOT_CAUSE
14. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well)*:

    ONE_CALL_SUBTYPE
☐ One-Call Notification Practices Not Sufficient: *(select only one)*
    ○ No notification made to the One-Call Center
    ○ Notification to One-Call Center made, but not sufficient
    ○ Wrong information provided

    LOCATING_SUBTYPE
☐ Locating Practices Not Sufficient: *(select only one)*
    ○ Facility could not be found/located
    ○ Facility marking or location not sufficient
    ○ Facility was not located or marked
    ○ Incorrect facility records/maps

    EXCAVATION_SUBTYPE
☐ Excavation Practices Not Sufficient: *(select only one)*
    ○ Excavation practices not sufficient (other)
    ○ Failure to maintain clearance
    ○ Failure to maintain the marks
    ○ Failure to support exposed facilities
    ○ Failure to use hand tools where required
    ○ Failure to verify location by test-hole (pot-holing)
    ○ Improper backfilling

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

☐ Other / None of the Above *(explain)*   **ROOT_CAUSE_OTHER**

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G4 – Other Outside Force Damage – *only one **sub-cause** can be selected from the shaded left-hand column

OUTSIDE_FORCE_TYPE ☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident**	
☐ **Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**	**VEHICLE_SUBTYPE** 1. Vehicle/Equipment operated by: *(select only one)* ○ Operator ○ Operator's Contractor ○ Third Party
☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**	2. Select one or more of the following IF an extreme weather event was a factor: **OSF_HURRICANE_IND** **OSF_TROPICAL_STORM_IND** **OSF_TORNADO_IND** ○ Hurricane ○ Tropical Storm ○ Tornado ○ Heavy Rains/Flood ○ Other _____ **OSF_OTHER_WEATHER_IND** **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: __/__/__ __/__/__ __/__/__
	                                                Month Day Year
	4. Has one or more pressure test been conducted since original construction at the point of the Incident? **OSF_HYDROTEST_CONDUCTED_IND** **OSF_HYDROTEST_CONDUCTED_YEAR**
	    ○ Yes ⇨ Most recent year tested: __/__/__/__/__
	                      Test pressure (psig): __/__/__/__/__/__
	    ○ No **OSF_HYDROTEST_PRESSURE**

☐ **Intentional Damage**	5. Specify: **INTENTIONAL_SUBTYPE**
	    ○ Vandalism ○ Terrorism
	    ○ Theft of transported commodity ○ Theft of equipment
	    ○ Other _____ **INTENTIONAL_DETAILS**

☐ **Other Outside Force Damage**	6. Describe: _____ **OSF_OTHER_DETAILS**

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G5 – Pipe, Weld, or Joint Failure – *only one **sub-cause** can be selected from the shaded left-hand column

PWJF_FAILURE_TYPE

☐ **Body of Pipe**	**PIPE_BODY_SUBTYPE** 1. Specify: ○ Dent ○ Gouge ○ Bend ○ Arc Burn ○ Crack ○ Other _____ **PIPE_BODY_DETAILS**
☐ **Butt Weld**	**BUTT_WELD_SUBTYPE** 2. Specify: ○ Pipe ○ Fabrication ○ Other ____ **BUTT_WELD_DETAILS**
☐ **Fillet Weld**	**FILLET_WELD_SUBTYPE** 3. Specify: ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other _____ **FILLET_WELD_DETAILS**
☐ **Pipe Seam**	**PIPE_SEAM_SUBTYPE** 4. Specify: ○ LF ERW ○ HF ERW ○ Flash Weld ○ DSAW ○ SAW ○ Spiral ○ Other _____ **PIPE_SEAM_DETAILS**
☐ **Threaded Metallic Pipe**	

☐ **Mechanical Fitting**	5. Specify the mechanical fitting involved: **MECHANICAL_FITTING_INVOLVED**
	○ Stab type fitting ○ Nut follower type fitting ○ Bolted type fitting
	○ Other ____ **MEC_FITTING_OTHER**
	
	6. Specify the type of mechanical fitting: **MECHANICAL_FITTING_TYPE**
	○ Service Tee ○ Coupling ○ Service Head Adapter
	○ Basement Adapter ○ Riser ○ Elbow
	○ Other _____ **MEC_FITTING_TYPE_OTHER**
	
	7. Manufacturer: _____ **MPW_MANUFACTURER**
	
	8. Year manufactured: / / / / / **MPW_MANUFACTURE_YEAR**
	
	9. Year installed: / / / / / **MPW_INSTALLED_YEAR**
	
	10. Other attributes: ____ **MPW_OTHER_ATTR**
	
	11. Specify the two materials being joined:
	    11.a First material being joined:
	    ☐ Steel ☐ Cast/Wrought Iron
	    ☐ Ductile Iron ☐ Copper ☐ Plastic
	    ☐ Unknown
	    ☐ Other ⇨ Specify: ____ **MPW_FIRST_MAT_JOINED_OTHER**
	MPW_FIRST_MAT_JOINED_STEEL
	MPW_FIRST_MAT_JOINED_CAST
	MPW_FIRST_MAT_JOINED_IRON
	MPW_FIRST_MAT_JOINED_COPPER
	MPW_FIRST_MAT_JOINED_PLASTIC
	MPW_FIRST_MAT_JOINED_UNKNOWN
	MPW_FIRST_MAT_JOINED_OTHER_IND
	
	MPW_FIRST_PLASTIC_TYPE
	    11.b If Plastic ⇨ Specify: ○ 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: ____ **MPW_FIRST_PLASTIC_TYPE_OTHER**
	
	    11.c Second material being joined:
	    ☐ Steel ☐ Cast/Wrought Iron
	    ☐ Ductile Iron ☐ Copper ☐ Plastic
	    ☐ Unknown
	    ☐ Other ⇨ Specify: ____ **MPW_SECOND_MAT_JOINED_OTHER**
	MPW_SECOND_MAT_JOINED_STEEL
	MPW_SECOND_MAT_JOINED_CAST
	MPW_SECOND_MAT_JOINED_IRON
	MPW_SECOND_MAT_JOINED_COPPER
	MPW_SECOND_MAT_JOINED_PLASTIC
	MPW_SECOND_MAT_JOINED_UNKNOWN
	MPW_SEC_MAT_JOINED_OTHER_IND
	
	MPW_SECOND_PLASTIC_TYPE
	    11.d If Plastic ⇨ Specify: ○ 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: ____ **MPW_SECOND_PLASTIC_TYPE_OTHER**
	
	12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint? **INCLUDE_RESTRAINT_IND**
	○ Yes ○ No ○ Unknown **INCLUDE_RESTRAINT**
	    12.a If Yes, specify: ○ Cat. I ○ Cat. II ○ Cat. III ○ DOT 192.283

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☐ **Compression Fitting**

13. Fitting type: _____ CPW_FITTING_TYPE _____
14. Manufacturer: _____ CPW_MANUFACTURER _____
15. Year manufactured: __/__/__/__/ CPW_MANUFACTURE_YEAR
16. Year installed: __/__/__/__/ CPW_INSTALLED_YEAR
17. Other attributes _____ CPW_OTHER_ATTR _____

18. Specify the two materials being joined:
    18.a First material being joined:
        ☐ Steel   ☐ Cast/Wrought Iron
        ☐ Ductile Iron   ☐ Copper   ☐ Plastic
        ☐ Unknown
        ☐ Other ⇨ Specify: _____ CPW_FIRST_MAT_JOINED_OTHER _____

CPW_FIRST_MAT_JOINED_STEEL
CPW_FIRST_MAT_JOINED_CAST
CPW_FIRST_MAT_JOINED_IRON
CPW_FIRST_MAT_JOINED_COPPER
CPW_FIRST_MAT_JOINED_PLASTIC
CPW_FIRST_MAT_JOINED_UNKNOWN
CPW_FIRST_MAT_JOINED_OTHER_IND

    CPW_FIRST_PLASTIC_TYPE
    18.b If Plastic ⇨ Specify : ○ 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: _____ CPW_FIRST_PLASTIC_TYPE_OTHER _____

    18.c Second material being joined:
        ☐ Steel   ☐ Cast/Wrought Iron
        ☐ Ductile Iron   ☐ Copper   ☐ Plastic
        ☐ Unknown
        ☐ Other ⇨ Specify: _____ CPW_SECOND_MAT_JOINED_OTHER _____

CPW_SECOND_MAT_JOINED_STEEL
CPW_SECOND_MAT_JOINED_CAST
CPW_SECOND_MAT_JOINED_IRON
CPW_SECOND_MAT_JOINED_COPPER
CPW_SECOND_MAT_JOINED_PLASTIC
CPW_SECOND_MAT_JOINED_UNKNOWN
CPW_SEC_MAT_JOINED_OTHER_IND

    CPW_SECOND_PLASTIC_TYPE
    18.d If Plastic ⇨ Specify: ○ 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: _____ CPW_SECOND_PLASTIC_TYPE_OTHER _____

☐ **Fusion Joint**

19. Specify: PLASTIC_JOINT_SUBTYPE
    ○ Butt, Heat Fusion   ○ Butt, Electrofusion   ○ Saddle, Heat Fusion
    ○ Saddle, Electrofusion   ○ Socket, Heat Fusion   ○ Socket, Electrofusion
    ○ Other _____ PLASTIC_JOINT_DETAILS _____

20. Year installed: __/__/__/__/ FPW_INSTALLED_YEAR

21. Other attributes: _____ FPW_OTHER_ATTR _____

22. Specify the two materials being joined:
    22.a First material 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_OTHER _____

    22.b Second material being joined: FPW_SECOND_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_SECOND_PLASTIC_TYPE_OTHER _____

☐ **Other Pipe, Weld, or Joint Failure**

23. Describe: _____ PWJF_FAILURE_DETAILS _____

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Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.

ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND, ADDITIONAL_PIPE_BEND_IND, ADDITIONAL_ARC_BURN_IND, ADDITIONAL_CRACK_IND, ADDITIONAL_LACK_FUSION_IND, ADDITIONAL_LAMINATION_IND, ADDITIONAL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND, ADDITIONAL_MISALIGNMENT_IND, ADDITIONAL_BURNT_STEEL_IND, ADDITIONAL_OTHER_IND, ADDITIONAL_OTHER_DETAILS

24. Additional Factors: *(select all that apply)* ○ Dent   ○ Gouge   ○ Pipe Bend   ○ Arc Burn   ○ Crack   ○ Lack of Fusion
    ○ Lamination   ○ Buckle   ○ Wrinkle   ○ Misalignment   ○ Burnt Steel
    ○ Other _____ ADDITIONAL_FACTOR_DETAILS

25. Was the Incident a result of: RESULT_CONSTRUCTION_IND,   RESULT_CONSTRUCTION_SUBTYPE
    ☐ Construction defect, specify: ⇨ ○ Poor workmanship   ○ Procedure not followed   ○ Poor construction/installation procedures
    RESULT_MATERIAL_IND,   RESULT_MATERIAL_SUBTYPE
    ☐ Material defect, specify: ⇨ ○ Long seam   ○ Other _____ RESULT_MATERIAL_DETAILS
    ☐ Design defect   RESULT_DESIGN_IND
    ☐ Previous damage   RESULT_PREVIOUS_IND

26. Has one or more pressure test been conducted since original construction at the point of the Incident? HYDROTEST_CONDUCTED_IND
    ○ Yes ⇨ Most recent year tested: __/__/__/__/   Test pressure (psig): __/__/__/__/__/
    ○ No   HYDROTEST_CONDUCTED_YEAR   HYDROTEST_PRESSURE

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

EQ_FAILURE_TYPE	
☐ **Malfunction of Control/Relief Equipment**	CONTROL_VALVE_IND, INSTRUMENTATION_IND, SCADA_IND, COMMUNICATIONS_IND, BLOCK_VALVE_IND, CHECK_VALVE_IND, RELIEF_VALVE_IND, POWER_FAILURE_IND 1. Specify: *(select all that apply)* STOPPLE_CONTROL_FITTING_IND ○ Control Valve ○ Instrumentation ○ SCADA ○ Communications ○ Block Valve ○ Check Valve ○ Relief Valve ○ Power Failure ○ Stopple/Control Fitting ○ Pressure Regulator PRESSURE_REGULATOR_IND ○ Other ____ OTHER_CONTROL_RELIEF_IND, OTHER_CONTROL_RELIEF_DETAILS
☐ **Threaded Connection Failure**	OTHER_STRIPPED_IND 2. Specify: ○ Pipe Nipple ○ Valve Threads ○ Threaded Pipe Collar ○ Threaded Fitting ○ Other _____ OTHER_STRIPPED_DETAILS
☐ **Non-threaded Connection Failure**	OTHER_NON_THREADED_IND 3. Specify: ○ O-Ring ○ Gasket ○ Other Seal or Packing ○ Other _____ OTHER_NON_THREADED_DETAILS
☐ **Valve**	VALVE_OTHER_IND 4. Specify: ○ Manufacturing defect ○ Other ____ VALVE_OTHER_DETAILS 4.a Valve type: _____ VALVE_TYPE 4.b Manufactured by: _____ EQ_MANUFACTURER 4.c Year manufactured: __/__/__/__/ EQ_MANUFACTURE_YEAR
☐ **Other Equipment Failure**	5. Describe: _____ EQ_FAILURE_DETAILS

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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: _____ OPERATION_DETAILS _____

Complete the following if any Incorrect Operation sub-cause is selected.

2. Was this Incident related to: *(select all that apply)*
   - ○ Inadequate procedure   RELATED_INADEQUATE_PROC_IND
   - ○ No procedure established   RELATED_NO_PROC_IND
   - ○ Failure to follow procedure   RELATED_FAILURE_FOLLOW_IND
   - ○ Other:*_____ RELATED_OTHER_IND   OPERATION_RELATED_DETAILS

3. What category type was the activity that caused the Incident: CATEGORY_TYPE
   - ○ Construction
   - ○ Commissioning
   - ○ Decommissioning
   - ○ Right-of-Way activities
   - ○ Routine maintenance
   - ○ Other maintenance
   - ○ Normal operating conditions
   - ○ Non-routine operating conditions (abnormal operations or emergencies)

                                                                 OPERATOR_QUALIFICATION_IND
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? ○ Yes   ○ No

   4.a If Yes, were the individuals performing the task(s) qualified for the task(s)? QUALIFIED_INDIVIDUALS
   - ○ Yes, they were qualified for the task(s)
   - ○ No, but they were performing the task(s) under the direction and observation of a qualified individual
   - ○ No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

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

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

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| PART H – NARRATIVE DESCRIPTION OF THE INCIDENT | *(Attach additional sheets as necessary)* |

NARRATIVE

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PART I – PREPARER AND AUTHORIZED SIGNATURE

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

AUTHORIZER_NAME   **PREPARED_DATE**   **AUTHORIZER_TELEPHONE**
Authorized Signer   Date   Authorized Signer Telephone Number

AUTHORIZER_TITLE   **AUTHORIZER_EMAIL**
Authorized Signer's Title   Authorized Signer's E-mail Address

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

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