



U.S. Department of Transportation
Research and Special Programs
Administration

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date **DOR**

No. **RPTID**
(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 Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

REPORT_TYPE

PART A - GENERAL REPORT INFORMATION

Check one: ☐ Original Report ☐ Supplemental Report ☐ Final Report

Operator Name and Address

OPERATOR_ID

a. Operator's 5-digit Identification Number (when known) / / / / /

OWNER_OPERATOR_ID

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

c. Name of Operator **NAME**

d. Operator street address **OPSTREET**

e. Operator address **OPCITY OPCOUNTY OPSTATE OPZIP**

City, County or Parrish, State and Zip Code

2. Time and date of the incident

IHOUR / / hr. **IDATE** / / month / / day / / year

3. Location of incident

a. Nearest street or road

b. **ACCITY** **ACCOUNTY**

City and County or Parrish

c. **ACSTATE** **ACZIP**

State and Zip Code

d. Mile Post/Valve Station **MPVST**

e. Survey Station No. **SURVNO**

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

g. Class location description **OFFSHORE, OFFSHORE_TEXT, CLASS**
Onshore: ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

Offshore: ☐ Class 1 (complete rest of this item)

Area **OFFAREA** Block # **BNUMB**

State **OFFST** or Outer Continental Shelf ☐ **OC**

h. Incident on Federal Land other than Outer Continental Shelf
☐ Yes ☐ No **IFED**

i. Is pipeline Interstate ☐ Yes ☐ No **INTER_TEXT**

4. Type of leak or rupture **LRTYPE_TEXT**

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

☐ Puncture, diameter (inches) **PUNC_DIAM**

☐ Rupture: ☐ 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 Total number of people: / / / /

Employees: **EFAT** / / / /

General Public: / / / /

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

b. ☐ Injury requiring inpatient hospitalization Total number of people: / / / /

Employees: **EINJ** / / / /

General Public: / / / /

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

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

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

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

d. ☐ Release Occurred in a 'High Consequence Area'

HIGHCON **IGNITE**

e. ☐ Gas ignited - No explosion f. ☐ Explosion

EVAC **EVACNO**

g. ☐ Evacuation (general public only) / / / / / people

Reason for Evacuation: **EVAC_REASON_TEXT**

☐ Emergency worker or public official ordered, precautionary

☐ Threat to the public ☐ Company policy

6. Elapsed time until area was made safe:

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

7. Telephone Report **TELRN**

/ / / / / **TELD** / / / /
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 49 CFR section: **MAOPSEC 1-4, C**

☐ 192.619 (a)(1) ☐ 192.619 (a)(2) ☐ 192.619 (a)(3)

☐ 192.619 (a)(4) ☐ 192.619 (c)

d. Did an overpressurization occur relating to the incident? ☐ Yes ☐ No

OVERPRS

PART B - PREPARER AND AUTHORIZED SIGNATURE

PNAME

(type or print) Preparer's Name and Title

PEMAIL

Preparer's E-mail Address

PHONE

Area Code and Telephone Number

Area Code and Facsimile Number

Date

Area Code and Telephone Number

Authorized Signature

(type or print) Name and Title

PART C - ORIGIN OF THE INCIDENT	
1. Incident occurred on TYSYS_TEXT <input type="radio"/> Transmission System <input type="radio"/> Gathering System <input type="radio"/> Transmission Line of Distribution System 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: PRTFO	MLKD_TEXT 3. Material involved (pipe, fitting, or other component) <input type="radio"/> Steel PLAS_DUCT PLAS_BRIT PLAS_JNT <input type="radio"/> Plastic (If 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"/> Material other than plastic or steel: MLKDO 4. Part of system involved in incident PRTSY_TEXT <input type="radio"/> Pipeline <input type="radio"/> Regulator/Metering System <input type="radio"/> Compressor Station <input type="radio"/> Other: PRTSYO 5. Year the pipe or component which failed was installed: PRTYR / /
PART D - MATERIAL SPECIFICATION (if applicable)	
1. Nominal pipe size (NPS) NPS / / / / in. 2. Wall thickness WALLTHK / / / / in. 3. Specification SPEC SMYS / / / / / 4. Seam type SEAM SMYS 5. Valve type VALVE 6. Pipe or valve manufactured by MANU in year / / / /	
PART E - ENVIRONMENT	
LOCLK_TEXT 1. Area of incident <input type="radio"/> In open ditch <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 inches	
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%; padding-right: 10px;"> 1. <input type="checkbox"/> External Corrosion 2. <input type="checkbox"/> Internal Corrosion </div> <div style="width: 80%;"> <p style="font-size: small; color: gray;">If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>PIPE_COAT_TEXT</p> a. Pipe Coating <input type="radio"/> Bare <input type="radio"/> Coated </div> <div style="width: 30%;"> <p>VIS_EXAM_TEXT</p> b. Visual Examination <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other: VIS_EXAMO </div> <div style="width: 35%;"> <p>COR_CAUSE_TEXT</p> 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"/> Stress Corrosion Cracking <input type="radio"/> Other: COR_CAUSEO </div> </div> <p>PROT</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, Year Protection Started: / / / / CPYR </div> <div style="width: 80%;"> <p>PREV_DAM</p> e. Was pipe previously damaged in the area of corrosion? PREV_DAM_YR PREV_DAM_MO <input type="radio"/> No <input type="radio"/> Yes, How long prior to incident: / / / / years / / / / months </div> </div>	

F5 – MATERIAL AND WELDS**Material**

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

Weld

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

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



- a. Type of failure: **FAIL_TYPE_TEXT**
- ☐ 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 **PIPE_DAMAGE**
- c. Was part which leaked pressure tested before incident occurred? ☐ Yes, complete d-g ☐ No **PRS_TEST**
- d. Date of test: **TEST_MO** / **TEST_DAY** / **TEST_YR** mo. / day / yr.
- e. Test medium: ☐ Water ☐ Natural Gas ☐ Inert Gas ☐ Other: **TEST_MEDO** **TEST_MED_TEXT**
- f. Time held at test pressure: **TEST_TP** hr.
- g. Estimated test pressure at point of incident: **TEST_PRS** PSIG

F6 – EQUIPMENT AND OPERATIONS

20. ☐ Malfunction of Control/Relief Equipment ⇒ ☐ **MALFUNC_TEXT** ☐ Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other: **MALFUNCO**
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ☐ **THREADS_TEXT** ☐ Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other: **THREADSO**
22. ☐ Ruptured or Leaking Seal/Pump Packing

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 who failed post-incident drug test: **IO_DRUG** / / Alcohol test: **IO_ALCO** / /
- c. Were most senior employee(s) involved qualified? ☐ Yes ☐ No **IO_SENIOR**
- d. Hours on duty: **IO_SEN_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>
IYEAR	<i>Year incident occurred, derived from incident date</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'.</i>
TOTAL_COST_IN84	<i>Converted Property Damage to Year 1984 dollars</i>
TOTAL_COST_CURRENT	<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 then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>