NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522

EXPIRATION DATE: 10/31/2017

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)

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 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.

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:

5.a LOCATION_STREET_ADDRESS
(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

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

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
- ☐ Synthetic Gas
- ☐ Hydrogen Gas
- ☐ Landfill Gas
- ☐ Other Gas ⇨ *Name: _____ COMMODITY_DETAILS

COMMODITY_RELEASED_TYPE

GAS_RELEASED

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

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

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

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

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 /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year) STILL_SHUTDOWN_IND ○ 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 /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year) ON_SITE_DATETIME

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

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 ☐ Inside Meter/Regulator set ☐ Farm Tap Meter/Regulator set ☐ District Regulator/Metering Station ☐ Other _____ SYSTEM_PART_INVOLVED SYSTEM_PART_DETAILS

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

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

   4.a. If Steel ⇨ Specify seam type: _____ MATERIAL_SEAM_TYPE or ○ None or ○ Unknown SEAM_TYPE_UNKNOWN_IND

   4.b. If Steel ⇨ Specify wall thickness *(inches)*: /__/./__/__/__/ or ☐ Unknown WT_STEEL WT_STEEL_UNKNOWN_IND

   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 _____ ○ Unknown PLASTIC_TYPE PLASTIC_DETAILS

   4.d. If Plastic ⇨ Specify Standard Dimension Ratio (SDR): /__/__/__/__/ or wall thickness: /__/./__/__/__/ or ○ Unknown PLASTIC_SDR WT_PLASTIC 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.) PE__/__/__/__/__/__ or ○ Unknown MATERIAL_PE_PIPE_CODE PLASTIC_PE_UNKNOWN_IND

5. Type of release involved: *(select only one)* RELEASE_TYPE
   - ☐ Mechanical Puncture ⇨ Approx. size: /__/__/__/__/./__/__/in. (axial) by /__/__/__/__/./__/__/in. (circumferential) PUNCTURE_AXIAL PUNCTURE_CIRCUM
   - ☐ Leak ⇨ Select Type: ○ Pinhole ○ Crack ○ Connection Failure ○ Seal or Packing ○ Other LEAK_TYPE LEAK_TYPE_OTHER
   - ☐ Rupture ⇨ Select Orientation: ○ Circumferential ○ Longitudinal ○ Other _____ RUPTURE_ORIENT 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) $ TOTAL_COST

Cost of Gas Released

2.f Estimated cost of gas released $ EST_COST_GAS_RELEASED

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

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**

PART G – APPARENT **CAUSE**
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. 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
      ○ Yes, CP Annual Survey ⇨ Most recent year conducted: CP_ANNUAL_SURVEY_IND CP_ANNUAL_SURVEY_YEAR / / / / /
      ○ Yes, Close Interval Survey ⇨ Most recent year conducted: CLOSE_INTERVAL_SURVEY_IND CLOSE_INTERVAL_SURVEY_YEAR / / / / /
      ○ Yes, Other CP Survey ⇨ Most recent year conducted: OTHER_CP_SURVEY_IND OTHER_CP_SURVEY_YEAR / / / / /
      ○ No

   ○ No ⇨ 4.d Was the failed item externally coated or painted? EXTERNALLY_COATED ○ 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

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): /__/__/__/__/__/__/
COR_HYDROTEST_CONDUCTED_YEAR COR_HYDROTEST_PRESSURE

○ No

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

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.** 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): /__/__/__/__/__/__/ EX_HYDROTEST_PRESSURE ○ No

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.)

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 _____
_____
_____
_____

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 ○ Hurricane OSF_TROPICAL_STORM_IND ○ Tropical Storm OSF_TORNADO_IND ○ Tornado
   OSF_HEAVY_RAINS_IND ○ Heavy Rains/Flood ○ Other _____ OSF_OTHER_WEATHER_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
   ○ Yes ⇨ Most recent year tested: OSF_HYDROTEST_CONDUCTED_YEAR ___/___/___/___/___
   Test pressure (psig): ___/___/___/___/___/___ OSF_HYDROTEST_PRESSURE
   ○ No

☐ **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

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

☐ Body of Pipe — PWJF_FAILURE_TYPE

1. Specify: PIPE_BODY_SUBTYPE ○ Dent ○ Gouge ○ Bend ○ Arc Burn ○ Crack ○ Other _____ PIPE_BODY_DETAILS

☐ Butt Weld

2. Specify: BUTT_WELD_SUBTYPE ○ Pipe ○ Fabrication ○ Other _____ BUTT_WELD_DETAILS

☐ Fillet Weld

3. Specify: FILLET_WELD_SUBTYPE ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other _____ FILLET_WELD_DETAILS

☐ Pipe Seam

4. Specify: PIPE_SEAM_SUBTYPE ○ 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

☐ **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

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, STOPPLE_CONTROL_FITTING_IND 1. Specify: *(select all that apply)* ○ 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

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

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

NARRATIVE

PART I – PREPARER AND AUTHORIZED SIGNATURE

PREPARER_NAME
Preparer's Name (type or print)

PREPARER_TELEPHONE
Preparer's Telephone Number

PREPARER_TITLE
Preparer's Title (type or print)

PREPARER_EMAIL
Preparer's E-mail Address

PREPARER_FAX
Preparer's Facsimile Number

AUTHORIZER_NAME
Authorized Signer

PREPARED_DATE
Date

AUTHORIZER_TELEPHONE
Authorized Signer Telephone Number

AUTHORIZER_TITLE
Authorized Signer's Title

AUTHORIZER_EMAIL
Authorized Signer's E-mail Address

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

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