



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>.

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

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 **CLASS**

Onshore: ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

OFFSHORE

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

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

State / / 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, INTER_TEXT**

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

LEAK LEAK_TEXT

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

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

RUPTURE RUPTURE_TEXT

☐ 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** **GPFAT**

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

Employees: **EINJ** / / /

General Public: / / /

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

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

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

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

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

HIGHCON

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

EVAC

EXPLO

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

Reason for Evacuation: **EVAC_REASON** **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**

/ / / / / **TELDT** / / / /
NRC Report Number month day year

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

INC_PRS PSIG

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

c. MAOP established by 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

PHONE

Area Code and Telephone Number

PEMAIL

Preparer's E-mail Address

PFAX

Area Code and Facsimile Number

Authorized Signature

(type or print) Name and Title

Date

Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT1. Incident occurred on **TYSYS, TYSYS_TEXT**

- ☐ Transmission System
☐ Gathering System
☐ Transmission Line of Distribution System

2. Failure occurred on **PRTFL, PRTFL_TEXT**

- ☐ Body of pipe ☐ Pipe Seam
☐ Joint
☐ Component
☐ Other: **PRTFO**

MLKD, MLKD_TEXT

3. Material involved (pipe, fitting, or other component)

- ☐ Steel **PLAS_DUCT PLAS_BRIT PLAS_JNT**
☐ Plastic (If plastic, complete all items that apply in a-c)
 Plastic failure was: ☐ a. ductile ☐ b. brittle ☐ c. joint failure
☐ Material other than plastic or steel: **MLKDO**

4. Part of system involved in incident **PRTSY PRTSY_TEXT**

- ☐ Pipeline ☐ Regulator/Metering System
☐ Compressor Station ☐ 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, LOCLK_TEXT**

1. Area of incident ☐ In open ditch
☐ Under pavement ☐ Above ground
☐ Under ground ☐ Under water
☐ Inside/under building ☐ Other: **LOCLKO**

2. Depth of cover: **DEPTH_COV** inches**PART F - APPARENT CAUSE****CAUSE, CAUSE_TEXT**

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_DETAILS_TEXT**

F1 - CORROSION1. ☐ External Corrosion2. ☐ Internal Corrosion

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.

- PIPE_COAT, PIPE_COAT_TEXT** a. Pipe Coating ☐ Bare ☐ Coated **PROT**
VIS_EXAM, VIS_EXAM_TEXT b. Visual Examination ☐ Localized Pitting ☐ General Corrosion ☐ Other: **VIS_EXAMO**
COR_CAUSE, COR_CAUSE_TEXT c. Cause of Corrosion ☐ Galvanic ☐ Stray Current
☐ Improper Cathodic Protection
☐ Microbiological
☐ Stress Corrosion Cracking
☐ Other: **COR_CAUSEO**

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?

- ☐ No ☐ Yes, Year Protection Started: / / **CPYR**

e. Was pipe previously damaged in the area of corrosion? **PREV_DAM_YR** **PREV_DAM_MO**

- ☐ No ☐ Yes, How long prior to incident: / / years / / months

F2 - NATURAL FORCES

3. ☐ Earth Movement **EARTH_MOVE** **EARTH_MOVE_TEXT** ☐ Earthquake ☐ Subsidence ☐ Landslide ☐ Other: **EARTH_MOVEO**
 4. ☐ Lightning
 5. ☐ Heavy Rains/Floods **FLOODS** **FLOODS_TEXT** ☐ Washouts ☐ Flotation ☐ Mudslide ☐ Scouring ☐ Other: **FLOODSO**
 6. ☐ Temperature **TEMPER** **TEMPER_TEXT** ☐ Thermal stress ☐ Frost heave ☐ Frozen components ☐ Other: **TEMPERO**
 7. ☐ High Winds

F3 - EXCAVATION8. ☐ Operator Excavation Damage (including their contractors) / Not Third Party9. ☐ Third Party Excavation Damage (complete a-d) **THIRD_PARTY_GRP** **THIRD_PARTY_GRP_TEXT**

a. Excavator group

- ☐ General Public ☐ Government ☐ Professional Excavator ☐ Operator/subcontractor

THIRD_PARTY_TYPE **THIRD_PARTY_TYPE_TEXT**b. Type: ☐ Road Work ☐ Pipeline ☐ Water ☐ Electric ☐ Sewer ☐ Phone/Cable ☐ Landowner ☐ Railroad☐ Other: **THIRD_PARTY_TYPEO****NOTIF** c. Did operator get prior notification of excavation activity?

- ☐ No ☐ Yes: Date received: / / mo. / / day / / yr.

NOTIF_RCVD Notification received from: ☐ One Call System ☐ Excavator ☐ Contractor ☐ Landowner **NOTIF_RCVD_TEXT****MARKED** d. Was pipeline marked?

- ☐ No ☐ Yes (If Yes, check applicable items i - iv)

TEMP_MARK i. Temporary markings: ☐ Flags ☐ Stakes ☐ Paint **TEMP_MARK_TEXT****PERM_MARK** ii. Permanent markings: ☐ Yes ☐ No**ACC_MARK** iii. Marks were (check one) ☐ Accurate ☐ Not Accurate **ACC_MARK_TEXT****MKD_IN_TIME** iv. Were marks made within required time? ☐ Yes ☐ No**F4 - OTHER OUTSIDE FORCE DAMAGE** **FIRE_EXPLO** **FIRE_EXPLO_TEXT**

10. ☐ Fire/Explosion as primary cause of failure ☐ Fire/Explosion cause: ☐ Man made ☐ Natural
 11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe
 12. ☐ Rupture of Previously Damaged Pipe
 13. ☐ Vandalism

F5 – MATERIAL AND WELDS**Material**

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

Weld

17. ☐ **BUTT** Butt ⇒ ☐ **BUTT_TEXT** Pipe ☐ Fabrication ☐ Other: **BUTTO**
18. ☐ **FILLET** Fillet ⇒ ☐ **FILLET_TEXT** Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other: **FILLETO**
19. ☐ **PIPE_SEAM** 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** **FAIL_TYPE_TEXT** **CONS_DEF** **CONS_DEF_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? **PIPE_DAMAGE** ☐ Yes ☐ No
- 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: **TEST_MED** **TEST_MED_TEXT** ☐ Water ☐ Natural Gas ☐ Inert Gas ☐ Other: **TEST_MEDO**
- 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** **MALFUNC_TEXT** ☐ Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other: **MALFUNCO**
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ **THREADS** **THREADS_TEXT** ☐ Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other: **THREADSO**
22. ☐ Ruptured or Leaking Seal/Pump Packing

23. ☐ Incorrect Operation **IO_TYPE** **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** **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
IYEAR	<i>Year accident occurred, derived from accident date</i>