NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $25,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $500,000 as provided in 49 USC 60122

Form Approved
OMB No. 2137-0047

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

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date _____

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: ☐ **Original Report** ☐ **Supplemental Report** ☐ **Final Report**

1. a. Operator's OPS 5-digit Identification Number (if known) / / / / / / OPERATOR_ID
2. b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known) / / / / / / OWNER_OPERATOR_ID
   c. Name of Operator _____ NAME
   d. Operator street address _____ OPSTREET
   e. Operator address _____ OPCITY OPCOUNTY OPSTATE OPZIP
   City, County, State and Zip Code

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident
   / / / / / IHOUR / / / IDATE / / / / / /
   hr. month day year

3. Location of accident
   (If offshore, do not complete a through d. See Part C.1)
   a. Latitude: LATITUDE Longitude: LONGITUDE
   (if not available, see instructions for how to provide specific location)
   b. ACCITY ACCOUNTY
   City, and County or Parish
   c. ACSTATE ACZIP
   State and Zip Code
   d. Mile post/valve station MPVST ○ or survey station no. SURNO ○
   (whichever gives more accurate location)

4. Telephone report
   / / / / / / / TELRN / / / TELDT / / / / / /
   NRC Report Number month day year

5. Losses *(Estimated)*

Public/Community Losses reimbursed by operator:

Public/private property damage	$ PPPRP
Cost of emergency response phase	$ EMRPRP
Cost of environmental remediation	$ ENVPRP
Other Costs	$ OPCPRP
(describe)	OPCPRPO

Operator Losses:

Value of product lost	$ PRODPRP
Value of operator property damage	$ OPPRP
Other Costs	$ OOPPRP
(describe)	OOPPRPO
Total Costs	$ PRPTY

6. Commodity Spilled ○Yes ○ No SPILLED
(If Yes, complete Parts a through c where applicable)
   a. Name of commodity spilled _____ COMM
   b. Classification of commodity spilled: CLASS CLASS_TXT
   - ○ HVLs /other flammable or toxic fluid which is a gas at ambient conditions
   - ○ CO_2/ N_2 or other non-flammable, non-toxic fluid which is a gas at ambient conditions
   - ○ Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
   - ○ Crude oil

c. Estimated amount of commodity involved : SPUNIT SPUNIT_TXT
- ○ **Barrels**
- ○ **Gallons (check only if spill is less than one barrel)**

Amounts:
Spilled : LOSS
Recovered: RECOV

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :

(For large spills [5 barrels or greater] see Part H)

GEN_CAUSE GEN_CAUSE_TXT

○ **Corrosion** ○ **Natural Forces** ○ **Excavation Damage** ○ **Other Outside Force Damage**

○ **Material and/or Weld Failures** ○ **Equipment** ○ **Incorrect Operation** ○ **Other**

PART B – PREPARER AND AUTHORIZED SIGNATURE

PNAME
(type or print) Preparer's Name and Title

PTEL
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 ACCIDENT (Check all that apply)

1. Additional location information
   a. Line segment name or ID _____ LINE_SEG
   b. Accident on Federal land other than Outer Continental Shelf ○ Yes ○ No IFED
   c. Is pipeline interstate? ○ Yes ○ No INTER

OFFSHORE
Offshore: ○ Yes ○ No *(complete d if offshore)*
d. Area _____ OFFAREA Block # _____ BNUMB
State / / / or Outer Continental Shelf ☐ OCS
OFFST

2. Location of system involved (*check all that apply*)
   ☐ Operator's Property OPPROP
   ☐ Pipeline Right of Way PIPEROW
   ☐ High Consequence Area (HCA)? HCA
   Describe HCA _____ HCADESC

3. Part of system involved in accident SYSPRT SYSPRT_TXT
   ○ Above Ground Storage Tank
   ○ Cavern or other below ground storage facility
   ○ Pump/meter station; terminal/tank farm piping and equipment, including sumps
   ○ Other *Specify:* _____ SYSPRTO
   ○ Onshore **pipeline**, including valve sites
   ○ Offshore **pipeline**, including platforms

*If failure occurred on **Pipeline**, complete items a - g:*

4. Failure occurred on FAIL_OC FAIL_OC_TXT
   ○ Body of Pipe ○ Pipe Seam ○ Scraper Trap
   ○ Pump ○ Sump ○ Joint
   ○ Component ○ Valve ○ Metering Facility
   ○ Repair Sleeve ○ Welded Fitting ○ Bolted Fitting
   ○ Girth Weld
   Other *(specify)* _____ FAIL_OCO
   Year the component that failed was installed: / / / / PRTYR

5. Maximum operating pressure *(MOP)*
   a. Estimated pressure at point and time of accident: _____ INC_PRS *PSIG*
   b. MOP at time of accident: _____ MOP *PSIG*
   c. Did an overpressurization occur relating to the accident? ○ Yes ○ No OPRS

a. Type of leak or rupture LRTYPE LRTYPE_TXT
   ○ Leak: ○ Pinhole ○ Connection Failure *(complete sec. H5)*
   LEAK LEAK_TXT ○ Puncture, diameter *(inches)* _____ PUNC_DIAM
   ○ Rupture: ○ Circumferential – Separation
   RUPTURE RUPTURE_TXT ○ Longitudinal – Tear/Crack, length *(inches)* _____ RUPLN
   Propagation Length, total, both sides *(feet)* _____ PROPLN
   ○ N/A
   ○ Other _____ LRTYPEO

b. Type of block valve used for isolation of immediate section:
   Upstream: M ☐ Manual A ☐ Automatic R ☐ Remote Control
   UBLKV * C ☐ Check Valve
   Downstream: M ☐ Manual A ☐ Automatic R ☐ Remote Control
   DBLKV * C ☐ Check Valve

c. Length of segment isolated _____ SEGISO ft
d. Distance between valves _____ VLVDIST ft
e. Is segment configured for internal inspection tools? ○ Yes ○ No SEGCONF
f. Had there been an in-line inspection device run at the point of failure? ○ Yes ○ No ○ Don't Know INLINE INLINE_TXT
   ○ Not Possible due to physical constraints in the system
g. If *Yes*, type of device run (*check all that apply*)

☐ High Resolution Magnetic Flux tool DRHRMF	Year run:	DRHRMFY
☐ Low Resolution Magnetic Flux tool DRLRMF	Year run:	DRLRMFY
☐ UT tool DRUT	Year run:	DRUTY
☐ Geometry tool DRGEO	Year run:	DRGEOY
☐ Caliper tool DRCAL	Year run:	DRCALY
☐ Crack tool DRCRK	Year run:	DRCRKY
☐ Hard Spot tool DRHARD	Year run:	DRHARDY
☐ Other tool DROTH	Year run:	DROTHY

PART D – MATERIAL SPECIFICATION

1. Nominal pipe size *(NPS)* NPS / / / / / in.
2. Wall thickness WALLTHK / / / / / in.
3. Specification _____ SPEC SMYS / / / / / / SMYS
4. Seam type _____ SEAM
5. Valve type _____ VALVE
6. Manufactured by _____ MANU in year / / / / MANYR

PART E – ENVIRONMENT

1. Area of accident LOCLK LOCLK_TXT
   ○ Under pavement ○ In open ditch
   ○ Underground ○ Above ground
   ○ Inside/under building ○ Under water
   ○ Other _____ LOCLKO

2. Depth of cover: _____ DEPTH_COV inches

PART F – CONSEQUENCES

1. Consequences *(check and complete all that apply)*

a.	Fatalities	Injuries
Number of operator employees:	EFAT	EINJ
Contractor employees working for operator:	NFAT	NINJ
General public:	GPFAT	GPINJ
Totals:	FATAL	INJURE

b. Was pipeline/segment shutdown due to leak? ○ Yes ○ No SHUTDOWN
If Yes, how long? _____ SHUTDAY days _____ SHUTHR hours _____ SHUTMIN minutes

IGNITE
c. Product ignited ○ Yes ○ No
EXPLO
d. Explosion ○ Yes ○ No
EVAC
e. ☐ Evacuation *(general public only)* EVACNO / / / / / people
Reason for Evacuation: EVAC_REASON EVAC_REASON_TEXT
○ Precautionary by company
○ Evacuation required or initiated by public official

f. Elapsed time until area was made safe:
STHH / / hr. / / min. STMN

2. Environmental Impact

a. Wildlife Impact: Fish/aquatic ○ Yes ○ No FISH
Birds ○ Yes ○ No BIRDS
Terrestrial ○ Yes ○ No TERRESTRIAL

b. Soil Contamination ○ Yes ○ No SOIL
If Yes, estimated number of cubic yards: _____ SOIL_YRD

c. Long term impact assessment performed: ○ Yes ○ No IMPACT

d. Anticipated remediation ○ Yes ○ No REMEDIAL RGROUND RSOIL RVEG RWILD
If Yes, check all that apply: ☐ Surface water RSURFACE ☐ Groundwater ☐ Soil ☐ Vegetation ☐ Wildlife

WATER
e. Water Contamination: ○ Yes ○ No *(If Yes, provide the following)*
Amount in water _____ barrels AMT_IN_WATER
Ocean/Seawater ○ No ○ Yes OCEAN
Surface ○ No ○ Yes SURFACE
Groundwater ○ No ○ Yes GROUNDW
Drinking water ○ No ○ Yes *(If Yes, check below.)* DRINK
○ Private well ○ Public water intake DRINKSRC DRINKSRC_TXT

PART G – LEAK DETECTION INFORMATION

1. Computer based leak detection capability in place? ○ Yes ○ No COMP_BASED

2. Was the release initially detected by? (check one): DETECTED DETECTED_TXT
○ CPM/SCADA-based system with leak detection
○ Static shut-in test or other pressure or leak test
○ Local operating personnel, procedures or equipment
○ Remote operating personnel, including controllers
○ Air patrol or ground surveillance
○ A third party ○ Other (specify) DETECTEDO

3. Estimated leak duration DURLEAK_DAY days ____ hours ____ DURLEAK_HR

PART H – APPARENT CAUSE

CAUSE CAUSE_TXT

Important: *There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident. Check one circle in each of the supplemental categories corresponding to the cause you indicate. See the instructions for guidance.*

H1 – CORROSION

1. ☐ External Corrosion

2. ☐ Internal Corrosion

(Complete items a – e where applicable.)

PIPE_COAT, PIPE_COAT_TXT VIS_EXAM VIS_EXAM_TXT COR_CAUSE COR_CAUSE_TXT

a. Pipe Coating
○ Bare
○ Coated

b. Visual Examination
○ Localized Pitting
○ General Corrosion
○ Other VIS_EXAMO

c. Cause of Corrosion
○ Galvanic ○ Atmospheric
○ Stray Current ○ Microbiological
○ Cathodic Protection Disrupted
○ Stress Corrosion Cracking
○ Selective Seam Corrosion
○ Other COR_CAUSEO

PROT
d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?
○ No ○ Yes, Year Protection Started: / / / / / CPYR

PREV_DAM
e. Was pipe previously damaged in the area of corrosion?
○ No ○ Yes ⇒ Estimated time prior to accident: / / / years / / / months Unknown ☐ PREV_DAM_UK
PREV_DAM_YR PREV_DAM_MO

H2 – NATURAL FORCES

3. ☐ Earth Movement EARTH_MOVE ⇒ ○ Earthquake EARTH_MOVE_TXT ○ Subsidence ○ Landslide ○ Other EARTH_MOVEO
4. ☐ Lightning
5. ☐ Heavy Rains/Floods FLOODS ⇒ ○ Washouts FLOODS_TXT ○ Flotation ○ Mudslide ○ Scouring ○ Other FLOODSO
6. ☐ Temperature TEMPER ⇒ ○ Thermal stress TEMPER_TXT ○ Frost heave ○ Frozen components ○ Other TEMPERO
7. ☐ High Winds

H3 – EXCAVATION DAMAGE

8. ☐ Operator Excavation Damage (including their contractors/Not Third Party)
9. ☐ Third Party *(complete a-f)*

a. Excavator group THIRD_PARTY_GRP THIRD_PARTY_GRP_TXT
○ General Public ○ Government ○ Excavator other than Operator/subcontractor

b. Type: THIRD_PARTY_TYPE THIRD_PARTY_TYPE_TXT
○ Road Work ○ Pipeline ○ Water ○ Electric ○ Sewer ○ Phone/Cable
○ Landowner-not farming related ○ Farming ○ Railroad
○ Other liquid or gas transmission pipeline operator or their contractor
○ Nautical Operations ○ Other THIRD_PARTY_TYPEO

c. Excavation was: EXCAV_TYPE ○ Open Trench ○ Sub-strata (boring, directional drilling, etc…) EXCAV_TYPE_TXT

d. Excavation was an ongoing activity (Month or longer) EXCAV_ON ○ Yes ○ No If Yes, Date of last contact EXCAV_LAST_CONTACT /___/___/___/

NOTIF e. Did operator get prior notification of excavation activity?
○ Yes; Date received: /___/___/ mo. /___/___/ day /___/___/___/ yr. NOTIF_DATE ○ No
Notification received from: ○ One Call System ○ Excavator ○ Contractor ○ Landowner NOTIF_RCVD_TXT

MARKED f. Was pipeline marked as result of location request for excavation? ○ No ○ Yes *(If Yes, check applicable items i - iv)*

TEMP_MARK i. Temporary markings: ○ Flags ○ Stakes ○ Paint TEMP_MARK_TXT

PERM_MARK ii. Permanent markings: ○

ACC_MARK iii. Marks were (check one) : ○ Accurate ○ Not Accurate ACC_MARK_TXT

MKD_IN_TIME iv. Were marks made within required time? ○ Yes ○ No

H4 – OTHER OUTSIDE FORCE DAMAGE

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

H5 – MATERIAL AND/OR WELD FAILURES

Material

14. ☐ PIPE_BODY Body of Pipe ⇒ PIPE_BODY_TXT ○ Dent ○ Gouge ○ Bend ○ Arc Burn ○ Other PIPE_BODYO
15. ☐ COMPONENT Component ⇒ COMPONENT_TXT ○ Valve ○ Fitting ○ Vessel ○ Extruded Outlet ○ Other COMPONENTO
16. ☐ JOINT Joint ⇒ JOINT_TXT ○ Gasket ○ O-Ring ○ Threads ○ Other JOINTO

Weld

17. ☐ BUTT Butt ⇒ BUTT_TXT ○ Pipe ○ Fabrication ○ Other BUTTO
18. ☐ FILLET Fillet ⇒ FILLET_TXT ○ Branch ○ Hot Tap ○ Fitting ○ Repair Sleeve ○ Other FILLETO
19. ☐ Pipe Seam ⇒ ○ LF ERW ○ DSAW ○ Seamless ○ Flash Weld
PIPE_SEAM PIPE_SEAM_TXT ○ HF ERW ○ SAW ○ Spiral ○ Other PIPE_SEAMO

*Complete a-g if you indicate **any** cause in part H5.*

a. Type of failure: FAIL_TYPE FAIL_TYPE_TXT
CONS_DEF CONS_DEF_TXT ○ Construction Defect ⇒ ○ Poor Workmanship ○ Procedure not followed ○ Poor Construction Procedures
○ Material Defect

PIPE_DAMAGE b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ○ Yes ○ No

c. Was part which leaked pressure tested before accident occurred? ○ Yes, *complete d-g* ○ No PRS_TEST

d. Date of test: /__/__/__/__/ yr. /__/__/__/ mo. /__/__/__/ day TEST_DATE

TEST_MED TEST_MED_TXT e. Test medium: ○ Water ○ Inert Gas ○ Other _____ TEST_MEDO

f. Time held at test pressure: /__/__/__/ hr. TEST_TP

g. Estimated test pressure at point of accident: _____ TEST_PRS *PSIG*

H6 – EQUIPMENT

20. ☐ MALFUNC Malfunction of Control/Relief Equipment MALFUNC_TXT ⇒ ○ Control valve ○ Instrumentation ○ SCADA ○ Communications ○ Block valve ○ Relief valve ○ Power failure ○ Other MALFUNCO
21. ☐ THREADS Threads Stripped, Broken Pipe Coupling THREADS_TXT ⇒ ○ Nipples ○ Valve Threads ○ Dresser Couplings ○ Other THREADSO
22. ☐ SEAL Seal Failure SEAL_TXT ⇒ ○ Gasket ○ O-Ring ○ Seal/Pump Packing ○ Other SEALO

H7 – INCORRECT OPERATION

23. ☐ IO_TYPE Incorrect Operation IO_TYPE_TXT

a. Type: ○ Inadequate Procedures ○ Inadequate Safety Practices ○ Failure to Follow Procedures
○ Other _____ IO_TYPEO

b. Number of employees involved who failed a post-accident test: drug test: /__/__/__/ IO_DRUG alcohol test /__/__/__/ IO_ALCO

H8 – OTHER

24. ☐ MISC Miscellaneous, *describe:* _____

25. ☐ Unknown UNKNOWN UNKNOWN_TXT
○ Investigation Complete ○ Still Under Investigation *(submit a supplemental report when investigation is complete)*

PART I – 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	*Year accident occurred, derived from accident date*