NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.	OMB NO: 2137-0635 EXPIRATION DATE: 4/30/2022
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**INCIDENT REPORT – GAS DISTRIBUTION SYSTEM**	Report Date _____ No. _____ (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 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 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

A1. Operator's OPS-issued Operator Identification Number (OPID): _____

A2. Name of Operator: *auto-populated based on OPID*

A3. Address of Operator A3a. Street Address: *auto-populated based on OPID* A3b. City: *auto-populated based on OPID*
A3c. State: *auto-populated based on OPID* A3d. Zip Code: *auto-populated based on OPID*

A4. Earliest local time *(24-hr clock)* and date an incident reporting criteria was met:

_____ Hour _____ Month _____ Day _____ Year

A4a. Time Zone for local time (select only one) ○ Alaska ○ Eastern ○ Central ○ Hawaii-Aleutian ○ Mountain ○ Pacific.

A4b. Daylight Saving in effect? ○ Yes ○ No

A5. Location of Incident: A5a. _____ (Street Address or location description)
A5b. _____ (City)
A5c. _____ (County or Parish)
State: _____ A5e. Zip Code: _____

A5f. Latitude: _____ Longitude: - _____

A6. Gas released : (select only one, based on predominant volume released)

☐ Natural Gas ☐ Propane Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Landfill Gas ☐ Other Gas Name: _____

A7. Estimated volume of gas released unintentionally: _____ thousand standard cubic feet (mcf)

A8. Estimated volume of intentional and controlled release/blowdown: _____ thousand standard cubic feet (mcf)

A9. Were there fatalities?
○ Yes ○ No

If Yes, specify the number in each category:

A9a. Operator employees: _____

A9b. Contractor employees working for the Operator: _____

A9c. Non-Operator emergency responders: _____

A9d. Workers working on the right-of-way, but NOT associated with this Operator: _____

A9e. General public: _____

A9f. Total fatalities (sum of above): *calculated*

A10. Were there injuries requiring inpatient hospitalization?
○ Yes ○ No

If Yes, specify the number in each category:

A10a. Operator employees: _____

A10b. Contractor employees working for the Operator: _____

A10c. Non-Operator emergency responders: _____

A10d. Workers working on the right-of-way, but NOT associated with this Operator: _____

A10e. General public: _____

A10f. Total fatalities (sum of above): *calculated*

A11. What was the Operator's initial indication of the Failure? *(select only one)*

☐ 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 ☐ Local Operating Personnel, including contractors
☐ Air Patrol ☐ Ground Patrol by Operator or its contractor ☐ Notification from Public
☐ Notification from Emergency Responder ☐ Notification from Third Party that caused the Incident ☐ Other: _____

A11a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question A11, specify the following: *(select only one)* ○ Operator employee ○ Contractor working for the Operator

A12. Local time operator identified failure

Hour	Month	Day	Year

If A11 = Notification from Emergency Responder, skip questions A13 through A15.

A13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? ○ Yes ○ No

If No, skip A14 and A15

A14. Which party initiated communication about the incident? ○ Operator ○ Local/State/Federal Emergency Responder

A15. Local time of initial Operator and Local/State/Federal Emergency Responder communication

Hour	Month	Day	Year

A16. Local time operator resources arrived on site

Hour	Month	Day	Year

A17. reserved

A18. Local time *(24-hr clock)* and date of initial operator report to the National Response Center:

Hour	Month	Day	Year

A19. Initial Operator National Response Center Report Number OR ○ NRC Notification Required But Not Made

A19a. Additional NRC Report numbers submitted by the operator: _____

A20. Method of Flow Control (select all that apply)
○ "Key/Critical" Valve – inspected in accordance with Part 192.747 ○ Main Valve other than "Key/Critical"
○ Service (curb) Valve ○ Meter/Regulator shut-off Valve ○ Excess flow valve
○ Squeeze-Off ○ Stopple fitting ○ Other: _____

A21. Did the gas ignite? ○ Yes ○ No

If A21 = Yes, answer A21a through A21d.

A21a. Local time of ignition

Hour	Month	Day	Year

A21b. How was the fire extinguished?
○ Operator/Contractor ○ Local/State/Federal Emergency Responder ○ Allowed to burn out ○ Other, specify: _____

A21c. Estimated volume of gas consumed by fire (MCF): _____ (must be less than or equal to A7)

A21d. Did the gas explode? ○ Yes ○ No

A22. Number of general public evacuated: _____

PART B – ADDITIONAL LOCATION INFORMATION

B1. Was the Incident on Federal land? O Yes O No

B2. Location of Incident: *(select only one)*
☐ Operator-controlled property ☐ Public property ☐ Private property ☐ Utility Right-of-Way / Easement

B3. Area of Incident: *(select only one*)
☐ Underground Specify: O Under soil O Under a building O Under pavement
O Exposed due to excavation O In underground enclosed space (e.g., vault)
O Exposed due to loss cover O Other _____
B3a. Depth-of-Cover (in): _____
B3b. Were other underground facilities found within 12 inches of the failure location? O Yes O No
☐ Aboveground Specify: O Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)
O Overhead crossing O In or spanning an open ditch O Inside a building
O In other enclosed space O Other _____
☐ Transition Area Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area
O Other _____

B4. Did Incident occur in a crossing? O Yes O No

If Yes, specify type below:
☐ Bridge crossing, Specify: O Cased O Uncased
☐ Railroad crossing *(Select all that apply)* O Cased O Uncased O Bored/drilled
☐ Road crossing *(Select all that apply)* O Cased O Uncased O Bored/drilled
☐ Water crossing *(Select all that apply)* O Cased O Uncased O Bored/drilled
Name of body of water (If commonly known): _____
Approx. water depth at time and location of Incident (ft): _____ or O Unknown
(select only one of the following)
O Shoreline/Bank/Marsh crossing O Below water, pipe in bored/drilled crossing
O Below water, pipe buried below bottom (NOT in bored/drilled crossing) O Below water, pipe on or above bottom

PART C – ADDITIONAL FACILITY INFORMATION

C1. Indicate the type of pipeline system:
☐ privately owned ☐ municipally owned ☐ investor owned ☐ cooperative ☐ Other ⇨ Specify: _____

C2. Part of system involved in Incident: *(select only one)*
☐ Main ☐ Main Valve ☐ Service ☐ Service Valve ☐ Service Riser ☐ Outside Meter/Regulator set
☐ Inside Meter/Regulator set ☐ Farm Tap Meter/Regulator set ☐ District Regulator/Metering Station
☐ Other *mandatory text field* _____

C2a. Year item involved in the incident was installed: _____ or O Unknown

C2b. Year item involved in the incident was manufactured: _____ or O Unknown

When C2.is any value other than “Main”, “Main Valve”, “District Regulator/Metering Station”, or “Other”:

C2c. Indicate the customer type: (*select only one*)
O Single Family Residential O Multi-Family Residential
O Non-Residential with Meter capacity less than 1,000 scfh O Non-Residential with Meter Capacity 1,000 scfh of higher

C2d. Was an EFV installed on the service line before the time of the incident? O Yes O No

If C2d = Yes, then C2e. Did the EFV activate? O Yes O No O Unable to determine

C2f. Was a curb valve installed on the service line before the time of the incident? O Yes O No

C3. When C2. is “Main” or “Service” answer C3a through c and C4:

C3a. Nominal Pipe Size: /___/___/./___/___/___/

C3b. Pipe specification (e.g., API 5L, ASTM D2513): _____ OR O Unknown

C3c. Pipe manufacturer: _____ or O Unknown

C4. Material involved in Incident: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic
☐ Reconditioned Cast Iron ☐ Unknown ☐ Other Specify: _____

C4a. If Steel ⇨ Specify seam type:
O Longitudinal ERW - High Frequency O Single SAW O Flash Welded O DSAW O Longitudinal ERW - Low Frequency
O Continuous Welded O Furnace Butt Welded O Longitudinal ERW – Unknown Frequency O Spiral Welded O Lap Welded
O Seamless O Other Specify: _____

C4b. If Steel ⇨ Specify wall thickness *(inches)*: /___/./___/___/___/ or ☐ Unknown

C4c. 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 □ Specify: _____
○ Unknown

C4d. If Plastic ⇨ Specify Standard Dimension Ratio (SDR): /___/___/___/___/ or wall thickness: /___/./___/___/___/ or ○ Unknown

C4e. 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

C5. Type of release involved: *(select only one)*

☐ Mechanical Puncture Approx. size: /__/__/__/__/./__/in. (axial) by /__/__/__/__/./__/in. (circumferential)
☐ Leak Select Type: ○ Pinhole ○ Crack ○ Connection Failure ○ Seal or Packing ○ Other
☐ Rupture Select Orientation: ○ Circumferential ○ Longitudinal ○ Other _____
Approx. size: /__/__/__/__/./__/ in. (widest opening) by /__/__/__/__/__/./__/in. (length circumferentially or axially)
☐ Other *Describe: _____

PART D – ADDITIONAL CONSEQUENCE INFORMATION

D1. Class Location of Incident: *(select only one)*

☐ Class 1 Location

☐ Class 2 Location

☐ Class 3 Location

☐ Class 4 Location

D2. Estimated Property Damage :

D2a. Estimated cost of public and non-Operator private property damage $ /___/___/___/,/___/___/___/,/___/___/___/

D2b. Estimated cost of Operator's property damage & repairs $ /___/___/___/,/___/___/___/,/___/___/___/

D2c. Estimated cost of emergency response $ /___/___/___/,/___/___/___/,/___/___/___/

D2d. Estimated other costs $ /___/___/___/,/___/___/___/,/___/___/___/

Describe: _____

D2e. Total estimated property damage (sum of above) $ *calculated*

Cost of Gas Released

Cost of Gas in $ per thousand standard cubic feet (mcf):_____

D2f. Estimated cost of gas released unintentionally $ *calculated*

D2g. Estimated cost of gas released intentionally during controlled release/blowdown $ *calculated*

D2h. Total estimated cost of gas released (sum of D2f and g) $ *calculated*

D2i. Estimated Total Cost (sum of D2e and D2h) $ *calculated*

D3. Estimated number of customers out of service:

D3a. Commercial entities /___/,/___/___/___/

D3b. Industrial entities /___/,/___/___/___/

D3c. Residences /___/,/___/___/___/

Injured Persons not included in A10 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. ***If a person is included in A10, do not include them in D4.***

D4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: _____

If a person is included in D4, do not include them in D5.

D5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: _____

Buildings Affected

D6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted): _____

D7. Number of business buildings affected (evacuated or required repair or had gas service interrupted): _____

PART E – ADDITIONAL OPERATING INFORMATION

E1. Estimated pressure at the point and time of the Incident (psig): /___/___/___/___/

E2. Normal operating pressure at the point and time of the Incident (psig): /___/___/___/___/

E3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): /___/___/___/___/

E3a. MAOP established by 49 CFR section:
☐ 192.619 (a)(1) ☐ 192. 619 (a)(2) ☐ 192. 619 (a)(3) ☐ 192.619 (a)(4) ☐ 192. 619 (c)
☐ 192.621m ☐ 192.623

E3b. Date MAOP established: /___/___/ /___/___/ /___/___/
Month Day Year

E4. Describe the pressure on the system relating to the Incident: *(select only one)*
☐ Pressure did not exceed MAOP
☐ Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201
☐ Pressure exceeded the applicable allowance in §192.201

E5. Type of odorization system for gas at the point of failure:
☐ none ☐ drip ☐ injection pump ☐ by-pass ☐ wick
☐ combination of odorization types ☐ odorized by others ☐ Other, specify:_____

E6. Odorant level near the point of failure measured after the failure: %LEL OR ○ Not Measured

E7. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?
☐ No
☐ Yes ☐ E7a. Was it operating at the time of the Incident? ○ Yes ○ No

E7b. Was it fully functional at the time of the Incident? ○ Yes ○ No

E7c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? ○ Yes ○ No

E7d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? ○ Yes ○ No

E8. 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)*

☐ 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)
_____
_____
_____

☐ Yes, Specify investigation result(s): *(select all that apply)*
○ 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)*
_____
_____
_____
○ Investigation identified no control room issues
○ Investigation identified no controller issues
○ Investigation identified incorrect controller action or controller error
○ Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
○ Investigation identified incorrect procedures
○ Investigation identified incorrect control room equipment operation
○ Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
○ Investigation identified areas other than those above Describe: _____

PART F – DRUG & ALCOHOL TESTING INFORMATION

F1. 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?

O No
O Yes □ F1a. Specify how many were tested: /___/___/
□ F1b. Specify how many failed: /___/___/

F2. 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?

O No
O Yes □ F2a. Specify how many were tested: /___/___/
□□ F2b. Specify how many failed: /___/___/

PART G – APPARENT 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. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors***

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

☐ **External Corrosion**

1. Results of visual examination:
○ Localized Pitting ○ General Corrosion ○ Other _____

2. Type of corrosion: *(select all that apply):*
○ Galvanic ○ Atmospheric ○ Stray Current ○ Microbiological ○ Selective Seam
○ Other _____

2a. If 2. is Stray Current, specify: ○ Alternating Current ○ Direct Current AND

2b. Describe the stray current source: _____

3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*
○ Field examination ○ Determined by metallurgical analysis ○ Other _____

4. Was the failed item buried or submerged?
○ Yes ⇨
4a. Was failed item considered to be under cathodic protection at the time of the incident?
○ Yes ⇨ Year protection started: /__/__/__/__/
○ No

4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?
○ Yes ○ No

4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)
○ Yes, CP Annual Survey ⇨ Most recent year conducted: /__/__/__/__/
○ Yes, Close Interval Survey ⇨ Most recent year conducted: /__/__/__/__/
○ Yes, Other CP Survey ⇨ Most recent year conducted: /__/__/__/__/
Describe Other CP Survey: _____
○ No

○ No ⇨ 4d. 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 ○ N/A Bare/Ineffectively Coated Pipe

6. Pipeline coating type, if steel pipe is involved: *(select only one)*
○ Epoxy ○ Coal Tar ○ Asphalt ○ Polyolefin ○ Extruded Polyethylene
○ Cold Applied Tape ○ Paint ○ Composite ○ None ○ Other _____
○ Unknown

6a. Field Applied? Y, N, or Unknown

☐ **Internal Corrosion**

7. Results of visual examination:
○ Localized Pitting ○ General Corrosion ○ Not cut open ○ Other _____

8. Cause of corrosion: *(select all that apply)*
○ Corrosive Commodity ○ Water drop-out/Acid ○ Microbiological ○ Erosion
○ Other _____

9. The cause(s) of corrosion selected in Question 8 is based on the following; *(select all that apply)*
○ Field examination ○ Determined by metallurgical analysis ○ Other _____

10. Location of corrosion: *(select all that apply)*
○ Low point in pipe ○ Elbow ○ Drop-out ○ Other _____

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

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.

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?
○ Yes ⇨ Most recent year tested: / / / / / Test pressure (psig): / / / / / /
○ No

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

☐ **Earth Movement, NOT due to Heavy Rains/Floods**
1. Specify: ○ Earthquake ○ Subsidence ○ Landslide ○ Other _____

☐ **Heavy Rains/Floods**
2. Specify: ○ Washouts/Scouring ○ Flotation ○ Mudslide ○ Other _____

☐ **Lightning**
3. Specify: ○ Direct hit ○ Secondary impact such as resulting nearby fires

☐ **Temperature**
4. Specify: ○ Thermal Stress ○ Frost Heave ○ Frozen Components ○ Other _____

☐ **High Winds**

☐ **Tree/Vegetation Roots**

☐ **Damage from Snow/Ice Impact or Accumulation**

☐ **Other Natural Force Damage**
5. Describe: _____

Complete the following if any Natural Force Damage sub-cause is selected.

6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? ○ Yes ○ No

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

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

☐ **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.**

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

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

3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center? ○ Yes ○ No ○ Unknown
If yes, answer 3c through 3e.

3c. (select only one)
- ○ Excavator is exempt
- ○ Activity is exempt and did not exceed the limits of the exemption
- ○ Activity is exempt and exceeded the limits of the exemption
- ○ Other mandatory text field:

3d. Exempting Authority: _____
3e. Exempting Criteria: _____

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

5. Right-of-Way where event occurred: *(select all that apply)*
   - ☐ Public ⇨ Specify: ○ City Street ○ State Highway ○ County Road ○ Interstate Highway ○ Other
   - ☐ Private ⇨ Specify: ○ Private Landowner ○ Private Business ○ Private Easement
   - ☐ Pipeline Property/Easement
   - ☐ Power/Transmission Line
   - ☐ Railroad
   - ☐ Dedicated Public Utility Easement
   - ☐ Federal Land
   - ☐ Data not collected
   - ☐ Unknown/Other

6. Type of excavator: *(select only one)*
   ○ Contractor ○ County ○ Developer ○ Farmer ○ Municipality ○ Occupant
   ○ Railroad ○ State ○ Utility ○ Data not collected ○ Unknown/Other

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

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

9. Was the One-Call Center notified? O Yes O No If No, skip to question 13

9a. If Yes, specify ticket number: /_/

9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
_____

10. Type of Locator: O Utility Owner O Contractor Locator O Data not collected O Unknown/Other

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

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

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

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

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 Notification Practices Not Sufficient: *(select only one)*

- O No notification made to the One-Call Center
- O Notification to One-Call Center made, but not sufficient
- O Wrong information provided

☐ Locating Practices Not Sufficient: *(select only one)*

- O Facility could not be found/located
- O Facility marking or location not sufficient
- O Facility was not located or marked
- O Incorrect facility records/maps

☐ Excavation Practices Not Sufficient: *(select only one)*

- O Excavation practices not sufficient (other)
- O Failure to maintain clearance
- O Failure to maintain the marks
- O Failure to support exposed facilities
- O Failure to use hand tools where required
- O Failure to verify location by test-hole (pot-holing)
- O Improper backfilling

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

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

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

☐ **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**

☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**

☐ **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**

☐ **Intentional Damage**

☐ **Erosion of Support Due to Other Utilities**

☐ **Other Outside Force Damage**

1. Vehicle/Equipment operated by: *(select only one)*
   ○ Operator ○ Operator's Contractor ○ Third Party
   If this sub-cause is picked, complete questions 7-13 below.

2. Select one or more of the following IF an extreme weather event was a factor:
   ☐ Hurricane ☐ Tropical Storm ☐ Tornado
   ☐ Heavy Rains/Flood ☐ Other _____

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

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?
   ○ Yes ☐ Most recent year tested: ___/___/___/___/___/___
   Test pressure (psig): ___/___/___/___/___/___
   ○ No

5. Specify:
   ○ Vandalism ○ Terrorism
   ○ Theft of transported commodity ○ Theft of equipment
   ○ Other _____

6. **Describe:** _____

Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.

7. Was the driver of the vehicle or equipment issued one or more citations related to the incident? ○ Yes ○ No ○ Unknown

If 7. is Yes, what was the nature of the citations (select all that apply)
- ○ 7a. Excessive Speed
- ○ 7b. Reckless Driving
- ○ 7c. Driving Under the Influence
- ○ 7d. Other, describe: _____

8. Was the driver under control of the vehicle at the time of the collision? ○ Yes ○ No ○ Unknown

9. Estimated speed of the vehicle at the time of impact (miles per hour)?_____or ○ Unknown

10. Type of vehicle? (select only one) ○ Motorcycle/ATV ○ Passenger Car ○ Small Truck ○ Bus ○ Large Truck

11. Where did the vehicle travel from to hit the pipeline facility? (select only one)
    ○ Roadway ○ Driveway ○ Parking Lot ○ Loading Dock ○ Off-Road

12. Shortest distance from answer in 11. to the damaged pipeline facility (in feet): ._____

13. At the time of the incident, were protections installed to protect the damaged pipeline facility from vehicular damage? ○ Yes ○ No

If 13. is Yes, specify type of protection (select all that apply):
- ○ 13a. Bollards/Guard Posts
- ○ 13b. Barricades, including "jersey" barriers and fences
- ○ 13c. Guard Rails
- ○ 13d. Meter Box
- ○ 13e. Ingress or Regress at a Residence
- ○ 13f. Other, describe: _____

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

☐ **Body of Pipe**

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

☐ **Butt Weld**

2. Specify: ○ Pipe ○ Fabrication ○ Other _____

☐ **Fillet Weld**

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

☐ **Pipe Seam**

4. Specify: ○ LF ERW ○ HF ERW ○ Flash Weld ○ DSAW ○ SAW ○ Spiral ○ Other - _____

☐ **Threaded Metallic Pipe**

☐ **Mechanical Joint Failure - required to submit PHMSA F 7100.1-2**

5. Report ID for PHMSA F 7100.1-2 ___ or ○ Report Pending

☐ **Fusion Joint**

6. Specify: ○ Butt, Heat Fusion ○ Butt, Electrofusion ○ Saddle, Heat Fusion ○ Saddle, Electrofusion ○ Socket, Heat Fusion ○ Socket, Electrofusion ○ Other _____

7. Year installed: /___/___/___/___/

8. Other attributes:_____

9. Specify the two materials being joined:

9a. First material being joined:
○ 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: _____

9b. Second material being joined:
○ 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: _____

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

10. Describe:_____

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

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

12. Was the Incident a result of:
☐ Construction defect, specify: ⇨ ○ Poor workmanship ○ Procedure not followed ○ Poor construction/installation procedures
☐ Material defect, specify: ⇨ ○ Long seam ○ Other _____
☐ Design defect
☐ Previous damage

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

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

☐ **Malfunction of Control/Relief Equipment**

1. Specify: *(select all that apply)*
   ○ Control Valve ○ Instrumentation ○ SCADA
   ○ Communications ○ Block Valve ○ Check Valve
   ○ Relief Valve ○ Power Failure ○ Stopple/Control Fitting ○ Pressure Regulator ○ Other_____

☐ **Threaded Connection Failure**

2. Specify: ○ Pipe Nipple ○ Valve Threads ○ Threaded Pipe Collar ○ Threaded Fitting ○ Other _____

☐ **Non-threaded Connection Failure**

3. Specify: ○ O-Ring ○ Gasket ○ Other Seal or Packing ○ Other_____

☐ **Valve**

4. Specify: ○ Manufacturing defect ○ Other _____

4a. Valve type: _____

4b. Manufactured by: _____

4c. Year manufactured: /__/__/__/__/ or ○ Unknown

4d. Valve Material: ☐ Steel ☐ Plastic ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Other, specify: *mandatory text field*_____

☐ **Other Equipment Failure**

5. Describe: _____
_____
_____
_____

G7 – Incorrect Operation – *only one **sub-cause** can be selected from the shaded left-hand

☐ **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: _____

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

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

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

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

   4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?
   - ○ 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

☐ **Miscellaneous**

1. Describe: ___ _____

☐ **Unknown**

2. Specify:
   - ○ Investigation complete, cause of Incident unknown

   Mandatory comment field:
   _____
   - ○ Still under investigation, cause of Incident to be determined*

*(*Supplemental Report required)*

PART J – CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:

External Corrosion

- ☐ External Corrosion, Galvanic
- ☐ External Corrosion, Atmospheric
- ☐ External Corrosion, Stray Current Induced
- ☐ External Corrosion, Microbiologically Induced
- ☐ External Corrosion, Selective Seam

Internal Corrosion

- ☐ Internal Corrosion, Corrosive Commodity
- ☐ Internal Corrosion, Water drop-out/Acid
- ☐ Internal Corrosion, Microbiological
- ☐ Internal Corrosion, Erosion

Natural Forces

- ☐ Earth Movement, NOT due to Heavy Rains/Floods
- ☐ Heavy Rains/Floods
- ☐ Lightning
- ☐ Temperature
- ☐ High Winds
- ☐ Snow/Ice
- ☐ Tree/Vegetation Root

Excavation Damage

- ☐ 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

Other Outside Force

- ☐ Nearby Industrial, Man-made, or Other Fire/Explosion
- ☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
- ☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment
- ☐ 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
- ☐ Intentional Damage
- ☐ Other underground facilities buried within 12 inches of the failure location

Pipe/Weld Failure

- ☐ Design-related
- ☐ Construction-related
- ☐ Installation-related
- ☐ Fabrication-related
- ☐ Original Manufacturing-related

Equipment Failure

- ☐ Malfunction of Control/Relief Equipment
- ☐ Threaded Connection/Coupling Failure
- ☐ Non-threaded Connection Failure
- ☐ Valve Failure

Incorrect Operation

- ☐ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage
- ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure
- ☐ Pipeline or Equipment Overpressured
- ☐ Equipment Not Installed Properly
- ☐ Wrong Equipment Specified or Installed
- ☐ Inadequate Procedure
- ☐ No procedure established
- ☐ Failure to follow procedures

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

PART I – PREPARER AND AUTHORIZED PERSON

Preparer's Name (type or print)

Preparer's Title (type or print)

Preparer's E-mail Address

Local Contact Name: optional

Local Contact Email: optional

Local Contact Phone: optional

Preparer's Telephone Number

Preparer's Facsimile Number

Authorized Signer

Authorized Signer Telephone Number

Authorized Signer's Title

Authorized Signer's E-mail Address