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.

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U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS

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

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-2.
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: <u>auto-populated based on OPID</u>
A3. Address of Operator: A3a. Street Address: <u>auto-populated based on OPID</u> A3b. City: <u>auto-populated based on OPID</u> A3c. State: <u>auto-populated based on OPID</u> A3d. Zip Code: <u>auto-populated based on OPID</u>
A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met:
A4a. Time Zone for local time (select only one) O Alaska O Eastern O Central O Hawaii-Aleutian O Mountain O Pacific.
A4b. Daylight Saving in effect? O Yes O No
A5. Location of Incident: Latitude:
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: ///////////////////////////////////
A8. Estimated volume of intentional and controlled release/blowdown: / / /,/ / / thousand standard cubic feet (mcf)
A9. Estimated volume of accompanying liquid released: / / / // / Barrels

A10. Were there fatalities? O Yes O No			here injuries requiring inpatient h	ospitalization? O Yes O
If Yes, specify the number in each catego	ory:	No If Ves si	pecify the number in each cate	nory:
A10a. Operator employees	<u> </u>	/	. Operator employees	/ / / / / /
A10b. Contractor employees working for the Operator	<u> </u>	<u>/</u> A11b	. Contractor employees working for the Operator	<u> </u>
A10c. Non-Operator emergency responders	<u> </u>		Non-Operator emergency responders	<u> </u>
A10d. Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>	A11d	. Workers working on the right-of-way, but NOT associated with this Operator	<u> </u>
A10e. General public	<u> </u>	<u>/</u> A11e	. General public	<u> </u>
A10f. Total fatalities (sum of above)	calculated	A11f.	. Total injuries (sum of above)	calculated
A12. What was the Operator's initial indicatio ☐ SCADA-based information (such as a ☐ Static Shut-in Test or Other Pressure ☐ Controller ☐ Air Patrol ☐ Notification from Public ☐ Notification from Third Party that caus	alarm(s), alert(s), e or Leak Test	• ,	el, including contractors r or its contractor	
A12a. If "Controller", "Local Operating Pe Question 12, specify the following: (selec	ersonnel, including	contractors", "Air Patrol", or "G	Ground Patrol by Operator or its	contractor" is selected in
O Operator employee	O Contractor v	vorking for the Operator		
A13. Local time Operator identified failure	<u>/ / /</u> Hour	<u>/ / / / / / </u>	<u>/ /</u> / / / Day Year	
 □ Belowground Storage, Including Asso □ Aboveground Storage, Including Asso □ Onshore Compressor Station Equipm □ Onshore Regulator/Metering Station □ Onshore Pipeline, Including Valve Sit □ Offshore Platform, Including Platform □ Offshore Pipeline, Including Riser and 	ociated Equipment nent and Piping Equipment and Pip tes -mounted Equipme	and Piping		
A15. Operational Status at time Operator ider O Post-Construction Commissioning O Post-Maintenance/Repair O Routine Start-Up O Routine Shutdown O Normal Operation, includes pauses during O Idle		t only one)		
A16. If A15 = Routine Start-Up or Normal Op O Yes O No	eration, was the pi	peline/facility shut down due to	the incident?	
If Yes, complete Questions A16.a and A	16.b: <i>(use local tir</i>	ne, 24-hr clock)		
A16a. Local time and date of shutdown	<u>/ / /</u> Hour	<u>/ / / / / / / / / / / / / / / / / / / </u>	<u>/</u>	
A16b. Local time pipeline/facility restarted	ed <u>/ / /</u> Hour	/ / / / / / / / / / / / / / / / / / /	/ / / O Still shut do Year *Supplemental	own* Report required
If A12. = Notification from Emergency Respor A17a. Did the operator communicate with Loc		ral Emergency Responders ab	out the incident? O Yes	O No
If No, skip A17b and c.				
A17b. Which party initiated communication at	bout the incident?	O Operator O Local/State	e/Federal Emergency Respond	er
A17c. Local time of initial Operator and Local			action	
A18. Local time operator resources arrived or	n site / / /	/ / / / / / Hour Month		
A19. reserved			•	

A20a. Local time (24-nr clock) and date of initial operator report to the National Response Center:
<u> </u>
A20b. Initial Operator National Response Center Report NumberOR O NRC Notification Required But Not Made
A20c. Additional NRC Report numbers submitted by the operator:
A21. Did the gas ignite? O Yes O No
If A21 = Yes, then answer A21a through d:
A21a. Local time of ignition / / / / / / / Month Day Year
A21b. How was the fire extinguished? O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:
A21c. Estimated volume of gas consumed by fire (mcf): (must be less than or equal to A7.)
A21d. Did the gas explode? O Yes O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A22a through f
A22a. Initial action taken to control flow upstream of failure location O Valve Closure O Operational Control - mandatory text field If Valve Closure, answer A22.b and c:
A22b. Local time of final upstream valve closure
A22c. Type of upstream valve used to complete upstream isolation of release source: O Manual O Automatic O Remotely Controlled
A22d. Initial action taken to control flow downstream of failure location O Valve Closure O Operational Control - mandatory text field If Valve Closure, answer A22e and f.:
A22e. Local time of final downstream valve closure
A22f. Type of downstream valve used to complete downstream isolation of release source: O Manual O Automatic O Remotely Controlled O Check Valve
A23. Number of general public evacuated: / / / /,/ / /

PART B – ADDITIONAL LOCATION INFORMATION

B1. Was the origin of the Incident onshore? Auto-populated based on A14 O Yes (Complete Questions B2-B11) O No (Complete Questions B12-B14)
B1a. Pipeline/Facility name:
B1b. Segment name/ID: If Onshore:
B2. State: / / / B3. Zip Code: / / / / / - / / / /
B4 B5 County or Parish
B6. Operator designated location: (select only one) □ Milepost (specify in shaded area below) □ Survey Station No. (specify in shaded area below) □ Not Applicable (B7 will not accept data)
B7. / / / / / / / / / / / / / / / / / / /
B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No
B9. Location of Incident: (select only one) ☐ Operator-controlled property ☐ Pipeline right-of-way
B10. Area of Incident (as found): (select only one) □ Belowground storage or aboveground storage vessel, including attached appurtenances □ Underground ➡ Specify: ○ Under soil ○ Under a building ○ Under pavement ○ Exposed due to excavation ○ Exposed due to loss of cover ○ In underground enclosed space (e.g., vault) ○ Other B10a. Depth-of-Cover (in): / /,/ / / /
B10.b. 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 O Overhead crossing ○ In or spanning an open ditch O Inside a building O Inside other enclosed space O Other □ Transition Area ⇒ Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area ○ Other
B11. Did Incident occur in a crossing? O Yes O No If Yes, specify type: Bridge crossing
Is this water crossing 100 feet or more in length from high water mark to high water mark? O Yes O No
If Offshore:
B12. Approximate water depth (ft.) at the point of the Incident: //,/_ // B13. Origin of Incident: □ In State waters Specify: State: // / Area: Block/Tract #: // //
Nearest County/Parish:
☐ On the Outer Continental Shelf (OCS)) (select only one) ☐ OCS – Alaska ☐ OCS- Atlantic
O OCS-Gulf of Mexico O OCS – Pacific Area: Block/Tract #: / / / /
B14. Area of Incident: (select only one) Shoreline/Bank/Marsh crossing or shore approach Below water, pipe buried or jetted below seabed Below water, pipe on or above seabed Splash Zone of riser Portion of riser outside of Splash Zone, including riser bend Platform

C1. Is the pipeline or facility:
☐ Interstate ☐ Intrastate
C2. Material involved in Incident: (select only one)
☐ Carbon Steel ☐ Plastic ☐ Material other than Carbon Steel or Plastic
C3. Item involved in Incident: (select only one)
☐ Pipe ➡ Specify: O Pipe Body O Pipe Seam C3a. Nominal Pipe Size: / / / // /
If Pipe Body: Was this a Puddle/Spot Weld? O Yes O No
If C2. is Carbon Steel C3b. Wall thickness (in): / / / /
C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / / /
C3d. Pipe specification: OR O Unknown
C3e. Pipe Seam → Specify: 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
C3f. Pipe manufacturer: OR O Unknown
C3g. Pipeline coating type at point of Incident ⇒ Specify: O Epoxy O Coal Tar O Asphalt O Polyolefin O
Extruded Polyethylene O Cold Applied Tape O Paint O Composite O None
O Other
C3h. Coating field applied? O Yes O No O Unknown
If C2. is Plastic C3i. If Plastic ⇒ Specify type: O Polyvinyl Chloride (PVC) O Polyethylene (PE) O Cross-linked Polyethylene (PEX) O Polybutylene (PB) O Polypropylene (PP) O Acrylonitrile Butadiene Styrene (ABS) O Polyamide (PA) O Cellulose Acetate Butyrate (CAB) O Unknown O Other: mandatory text field_
C3j. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): / / / / or wall thickness: / /./ / / or O Unknown
C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE / / / or O Unknown
☐ Weld/Fusion, including heat-affected zone ⇔
Specify: O Pipe Girth Weld O Pipe Plastic Fusion O Other Butt Weld O Fillet Weld If Pipe Girth Weld is selected, complete items C3.a through h above. Are any of the C3b through h values different on either side of the girth weld? O Yes O No If Yes, enter the different value(s) below:
C3I. Wall thickness (in): <u>/ /./ / /</u>
C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / / / / /
C3n. Pipe specification: OR O Unknown
C3o. Pipe Seam Specify: O Longitudinal ERW - High Frequency O Single SAW O Flash Welded O Longitudinal ERW - Low Frequency O DSAW O Continuous Welded O Longitudinal ERW – Unknown Frequency O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe:
C3p. Pipe manufacturer: OR O Unknown
C3q. Pipeline coating type at point of Accident ⇒ Specify: O Fusion Bonded Epoxy (FBE) O Coal Tar O Asphalt O Polyolefin O Extruded Polyethylene O Epoxy other than FBE O Cold Applied Tape O Paint O Composite O None O Other, describe:
C3r. Coating field applied? O Yes O No O Unknown

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If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.

	Ш	Valve, excluding Regulator/Control Valves		
		O Mainline ⇒ Specify: O Butterfly O Check O Gate O Plug O Ball O Globe O Other		
		C3s. Mainline valve manufacturer:OR O L O Relief Valve	Jnknown	
		O Auxiliary or Other Valve		
		Compressor, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines an	ıd tubina.	
	_	Meter, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing	_	
		Scraper/Pig Trap, including auxiliary piping, connections, valves, and equipment, but excluding product drain line	-	
		Odorization System, including auxiliary piping, connections, valves, and equipment, but excluding product drain	lines and tubir	ng.
		Filter/Strainer/Separator, including auxiliary piping, connections, valves, and equipment, but excluding product of		_
tubi	L	Dehydrator/Drier/Treater/Scrubber, including auxiliary piping, connections, valves, and equipment, but excluding	g product drair	n lines and
tubi		Regulator/Control Valve, including auxiliary piping, connections, valves, and equipment, but excluding product d	Irain lines and	tuhina
		Pulsation Bottle or Drip/Drip Collection Device	Talli lilles alla	tubing.
		☐ Cooler or Heater, including auxiliary piping, connections, valves, and equipment, but excluding product drain	n lines and tub	ing.
		Repair Sleeve or Clamp		•
		Hot Tap Equipment		
		Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.)		
	_	Flange Assembly, including Gaskets	and the delice of	
		ESD System, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines at Drain Lines	na tubing.	
		Tubing, including Fittings		
		C3t. Tubing material (select only one):		
		□ Stainless steel		
		□ Carbon steel □ Copper		
		□ Other		
		C3u. Type of tubing (select only one):		
		☐ Rigid ☐ Flexible		
		Instrumentation, including Programmable Logic Controllers and Controls		
		Underground Gas Storage or Cavern		
		Other		
C4.	Ye	ar item involved in Incident was installed: / / / OR O Unknown		
C5	Ye	ar item involved in Incident was manufactured: / / / / OR O Unknown		
		pe of release involved: (select only one)		
C0.	٠.	Mechanical Puncture Approx. size: / _ / _ / _ / _ / _ / in. (axial) by / _ / _ / _ / _ / in. (circumferential)		
			Other	
	ш	Rupture → Select Orientation: O Circumferential O Longitudinal O Other		
	_	Approx. size: //_/_/ in. (widest opening) by //_/_/_/in. (length circumfere	entially or axial	lly)
DAI		Other : *Describe: D = ADDITIONAL CONSEQUENCE INFORMATION		
טו.	Cla	iss Location of Incident: <i>(select only one)</i> ☐ Class 1 Location		
		☐ Class 2 Location		
		☐ Class 3 Location		
		☐ Class 4 Location		
D2.	Dic	I this Incident occur in a High Consequence Area (HCA)?		
		☐ No ☐ Yes ➡ D2.a Specify the Method used to identify the HCA: O Method 1(Class Location) O Meth	od 2 (PIR)	
		Tes 4/ bz.a Specify the Method used to Identify the FIGA. O Method T(Glass Location)	ou z (FIIX)	
D3.	Wł	aat is the PIR (Potential Impact Radius) for the location of this Incident? <u>/ /,/ / / feet</u> or O Not FI	ammable	
D4.	We	ere any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident?	O Yes	O No
D5.	We	ere any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident?	O Yes	O No
		ere any of the fatalities or injuries (A11 only) reported for persons located outside the PIR?	O Yes	O No
		Describe the cause of the fatalities or injuries:		
		D2. Is No, answer D13a.		
		Did this incident occur in a Moderate Consequence Area (MCA)? O Yes O No		
		is Yes, answer D13b.		
ט13	_	Select each of the items below that were present within the potential impact circle: 5 or more buildings intended for human occupancy		
		5 or more buildings intended for numan occupancy Payed surface for a designated interstate, freeway, expressively, or other principal 4-lane arterial roadway.		

D7. Estimated Property Damage:	
D7a. Estimated cost of public and non-Operator private property damage	\$ <u>/ </u>
D7b. Estimated cost of Operator's property damage & repairs	\$ <u> </u>
D7c. Estimated cost of emergency response	\$ <u>/ </u>
D7d. Estimated other costs	\$ <u>/ </u>
Describe:	
D7e. Total estimated property damage (sum of above)	\$ calculated
Cost of Gas Released	
Cost of Gas in \$ per thousand standard cubic feet (mcf):	
D7f. Estimated cost of gas released unintentionally	\$ calculated
D7g. Estimated cost of gas released during intentional and controlled blowd	down \$ calculated
D7h. Total estimated cost of gas released (sum of 7.f & 7.g above)	\$ calculated
D7i. Estimated Total Cost (sum of D7e and D7h)	\$ calculated
Injured Persons not included in A11 The number of persons injured, admitted the are reported in A11. <i>If a person is included in A11, do not include them in D8.</i>	to a hospital, and remaining in the hospital for at least one overnigh
D8. Estimated number of persons with injuries requiring treatment in a medical facility	ity but not requiring overnight in-patient hospitalization:
If a person is included in D8, do not include them in D9.	
D9. Estimated number of persons with injuries requiring treatment by EMTs at the s	ite of incident:
Buildings Affected	
D10. Number of residential buildings affected (evacuated or required repair or gas	service interrupted):
D11. Number of business buildings affected (evacuated or required repair or gas s	ervice interrupted):
D12. Wildlife impact: O Yes O No D12a. If Yes, specify all that apply: ☐ Fish/aquatic ☐ Birds ☐ Terrestrial	

PART E - ADDITIONAL OPERATING INFORMATION

E1. Estimated pressure at the point and time of the Incident (psig):	<u>/ / /,/ / / /</u>		
E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D):	<u>/ / / / / / /</u>		
E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	<u>/ / /,/ / / /</u>		
E2a. 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) □ 192.624 (c)(1) □ 192.624(c)(2) □ 192.624 (c)(3) □ 192.624 (c)(4) □ 192.624(c) □ Other Specify Other:	c)		
E2b. Date MAOP established:	0.1.		
E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction?	O Yes O No O Bi-Directional		
E3. Describe the pressure on the system or facility 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			
E4. Was the system or facility relating to the Incident operating under an "established pressure restrallowed by the MAOP $?$	iction" with pressure limits below those normally		
☐ No ☐ Yes ➡ (Complete E4.a and E4.b below)			
E4a. Did the pressure exceed this "established pressure restriction?" O Yes	O No		
E4b. Was this pressure restriction mandated by PHMSA or the State? O PHMSA	O State O Not mandated		
E5. Was the gas at the point of failure required to be odorized in accordance with §192.625? O Ye If yes, Was the gas at the point of failure odorized in accordance with §192.625? O Ye	s O No s O No		
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser	Bend", answer E6 through E8.		
E6. Length of segment between upstream and downstream shut-off valves closest to failure location	(ft): / / / /,/ / /		
E7 Is the pipeline configured to accommodate internal inspection tools?			
 ☐ Yes ☐ No ➡ Which physical features limit tool accommodation? (select all that a 	annly)		
O Changes in line pipe diameter O Presence of unsuitable mainline valves O Tight or mitered pipe bends O Other passage restrictions (i.e. unbarred tee's, projecting instru O Extra thick pipe wall (applicable only for magnetic flux leakage O Other → Describe:	umentation, etc.)		
E8 For this pipeline, are there operational factors which significantly complicate the execution of an No			
 Yes ⇒ Which operational factors complicate execution? (select all that application) Excessive debris or scale, wax, or other wall build-up Low operating pressure(s) Low flow or absence of flow Incompatible commodity Other ⇒ Describe: 	oply)		
E9 Function of pipeline system: (select only one) ☐ Transmission System ☐ Transmission Line of Distribution System ☐ Type A Gathering ☐ Type B Gathering ☐ Type C Gathering			
☐ Transmission in Storage Field ☐ Offshore Gathering			

E10		Supervi	sory	y Control and Data Acquisition (S	SCADA)-based system in	place on the pi	ipeline or facility involved in the Incident?
	□ No					0 11	O 11
	☐ Yes			0.a Was it operating at the time		O Yes	O No
				0.b Was it fully functional at the t		O Yes	O No
				0.c Did SCADA-based information in the initial indication of the Incident?		(s), event(s), a O Yes	and/or volume or pack calculations) assist with s O No
				0.d Did SCADA-based information in the incident?	, , ,	t(s), event(s), a O Y	and/or volume calculations) assist with the es O No
E11		n investi		ion initiated into whether or not th	he controller(s) or control r	oom issues we	ere the cause of or a contributing factor to the Inciden
		Yes, bu juired)	ıt th	ne investigation of the control roo	om and/or controller action	s has not yet b	peen completed by the operator (Supplemental Repo
		No, the	fac	cility was not monitored by a cont	troller(s) at the time of the	Incident	
				perator did not find that an investion in the stign of the operator did not investion in the stign of the sti		actions or cont	trol room issues was necessary due to: (provide an
				fy investigation result(s): (select			
				vestigation reviewed work schedo ated with fatigue	lule rotations, continuous h	nours of service	e (while working for the Operator) and other factors
		0					service (while working for the Operator) and other
		_		associated with fatigue (provide		ot):	
		0		vestigation identified no control re			
		0		vestigation identified no controlle			
		0		vestigation identified incorrect co			lved or impacted the involved controller(s) response
		0		· ·	•	ntroller(s) irrvoi	ived of impacted the involved controller(s) response
		0		vestigation identified incorrect provestigation identified incorrect co		vration	
		0		vestigation identified incorrect co	• • •		perations, procedures, and/or controller response
		0		vestigation identified areas other			
PAF	RT F – D	RUG &	AL	COHOL TESTING INFORMATI	ION		
F1.	under th	ne post-a	acci	ncident, were any Operator empl ident drug and alcohol testing rec phol Testing regulations?			
	O No						
	O Yes	⇒ F1	a.	Specify how many were tested:	<u>/ / /</u>		
		F1	b.	Specify how many failed:	<u>/ / /</u>		
F2.	employe	ees teste	ed ι	ncident, were any Operator contr under the post-accident drug and DT's Drug & Alcohol Testing regu	d alcohol testing		
	O No	- \ _=\	2	Specify how many were tested:	1 1 1		
	J 163			Specify how many failed:	<u>, , , , , , , , , , , , , , , , , , , </u>		
		F2	U.	opeony now many failed.	<u>, , , , , , , , , , , , , , , , , , , </u>		

ART 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 K – Contributing Factors.
G1 - Corrosion Failure – only one sub-cause can be picked from shaded left-hand column	 Results of visual examination: O Localized Pitting O General Corrosion O Other
☐ External Corrosion	
	2. Type of corrosion: (select all that apply) O Galvanic O Atmospheric O Stray Current O Microbiological O Selective Seam O 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) O Field examination O Determined by metallurgical analysis O Other
	4. Was the failed item buried or submerged?
	O Yes → 4a. Was failed item considered to be under cathodic protection at the time of
	the incident?
	O Yes → Year protection started: / / /
	O No
	4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident? O Yes O No
	4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply) O Yes, CP Annual Survey Most recent year conducted:
	O Yes, Close Interval Survey → Most recent year conducted: / / / /
	O Yes, Other CP Survey → Most recent year
	conducted: / / / / / Describe other CP survey
	O No
	O No ⇒ 4d. Was the failed item externally coated or painted? O Yes O No
	5. Was there observable damage to the coating or paint in the vicinity of the corrosion?O Yes O No O N/A Bare/Ineffectively Coated Pipe
□ Internal Corrosion	Results of visual examination: O Localized Pitting O General Corrosion O Not cut open O Other
	7. Cause of corrosion: (select all that apply) O Corrosive Commodity O Water drop-out/Acid O Microbiological O Erosion O Other

following: (select all that apply) O Field examination O Determine O Other		based on the
9. Location of corrosion: (select all that ap O Low point in pipe O Elbow O Dr O Other	,	Dead-Leg
10. Was the gas/fluid treated with corrosic O Yes O No	on inhibitors	or biocides?
11. Was the interior coated or lined with p	rotective co	ating? O Yes
12. Were cleaning/dewatering pigs (or oth utilized?	er operatior	ns) routinely
O Not applicable - Not mainline pipe	O Yes	O No
Were corrosion coupons routinely utilized Not applicable - Not mainline pipe	zed? O Yes	O No

G2 - Natural Force Damage -	nly one sub-cause can be picked from shaded left-hand column
☐ Earth Movement, NOT due to Heavy R	1. Specify: O Earthquake O Subsidence O Landslide ins/Floods O Other
☐ Heavy Rains/Floods	2. Specify: O Washout/Scouring O Flotation O Mudslide C Other
☐ Lightning	3. Specify: O Direct hit O Secondary impact such as resulting nearby fires
☐ Temperature	4. Specify: O Thermal Stress O Frost Heave O Frozen Components O Other
☐ High Winds	
☐ Trees/Vegetation Roots	
☐ Snow/Ice impact or Accumulation	
☐ Other Natural Force Damage	5. Describe:
Complete the following if any Natural Force Da	mage sub-cause is selected.
6. Were the natural forces causing the Incident	enerated in conjunction with an extreme weather event? O Yes O No
6a. If Yes, specify: (select all that apply)	O Hurricane O Tropical Storm O Tornado O Other

_	Excuration Building	my one sub cause ea	in be ploked from shade	d fort flarid column		
	Excavation Damage by O	perator (First Party)				
	Excavation Damage by O Party)	perator's Contracto	r (Second			
	☐ Excavation Damage by T	hird Party				
	Previous Damage due to	Excavation Activity				
Con	nplete the following if Excav	ation Damage by Th	ird Party is selected a	s the sub-cause.		
1. [Did the operator get prior notif	ication of the excavati	ion activity? O Yes	O No		
	1a. If Yes, Notification recei	ved from: (select all t	hat apply) O One-Ca	all System O Excavator	O Contractor O Landown one-call center? O Yes O No	
	If yes, answer 1c. through 1c. select one of the fo					
	O Excavato					
			exceed the limits of the			
			ed the limits of the exen			
	1d. Exempting authorit	ty				
_	1e. Exempting criteria					
	nplete the following mandate					
	Do you want PHMSA to uploa	=	•	w.cga-dirt.com)? OYes	O No	
3. F	Right-of-Way where event occ	•		_	_	
	☐ Public 🖒 Specify: O	-		=	vay O Other	
	☐ Private 🖒 Specify: O	Private Landowner	O Private Business	O Private Easement		
	☐ Pipeline Property/Easem					
	☐ Power/Transmission Line	9				
	Railroad	•				
	☐ Dedicated Public Utility E☐ Federal Land	asement				
	☐ Data not collected					
	☐ Unknown/Other					
4. 1	Type of excavator: (select onl	ly one)				
	O Contractor O Cou		oper O Farmer	O Municipality	O Occupant	
	O Railroad O Sta	_	O Data not		O Unknown/Other	
5. T	Type of excavation equipment	: (select only one)				
	O Auger O Ba	ackhoe/Trackhoe	O Boring	O Drilling	O Directional Drilling	
	O Explosives O Fa	arm Equipment	O Grader/Scraper	O Hand Tools	O Milling Equipment	
	O Probing Device O Tr	rencher	O Vacuum Equipmer	t O Data not collected	O Unknown/Other	
3. T	Type of work performed: (sele	ect only one)				
	O Agriculture	O Cable TV	O Curb/Sidewalk	O Building Construction	O Building Demolition	
	O Drainage	O Driveway	O Electric	O Engineering/Surveying	O Fencing	
	O Grading O Natural Gas	O Irrigation O Pole O Pu	O Landscaping	O Liquid Pipeline O Railroad Maintenance	O Milling O Road Work	
	O Sewer (Sanitary/Storm)	O Site Developmen	blic Transit Authority	O Storm Drain/Culvert	O Road Work OStreet Light	
	O Telecommunications	OTraffic Signal	O Traffic Sign	O Water	O Waterway Improvement	
	O Data not collected	O Unknown/Other	3		, ,	

*7		ket number: <u>/ / / /</u>	1 1 1 1			Center notified:
8. Type of L	_ocator:	O Utility Owner	O Contrac	et Locator	O Data not collected	O Unknown/Other
9. Were fac	cility locate marks visi	ble in the area of excav	ation? O N	No O Yes	O Data not collected	O Unknown/Other
10. Were fa	acilities marked correc	ctly?		O No O Ye	es O Data not collecte	d O Unknown/Other
	damage cause an int 6a. If Yes, specify du	erruption in service?		No O Yes		O Unknown/Other
		「Root Cause <i>(select on</i> ond level CGA-DIRT Ro			evel CGA-DIRT Root Caus	se and then, where available as a
	O No notific O Notificatio O Wrong inf Locating Practices O Facility of O Facility wood Incorrect Excavation Practic O Excavatio O Failure to O Failure to O Failure to O Failure to	on Practices Not Sufficient ation made to the One-on to One-Call Center more formation provided. Not Sufficient: (select of bould not be found/locate arking or location not sugas not located or marke facility records/maps es Not Sufficient: (select of practices not sufficient maintain clearance maintain the marks support exposed facilities use hand tools where reverify location by test-heackfilling	Call Center nade, but not soonly one) ad ufficient ad ct only one) at (other) ies required	sufficient		
	One-Call Notification	on Center Error				
	Abandoned Facility	:				
	Deteriorated Facilit	У				
	Previous Damage					
	Data Not Collected					
_	Other / None of the	Above (explain)				
_						

 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/Equipment operated by: (select only one) Operator Operator's Contractor OThird Party If this sub-section is picked, please complete questions 5-11 below
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	Select one or more of the following IF an extreme weather event was a factor: O Hurricane O Tropical Storm C Tornado O Heavy Rains/Flood O Other
☐ 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	Specify: O Vandalism
☐ Other Outside Force Damage	4. Describe:
Complete the following if Damage by Car, Truck, or Other Motorized Vehic	
5. Was the driver of the vehicle or equipment issued one or more citations rela If 5 is Yes, what was the nature of the citations (select all that apply) 5a. Excessive Speed 5b. Reckless Driving 5c. Driving Under the Influence 5e. Other, describe:	ed to the incident? O Yes O No O Unknown
6. Was the driver under control of the vehicle at the time of the collision? O Y	es O No O Unknown
7. Estimated speed of the vehicle at the time of impact (miles per hour)?	or O Unknown
8. Type of vehicle? (select only one) O Motorcycle/ATV O Passenger C	ar O Small Truck O Bus O Large Truck
9. Where did the vehicle travel from to hit the pipeline facility? (select only one) O Roadway O Driveway O Parking Lot	O Loading Dock O Off-Road
10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet):
11. At the time of the Incident, were protections installed to protect the damage	d pipeline facility from vehicular damage? O Yes O No
If 11. is Yes, specify type of protection (select all that apply): 11a. Bollards/Guard Posts 11b. Barricades – include Jersey barriers and fences in instructions 11c. Guard Rails 11d. Other, describe:	

 $\textbf{G4} \ \textbf{-Other Outside Force Damage -} \ \textbf{only one sub-cause} \ \textbf{can be picked from shaded left-hand column}$

G5 - Material Failure of Pipe or Weld

Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."

Only one **sub-cause** can be picked from shaded left-hand column

1. The sub-cause selected below is based on the following: (sele	ct all that apply)
☐ Field Examination ☐ Determined by Metallurgical Analysis	S Other Analysis
☐ Sub-cause is Tentative or Suspected; Still Under Investigation	on (Supplemental Report required)
 □ Design-, Construction-, Installation-, or Fabrication-related □ Original Manufacturing-related (NOT girth weld or other welds formed in the field) 	□ Fatigue- or Vibration-related: ○ Mechanically-induced prior to installation (such as during transport of pipe) ○ Mechanical Vibration ○ Pressure-related ○ Thermal ○ Other
	☐ Mechanical Stress☐ Other
☐ Environmental Cracking-related	Specify: O Stress Corrosion Cracking O Sulfide Stress Cracking O Hydrogen Stress Cracking O Hard Spot O Other
Complete the following if any Material Failure of Pipe or Weld	sub-cause is selected.
4. Additional factors (select all that apply): O Dent O Gouge O Lamination O Buckle O Wrinkle O Other	O Pipe Bend O Arc Burn O Crack O Lack of Fusion O Misalignment O Burnt Steel
5. Post-construction pressure test value (psig) / / / / /	OR O Unknown

	Malfunction of Control/Relief Equipment	SCADA	0
		Check Valve O Relief Valve O Power Failure Stopple/Control Fitting O ESD System Failure O Other	0
	Compressor or Compressor-related Equipment	Specify: O Seal/Packing Failure O Body Failure O Crack in Body	
		O Appurtenance Failure O Pressure Vessel Failure O Other	
	Threaded Connection/Coupling Failure	3. Specify: O Pipe Nipple O Valve Threads O Mechanical Coupling O Threaded Pipe Collar O Threaded Fitting O Other	-
	Non-threaded Connection Failure	4. Specify: O O-Ring O Gasket O Seal (NOT compressor seal) or Packing O Other	_
	Defective or Loose Tubing or Fitting		
	Failure of Equipment Body (except Compressor), Vessel Plate, or other Material		
	Other Equipment Failure	5. Describe:	
Com	plete the following if any Equipment Failure sub-cause is selected.		
6. Ac	dditional factors that contributed to the equipment failure: (select all that ap	ply)	
	O Excessive vibration		
	O Overpressurization O No support or loss of support		
	O Manufacturing defect		
	O Loss of electricity		
	O Improper installation		
	O Improper maintenance		
	O Mismatched items (different manufacturer for tubing and tubing fitting)	nas)	
	O Dissimilar metals	• ,	
	O Breakdown of soft goods due to compatibility issues with transporte	ed gas/fluid	
	O Valve vault or valve can contributed to the release	-	
	O Alarm/status failure		
	O Misalignment		
	O Thermal stress		
	O Erosion/abnormal wear		
	O Other		
		-	

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

□ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage		
☐ Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	Specify: O Valve Misalignment O Incorrect Reference Data/Calculation O Miscommunication O Miscommunication O Inadequate Monitorin	ıa
	O Other	9
☐ 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	2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.		
 3. Was this Incident related to: (select all that apply) O Inadequate procedure O No procedure established O Failure to follow procedure O Other: 		
4. What category type was the activity that caused the Incident: O Construction O Commissioning O Decommissioning O Right-of-Way activities O Routine maintenance O Other maintenance O Normal operating conditions O Non-routine operating conditions (abnormal operations or emergence)	encies)	
5. Was the task(s) that led to the Incident identified as a covered task in your \boldsymbol{C}	Operator Qualification Program? O Yes O No	
 5a. If Yes, were the individuals performing the task(s) qualified for the O Yes, they were qualified for the task(s) O No, but they were performing the task(s) under the direction of the task(s) nor were they individual 		lifie
G8 - Other Incident Cause - only one sub-cause can be picked from shade	ed left-hand column	
☐ Miscellaneous	1. Describe:	
□ Unknown	Specify: O Investigation complete, cause of Incident unknow Mandatory comment field:	n
	O Still under investigation, cause of Incident to be determined* (*Supplemental Report required)	

 $\textbf{G7 - Incorrect Operation -} \ \text{only one } \textbf{sub-cause} \ \text{can be picked from shaded left-hand column}$

PART J - INTEGRITY INSPECTIONS

Corrosion (any subCause in Part G1); or Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or Material Failure of Pipe or Weld (any subCause in Part G5) J1. Have internal inspection tools collected data at the point of the Incident? O Yes O No J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs: O Axial Magnetic Flux Leakage Most recent run Year: _ Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Most recent run Attuned to Detect (select only one): O Metal Loss O Hard Spots O Girth Weld Anomalies O Other Describe: If Metal Loss, specify (select only one): O High Resolution O Standard Resolution O Other Describe: _ Previous run Year: Previous run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Attuned to Detect (select only one): O Metal Loss O Hard Spots O Girth Weld Anomalies O Other Describe: If Metal Loss, specify (select only one): O High Resolution O Standard Resolution O Other Describe: O Circumferential/Transverse Wave Magnetic Flux Leakage Most recent run Year: Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Most recent run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe: Previous run Year: Previous run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe: O Ultrasonic Most recent run Year: _ Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Most recent run Attuned to (select only one) O Wall Measurement O Crack O Other Describe: If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one): O Standard Resolution O Other Describe: _ Previous run Year:

Previous run Propulsion Method (select only one): O Free Swimming O Tethered

If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):

O Standard Resolution O Other Describe: _

Most recent run Attuned to (select only one)

Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:

O Wall Measurement O Crack

O Other Describe:

O Geometry/Deformation
Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered
Most recent run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe:
Most recent run Measurement Cups (select only one): O Inside ILI Cups O No Cups Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
Previous run Resolution (select only one): O High Resolution O Standard Resolution O Other Describe:
Previous run Measurement Cups (select only one): O Inside ILI Cups O No Cups
O Electromagnetic Acoustic Transducer (EMAT)
Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
O Cathodic Protection Current Measurement (CPCM) Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
O Other, specify tool:
Most recent run Year:
Most recent run Propulsion Method (select only one): O Free Swimming O Tethered
Previous run Year:
Previous run Propulsion Method (select only one): O Free Swimming O Tethered
Answer J1b only when the cause is: Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4) J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No
J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? (initial post construction pressure test is NOT reported here)
O Yes → Most recent year tested: / / / / Test pressure (psig): / / / / / / O No
J3. Has Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Accident ⇒ Most recent year conducted: / / / / / /
O Yes, but the point of the Accident was not identified as a dig site
O No
If Yes, J3a. For each type, indicate the year of the most recent assessment:
External Corrosion Direct Assessment (ECDA)
Internal Corrosion Direct Assessment (ICDA) Stress Corrosion Cracking Direct Assessment (SCCDA)
Confirmatory Direct Assessment
Other, specify type: <u>/ / / / /</u> J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002?
O Yes O No
J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:
O Radiography
O Guided Wave Ultrasonic
O Handheld Ultrasonic Tool / / / / / O Wet Magnetic Particle Test / / / / /
O Dry Magnetic Particle Test <u>/ / / / /</u>
O Other, specify type / / / /

PART K - CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part G. Do not report identified, select all that apply below and explain each in the Narrative:	t the Apparent Cause again in this Part K. If Contributing Factors were
External Corrosion	Pipe/Weld Failure
☐ External Corrosion, Galvanic	□ Design-related
☐ External Corrosion, Atmospheric	☐ Construction-related
☐ External Corrosion, Stray Current Induced	☐ Installation-related
☐ External Corrosion, Microbiologically Induced	☐ Fabrication-related
☐ External Corrosion, Selective Seam	☐ Original Manufacturing-related
nternal Corrosion	☐ Environmental Cracking-related, Stress Corrosion Cracking
☐ Internal Corrosion, Corrosive Commodity	☐ Environmental Cracking-related, Sulfide Stress Cracking
☐ Internal Corrosion, Water drop-out/Acid	☐ Environmental Cracking-related, Hydrogen Stress Cracking
☐ Internal Corrosion, Microbiological	☐ Environmental Cracking-related, Hard Spot
☐ Internal Corrosion, Erosion	Equipment Failure
Natural Forces	☐ Malfunction of Control/Relief Equipment
☐ Earth Movement, NOT due to Heavy Rains/Floods	☐ Compressor or Compressor-related Equipment
☐ Heavy Rains/Floods	☐ Threaded Connection/Coupling Failure
☐ Lightning	□ Non-threaded Connection Failure
☐ Temperature	☐ Defective or Loose Tubing or Fitting
☐ High Winds☐ Tree/Vegetation Root	☐ Failure of Equipment Body (except Compressor), Vessel Plate
Excavation Damage	or other Material
☐ Excavation Damage by Operator (First Party)	Incorrect Operation
☐ Excavation Damage by Operator's Contractor (Second Party)	 Damage by Operator or Operator's Contractor NOT Excavatio and NOT Vehicle/Equipment Damage
 ☐ Excavation Damage by Third Party ☐ Previous Damage due to Excavation Activity 	☐ Valve Left or Placed in Wrong Position, but NOT Resulting in
Other Outside Force	Overpressure
☐ Nearby Industrial, Man-made, or Other Fire/Explosion	 ☐ Pipeline or Equipment Overpressured ☐ Equipment Not Installed Properly
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	☐ Wrong Equipment Specified or Installed
☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	☐ Inadequate Procedure☐ No procedure established
☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	☐ Failure to follow procedures
☐ 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

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 Telephone Number
	-
Preparer's E-mail Address	
Local Contact Name: optional	
Local Contact Email: optional	Preparer's Facsimile Number
	_
Local Contact Phone: optional	
	-
	Authorized Signer Telephone Number
Authorized Signer-Name	
A # 1 10: 1 T''	_
Authorized Signer's Title	
	Authorized Signer's E-mail Address