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.



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

INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date	
No.	
(DOT Use Only)	

OMB NO: 2137-0635

Expires: 5/31/2024

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):	<u>/ / / / </u>	<u>/ / /</u>		
A2. Name of Operator: <u>auto-populated based on OPID</u>				
A3. Address of Operator: A3a. Street Address: A3b. City: A3c. State: A3d. Zip Code: auto-populated based on Organized base	<u>PID</u> PID			
A4. Earliest local time <i>(24-hr clock)</i> and date an incident reporting cr	iteria was met:			
A4a. Time Zone for local time (select only one) $\mathsf O$ Alaska $\mathsf O$ Easte	ern O Central	O Hawaii-Aleu	itian 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 is Natural Gas □ Propane Gas □ Synthetic Gas □ Hydrogen Gas □ Landfill Gas □ Other Gas ➡ Name:	,			
A7. Estimated volume of gas released unintentionally:	<u>/ /</u>	/,/ / /	/ thousand standar	d cubic feet (mcf)
A8. Estimated volume of intentional and controlled release/blowdow	n: <u>/ /</u>	/,/ / /	/ thousand standard	cubic feet (mcf)
A9 Estimated volume of accompanying liquid released:	1 1	11 1 1	/ Barrels	

A10. Were there fatalities? O Yes O No		A11. Were there injuries requiring inpatient hospitalization? O Yes C
If Yes, specify the number in each catego	ry:	No If Yes, specify the number in each category:
A10a. Operator employees	<u> </u>	A11a. Operator employees <u>/ / / / /</u>
A10b. Contractor employees working for the Operator	<u> </u>	A11b. Contractor employees working for the Operator / / / /
A10c. 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 / / / / /
A10e. General public	<u> </u>	A11e. General public / / / / /
A10f. Total fatalities (sum of above)	calculated	A11f. Total injuries (sum of above) calculated
A12. What was the Operator's initial indication	n of the Failure? ((select only one)
 □ SCADA-based information (such as a □ Static Shut-in Test or Other Pressure □ Controller □ Air Patrol □ Notification from Public 	or Leak Test	vent(s), and/or volume calculations) Local Operating Personnel, including contractors Ground Patrol by Operator or its contractor Notification from Emergency Responder
☐ Notification from Third Party that cause	ed the Incident	Other
A12a. If "Controller", "Local Operating Pe Question 12, specify the following: (selection)	ersonnel, including at only one)	contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in
O Operator employee	O Contractor w	vorking for the Operator
A13. Local time Operator identified failure	<u>/ / /</u> Hour	<u>/ / </u>
 □ Aboveground Storage, Including Asso □ Onshore Compressor Station Equipm □ Onshore Regulator/Metering Station I □ Onshore Pipeline, Including Valve Sit □ Offshore Platform, Including Platform □ Offshore Pipeline, Including Riser and 	ent and Piping Equipment and Pip es -mounted Equipme	bing
A15. Operational Status at time Operator iden O Post-Construction Commissioning O Post-Maintenance/Repair O Routine Start-Up O Routine Shutdown O Normal Operation, includes pauses during O Idle		ct only one)
A16. If A15 = Routine Start-Up or Normal Ope	eration, was the pi	peline/facility shut down due to the incident?
If Yes, complete Questions A16.a and A7	16.b: <i>(use local tin</i>	ne, 24-hr clock)
A16a. Local time and date of shutdown	<u>/ / /</u> Hour	/ / / / / / Day Year
A16b. Local time pipeline/facility restarte	ed <u>/ / /</u> Hour	/ / / / / / / / / O Still shut down* Month Day Year *Supplemental Report required
If A12. = Notification from Emergency Responda17a. Did the operator communicate with Loc	•	ral Emergency Responders about the incident? O Yes O No
If No, skip A17b and c.		
	bout the incident?	O Operator O Local/State/Federal Emergency Responder
A17c. Local time of initial Operator and Local		
A18. Local time operator resources arrived or	n site <u>/ / /</u>	Hour Month Day Year
A19. reserved		

A20a. Local time (24-hr clock) and date of initial operator report to the National Response Center:
<u>/ / / / / Day Year</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 / / / / / / / / / / / / / / / /
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 If Valve Closure, answer A22.b and c: A22b. Local time of final upstream valve closure Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field Valve Closure O Operational Control - mandatory text field
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: / / / / / - / / / / 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: O Under soil O Under a building O Under pavement O Exposed due to excavation O Exposed due to loss of cover O In underground enclosed space (e.g., vault) O 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 O 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 O Other B11. Did Incident occur in a crossing? O Yes O No If Yes, specify type: ☐ Bridge crossing Specify: ○ Cased ○ Uncased ☐ Railroad crossing (select all that apply) ○ Cased O Bored/drilled O Uncased □ Road crossing (select all that apply) O Cased O Uncased O Bored/drilled ☐ Water crossing Specify: O Cased O Uncased Name of body of water, if commonly known: Approx. water depth (ft) at the point of the Incident: / // / / OR O Unknown (select only one of the following) O Shoreline/Bank/Marsh crossing (select only one of the following) 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 Is this water crossing 100 feet or more in length from high water mark to high water mark? O Yes O No If Offshore

	1311016.			
B12.	. Approximate water depth (ft.) at the point o	f the Incident: / /,/ /	<u>/ /</u>	
B13.	. Origin of Incident: ☐ In State waters Specify: State: / Nearest	/ / Area: County/Parish:	Block/Tract #: /	<u> </u>
	☐ On the Outer Continental Shelf (OC		– Alaska -Gulf of Mexico	O OCS- Atlantic
	Area:	Block/Tract #: //	l <u> </u>	
B14.	. Area of Incident: (select only one)			
	☐ Shoreline/Bank/Marsh crossing or sho	re 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:
□ Intrastate
C2. Material involved in Incident: (select only one)
☐ Carbon Steel ☐ Plastic ☐ Material other than Carbon Steel or Plastic *Specify:
C3. Item involved in Incident: (select only one)
☐ Pipe ➡ Specify: ○ Pipe Body ○ 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:
C3l. Wall thickness (in): ///////
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
If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.

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	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 LO Relief Valve	Inknown	
		O Auxiliary or Other Valve		
		Compressor, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines an	d tubing.	
	_	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 according to the contract of the contract		
		Filter/Strainer/Separator, including auxiliary piping, connections, valves, and equipment, but excluding product of		-
tu b		Dehydrator/Drier/Treater/Scrubber, including auxiliary piping, connections, valves, and equipment, but excluding	g product drain li	nes and
tubi		Regulator/Control Valve, including auxiliary piping, connections, valves, and equipment, but excluding product d	rain lines and tul	nina
		Pulsation Bottle or Drip/Drip Collection Device	rain iines and tai	Jilig.
	_	☐ Cooler or Heater, including auxiliary piping, connections, valves, and equipment, but excluding product drain	lines and tubing	1.
		Repair Sleeve or Clamp		
		Hot Tap Equipment		
		Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.)		
	_	Flange Assembly, including Gaskets		
		ESD System , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines at	nd tubing.	
		Drain Lines Tubing, including Fittings		
	ш	C3t. Tubing material (select only one):		
		□ Stainless steel		
		□ Carbon steel		
		□ Copper □ Other		
		C3u. Type of tubing (select only one):		
		□ Rigid		
	П	□ Flexible		
		Instrumentation, including Programmable Logic Controllers and Controls Underground Gas Storage or Cavern		
		Other		
C4		ar item involved in Incident was installed: /_ / / / OR O Unknown		
		ar item involved in Incident was manufactured: <u>/ / / / /</u> OR O Unknown		
C6.	٠.	pe of release involved: (select only one)		
		Mechanical Puncture Approx. size: ////in. (axial) by ///_/in. (circumferential)		
		Leak	Other	
		Rupture		_
		Approx. size: //_/_/./_/ in. (widest opening) by //_/_/_/.//in. (length circumfere	entially or axially)	
		Other 🖒 *Describe:		
PA	RT D	- ADDITIONAL CONSEQUENCE INFORMATION		
D1.	Cla	ss Location of Incident: (select only one)		
		☐ Class 1 Location		
		☐ Class 2 Location		
		☐ Class 3 Location		
		☐ Class 4 Location		
D2	Did	this Incident occur in a High Consequence Area (HCA)?		
DZ.	Dic	□ No		
			od 2 (PIR)	
		at is the PIR (Potential Impact Radius) for the location of this Incident? <u>/ /,/ / / /</u> feet_ 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 C) No
D5.	We	re any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident?	O Yes C) No
		ere any of the fatalities or injuries (A11 only) reported for persons located outside the PIR?	O Yes C) 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		
	13a.	is Yes, answer D13b.		
	3b. §	Select each of the items below that were present within the potential impact circle: 5 or more buildings intended for human occupancy		

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>	o 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	ty 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	te 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 (a) □ 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: \[\frac{l}{M} \] \[\frac{l}{M} \] \[\frac{l}{Day} \] \[\frac{l}{Y} \] 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 rest allowed by the MAOP?	riction" with pressure limits below those normally
□ No □ Yes ➡ (Complete E4.a and E4.b below) E4a. Did the pressure exceed this "established pressure restriction?" ○ Yes	O No
·	O State O Not mandated
	es O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser	r Bend", answer E6 through E8.
E6. Length of segment between upstream and downstream shut-off valves closest to failure location	n (ft): <u>/ / / /,/ / /</u>
E7 Is the pipeline configured to accommodate internal inspection tools? \(\subseteq \text{ Yes} \) \(\subseteq \text{ No } \subseteq \text{ Which physical features limit tool accommodation? (select all that a subseteq \text{ O Changes in line pipe diameter} \)	apply)
O Presence of unsuitable mainline valves	
O Tight or mitered pipe bends O Other passage restrictions (i.e. unbarred tee's, projecting instr O Extra thick pipe wall (applicable only for magnetic flux leakage O Other Describe:	
E8 For this pipeline, are there operational factors which significantly complicate the execution of an	internal inspection tool run?
□ No□ Yes ⇒ Which operational factors complicate execution? (select all that a)	pply)
O Excessive debris or scale, wax, or other wall build-up O Low operating pressure(s) O Low flow or absence of flow O Incompatible commodity O Other Describe:	
E9 Function of pipeline system: (select only one) ☐ Transmission System ☐ Type A Gathering ☐ Type B Gathering ☐ Transmission in Storage Field ☐ Offshore Gathering	

	Wa □		erviso	ry Cont	rol and Da	ata Acqui	sition (S0	CADA)-	-based sy	stem in pla	ice on the p	oipeline (or facility inv	olved in th	e Incident?	•
		Yes ⊏ >	E1	10.a W	as it opei	ating at t	he time c	of the In	ncident?		O Yes	Ои	o			
			E′	10.b W	as it fully	functiona	l at the ti	me of t	he Incider	nt?	O Yes	10	No			
					d SCADA indication			n (such	n as alarm	(s), alert(s), event(s), O Ye		olume or pa	ick calcula	tions) assis	t with
					d SCADA d discover			-	n as alarm	ı(s), alert(s		and/or v Yes	olume calcu O No	ulations) as	ssist with th	е
		s an inv	_	ition init	iated into	whether	or not the	e contro	oller(s) or	control roc	m issues v	vere the	cause of or	a contribut	ting factor to	o the Incident?
	•	require	ed)		Ü						•	been co	mpleted by	the operato	or (Supple	emental Report
				-			-			ne of the In						
					did not fir he operat				f the conti	roller(s) ac	tions or cor	ntrol roor	m issues wa	s necessa	ry due to:	(provide an
		<u> </u>		-	stigation i		-		apply)							
			O Ir	nvestiga	•	` '	•			inuous hou	urs of servi	ce (while	working for	the Opera	ator) and oth	her factors
			_		•	IOT revie	w work s	schedul	le rotation	s, continuc	us hours o	f service	(while work	king for the	Operator)	and other
			factors	s assoc	iated with	fatigue	provide a	an expl	lanation fo	or why not)						
			_	_	ation ident											
			_	U	ation ident											
				U						controller e						
				_			-	-		d the contr	oller(s) inv	olved or	impacted th	e involved	controller(s	s) response
			_	-	ation iden					mant anara	tion					
				•						nent opera		noration	s, procedure	oo and/or	oontroller r	ananaa
													s, procedure			esponse
DAD	T E				OL TESTI					4 2 3 3 3 .						
									4 1							
	und	er the po	ost-ac	cident c	t, were ar Irug and a sting regu	lcohol te										
	0 N	٧o														
	0 \	∕es 🖒	F1a.	Specif	y how ma	ny were	tested:	1 1								
			F1b.	Specif	y how ma	ny failed:		1 1								
	emp requ	oloyees uirement	tested	under	t, were ar the post-a rug & Alco	ccident d	rug and a	alcohol								
	0 /		Ego	Snoo!	y how ma	ny wore	tostod:	1	, ,							
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			ı ∠IJ.	Spec	iy now m	arry ranec	١.	1 1								

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 O Alternating Current O 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: / / /
	<u>/ /</u> 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

o. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply) O Field examination O Determined by metallurgical analysis O Other
9. Location of corrosion: (select all that apply) O Low point in pipe O Elbow O Drop-out O Dead-Leg O Other
10. Was the gas/fluid treated with corrosion inhibitors or biocides?O Yes O No
11. Was the interior coated or lined with protective coating? O Yes O No
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?
O Not applicable - Not mainline pipe O Yes O No
13. Were corrosion coupons routinely utilized?
O Not applicable - Not mainline pipe O Yes O No

G2 - Natural Force Damage	- only one sub-cause can be pi	icked from shaded left-hand column	
☐ Earth Movement, NOT due to Heavy	Rains/Floods	Specify: O Earthquake O Subsidence O Landslide O Other	
☐ Heavy Rains/Floods		2. Specify: O Washout/Scouring O Flotation O Mudslide Other	С
☐ Lightning		3. Specify: O Direct hit O Secondary impact such as result nearby fires	ing
☐ 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	Damage sub-cause is selected	d.	
6. Were the natural forces causing the Inciden	t generated in conjunction with a	an extreme weather event? O Yes O No	
6a. If Yes, specify: (select all that apply)	O Hurricane O Tropical S	Storm O Tornado	

G3 - Excavation Damage - only or	ne sub-cause can be l	oicked from shade	d left-hand column	
☐ Excavation Damage by Opera	ator (First Party)			
☐ Excavation Damage by Opera Party)	ator's Contractor (Sec	ond		
☐ Excavation Damage by Third	Party			
☐ Previous Damage due to Exc	avation Activity			
Complete the following if Excavation	n Damage by Third Pa	arty is selected as	the sub-cause.	
1. Did the operator get prior notification	on of the excavation ac	tivity? O Yes	O No	
1a. If Yes, Notification received			•	O Contractor O Landowner
1b. Per the primary Incident Inve Unknown	estigator results, did St	ate law exempt the	excavator from notifying the	one-call center? O Yes O No O
If yes, answer 1c. through 1e. 1c. select one of the followi	ing:			
O Excavator is e				
	empt and did not excee empt and exceeded the			
	datory text field:			
1d. Exempting authority				
1e. Exempting criteria				
Complete the following mandatory C		-	-	
2. Do you want PHMSA to upload the			w.cga-dirt.com)? Ores	O No
 Right-of-Way where event occurred □ Public ⇒ Specify: O City 		•	Dood O Interstate Lligh	vov. O Othor
☐ Private ➡ Specify: ○ Private				vay Other
	ate Landowner OP	iivale business	O Private Easement	
☐ Pipeline Property/Easement☐ Power/Transmission Line				
☐ Railroad				
☐ Dedicated Public Utility Easer	ment			
☐ Federal Land				
☐ Data not collected ☐ Unknown/Other				
4. Type of excavator: (select only on	۵۱			
O Contractor O County	O Developer	O Farmer	O Municipality	O Occupant
O Railroad O State	O Utility	O Data not		O Unknown/Other
- T	-11			
5. Type of excavation equipment: (se	_) a rina	Oprilling	O Directional Drilling
. •		Boring Brader/Scraper	O Drilling O Hand Tools	O Milling Equipment
O Probing Device O Trench	• •	/acuum Equipmen		O Unknown/Other
6. Type of work performed: (select of	nlv one)			
	• ,	Curb/Sidewalk	O Building Construction	O Building Demolition
	Driveway O E	Electric	O Engineering/Surveying	O Fencing
-		andscaping.	O Liquid Pipeline	O Milling
		ransit Authority	O Railroad Maintenance	O Road Work
,	Site Development Traffic Signal O	O Steam Traffic Sign	O Storm Drain/Culvert O Water	OStreet Light O Waterway Improvement
	Unknown/Other	Traino Oigit	- Water	O Waterway improvement

ype of Lo	ocator:		01	Jtility Ow	ner	О с	ontract	Locat	or	O Data	not collecte	d C	Unknow	n/Other	
Vere facili	ity locate	marks visib	le in the	e area of	excava	tion?	O No	o (O Yes	O Data	not collecte	d C	Unknov	vn/Other	
Were faci	ilities mar	ked correct	ly?				C) No	O Yes	s O Da	ata not colle	ected	O Unkr	nown/Othe	r
16a	a. If Yes,	use an inte specify dur CGA-DIRT	ation of	the inter	ruption:	_	// ne pred	<u> </u>	O Yes/ hours	;	a not collec			own/Other	
		ninant seco											,		
	O O Locating	Notification No notification Notification Wrong info	tion mand to One ormation tot Suffuld not I	de to the e-Call Ce n provide icient: (s	One-Conter mand	all Cer ade, bu	nter It not su								
	0	Facility ma Facility wa Incorrect fa	s not lo	cated or	marked										
	00000	Excavation Excavation Failure to I Failure to I	praction praction practical practica	ces not so n clearan n the man exposed d tools w cation by	ufficient ce ks facilitie	(otheres))							
	One-Call	Notification	Cente	r Error											
	<u>Abandon</u>	ed Facility													
	Deteriora	ted Facility													
	Previous	<u>Damage</u>													
_	Data Nat	Collected													

☐ 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	Third Pa		00	(select only one) perator's Contractor omplete questions 5-11	O
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	2. Selectives a factorized Tornado		От	g IF an extreme weather ropical Storm O Other	er event
☐ 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	3. Speci	O Vandalism O Theft of transp		O Terrorism	quipment
☐ Other Outside Force Damage	4. Descr	ribe:			
Complete the following if Damage by Car, Truck, or Other Motorized Vehicle 5. Was the driver of the vehicle or equipment issued one or more citations relate 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:					ected.
6. Was the driver under control of the vehicle at the time of the collision? O Ye	s 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 Ca	ar O Sma	all Truck O Bus	O Large	e Truck	
9. Where did the vehicle travel from to hit the pipeline facility? (select only one) O Roadway O Driveway O Parking Lot	O Loadi	ng 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 damaged	d pipeline f	acility from vehicul	ar damag	e? 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: (select	all that apply)
☐ Field Examination ☐ Determined by Metallurgical Analysis	☐ Other Analysis
☐ Sub-cause is Tentative or Suspected; Still Under Investigation	(Supplemental Report required)
 □ Design-, Construction-, Installation-, or Fabrication-related □ Original Manufacturing-related (NOT girth weld or other welds formed in the field) 	2. List contributing factors: (select all that apply) Fatigue- or Vibration-related: O Mechanically-induced prior to installation (such as during transport of pipe) O Mechanical Vibration O Pressure-related O Thermal O Other Mechanical Stress Other
☐ Environmental Cracking-related	3. 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 sul	
4. Additional factors (<i>select all that apply</i>): O Dent O Gouge O Lamination O Buckle O Wrinkle O Other	O Pipe Bend O Arc Burn O Crack O Lack of Fusion Misalignment O Burnt Steel
5. Post-construction pressure test value (psig) / / / / O	R O Unknown

☐ Malfunction of Control/Relief Equipment	Specify: (select all that apply) O Control Valve SCADA	O Instrumentation C
	O Communications	O Block Valve
	Check Valve O Relief Valve Stopple/Control Fitting O ESD System Failure O Other	O Power Failure C O Pressure Regulator
☐ Compressor or Compressor-related Equipment	 Specify: O Seal/Packing Failur Crack in Body O Appurtenance Fa Vessel Failure O Other 	-
☐ Threaded Connection/Coupling Failure	3. Specify: O Pipe Nipple Mechanical Coupling Threaded Pipe Collar O Other	O Valve Threads O Oded Fitting
☐ Non-threaded Connection Failure	4. Specify: O O-Ring O Ga 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:	
	<u></u>	
Complete the following if any Equipment Failure sub-cause is selected.		
6. Additional factors that contributed to the equipment failure: (select all tha	nt apply)	
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	fittings)	
O Dissimilar metals		
O Breakdown of soft goods due to compatibility issues with transp	ported 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 Data/Calculation	O Incorrect Reference
, monou of Guadou to Grospiocoure	O Miscommunication	O Inadequate Monitoring
	O Other	<u></u>
☐ 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	O. Donastka	
- Cultivarious 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 emerge	ncies)	
Was the task(s) that led to the Incident identified as a covered task in your C	•	○ No
5a. If Yes, were the individuals performing the task(s) qualified for th		0 110
O Yes, they were qualified for the task(s)	c task(s):	
O No, but they were performing the task(s) under the direct	ction and observation of a qualified individ	lual
O No, they were not qualified for the task(s) nor were they		
individual	performing the task(s) under the uncode	ir and observation of a qualified
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, Mandatory comment fie	
	O Still under investigation	
	determined*	., sauce of moracin to be
	(*Supplemental Report required)	

G7 - Incorrect Operation - only one sub-cause 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

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:

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: _

	netry/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:
F	Previous run Measurement Cups (select only one): O Inside ILI Cups O No Cups
	omagnetic Acoustic Transducer (EMAT)
	Most recent run Year:
F	Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:
ŀ	Previous run Propulsion Method (select only one): O Free Swimming O Tethered
	odic Protection Current Measurement (CPCM) Most recent run Year:
	Most recent run Propulsion Method (select only one): O Free Swimming O Tethered Previous run Year:
F	Previous run Propulsion Method (select only one): O Free Swimming O Tethered
O Other	r, specify tool:
	Most recent run Year:
1	Most recent run Propulsion Method (select only one): O Free Swimming O Tethered
F	Previous run Year:
F	Previous run Propulsion Method (select only one): O Free Swimming O Tethered
Previou Previou J1b.	The only when the cause is: Its Damage due to Excavation Activity (subCause in Part G3); or Its Mechanical Damage NOT Related to Excavation (subCause in Part G4) Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No
	ne or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? construction pressure test is NOT reported here)
_	O Yes 🖒 Most recent year tested: /// / Test pressure (psig): //_/ / / / / / / / / / / / / / / / /
J3. Has D	irect 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 → Most recent year conducted: // / / / /
(O No
Ex Int Sti Co	3a. For each type, indicate the year of the most recent assessment: ternal Corrosion Direct Assessment (ECDA) ternal Corrosion Direct Assessment (ICDA) ress Corrosion Cracking Direct Assessment (SCCDA) i i i i i ther, specify type:
	ne 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. l condu	f Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was ucted:
	O Radiography
	O Guided Wave Ultrasonic / / / / /
	O Handheld Ultrasonic Tool / / / / / O Wet Magnetic Particle Test
	O Wet Magnetic Particle Test / / / / / O Dry Magnetic Particle Test / / / / /
	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:	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
Internal 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	☐ Failure of Equipment Body (except Compressor), Vessel Plate
☐ Tree/Vegetation Root	or other Material
Excavation Damage □ Excavation Damage by Operator (First Party)	Incorrect Operation
☐ Excavation Damage by Operator's Contractor (Second Party)	☐ Damage by Operator or Operator's Contractor NOT Excavation
☐ Excavation Damage by Operator's Contractor (Second Farty)	and NOT Vehicle/Equipment Damage
☐ 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	☐ Inadequate Procedure
Maritime Equipment	☐ 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 Telephone Number	
Preparer's Title (type or print)	Preparer's Facsimile Number	
Tropanor o Titlo (typo of printy	- Toparor e Facelinine Hambor	
Preparer's E-mail Address		
Local Contact Name: optional		
Local Contact Email: optional Local Contact Phone: optional	Authorized Signer Telephone Number	
	Authorized Signer's E-mail Address	
Authorized Signer-Name		
Authorized Circord Title		
Authorized Signer's Title		