

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	Voluntary Adoption of American Petroleum Institute Recommended Practice 1173 for Gas Distribution Systems	DOT USE ONLY
		Initial Date Submitted _____ Report Submission Type _____ Date Submitted _____

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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 <https://www.phmsa.dot.gov/forms/pipeline-compliance-forms>.

1. Operator's OPS-Issued Operator Identification Number (OPID) _____
2. Name of Operator _____
3. Number of Customers Served by the Operator _____
4. Amount of Gas Transported by the operator during Calendar Year 2022 in Thousands of Standard Cubic Feet _____
5. Do you have procedures, processes, or programs in place to address? (select all that apply)
 - ___ a. Promoting a positive safety culture
 - ___ b. Communicating and educating employees, contractors, and/or the public regarding pipeline safety
 - ___ c. Reducing risk and maintaining integrity to your pipeline assets
 - ___ d. Developing and maintaining safe work practices.
 - ___ e. Investigating incidents and near-misses on your pipeline system to identify and implement corrective actions
 - ___ f. Verifying existing operations and safety practices are improving pipeline safety
 - ___ g. Reviewing your safety performance to determine if additional actions are necessary to improve pipeline safety
 - ___ h. Responding effectively to pipeline incidents
 - ___ i. Assuring personnel are competent in tasks that impact the integrity of your system
 - ___ j. Maintaining documentation needed to ensure pipeline safety
6. Has your company or system's leadership demonstrated a tangible commitment to the implementation of a pipeline safety management system (PSMS)?
Yes ___ No ___
7. How did you become aware of RP 1173? (select all that apply)
 - ___ Internal staff
 - ___ Industry Affiliate
 - ___ State regulator
 - ___ Federal regulator
 - ___ Not aware of RP 1173
 - ___ Other (specify, up to 100 characters) _____

8. Have you performed a gap assessment or other comparable exercise to compare your pipeline safety and safety culture efforts to the concepts of safety management systems described in API RP 1173?

Yes _____ No _____

9. What barriers are preventing you from implementing an SMS program per API RP 1173 or other SMS? (select all that apply)

_____ Size of company

_____ Limited Staff

_____ Financial Considerations

_____ Unfamiliar with SMS principles

_____ N/A

_____ Other (specify, up to 100 characters) _____

10. What is the timeframe for closing initially identified gaps or addressing improvement opportunities? (select only one)

_____ a. current year

_____ b. next year to 2 years

_____ c. more than 2 years to 5 years

_____ d. more than 5 years to 10 years

_____ e. more than 10 years

_____ f. no plan

11. Is the implementation of your PSMS: (select only one)

_____ a. on track with the plan

_____ b. slower than planned

_____ c. faster than planned

_____ d. stalled for the moment

12. What element(s) are you currently focused on for implementation? (select all that apply)

_____ a. Leadership and Management Commitment

_____ b. Stakeholder Engagement

_____ c. Risk Management

_____ d. Operational Controls

_____ e. Incident Investigation, Evaluation, and Lessons Learned

_____ f. Safety Assurance

_____ g. Management Review and Continuous Improvement

_____ h. Emergency Preparedness and Response

_____ i. Competence, Awareness, and Training

_____ j. Documentation and Record Keeping

_____ k. Other (specify, up to 100 characters) _____

13. What elements have been the most challenging to implement? (select all that apply):

_____ a) Leadership and Management Commitment

_____ b) Stakeholder Engagement

_____ c) Risk Management

_____ d) Operational Controls

_____ e) Incident Investigation, Evaluation, and Lessons Learned

_____ f) Safety Assurance

_____ g) Management Review and Continuous Improvement

_____ h) Emergency Preparedness and Response

_____ i) Competence, Awareness, and Training

_____ j) Documentation and Record Keeping

_____ k) Other (specify, up to 100 characters) _____

14. Have you conducted a review of your PSMS program?

Yes ____ No ____

15. If you answered "Yes" in #14, by whom? (select all that apply)

____ Internal staff

____ Independent third-party evaluator

____ State regulator

____ Federal regulator

____ Other (specify, up to 100 characters) _____

16. Are you maintaining a method to evaluate PSMS maturity?

Yes ____ No ____

Preparer Name: _____

Preparer's E-Mail Address: _____

Preparer's Phone Number: _____

Authorized Person Name: _____

Authorized Person's E-Mail Address: _____

Authorized Person's Phone Number: _____