


NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.		OMB NO: 2137-0635 EXPIRATION DATE: 6/30/2026
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	INCIDENT REPORT – GAS DISTRIBUTION SYSTEM	Report Date _____
		No. _____ (DOT Use Only)
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.		

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply) Original Supplemental Final

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

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

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

A4. Local time (24-hr clock) and date of incident:

 Hour Month Day Year

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

A4b. Daylight Saving in effect? Yes No

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

A5f. Latitude: _____ Longitude: - _____

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

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

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

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

A9. Were there fatalities? Yes No A10. Were there injuries requiring inpatient hospitalization? Yes No

If Yes, specify the number in each category: If Yes, specify the number in each category:

A9a. Operator employees: _____ A10a. Operator employees: _____

A9b. Contractor employees working for the Operator: _____ A10b. Contractor employees working for the Operator: _____

A9c. Non-Operator emergency responders: _____ A10c. Non-Operator emergency responders: _____

A9d. Workers working on the right-of-way, but NOT associated with this Operator: _____ A10d. Workers working on the right-of-way, but NOT associated with this Operator: _____

A9e. General public: _____ A10e. General public: _____

A9f. Total fatalities (sum of above): calculated A10f. Total injuries (sum of above): calculated

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

- SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)
- Static Shut-in Test or Other Pressure or Leak Test Controller Local Operating Personnel, including contractors
- Air Patrol Ground Patrol by Operator or its contractor Notification from Public
- Notification from Emergency Responder Notification from Third Party that caused the Incident Other: _____

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

A12. Local time operator identified failure

_____	_____	_____	_____
Hour	Month	Day	Year

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

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

If No, skip A14 and A15

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

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

_____	_____	_____	_____
Hour	Month	Day	Year

A16. Local time operator resources arrived on site

_____	_____	_____	_____
Hour	Month	Day	Year

A17. Local time of confirmed discovery / / / / / / / / / / /

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

_____	_____	_____	_____
Hour	Month	Day	Year

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

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

A20. Method of Flow Control (select all that apply)

- "Key/Critical" Valve – inspected in accordance with Part 192.747 Main Valve other than "Key/Critical"
- Service (curb) Valve Meter/Regulator shut-off Valve Excess flow valve
- Squeeze-Off Stopple fitting Other: _____

A21. Did the gas ignite? Yes No

If A21 = Yes, answer A21a through A21d.

A21a. Local time of ignition

_____	_____	_____	_____
Hour	Month	Day	Year

A21b. How was the fire extinguished?

- Operator/Contractor Local/State/Federal Emergency Responder Allowed to burn out Other, specify: _____

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

A21d. Did the gas explode? Yes No

A22. Number of general public evacuated: _____

PART B – ADDITIONAL LOCATION INFORMATION

B1. Was the Incident on Federal land? Yes No

B2. Location of Incident: *(select only one)*

Operator-controlled property Public property Private property Utility Right-of-Way / Easement

B3. Area of Incident: *(select only one)*

Underground Specify: Under soil Under a building Under pavement
 Exposed due to excavation In underground enclosed space (e.g., vault)
 Exposed due to loss cover Other _____

B3a. Depth-of-Cover (in): _____

B3b. Were other underground facilities found within 12 inches of the failure location? Yes No

Aboveground Specify: Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)
 Overhead crossing In or spanning an open ditch Inside a building
 In other enclosed space Other _____

Transition Area Specify: Soil/air interface Wall sleeve Pipe support or other close contact area
 Other _____

B4. Did Incident occur in a crossing? Yes No

If Yes, specify type below:

Bridge crossing, Specify: Cased Uncased
 Railroad crossing *(Select all that apply)* Cased Uncased Bored/drilled
 Road crossing *(Select all that apply)* Cased Uncased Bored/drilled
 Water crossing *(Select all that apply)* Cased Uncased Bored/drilled

Name of body of water (If commonly known): _____

Approx. water depth at time and location of Incident (ft): _____ or Unknown

(select only one of the following)

Shoreline/Bank/Marsh crossing Below water, pipe in bored/drilled crossing
 Below water, pipe buried below bottom (NOT in bored/drilled crossing) Below water, pipe on or above bottom

PART C – ADDITIONAL FACILITY INFORMATION

C1. Indicate the type of pipeline system:

privately owned municipally owned investor owned cooperative Other ⇒ Specify: _____

C2. Part of system involved in Incident: *(select only one)*

Main Main Valve Service Service Valve Service Riser Outside Meter/Regulator set
 Inside Meter/Regulator set Farm Tap Meter/Regulator set District Regulator/Metering Station
 Other *mandatory text field* _____

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

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

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

C2c. Indicate the customer type: *(select only one)*

Single Family Residential Multi-Family Residential
 Non-Residential with Meter capacity less than 1,000 scfh Non-Residential with Meter Capacity 1,000 scfh of higher

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

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

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

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

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

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

C3c. Pipe manufacturer: _____ or Unknown

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

C4a. If Steel ⇒ Specify seam type:

Longitudinal ERW - High Frequency Single SAW Flash Welded DSAW Longitudinal ERW - Low Frequency
 Continuous Welded Furnace Butt Welded Longitudinal ERW – Unknown Frequency Spiral Welded Lap Welded
 Seamless Other Specify: _____

C4b. If Steel ⇒ Specify wall thickness (*inches*): / / / / / or Unknown

C4c. If Plastic ⇒ Specify type: Polyvinyl Chloride (PVC) Polyethylene (PE) Cross-linked Polyethylene (PEX)
 Polybutylene (PB) Polypropylene (PP) Acrylonitrile Butadiene Styrene (ABS)
 Polyamide (PA) Cellulose Acetate Butyrate (CAB)

Other Specify: _____
 Unknown

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

C4e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒
Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE / / / / / or Unknown

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

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

PART D – ADDITIONAL CONSEQUENCE INFORMATION

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

- Class 1 Location
- Class 2 Location
- Class 3 Location
- Class 4 Location

D2. Estimated Property Damage :

- D2a. Estimated cost of public and non-Operator private property damage \$ / / / , / / / / / / / / / /
- D2b. Estimated cost of Operator's property damage & repairs \$ / / / , / / / / / / / / / /
- D2c. Estimated cost of emergency response \$ / / / , / / / / / / / / / /
- D2d. Estimated other costs \$ / / / , / / / / / / / / / /

Describe: _____

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

Cost of Gas Released

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

- D2f. Estimated cost of gas released unintentionally \$ *calculated*
- D2g. Estimated cost of gas released intentionally during controlled release/blowdown \$ *calculated*
- D2h. Total estimated cost of gas released (sum of D2f and g) \$ *calculated*
- D2i. Estimated Total Cost (sum of D2e and D2h) \$ *calculated*

D3. Estimated number of customers out of service:

- D3a. Commercial entities / , / / / / / / / / /
- D3b. Industrial entities / , / / / / / / / / /
- D3c. Residences / , / / / / / / / / /

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

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

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

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

Buildings Affected

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

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

PART F – DRUG & ALCOHOL TESTING INFORMATION

F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

- No
- Yes F1a. Specify how many were tested: / / /
- F1b. Specify how many failed: / / /

F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

- No
- Yes F2a. Specify how many were tested: / / /
- F2b. Specify how many failed: / / /

PART G – APPARENT CAUSE Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors

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

External Corrosion

1. Results of visual examination:
 Localized Pitting General Corrosion Other _____
2. Type of corrosion: (select all that apply):
 Galvanic Atmospheric Stray Current Microbiological Selective Seam
 Other _____
- 2a. If 2. is Stray Current, specify: Alternating Current Direct Current AND
- 2b. Describe the stray current source: _____
3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)
 Field examination Determined by metallurgical analysis Other _____
4. Was the failed item buried or submerged?
 Yes ⇨
 - 4a. Was failed item considered to be under cathodic protection at the time of the incident?
 Yes ⇨ Year protection started: / / / / / /
 No
 - 4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?
 Yes No
 - 4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)
 Yes, CP Annual Survey ⇨ Most recent year conducted: / / / / / /
 Yes, Close Interval Survey ⇨ Most recent year conducted: / / / / / /
 Yes, Other CP Survey ⇨ Most recent year conducted: / / / / / /
Describe Other CP Survey: _____
 No
- No ⇨
 - 4d. Was the failed item externally coated or painted? Yes No
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
 Yes No N/A Bare/Ineffectively Coated Pipe
6. Pipeline coating type, if steel pipe is involved: (select only one)
 Epoxy Coal Tar Asphalt Polyolefin Extruded Polyethylene
 Cold Applied Tape Paint Composite None Other _____
 Unknown
- 6a. Field Applied? Y, N, or Unknown

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

- Excavation Damage by Operator (First Party)
- Excavation Damage by Operator’s Contractor (Second Party)
- Excavation Damage by Third Party
- Previous Damage due to Excavation Activity

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

1. Date of the most recent Leak Survey conducted: / / / / / / / /
Month Day Year

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

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

3. Did the operator get prior notification of the excavation activity? Yes No
 3a. If Yes, Notification received from: (*select all that apply*) One-Call System Excavator Contractor Landowner
 3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center? Yes No Unknown
 If yes, answer 3c through 3e.
 3c. (select only one) Excavator is exempt
 Activity is exempt and did not exceed the limits of the exemption
 Activity is exempt and exceeded the limits of the exemption
 Other mandatory text field:
 3d. Exempting Authority: _____
 3e. Exempting Criteria: _____

4. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? Yes No

5. Right-of-Way where event occurred: (*select all that apply*)
 Public ⇨ Specify: City Street State Highway County Road Interstate Highway Other
 Private ⇨ Specify: Private Landowner Private Business Private Easement
 Pipeline Property/Easement
 Power/Transmission Line
 Railroad
 Dedicated Public Utility Easement
 Federal Land
 Unknown/Other

6 Was the facility part of a Joint Trench? Yes No

7. Did this event involve a Cross Bore? Yes No

8. Measured Depth from Grade: (*select only one*)
 Embedded in Concrete/Asphalt Pavement <18” 18” – 36”
 >36” Measured depth From Grade in inches: _____

9. Type of excavator: (*select only one*)
 Contractor County Developer Farmer Municipality Occupant
 Railroad State Utility Unknown/Other

10. Type of excavation equipment: (*select only one*)
 Auger Backhoe/Trackhoe Boring Drilling Directional Drilling
 Explosives Farm Equipment Grader/Scraper Hand Tools Milling Equipment
 Probing Device Trencher Vacuum Equipment Bulldozer Unknown/Other

11. Type of work performed: (*select only one*)
 Agriculture Cable TV Curb/Sidewalk Building Construction Building Demolition
 Drainage Driveway Electric Engineering/Surveying Fencing
 Grading Irrigation Landscaping Liquid Pipeline Milling
 Natural Gas Pole Public Transit Authority Railroad Maintenance Road Work
 Sewer (Sanitary/Storm) Site Development Steam Storm Drain/Culvert Street Light
 Telecommunications Traffic Signal Traffic Sign Water Waterway Improvement
 Unknown/Other

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

Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident

1. Vehicle/Equipment operated by: (*select only one*)
 Operator Operator's Contractor Third Party

Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation

If this sub-cause is picked, complete questions 7-13 below.

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

2. Select one or more of the following IF an extreme weather event was a factor:

Hurricane Tropical Storm Tornado
 Heavy Rains/Flood 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

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

3. Date of the most recent Leak Survey conducted: / / / / /

Month Day Year

4. Has one or more pressure test been conducted since original construction at the point of the Incident?

Yes Most recent year tested: / / / / /

Test pressure (psig): / / / / /

No

5. Specify:

Vandalism Terrorism
 Theft of transported commodity Theft of equipment
 Other _____

Intentional Damage

6. Describe: _____

Erosion of Support Due to Other Utilities

Other Outside Force Damage

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

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

If 7. is Yes, what was the nature of the citations (select all that apply)

- 7a. Excessive Speed
- 7b. Reckless Driving
- 7c. Driving Under the Influence
- 7d. Other, describe: _____

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

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

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

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

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

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

If 13. is Yes, specify type of protection (select all that apply):

- 13a. Bollards/Guard Posts
- 13b. Barricades, including “jersey” barriers and fences
- 13c. Guard Rails
- 13d. Meter Box
- 13e. Ingress or Regress at a Residence
- 13f. Other, describe: _____

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

Body of Pipe

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

Butt Weld

2. Specify: Pipe Fabrication Other

Fillet Weld

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

Pipe Seam

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

Threaded Metallic Pipe

Mechanical Joint Failure

5a. Specify the Mechanical Fitting Involved (*select only one*)

Stab Nut Follower Bolted
 Other Compression Type Fitting (*specify*): _____

5b. Specify the Type of Mechanical Fitting (*select only one*)

Service or Main Tee Tapping Tee Transition Fitting
 Coupling Riser Adapter Valve Sleeve
 End Cap Other (*specify*): _____

5c. Fitting Manufacturer: _____ or Unknown

5d. Part or Model Number: _____ or Unknown

5e. Fitting Material (*select only one*)

Steel Plastic Brass Combination Plastic and Steel
 Unknown Other (*specify*): _____

5f. How did the joint failure occur? (*select only one*)

Leaked Through Seal Leaked Through Body
 Pulled Out Other (*specify*): _____

Fusion Joint

6. Specify: Butt, Heat Fusion Butt, Electrofusion Saddle,
Heat Fusion

Saddle, Electrofusion Socket, Heat Fusion
Socket, Electrofusion

Other _____

7. Year installed: / / / / /

8. Other

attributes: _____

9. Specify the two materials being joined:

9a. First material being joined:

Polyvinyl Chloride (PVC) Polyethylene (PE)
 Cross-linked Polyethylene (PEX) Polybutylene
(PB)
 Polypropylene (PP) Acrylonitrile Butadiene
Styrene (ABS)
Polyamide (PA) Cellulose Acetate Butyrate (CAB)
 Other ⇒ Specify: _____

9b. Second material being joined:

Polyvinyl Chloride (PVC) Polyethylene (PE)
 Cross-linked Polyethylene (PEX) Polybutylene
(PB)
 Polypropylene (PP) Acrylonitrile Butadiene
Styrene (ABS)
Polyamide (PA) Cellulose Acetate Butyrate (CAB)
 Other ⇒ Specify: _____

Other Pipe, Weld, or Joint Failure

10. Describe: _____

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

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

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

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

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

Malfunction of Control/Relief Equipment

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

Other _____

Threaded Connection Failure

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

Non-threaded Connection Failure

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

Other _____

Valve

4. Specify: Manufacturing defect Other

4a. Valve type: _____
4b. Manufactured by: _____
4c. Year manufactured: / / / / / or Unknown
4d. Valve Material: Steel Plastic Cast/Wrought Iron Ductile Iron
 Other, specify: *mandatory text*
field _____

Other Equipment Failure

5. Describe:

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

- Damage by Operator or Operator’s Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage**
- Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure**
- Pipeline or Equipment Overpressured**
- Equipment Not Installed Properly**
- Wrong Equipment Specified or Installed**
- Other Incorrect Operation**

1. Describe: _____

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

2. Was this Incident related to: *(select all that apply)*

- Inadequate procedure
- No procedure established
- Failure to follow procedure
- Other:* _____

3. What category type was the activity that caused the Incident:

- Construction
- Commissioning
- Decommissioning
- Right-of-Way activities
- Routine maintenance
- Other maintenance
- Normal operating conditions
- Non-routine operating conditions (abnormal operations or emergencies)

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

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

- Yes, they were qualified for the task(s)
- No, but they were performing the task(s) under the direction and observation of a qualified individual
- No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

G8 – Other Incident Cause – *only one **sub-cause** can be selected from the shaded left-hand column

Miscellaneous

1. Describe: _____

Unknown

2. Specify: Investigation complete, cause of Incident unknown

Mandatory comment field:

 Still under investigation, cause of Incident to be determined*
(*Supplemental Report required)

PART J – CONTRIBUTING FACTORS

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

External Corrosion

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

Internal Corrosion

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

Natural Forces

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

Excavation Damage

- Excavation Damage by Operator (First Party)
- Excavation Damage by Operator's Contractor (Second Party)
- Excavation Damage by Third Party
- Previous Damage due to Excavation Activity

Other Outside Force

- Nearby Industrial, Man-made, or Other Fire/Explosion
- Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
- Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment
- Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation
- Electrical Arcing from Other Equipment or Facility
- Previous Mechanical Damage NOT Related to Excavation
- Intentional Damage
- Other underground facilities buried within 12 inches of the failure location

Pipe/Weld Failure

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

Equipment Failure

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

Incorrect Operation

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

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

PART I – PREPARER AND AUTHORIZED PERSON

Preparer's Name (type or print)

Preparer's Title (type or print)

Preparer's E-mail Address

Local Contact Name: optional

Local Contact Email: optional

Local Contact Phone: optional

Authorized Signer

Authorized Signer's Title

Preparer's Telephone Number

Preparer's Facsimile Number

Authorized Signer Telephone Number

Authorized Signer's E-mail Address