NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty as provided in 49 USC 60122.

OMB NO: 2137-0047

EXPIRATION DATE: 4/30/2026

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

ACCIDENT REPORT – HAZARDOUS LIQUID AND CARBON DIOXIDE PIPELINE SYSTEMS

Repo	ort 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 2137-0047. 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 https://www.phmsa.dot.gov/pipeline/library/forms.

Change from OCS-Gulf of Mexico to OCS-Gulf of America	pending OMB approval.
PART A – KEY REPORT INFORMATION	Report Type: (select all that apply) ☐ Original ☐ Supplemental ☐ Fina
A1. Operator's OPS-issued Operator Identification Number	er (OPID): / / / / / /
A2. Name of Operator: <u>auto-populated based on OPID</u>	
A3. Address of Operator:	
A3a. <u>auto-populated based on OPID</u> (Street Address)	
A3b. <u>auto-populated based on OPID</u> (City)	
A3c. State: <u>auto-populated based on OPID</u>	
A3d. Zip Code: <u>auto-populated based on OPID</u>	
A4. Local time (24-hr clock) and date of accident: Hour	ır
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 Accident: Latitude: <u>/ / / . / / / / / / / / / / / / / / / </u>	
A6. Commodity released: (select only one, based on pred	dominant volume released)
☐ Crude Oil	
 □ Refined and/or Petroleum Product (non-HVL) which ○ Gasoline (non-Ethanol) ○ Diesel, ○ Mixture of Refined Products (transmix or other color) ○ Other Name: 	Fuel Oil, Kerosene, Jet Fuel mixture)
 ☐ HVL or Other Flammable or Toxic Fluid which is a ○ Anhydrous Ammonia ○ LPG (Liquefied Petroleum Gas) / NGL (Natura O Other HVL ➡ Name: 	al Gas Liquid)
☐ CO₂ (Carbon Dioxide)	
☐ Biofuel / Alternative Fuel (including ethanol blends)○ Fuel Grade Ethanol	O Ethanol Blend ⇨ % Ethanol: //
O Biodiesel ⇒ Blend (e.g. B2, B20, B100): B/_	// O Other 🖒 Name:
A7. Estimated volume of commodity released unintentional	ally:
A8. Estimated volume of intentional and/or controlled releating (only reported for HVL and CO ₂ Comm	

A9. Estimated volume of commodity recovered:

A10. Were there fatalities? O Yes O No	A11. Were there injuries requiring inpatient hospitalization? O Yes O N
If Yes, specify the number in each category:	If Yes, specify the number in each category:
A10a. Operator employees / /	/ / / A11a. Operator employees / / / / /
A10b. Contractor employees working for the Operator / /	A11b. Contractor employees / / / working for the Operator / / / / /
A10c. Non-Operator emergency responders / / /	A11c. Non-Operator / / / emergency responders / / / /
A10d. Workers working on the right-of-way, but NOT associated with this Operator //	A11d. Workers working on the right-of-way, but NOT / / / / associated with this Operator / / / / /
A10e. General public / /	/ / / A11e. General public / / / / /
A10f. Total fatalities (sum of above) calculate	A11f. Total injuries (sum of above) <u>calculated</u>
A12. What was the Operator's initial indication of the Fa	nilure? (select only one)
☐ CPM leak detection system ☐ SCADA-based information (such as alarm(s), a ☐ Static Shut-in Test or Other Pressure or Leak T ☐ Controller ☐ Air Patrol ☐ Notification from Public	lert(s), event(s), and/or volume calculations)
☐ Notification from Third Party that caused the Acci	
A12a. If "Controller", "Local Operating Personnel, i A12, specify the following: (select only one)	ncluding contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in
O Operator employee O Cor	stractor working for the Operator
A13. Local time Operator identified failure	/ / / / / / / / / / / / / / / / Hour / Month Day Year
 ☐ Onshore Breakout Tank or Storage Vessel, Inc ☐ Onshore Terminal/Tank Farm Equipment and F ☐ Onshore Equipment and Piping Associated with ☐ Onshore Pump/Meter Station Equipment and P ☐ Onshore Pipeline, Including Valve Sites ☐ Offshore Platform/Deepwater Port, Including Pl ☐ Offshore Pipeline, Including Riser and Riser Be 	n Belowground Storage iping atform-mounted Equipment and Piping
A15. Auto-populated based on A14 Was the origin of the O Yes (Complete Questions B3-B12) O No (Com	
A16. Operational Status at time Operator identified failu O Post-Construction Commissioning O Post-Maintenance/Repair O Routine Start-Up O Routine Shutdown O Normal Operation, include pauses between batch O Idle	
A17. If Operational Status = Routine Start-Up or Norma O Yes O No ➡ Explain:	al Operation, was the pipeline/facility shut down due to the Accident?
If Yes, complete Questions A17.a and A17.b: (use	local time, 24-hr clock)
A17a. Local time and date of shutdown	/ / / / / / / / / / / / / / / / Hour Month Day Year
A17b. Local time pipeline/facility restarted	/ / / / / / / / / / / / / O Still shut down* Hour Month Day Year *Supplemental Report required
f A12 = Notification from Emergency Responder, skip A	• • • • • • • • • • • • • • • • • • • •
	or Federal Emergency Responders about the accident? O Yes O No
f No, skip A18b. and A18c.	
	ccident? O Operator O Local/State/Federal Emergency Responder
A18c. Local time of initial Operator and Local/State/Fed	
A19. Local time Operator responders arrived on site	/ / / / / / / / / / / / / / / / / / /

A20. Local time of confirmed discovery / / / / / / / / / / / / / / / / / Hour Month Day Year
A21a. Local time <i>(24-hr clock)</i> and date of initial operator report to the National Response Center: \[\frac{l}{l} \frac{l}
A21b. Initial Operator National Response Center Report Number OR O NRC Notification Not Required OR O NRC Notification Required But Not Made
A21c. Additional NRC Report numbers submitted by the operator:
A22. Did the commodity ignite? O Yes O No If Yes, answer A22.a through d:
A22a. Local time of ignition / / / / / / Month Day Year
A22b. How was the fire extinguished? O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:
A22c. Estimated volume of commodity consumed by fire (barrels): (must be less than or equal to A7)
A22d. Did the commodity explode? O Yes O No
If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A23a through f:
A23a. Initial action taken to control flow upstream of failure location O Valve Closure O Operational Control - mandatory text field
If Valve Closure, answer A23b and c:
A23b. Local time of valve closure <u>/ / / / </u> <u>/ / / Day Year</u>
A23c. Type of upstream valve used to initially isolate release source: O Manual O Automatic O Remotely Controlled
A23d. Initial action taken to control flow downstream of failure location O Valve Closure O Operational Control - mandatory text field
If Valve Closure, answer A23.e and f:
A23e. Local time of valve closure / / / / / / / / / / / / / / / / / / /
A23f. Type of downstream valve used to initially isolate release source: O Manual O Automatic O Remotely Controlled O Check Valve
If A6 = Crude Oil , Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions, or Biofuel / Alternative Fuel (including ethano blends) AND A15. is Onshore, answer questions A24a and c:
A24a. Did the operator notify a "qualified individual" in the Onshore Oil Spill Response Plan?
If Yes, answer A24b.
A24b. Local time the "qualified individual" was notified. <u>/ / / / / / / / / / / / / / / / / / /</u>
A24c. Did the operator activate an Oil Spill Removal Organization (OSRO)? O Yes O No
If Yes, answer A24d and e:
A24d. Local time operator activated OSRO / / / / / / / / / / / / / / / / / / /
A24e. Local time OSRO arrived on site / / / / / / / / / / / / / / / / / / /
A25. Number of general public evacuated: / / / / / / / /

PART B - ADDITIONAL LOCATION INFORMATION B1. Pipeline/Facility name: B2. Segment name/ID: _ If Onshore: B3. State: /__/_/ B4. Zip Code: / / / / / / / / / County or Parish B7. Operator-designated location: (select only one) ☐ Milepost (specify in shaded area below) ☐ Survey Station No. (specify in shaded area below) B9. Was this onshore Accident on Federal land? O Yes O No B10. Location of Accident: (select only one) ☐ Totally contained on Operator-controlled property ☐ Pipeline right-of-way ☐ Originated on Operator-controlled property, but then flowed or migrated off the property B11. Area of Accident (as found): (select only one) Tank, including attached appurtenances O Under soil O Under a building O Under pavement O Exposed due to excavation Underground ⇒ Specify: O Exposed due to loss of cover O In underground enclosed space (e.g., vault) O Other B11a. Depth-of-Cover (in): / /,/ / / OR O Unknown Aboveground ⇒ Specify: O Typical aboveground facility piping or appurtenance O Overhead crossing O Inside a building O In or spanning an open ditch 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 B12. Did the Accident occur in a crossing? O Yes O No If B12 is Yes, specify type: ☐ Bridge crossing Specify: O Cased O Uncased O Bored/drilled ☐ Railroad crossing (select all that apply) ○ Cased O Uncased ☐ Road crossing (select all that apply) ☐ 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 Accident: OR O Unknown O Shoreline/Bank/Marsh crossing (select only one of the following) OBelow water, pipe buried below bottom (NOT in bored/drilled crossing) O Below water, pipe in bored/drilled crossing OBelow 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: B13. Approximate water depth (ft.) at the point of the Accident: /_ / / // / B14. Origin of Accident: ☐ In State waters Specify: State:____ Area: ____ Block/Tract #: /__/_/_/ Nearest County/Parish: ___ ☐ On the Outer Continental Shelf (OCS) (select only one) ☐ OCS – Alaska O OCS- Atlantic O OCS-Gulf of America Mexico O OCS - Pacific Specify: Area: Block/Tract #: / / B15. Area of Accident: (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

PART C - ADDITIONAL FACILITY INFORMATION C1. Is the pipeline or facility: □ Interstate □ Intrastate C2 reserved C3. Item involved in Accident: (select only one) When A14 is "Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances" C3 will default to "Tank/Vessel", ☐ Pipe ➡ Specify: O Pipe Body O Pipe Seam If Pipe Body: Was this a puddle/spot weld? O Yes O No C3a. Nominal Pipe Size: / / /./ / C3.b Wall thickness (in): / /./ / / C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): /_/ / / / / / C3d. Pipe specification: OR O Unknown C3e. Pipe Seam ⇒ Specify: O ERW - High Frequency O Single SAW O Flash Welded O ERW - Low Frequency O DSAW O Continuous Welded O ERW – Unknown Frequency O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe: __ OR O Unknown C3f. Pipe manufacturer: C3g 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: C3h. Coating field applied? O Yes O No O Unknown ☐ Weld, including heat-affected zone ⇒ Specify: O Pipe Girth Weld O Other Butt Weld O Fillet Weld If Pipe Girth Weld is selected, complete items C3a through h above. Are any of the C3b though 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): / /./ / / C3j. SMYS (Specified Minimum Yield Strength) of pipe (psi): / / / // / / / C3k. Pipe specification: OR O Unknown C3I. Pipe Seam ⇒ Specify: O ERW - High Frequency O Single SAW O Flash Welded O ERW - Low Frequency O DSAW O Continuous Welded O ERW - Unknown Frequency O Furnace Butt Welded O Spiral Welded O Lap Welded O Seamless O Other, describe: C3m. Pipe manufacturer: OR O Unknown C3n. 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: C3o. Coating field applied? O Yes O No O Unknown O Mainline ⇒ Specify: O Butterfly O Check O Gate O Plug O Ball O Globe O Other, describe: □ Valve C3p. Mainline valve manufacturer: OR O Unknown O Relief Valve - including thermal and pressure. Report tank relief valves under the Tank/Vessel, Relief Valve O Auxiliary or Other Valve - report auxiliary valves on tanks under Tank/Vessel, Appurtenance ☐ Pump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. C3q. Type of pump ☐ Positive displacement □ Centrifugal □ Gear □ Other (specify): _____ C3r. Type of service □ Mainline □ Injection ☐ Truck rack (if on terminal side of truck rack canopy) ☐ Meter/Prover, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing. ☐ Scraper/Pig Trap, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.

Filter, Strainer, Separator, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.
☐ Repair Sleeve or Clamp ☐ Tapping Equipment
☐ Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.)
☐ Flange Assembly, including Gaskets
☐ Relief Lines and Relief Equipment ☐ Drain Lines
☐ Tubing, including Fittings
C3s. Tubing material Stainless steel Carbon steel Copper Other
C3t. Type of tubing Rigid Flexible
☐ Instrumentation, including Programmable Logic Controllers and Controls ☐ Tank/Vessel
⇒ C3u. Specify failure path: O Single Bottom System O Double Bottom System O Tank Shell O Chime O Roof/Roof Seal O Roof Drain System O Mixer O Pressure Vessel Head or Wall O Appurtenance O Relief Valve O Manway O Vent O Other, describe:
C3v. Tank Type O Atmospheric O Pressurized
If C3v. = Pressurized: C3v1. Tank Maximum Operating Pressure C3v2. What is the set point of the primary pressure relief device on the tank? C3v3. Did the thermal or pressure relief valve activate? O Yes O No C3v4. Was the MOP of the tank exceeded? O Yes O No
If C3v = Atmospheric:
C3v5. Safe-Fill-Level (in feet) at the time of the accident? C3v6. Was the Safe-Fill-Level exceeded? O Yes O No C3v7. Year of most recent API Std 653 Out-of-Service Inspection / / / / / OR O None C3v8. API Std 653 In-Service Inspection / / / OR O No In-Service Inspection completed
☐ Other mandatory text field
C4. Year item involved in Accident was installed: / / / / OR_ O Unknown
C4a. Year item involved in Accident was manufactured: / / / / OR O Unknown
C5. Material involved in Accident: (select only one) Carbon Steel
☐ Material other than Carbon Steel ➡ Specify:
C6. Type of Accident involved: (select only one) ☐ Mechanical Puncture → Approx. size: / _ / _ / _ / _ / _ / _ / _ / _ / _ /
PART D – ADDITIONAL CONSEQUENCE INFORMATION
D1. Wildlife impact: O Yes O No
D1a If Yes, specify all that apply: ☐ Fish/aquatic ☐ Birds ☐ Terrestrial
D2. Soil contamination: O Yes O No
D3. Long term impact assessment performed or planned: O Yes O No
D4. Anticipated remediation: O Yes O No (not needed) D4a. If Yes, specify all that apply:
□ Surface water □ Groundwater □ Soil □ Vegetation □ Wildlife D5. Water contamination: ○ Yes ➡ (Complete 5a – 5c below) ○ No
· · · · · · · · · · · · · · · · · · ·

D5a. Specify all that apply:	
☐ Ocean/Seawater	
☐ Surface	
☐ Groundwater	iblia Matau Intalia
☐ Drinking water	
D5b. Estimated amount released in or reaching water: <u> </u>	/ / /./ / Barreis
D6. At the location of this Accident, had the pipeline segment or facility been id	entified as one that "could affect" a High Consequence Area (HCA) as
determined in the Operator's Integrity Management Program? O Yes	O No
D7. Did the released commodity reach or occur in one or more High Consequer	nce Area (HCA)? O Yes O No
D7a. If Yes, specify HCA type(s): (select all that apply)	
 Commercially Navigable Waterway Was this HCA identified in the "could affect" determination for this A Yes No 	accident site in the Operator's Integrity Management Program?
High Population AreaWas this HCA identified in the "could affect" determination for this AO YesO No	accident site in the Operator's Integrity Management Program?
 Other Populated Area Was this HCA identified in the "could affect" determination for this A O Yes O No 	accident site in the Operator's Integrity Management Program?
 Unusually Sensitive Area (USA) – Drinking Water Was this HCA identified in the "could affect" determination for this A Yes No 	accident site in the Operator's Integrity Management Program?
 Unusually Sensitive Area (USA) – Ecological Was this HCA identified in the "could affect" determination for this A Yes No 	accident site in the Operator's Integrity Management Program?
D8. Estimated Property Damage:	
D8a. Estimated cost of public and non-Operator private property damage	\$ <u>/ </u>
D8b. Estimated cost of commodity lost	\$ <u>/ </u>
D8c. Estimated cost of Operator's property damage & repairs	\$ <u>/ </u>
D8d. Estimated cost of emergency response	\$ <u>/ </u>
D8e. Estimated cost of environmental remediation	\$ <u>/ </u>
D8f. Estimated other costs	\$ <u>/ </u>
Describe	
D8g. Total estimated property damage (sum of above)	\$ <u>calculated</u>
Injured Persons not included in A11 The number of persons injured, admitt are reported in A11. <i>If a person is included in A11, do not include them in I</i>	
D9. Estimated number of persons with injuries requiring treatment in a medical f	acility but not requiring overnight in-patient hospitalization:
If a person is included in D9, do not include them in D10.	
$\label{eq:decomposition} \mbox{D10. Estimated number of persons with injuries requiring treatment by \mbox{EMTs at}}$	the site of accident:
Buildings Affected	
D11. Number of residential buildings affected (evacuated or required repair):	
D12. Number of business buildings affected (evacuated or required repair):	
PART E – ADDITIONAL OPERATING INFORMATION	
E1. Estimated pressure at the point and time of the Accident (psig):	<u> </u>
If C3. Is Tank/Vessel and C3v. is Atmospheric, do not answer E2. and E3.	
E2. Maximum Operating Pressure (MOP) at the point and time of the Accident	(psig): / / /,/ / /
E2a. Limiting factor establishing MOP (select only one): O Internal Design Pressure \$195.40 O Component Design Pressure \$195.40 O SubPart E Pressure Test \$195.40 O Excepted Component Pressure Test \$195.40 O Four Hour Test or Operation \$195.40 O Other; describe:	6(a)(2) 6(a)(3) 6(a)(4)
E2b. Date MOP established	
E2c. Was the MOP established in conjunction with a reversal of flow	direction? O Yes O No O Bi-Directional
If E2c = Yes. E2d. What is the date of the most recent surge analysis	

	☐ Pressure di	id not exceed xceeded MO	MO P, bu	P it did not exceed 1	ting to the Accident: <i>(cald</i>	culated)			
	Was the systemed by the MOI		elatir	ng to the Accident of	pperating under an establ	ished pressure re	estriction with	pressure limits below those norm	nally
	□ No □ Yes 🖒 (Co	omplete 4.a a	and 4	l.b below)					
					pressure restriction?	O Yes	O No		
		•			y PHMSA or the State?	O PHMSA	O State	O Not mandated	
lf A					"Offshore Pipeline, Includ				
E5.	Answer E5 onl	y when both	A23	a and A23d are Val	ve Closure				
	Length of se	egment initiall	ly iso	lated between valv	es (ft): / / / /				
E6.	Is the pipeline	configured to	acc	ommodate internal	inspection tools?				
		□ No 🖒	Whi	ch physical feature	s limit tool accommodation	on? (select all th	at apply)		
			0		itable mainline valves				
			0	Tight or mitered p	ipe bends strictions (i.e. unbarred te	e's projecting in	etrumentation	etc.)	
			ŏ		all (applicable only for ma				
			0	Other 🖒 Describ	pe:				
E7.	For this pipelin	e, are there	opera	ational factors whic	h significantly complicate	the execution of	f an internal in	spection tool run?	
		□ No				0 / 1 / 11/1			
		☐ Yes ⊏	> vvr O		tors complicate execution or scale, wax, or other wa		t apply)		
			Ö	Low operating pre		ali buliu-up			
			0	Low flow or abser					
			0	Incompatible com Other					
F8	Function of pip	eline system							
	> 20% SMYS R				☐ > 20% SMYS R	egulated Gatheri	ing		
	≤ 20% SMYS R	•			☐ ≤ 20% SMYS R	•	•		
E9.	Was a Supervi ☐ No	isory Control	and	Data Acquisition (S	SCADA)-based system in	place on the pip	eline or facility	involved in the Accident?	
	☐ Yes 🖒	E9a. Was i	t op	erating at the time	of the Accident?	O Yes	O No		
		E9b. Was i	it fully	y functional at the t	ime of the Accident?	O Yes	O No		
					n (such as alarm(s), aler		_	alculations) assist with the initial i	ndication
		of the Accid			un (such as alarm(s) alar	O Yes	O No	alculations) assist with the confirr	med
		discovery o			in (such as alami(s), alch	O Yes	O No	acculations) assist with the commi	neu
E10). Was a CPM I □ No	eak detection	n sys	tem in place on the	e pipeline or facility involv	ed in the Accider	nt?		
	☐ Yes 🖒	E10a. Was	it op	erating at the time	of the Accident?	O Yes	O No		
		E10b. Was	it fu	lly functional at the	time of the Accident?	O Yes	O No		
				leak detection systom of the Accident?	tem information (such as	alarm(s), alert(s) O Yes		d/or volume calculations) assist v	vith the
				leak detection sys very of the Acciden	· · · · · · · · · · · · · · · · · · ·), event(s), and) No	d/or volume calculations) assist v	vith the

(select o	nivestigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident inly one)
	Yes, but the investigation of the control room and/or controller actions has not yet been completed by the Operator (Supplemental Report vired)
	No, the facility was not monitored by a controller(s) at the time of the Accident
	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an lanation for why the Operator did not investigate)
	Yes, specify investigation result(s): (select all that apply)
_	O Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue
	O Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue (provide an explanation for why not)
	O Investigation identified no control room issues
	O Investigation identified no controller issues
	O Investigation identified incorrect controller action or controller error
	O Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
	O Investigation identified incorrect procedures
	O Investigation identified incorrect control room equipment operation
	O Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response O Investigation identified areas other than those above □ Describe:
PART F - DF	RUG & ALCOHOL TESTING INFORMATION
	ult of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Testing regulations?
O Yes	F1a. Specify how many were tested: ///
	F1b. Specify how many failed: <u>/ / /</u>
	ult of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT'Alcohol Testing regulations?
O Yes	F2a. Specify how many were tested: / / /
	F2b. Specify how many failed: / / /

PART G – APPARENT CAUSE	APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).
G1 - Corrosion Failure - *c	only one sub-cause can be picked from shaded left-hand column
☐ External Corrosion	Results of visual examination: O Localized Pitting O General Corrosion O Other
	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:
	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? ○ Yes ⇔ 4a. Was failed item considered to be under cathodic protection at the time of the Accident? ○ Yes ⇔ Year protection started: / / / / / / / / / / / O No
	4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident? O Yes O No
	4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? (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 ⇔ 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
	8. 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 Dead-Leg O Other
	10. Was the commodity 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 Dama	Ge - *only one sub-cause can be picked 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 O Other
☐ Lightning	3. Specify: O Direct hit O Secondary impact such as resulting nearby fires
☐ Temperature	Specify: O Thermal Stress O Frost Heave O Frozen Components O Other
☐ High Winds	
☐ Tree/Vegetation Root	
☐ Snow/Ice impact or Accumulation	
☐ Other Natural Force Damage	5. Describe:
Complete the following if any Natural Force D	amage sub-cause is selected.
Were the natural forces causing the Accident 6a. If Yes, specify: (select all that apply)	t generated in conjunction with an extreme weather event? O Yes O No O Hurricane O Tropical Storm O Tornado O Other:
G3 – Excavation Damage	- *only one sub-cause can be picked from shaded left-hand column
☐ Excavation Damage by Operator (First Party)	
☐ Excavation Damage by Operator's Contractor (Second Party)	
☐ Excavation Damage by Third Party	
☐ Previous Damage due to Excavation Activity	on
Complete the following if any Excavation Dan	nage sub-cause is selected.
1. Did the Operator get prior notification of the	excavation activity? O Yes O No
1a. If Yes, Notification received from: (sel1b. Per the primary Accident Investigator rO YesO NoO Unknown	ect all that apply) O One-Call System O Excavator O Contractor O Landowner esults, did State law exempt the excavator from notifying the one-call center?
If yes, answer 1c through 1e.	
· · · · · · · · · · · · · · · · · · ·	exempt exempt and did not exceed the limits of the exemption empt and exceeded the limits of the exemption
1d. Exempting authority: _	
1e. Exempting criteria:	
2. Do you want PHMSA to upload the following3. Right-of-Way where event occurred: (select	information to CGA-DIRT (www.cga-dirt.com)? OYes O No
☐ Public ➡ Specify: O City Street	
	wner O Private Business O Private Easement
☐ Pipeline Property/Easement ☐ Dedicated Public Utility Easement	☐ Power/Transmission Line ☐ Railroad ☐ Unknown/Other
4 Was the facility part of a Joint Trench? OY	es O No
5. Did this event involve a Cross Bore? OYes	O No

	O Embedded in Concrete/Asphalt Pavement O <18 inches O 18 – 36 inches O > 36 inches O Measured depth from grade inches
7.	Type of excavator: (select only one)
	O Contractor O County O Developer O Farmer O Municipality O Occupant O Railroad O State O Utility O Unknown/Other
8.	Type of excavation equipment: (select only one)
	O Auger O Backhoe/Trackhoe O Boring O Drilling O Directional Drilling O Explosives O Farm Equipment O Grader/Scraper O Hand Tools O Milling Equipment O Probing Device O Trencher O Vacuum Equipment O Bulldozer O Unknown/Other
9.	Type of work performed: (select only one) O Agriculture O Cable TV O Curb/Sidewalk O Building Construction O Building Demolition O Engineering/Surveying O Fencing O Grading O Irrigation O Natural Gas O Pole O Public Transit Authority O Sewer (Sanitary/Storm) O Telecommunications O Traffic Signal O Traffic Sign O Water O Waterway Improvement O Waterway Improvement
10). Was the One-Call Center notified? O Yes O No If No, skip to question 11
	10a. If Yes, specify ticket number: / / / / / / / / / / / / / / / / / / /
	10b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:
	10c. Was work area white lined? O No O Yes O Unknown
11	I. Type of Locator: O Facility Owner O Contract Locator O Unknown/Other
12	2. Were facility locate marks visible in the area of excavation? O No O Yes O Unknown
13	3. Did the damage cause an interruption in service? O No O Yes O Unknown/Other
	13a. If Yes, specify duration of the interruption: /// hours
14	Description of the CGA-DIRT Root Cause (select the predominant CGA-DIRT Root Cause from the list below):
	Notification Issue No notification made to the One-Call Center/811 Excavator dug outside area described on ticket Excavator dug prior to valid start date/time Excavator dug after valid ticket expired Excavator provided incorrect notification information Excavation Issue Excavator dug prior to verifying marks by test-hole (pothole) Excavator failed to maintain clearance after verifying marks Excavator failed to protect/shore/support facilities Improper backfilling practices Marks faded or not maintained Improper excavation practice not listed above Locating Issue Facility not marked due to Abandoned facility
	☐ Facility not marked due to Incorrect facility records/maps
	☐ Facility not marked due to Locator error
	 ☐ Facility not marked due to No response from operator/contract locator ☐ Facility not marked due to Incomplete marks at damage location ☐ Facility not marked due to Tracer wire issue ☐ Facility not marked due to Unlocatable Facility
	☐ Facility marked inaccurately due to Abandoned facility
	☐ Facility marked inaccurately due to Incorrect facility records/maps
	☐ Facility marked inaccurately due to Locator error
	☐ Facility marked inaccurately due to Tracer wire issue Miscellaneous Root Causes
	☐ Deteriorated facility
	☐ One Call Center Error
	☐ Previous damage
	☐ Root Cause not listed (comment required):

G4 - Other Outside Force Dama	age - *only one sub-cause can be picked from shaded left-hand column				
☐ Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident					
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	Vehicle/Equipment operated by: (select only one) Operator Operator's Contractor O Third 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 O 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	3. Specify: O Vandalism O Theft of transported commodity O Other				
☐ Other Outside Force Damage	4. Describe:				
Complete the following if Damage by Car, Truck, o	or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.				
5. Was the driver of the vehicle or equipment issued If 5 is Yes, what was the nature of the citations (selection 5a. Excessive Speed 5b. Reckless Driving 5c. Driving Under the Influence 5e. Other, describe:	I one or more citations related to the accident? O Yes O No O Unknown ct all that apply)				
6. Was the driver under control of the vehicle at the time of the collision? O Yes O No O Unknown					
7. Estimated speed of the vehicle at the time of impa	act (miles per hour)? or O Unknown				
8. Type of vehicle? (select only one) O Motorcycle/ATV O Passenger Car 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 dama	ged pipeline facility (in feet):				
11. At the time of the accident, were protections inst	alled to protect the damaged pipeline facility from vehicular damage? O Yes O No				
If 11 is Yes, specify type of protection (select all that 11a. Bollards/Guard Posts 11b. Barricades – include Jersey barriers a 11c. Guard Rails 11d. Other, describe:	and fences in instructions				

	G5 - Material Failure of Pipe	or Weld	Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe", "Weld", or "Tank/Vessel".
			*Only one sub-cause can be picked from shaded left-hand column
1	The sub-cause selected below is based on the □ Field Examination □ Determined by Metal □ Sub-cause is Tentative or Suspected; Still Ut	llurgical Analysis	□ Other Analysis
	☐ Design-, Construction-, Installation-, or Fabrication-related	☐ Fatigue- o ○ Mec	ng factors: (select all that apply) r Vibration-related: hanically-induced prior to installation (such as during transport of pipe) hanical Vibration
	☐ Original Manufacturing-related (NOT girth weld or other welds formed in the field)	O Pres O Ther O Othe □ Mechanica	sure-related mal er
	☐ Environmental Cracking-related		Stress Corrosion Cracking O Sulfide Stress Cracking O Hard Spot
Com	plete the following if any Material Failure of Pip	e or Weld sub-ca	use is selected.
4. Ac	dditional factors: <i>(select all that apply)</i> O Dent O Wrinkl		ipe Bend O Arc Burn O Crack O Lack of Fusion O Lamination O Buckle nent O Burnt Steel O Other:
	G6 - Equipment Failure - *only	one sub-cause o	can be picked from shaded left-hand column
	☐ Malfunction of Control/Relief Equipment	0 0	Control Valve O Instrumentation O SCADA Communications O Block Valve O Check Valve Relief Valve O Power Failure ESD System Failure Other
	☐ Pump or Pump-related Equipment		Seal/Packing Failure O Body Failure O Crack in Body O Appurtenance Failure O Other
	☐ Threaded Connection/Coupling Failure		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 pump seal) or Packing O Other
	☐ Defective or Loose Tubing or Fitting		
	☐ Failure of Equipment Body (except Pump), Tank Plate, or other Material		
	☐ Other Equipment Failure	5. Describe:	
Com	plete the following if any Equipment Failure	sub-cause is sel	ected.
	dditional factors that contributed to the equipm C 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 compa	tibility issues with transported commodity				
	O Valve vault or valve can contributed to					
	O Alarm/status failure					
	O Misalignment					
	O Thermal stress					
	O Erosion/Abnormal Wear					
	O Other					
	G7 - Incorrect Operation - *on	y 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					
	☐ Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	Specify: O Valve misalignment O Incorrect reference data/calculation O Miscommunication O Inadequate monitoring O Other				
	☐ Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure					
	☐ Pipeline or Equipment Overpressured					
	☐ Equipment Not Installed Properly					
	☐ Wrong Equipment Specified or Installed					
	☐ Other Incorrect Operation	2. Describe:				
Co	emplete the following if any Incorrect Operation	sub-cause is selected.				
3.	3. Was this Accident related to: (select all that apply) O Inadequate procedure O No procedure established O Failure to follow procedure					
4.	O Other: . What category type was the activity that caused the Accident: 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 (abno	rmal operations or emergencies)				
5						
Э.		as a covered task in your Operator Qualification Program? O Yes O No				
	5a. If Yes, were the individuals performin					
	O Yes, they were qualified for the task(s) O No, but they were performing the task(s) under the direction and observation of a qualified individual					
	O No, but they were performing the task(s) under the direction and observation of a qualified O 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					

☐ Miscellaneous 1.	Describe:				
CO	2. Specify: comment field:				Accident unknown. Mandato
Unknown		O Still und	der investig	gation, cause of ort required)	Accident to be determined*
ART J - COMPLETED INTEGRITY INSPECTIONS					
mplete the following if the "Item Involved in Accio Corrosion (any subCause in Part G1); or Previous Damage due to Excavation Activity (sub Previous Mechanical Damage NOT Related to Exc Material Failure of Pipe or Weld (any subCause in	Cause in Part	G3); or		oe or Weld and	the "Cause" (from Part G)
Have internal inspection tools collected data at the O Yes O No					
J1a. If Yes, for each tool and technology used pro	vide the inform	ation below fo	r the most	recent and prev	rious tool runs:
Axial Magnetic Flux Leakage Most recent run Year:					
Most recent run Propulsion Method (select or	• .	•			
Most recent run Attuned to Detect (select only	-			O Girth Weld	
If Metal Loss, specify (select only o	ne): O High F	Resolution	O Standa		
Previous run Year:					
Previous run Propulsion Method (select only	•	•			
Previous run Attuned to Detect (select only one	,		•	O Girth Weld	
If Metal Loss, specify (select only o				ard Resolution	_
ii Motal 2000, opeoliy (00100t 0111) 0				ara recodución	<u> </u>
Circumferential/Transverse Wave Magnetic Flux L Most recent run Year:	.eakage				
Most recent run Propulsion Method (select or	nly one): O Fre	e Swimming	O Tether	red	
Most recent run Resolution (select only one):	-			rd Resolution	
5	O Other	Describe: _			_
Previous run Year: Previous run Propulsion Method (select only	ana\.	Sudmenting C) Tatharad		
Previous run Resolution (select only one):	,	ū		rd Resolution	
r reviews run reconduction (consect strily energic	•			14 1 (000)41011	<u>_</u>
Ultrasonic					
Most recent run Year:					
Most recent run Propulsion Method (select or	nly one): O Fre	e Swimming	O Tether	red	
	O Wall M	easurement			
Most recent run Attuned to (select only one)					
` , ,		Describe: _			_
If Attuned to Wall Measurement, most recent rule O Standard Resolution O Other	un Metal Loss F	esolution (sel	ect only on		_
If Attuned to Wall Measurement, most recent re	un Metal Loss F er Describe: _	esolution (sel	ect only on		_

O Other Describe: ___

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

O Standard Resolution
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 J1.b 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 N	lo
J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
(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: / / / /	1
O Yes, but the point of the Accident was not identified as a dig site	<u>-</u> /
O No	<u>-</u>
If J3 is Yes, J3a. For each type, indicate the year of the most recent assessment: External Corrosion Direct Assessment (ECDA) Other, specify type:	
J4. Has one or more non-destructive examination been conducted prior to the Accident at the point of the Accident 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 conducted:	า was
O Radiography	
O Guided Wave Ultrasonic / / / / /	
O Handheld Ultrasonic Tool // // //	
O Wet Magnetic Particle Test	
O Dry Magnetic Particle Test	
Outles, specify type	

PART K - CONTRIBUTING FACTORS

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

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 ☐ Internal Corrosion, Corrosive Commodity	☐ Environmental Cracking-related, Stress Corrosion Cracking
·	☐ 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 ☐ Earth Movement, NOT due to Heavy Rains/Floods	☐ Malfunction of Control/Relief Equipment
☐ Heavy Rains/Floods	☐ Pump or Pump-related Equipment
☐ Lightning	☐ Threaded Connection/Coupling Failure
☐ Temperature	□ Non-threaded Connection Failure
☐ High Winds	□ Defective or Loose Tubing or Fitting
☐ Tree/Vegetation Root	 Failure of Equipment Body (except Compressor), Vessel Plate, or other Material
Excavation Damage	Incorrect Operation
□ Excavation Damage by Operator (First Party)	☐ Damage by Operator or Operator's Contractor NOT Excavation
☐ Excavation Damage by Operator's Contractor (Second Party)	and NOT Vehicle/Equipment Damage
☐ Excavation Damage by Third Party	☐ Tank, Vessel, or Sump/Separator Allowed or Caused to Overfil
☐ Previous Damage due to Excavation Activity	or Overflow
Other Outside Force ☐ Nearby Industrial, Man-made, or Other Fire/Explosion	 Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure
☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment	☐ Pipeline or Equipment Overpressured
NOT Engaged in Excavation	☐ Equipment Not Installed Properly
☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift	☐ Wrong Equipment Specified or Installed
Maritime Equipment	☐ Inadequate Procedure
☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	☐ No procedure established
☐ Electrical Arcing from Other Equipment or Facility	☐ Failure to follow procedures
☐ Previous Mechanical Damage NOT Related to Excavation	

☐ Intentional Damage

PART H – NARRATIVE DESCRIPTION OF THE ACCIDENT	
PART I – PREPARER AND AUTHORIZED SIGNATURE	
Preparer's Name (type or print)	Preparer's Telephone Number
Preparer's Title (type or print)	<u> </u>
Preparer's E-mail Address	Preparer's Facsimile Number
Local Contact Name: optional Local Contact Email: optional Local Contact Phone: optional	
Authorized Signer's Name	Date Authorized Signer Telephone Number
Authorized Signer's Title	Authorized Signer's E-mail Address