NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0047

EXPIRATION DATE: 4/30/2026

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

GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

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 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 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

Change from OCS-Gulf of Mexico to OCS-Gulf of America pending OMB approval.

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:

A3.a Street Address *auto-populated based on OPID*

A3.b City *auto-populated based on OPID*

A3.c State *auto-populated based on OPID*

A3.d Zip Code *auto-populated based on OPID*

A4. Earliest local time *(24-hr clock)* and date an accident reporting criteria was met:

/___/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year

A4.a Time Zone for local time (select only one) ○ Alaska ○ Eastern ○ Central ○ Hawaii-Aleutian ○ Mountain ○ Pacific.

A4.b Daylight Savings in effect? ○ Yes ○ No

A5. Location of Accident:

Latitude: /___/___/ . /___/___/___/___/___/

Longitude: - /___/___/___/ . /___/___/___/___/___/

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

☐ Crude Oil

☐ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions

○ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)

○ Other HVL ⇨ Name: _____

A7. Estimated volume of commodity released unintentionally: /___/___/___/,/___/___/___/./___/___/ Barrels

A8. Estimated volume of intentional and/or controlled release/blowdown: /___/___/___/,/___/___/___/./___/___/ Barrels
(only reported for HVL Commodity)

A9. Estimated volume of commodity recovered /___/___/___/,/___/___/___/./___/___/ Barrels

A10. Were there fatalities? ○ Yes ○ No

If Yes, specify the number in each category:

A10.a Operator employees /___/___/___/___/

A10.b Contractor employees working for the Operator /___/___/___/___/

A10.c Non-Operator emergency responders /___/___/___/___/

A10.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/

A10.e General public /___/___/___/___/

A10.f Total fatalities (sum of above) *calculated*

A11. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No

If Yes, specify the number in each category:

A11.a Operator employees /___/___/___/___/

A11.b Contractor employees working for the Operator /___/___/___/___/

A11.c Non-Operator emergency responders /___/___/___/___/

A11.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/

A11.e General public /___/___/___/___/

A11.f Total injuries (sum of above) *calculated*

A12. What was the Operator's initial indication of the Failure? *(select only one)*

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

A12.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 12, specify the following: *(select only one)*

O Operator employee O Contractor working for the Operator

A13. Local time Operator identified failure /__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A14. Was the origin of the Accident onshore?
O Yes *(Complete Questions B1-B6)* O No *(Complete Questions B7)*

If A12 = Notification from Emergency Responder, skip A15a through A15c

A15a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? O Yes O No

If No, skip A15b and A15c

A15b. Which party initiated communication about the accident? O Operator O Local/State/Federal Emergency Responder

A15c. Local time of initial Operator and Local/State/Federal Emergency Responder communication
/__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A16 Local time Operator responders arrived on site /__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A17. Local time *(24-hr clock)* and date of initial operator report to the National Response Center :

/__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A18 Initial Operator National Response Center Report Number OR O NRC Notification Not Required OR
O NRC Notification Required But Not Made

A19. Additional NRC Report numbers submitted by the operator:_____

A20. Did the commodity ignite? O Yes O No If Yes, answer A20a through d:

A20a. Local time of ignition /__/__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A20b. How was the fire extinguished?
O Operator/Contractor O Local/State/Federal Emergency Responder O Allowed to burn out O Other, specify:_____

A20c. Volume of product consumed by fire (barrels) (must be less than or equal to A7) _____

A20d. Did the commodity explode? O Yes O No

If A6. = Crude Oil AND A14. = Onshore, answer questions A21a and b:

A21a. Did the operator activate its Onshore Oil Spill Response Plan? O Yes O No

A21b. Did the operator mobilize an Oil Spill Response Organization (OSRO)? O Yes O No

If Yes, answer A21c. and d:

A21c. Local time operator notified OSRO /__/__/__/__/__/ Hour /__/__/ Month /__/__/ Day /__/__/ Year

A21d. Local time OSRO arrived at site

A22. Number of general public evacuated: /__/__/__/,/__/__/__/

PART B – ADDITIONAL LOCATION INFORMATION

If **Onshore**:

B1. State: /___/___/ B2. _____ (City) B3. _____ (County or Parish)

B4. Was this onshore Accident on Federal land? ○ Yes ○ No

B5. 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

B6. Did the Accident occur in a crossing?: ○ Yes ○ No

If Yes, B6a. specify type:
☐ 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 Specify: ○ Cased ○ Uncased

If B6a. = Water crossing, answer B6.b through e

B6b. Name of body of water, if commonly known: _____

B6c. Approx. water depth (ft) at the point of the Accident: /___/,/___/___/___/___ OR ○ Unknown

B6d. *(select only one)* ○ Shoreline/Bank/Marsh crossing ○ Below water, pipe buried below bottom (NOT in bored/drilled crossing)
○ Below water, pipe in bored/drilled crossing ○ Below water, pipe on or above bottom

B6e. Year of most recent engineering/risk evaluation of the crossing _____ OR ○ None

If **Offshore**:

B7. 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 ○ OCS- Atlantic ○ OCS-Gulf of America~~Mexico~~ ○ OCS – Pacific
Specify: Area: _____ Block/Tract #: /___/___/___/___/___/

PART C – ADDITIONAL FACILITY INFORMATION

C1. Item involved in Accident: *(select only one)*

☐ Pipe ⇨ Specify: ○ Pipe Body ○ Pipe Seam

☐ Joint, including heat-affected zone ⇨ Specify: ○ Pipe Girth Joint ○ Other Butt Joint ○ Fillet Joint

☐ Other _____mandatory text field_____

If C1. is Pipe or Pipe Girth Joint, answer C1.a:

C1.a Nominal Pipe Size: /___/___/./___/___/

C2. Material involved in Accident: (*select only one)*

☐ Carbon Steel
☐ Material other than Carbon Steel ⇨ Specify: _____

If C2. is Carbon Steel, answer C2.a:

C2.a % SMYS caused by operating pressure at the time of failure: /___/___/./___/___/

C3. Classification of pipeline system: *(select only one)*

☐ Gravity Transmission ☐ Gravity Gathering ☐ Reporting-Regulated Gathering

PART D – ADDITIONAL CONSEQUENCE INFORMATION

D1. Wildlife impact: ○ Yes ○ No

D1.a If Yes, specify all that apply:

☐ Fish/aquatic

☐ Birds

☐ Terrestrial

D2. Soil contamination: ○ Yes ○ No

D3. Long term impact assessment performed or planned: ○ Yes ○ No

D4. Anticipated remediation: ○ Yes ○ No (not needed)

D4a. If Yes, specify all that apply:

☐ Surface water ☐ Groundwater ☐ Soil ☐ Vegetation ☐ Wildlife

D5. Water contamination: ○ Yes ⇨ *(Complete 5.a – 5.c below)* ○ No

D5a. Specify all that apply:

☐ Ocean/Seawater

☐ Surface

☐ Groundwater

☐ Drinking water ⇨ *(Select one or both)* ○ Private Well ○ Public Water Intake

D5b. Estimated amount released in or reaching water: /___/___/___/ Barrels

D5c. Name of body of water, if commonly known: _____

D6. Estimated Property Damage:

D6a. Estimated cost of public and non-Operator private property damage $ /___/___/___/,/___/___/___/,/___/___/___/

D6b. Estimated cost of commodity lost $ /___/___/___/,/___/___/___/,/___/___/___/

D6c. Estimated cost of Operator's property damage & repairs $ /___/___/___/,/___/___/___/,/___/___/___/

D6d. Estimated cost of Operator's emergency response $ /___/___/___/,/___/___/___/,/___/___/___/

D6e. Estimated cost of Operator's environmental remediation $ /___/___/___/,/___/___/___/,/___/___/___/

D6f. Estimated other costs $ /___/___/___/,/___/___/___/,/___/___/___/

Describe _____

D6g. Total estimated property damage (sum of above) $ *calculated*

Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. ***If a person is included in A11, do not include them in D7.***

D7. 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 D7, do not include them in D8.

D8. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: _____

Buildings Affected

D9. Number of residential buildings affected (evacuated or required repair): _____

D10. Number of business buildings affected (evacuated or required repair): _____

PART E – APPARENT CAUSE	*Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).*

E1 - Corrosion Failure – *only one **sub-cause** can be picked

- ☐ **External Corrosion**
- ☐ **Internal Corrosion**

E2 - Natural Force Damage - *only one **sub-cause** can be picked

- ☐ **Earth Movement, NOT due to Heavy Rains/Floods**
- ☐ **Heavy Rains/Floods**
- ☐ **Lightning**
- ☐ **Temperature**
- ☐ **High Winds**
- ☐ **Tree/Vegetation Root**
- ☐ **Snow/Ice Impact or Accumulation**
- ☐ **Other Natural Force Damage**

E3 – Excavation Damage - *only one **sub-cause** can be picked

- ☐ **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**

E4 - Other Outside Force Damage - *only one **sub-cause** can be picked

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

E5 - Material Failure of Pipe or Weld *Only one **sub-cause** can be picked

- ☐ **Design-, Construction-, Installation-, or Fabrication-related**
- ☐ **Original Manufacturing-related (NOT girth weld or other welds formed in the field)**
- ☐ **Environmental Cracking-related**

E6 - Equipment Failure - *only one **sub-cause** can be picked

- ☐ **Malfunction of Control/Relief Equipment**
- ☐ **Pump or Pump-related Equipment**
- ☐ **Threaded Connection/Coupling Failure**
- ☐ **Non-threaded Connection Failure**
- ☐ **Defective or Loose Tubing or Fitting**
- ☐ **Failure of Equipment Body (except Pump), Tank Plate, or other Material**
- ☐ **Other Equipment Failure**

E7 - Incorrect Operation - *only one **sub-cause** can be picked

- ☐ **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**
- ☐ **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**

E8 – Other Accident Cause - *only one **sub-cause** can be picked from shaded left-hand column

- ☐ **Miscellaneous**
- ☐ **Unknown**

PART F – NARRATIVE DESCRIPTION OF THE ACCIDENT

PART G – PREPARER

Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Local Contact Name: optional

Local Contact Email: optional

Local Contact Phone: optional