



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*

☐ 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 \_\_\_\_\_

☐ Operator employee      ☐ Contractor working for the Operator

**If Onshore:**

B3. \_\_\_\_\_

County or Parish

☐ Yes    ☐ No

☐ Totally contained on Operator-controlled property    ☐ Pipeline right-of-way  
☐ Originated on Operator-controlled property, but then flowed or migrated off the property

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

B6b. Name of body of water, if commonly known: \_\_\_\_\_

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:**

☐ 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 AmericaMexico    ☐ OCS – Pacific

Specify: Area: \_\_\_\_\_ Block/Tract #: / / / / /

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

☐ Other \_\_\_\_\_ mandatory text field\_\_\_\_\_

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

☐ Material other than Carbon Steel ➡ Specify: \_\_\_\_\_

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

☐ Gravity Transmission      ☐ Gravity Gathering      ☐ Reporting-Regulated Gathering

PART D – ADDITIONAL CONSEQUENCE INFORMATION	
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D5c. Name of body of water, if commonly known: \_\_\_\_\_

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

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

<b>PART E – APPARENT CAUSE</b>	<i>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).</i>
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<b>E1 - Corrosion Failure</b> – *only one <b>sub-cause</b> can be picked
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<input type="checkbox"/> External Corrosion	
<input type="checkbox"/> Internal Corrosion	

<b>E2 - Natural Force Damage</b> - *only one <b>sub-cause</b> can be picked
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<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	
<input type="checkbox"/> Heavy Rains/Floods	
<input type="checkbox"/> Lightning	
<input type="checkbox"/> Temperature	
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Tree/Vegetation Root	
<input type="checkbox"/> Snow/Ice Impact or Accumulation	
<input type="checkbox"/> Other Natural Force Damage	

<b>E3 – Excavation Damage</b> - *only one <b>sub-cause</b> can be picked
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<input type="checkbox"/> Excavation Damage by Operator (First Party)	
<input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party)	
<input type="checkbox"/> Excavation Damage by Third Party	
<input type="checkbox"/> Previous Damage due to Excavation Activity	

<b>E4 - Other Outside Force Damage</b> - *only one <b>sub-cause</b> can be picked
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<input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation
<input type="checkbox"/> Intentional Damage
<input type="checkbox"/> Other Outside Force Damage

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

- |   |
|---|
| <input type="checkbox"/> Design-, Construction-, Installation-, or Fabrication-related                      |
| <input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field) |
| <input type="checkbox"/> Environmental Cracking-related   |

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

- |   |
|---|
| <input type="checkbox"/> Malfunction of Control/Relief Equipment                                |
| <input type="checkbox"/> Pump or Pump-related Equipment   |
| <input type="checkbox"/> Threaded Connection/Coupling Failure                                   |
| <input type="checkbox"/> Non-threaded Connection Failure  |
| <input type="checkbox"/> Defective or Loose Tubing or Fitting                                   |
| <input type="checkbox"/> Failure of Equipment Body (except Pump), Tank Plate, or other Material |
| <input type="checkbox"/> Other Equipment Failure  |

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

- |   |
|---|
| <input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage          |
| <input type="checkbox"/> Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow  |
| <input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure |
| <input type="checkbox"/> Pipeline or Equipment Overpressured  |
| <input type="checkbox"/> Equipment Not Installed Properly   |
| <input type="checkbox"/> Wrong Equipment Specified or Installed   |
| <input type="checkbox"/> Other Incorrect Operation  |

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

- |  |
|--|
| <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Unknown       |

[illegible]

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	