

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	INCIDENT REPORT – GAS TRANSMISSION, GAS GATHERING, AND UNDERGROUND NATURAL GAS STORAGE FACILITIES	REPORT_RECEIVED_DATE Report Date _____ REPORT_NUMBER No. SUPPLEMENTAL_NUMBER (DOT Use Only)		
<p>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.</p>				
INSTRUCTIONS				
<p>Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-2.</p> <p>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.</p>				
<table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">PART A – KEY REPORT INFORMATION</td> <td>Report Type: (select all that apply) <input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final REPORT_TYPE</td> </tr> </table>			PART A – KEY REPORT INFORMATION	Report Type: (select all that apply) <input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final REPORT_TYPE
PART A – KEY REPORT INFORMATION	Report Type: (select all that apply) <input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final REPORT_TYPE			
<p>A1. Operator's OPS-issued Operator Identification Number (OPID): <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> OPERATOR_ID</p> <p>A2. Name of Operator: <i>auto-populated based on OPID</i> NAME</p> <p>A3. Address of Operator:</p> <p style="margin-left: 40px;">A3a. Street Address: <i>auto-populated based on OPID</i> OPERATOR_STREET_ADDRESS</p> <p style="margin-left: 40px;">A3b. City: <i>auto-populated based on OPID</i> OPERATOR_CITY_NAME</p> <p style="margin-left: 40px;">A3c. State: <i>auto-populated based on OPID</i> OPERATOR_STATE_ABBREVIATION</p> <p style="margin-left: 40px;">A3d. Zip Code: <i>auto-populated based on OPID</i> OPERATOR_POSTAL_CODE</p>				
<p>A4. Local time (24-hr clock) and date an incident: LOCAL_DATETIME</p> <p style="margin-left: 40px;"> <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> <u> </u> / <u> </u> / <u> </u> Hour Month Day Year </p> <p style="margin-left: 40px;">TIME_ZONE</p> <p>A4a. Time Zone for local time (select only one) <input type="radio"/> Alaska <input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Hawaii-Aleutian <input type="radio"/> Mountain <input type="radio"/> Pacific.</p> <p>A4b. Daylight Saving in effect? <input type="radio"/> Yes <input type="radio"/> No DAYLIGHT_SAVINGS_IND</p> <p>A5. Location of Incident:</p> <p style="margin-left: 40px;">Latitude: <u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> LOCATION_LATITUDE</p> <p style="margin-left: 40px;">Longitude: - <u> </u> / <u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> LOCATION_LONGITUDE</p>				

<p>A6. Gas released: <i>(select only one, based on predominant volume released)</i> COMMODITY_RELEASED_TYPE</p> <p> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Other Gas ➡ Name: COMMODITY_DETAILS </p>	
<p>A7. Estimated volume of gas released unintentionally: UNINTENTIONAL_RELEASE / / / / / thousand standard cubic feet (mcf)</p> <p>A8. Estimated volume of intentional and controlled release/blowdown : INTENTIONAL_RELEASE / / / / / thousand standard cubic feet (mcf)</p> <p>A9. Estimated volume of accompanying liquid released: ACCOMPANYING_LIQUID / / / / / Barrels</p>	
<p>A10. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No FATALITY_IND</p> <p>If Yes, specify the number in each category:</p> <p>A10a. Operator employees NUM_EMP_FATALITIES / / / / /</p> <p>A10b. Contractor employees NUM_CONTR_FATALITIES / / / / / working for the Operator</p> <p>A10c. Non-Operator NUM_ER_FATALITIES / / / / / emergency responders</p> <p>A10d. Workers working on the NUM_WORKER_FATALITIES / / / / / right-of-way, but NOT associated with this Operator</p> <p>A10e. General public NUM_GP_FATALITIES / / / / /</p> <p>A10f. Total fatalities (sum of above) <i>calculated</i> FATAL</p>	<p>A11. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No INJURY_IND</p> <p>If Yes, specify the number in each category:</p> <p>A11a. Operator employees NUM_EMP_INJURIES / / / / /</p> <p>A11b. Contractor employees NUM_CONTR_INJURIES / / / / / working for the Operator</p> <p>A11c. Non-Operator NUM_ER_INJURIES / / / / / emergency responders</p> <p>A11d. Workers working on the NUM_WORKER_INJURIES / / / / / right-of-way, but NOT associated with this Operator</p> <p>A11e. General public NUM_GP_INJURIES / / / / /</p> <p>A11f. Total injuries (sum of above) <i>calculated</i> INJURE</p>
<p>A12. What was the Operator's initial indication of the Failure? <i>(select only one)</i> ACCIDENT_IDENTIFIER</p> <p> <input type="checkbox"/> SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) <input type="checkbox"/> Static Shut-in Test or Other Pressure or Leak Test <input type="checkbox"/> Controller <input type="checkbox"/> Air Patrol <input type="checkbox"/> Notification from Public <input type="checkbox"/> Notification from Third Party that caused the Incident <input type="checkbox"/> Local Operating Personnel, including contractors <input type="checkbox"/> Ground Patrol by Operator or its contractor <input type="checkbox"/> Notification from Emergency Responder <input type="checkbox"/> Other ACCIDENT_DETAILS </p> <p>A12a. 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: <i>(select only one)</i> OPERATOR_TYPE</p> <p> <input type="radio"/> Operator employee <input type="radio"/> Contractor working for the Operator </p> <p>A13. Local time Operator identified failure INCIDENT_IDENTIFIED_DATETIME / / / / / <div style="display: flex; justify-content: space-around; font-size: small;"> Hour Month Day Year </div> </p> <p>A14. Part of system involved in Incident: <i>(select only one)</i> SYSTEM_PART_INVOLVED</p> <p> <input type="checkbox"/> Belowground Storage, Including Associated Equipment and Piping <input type="checkbox"/> Aboveground Storage, Including Associated Equipment and Piping <input type="checkbox"/> Onshore Compressor Station Equipment and Piping <input type="checkbox"/> Onshore Regulator/Metering Station Equipment and Piping <input type="checkbox"/> Onshore Pipeline, Including Valve Sites <input type="checkbox"/> Offshore Platform, Including Platform-mounted Equipment and Piping <input type="checkbox"/> Offshore Pipeline, Including Riser and Riser Bend </p> <p>STATUS_WHEN_IDENTIFIED</p> <p>A15. Operational Status at time Operator identified failure <i>(select only one)</i></p> <p> <input type="radio"/> Post-Construction Commissioning <input type="radio"/> Post-Maintenance/Repair <input type="radio"/> Routine Start-Up <input type="radio"/> Routine Shutdown <input type="radio"/> Normal Operation, includes pauses during maintenance <input type="radio"/> Idle </p> <p>A16. If A15 = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the incident? SHUTDOWN_DUE_ACCIDENT_IND</p> <p> <input type="radio"/> Yes <input type="radio"/> No ➡ Explain: SHUTDOWN_EXPLAIN </p> <p>If Yes, complete Questions A16.a and A16.b: <i>(use local time, 24-hr clock)</i></p> <p>A16a. Local time and date of shutdown SHUTDOWN_DATETIME / / / / / <div style="display: flex; justify-content: space-around; font-size: small;"> Hour Month Day Year </div> </p>	

B1. Was the origin of the Incident onshore? *Auto-populated based on A14* **ON_OFF_SHORE**
☐ Yes (Complete Questions B2-B11) ☐ No (Complete Questions B12-B14)

B1b. Segment name/ID: SEGMENT_NAME

ONSHORE_STATE_ABBREVIATION **ONSHORE_POSTAL_CODE**
B2. State: / / / B3. Zip Code: / / / / / / - / / / / /

B4 ONSHORE_CITY_NAME City
 B5 ONSHORE_COUNTY_NAME County or Parish

☐ Milepost (specify in shaded area below)

☐ Survey Station No. (specify in shaded area below)

☐ Not Applicable (B7 will not accept data)

B7. DESIGNATED_NAME

B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? FEDERAL ☐ Yes ☐ No

B9. Location of Incident: (select only one) ☐ Operator-controlled property ☐ Pipeline right-of-way

B10. Area of Incident (as found): (select only one) INCIDENT_AREA_SUBTYPE

☐ Belowground storage or aboveground storage vessel, including attached appurtenances

☐ Underground ➞ Specify: ☐ Under soil ☐ Under a building ☐ Under pavement ☐ Exposed due to excavation

☐ Exposed due to loss of cover ☐ In underground enclosed space (e.g., vault) ☐ Other INCIDENT_AREA_DETAILS

B10a. Depth-of-Cover (in): 1 1 1 1 1

OTHER UNDERGROUND FACILITIES

B10.b. Were other underground facilities found within 12 inches of the failure location? ☐ Yes ☐ No

☐ Aboveground ➔ Specify: ☐ Typical aboveground facility piping or appurtenance ☐ Overhead crossing
☐ In or spanning an open ditch ☐ Inside a building ☐ Inside other enclosed space ☐ Other **INCIDENT_AREA_DETAILS**

☐ Transition Area ➔ Specify: ☐ Soil/air interface ☐ Wall sleeve ☐ Pipe support or other close contact area
☐ Other **INCIDENT_AREA_DETAILS**

CROSSING
B11. Did Incident occur in a crossing? ☐ Yes ☐ No If Yes, specify type:

☐ Bridge crossing Specify: ☐ Cased ☐ Uncased **BRIDGE_CROSSING_IND, BRIDGE_TYPE**
☐ Railroad crossing (select all that apply) ☐ Cased ☐ Uncased ☐ Bored/drilled **RAILROAD_CROSSING_IND, RAILROAD_TYPE**
☐ Road crossing (select all that apply) ☐ Cased ☐ Uncased ☐ Bored/drilled **ROAD_CROSSING_IND, ROAD_TYPE**
☐ Water crossing **WATER_CROSSING_IND, WATER_TYPE**

Specify: ☐ Cased ☐ Uncased

Name of body of water, if commonly known: **WATER_NAME** **WATER_DEPTH**

Approx. water depth (ft) at the point of the Incident: / / / / / OR ☐ Unknown

(select only one of the following)

- ☐ Shoreline/Bank/Marsh crossing **WATER SUBTYPE**
- ☐ 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 **CROSSING 100 FEET**

Is this water crossing 100 feet or more in length from high water mark to high water mark? ☐ Yes ☐ No

B12. Approximate water depth (ft.) at the point of the Incident: / / , / / /

B13. Origin of Incident:

☐ In State waters Specify: State: / / Area: Block/Tract #: / / / /

Nearest County/Parish:

OCS_TYPE
☐ On the Outer Continental Shelf (OCS) (select only one) ☐ OCS – Alaska ☐ OCS- Atlantic
☐ OCS-Gulf of Mexico ☐ OCS – Pacific
 Area: **OFF_OCS_AREA** Block/Tract #: / / / / **OFF_OCS_BLOCK**

B14. Area of Incident: (select only one) **OFF AREA ACCIDENT TYPE**

- Page 4 of 22

PART C – ADDITIONAL FACILITY INFORMATION	
<p>C1. Is the pipeline or facility: PIPE_FACILITY_TYPE</p> <p><input type="checkbox"/> Interstate</p> <p><input type="checkbox"/> Intrastate</p>	
<p>C2. Material involved in Incident: (select only one) MATERIAL_INVOLVED</p> <p><input type="checkbox"/> Carbon Steel</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Material other than Carbon Steel or Plastic ➡ *Specify: MATERIAL_DETAILS</p>	
<p>C3. Item involved in Incident: (select only one) ITEM_INVOLVED</p> <p><input type="checkbox"/> PIPE_TYPE ➡ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam</p> <p style="margin-left: 400px;">C3a. Nominal Pipe Size: PIPE_DIAMETER / / / / /</p> <p>If Pipe Body: Was this a Puddle/Spot Weld? <input type="radio"/> Yes <input type="radio"/> No PUDDLE_WELD_IND</p> <p>If C2. is Carbon Steel PIPE_WALL_THICKNESS</p> <p>C3b. Wall thickness (in): PIPE_WALL_THICKNESS / / / / /</p> <p>C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): PIPE_SMYS / / / / /</p> <p>C3d. Pipe specification: PIPE_SPECIFICATION OR <input type="radio"/> Unknown</p> <p>C3e. Pipe Seam ➡ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> DSAW</p> <p style="margin-left: 40px;">PIPE_SEAM_TYPE <input type="radio"/> Longitudinal ERW - Low Frequency <input type="radio"/> Continuous Welded <input type="radio"/> Furnace Butt Welded</p> <p style="margin-left: 40px;"><input type="radio"/> Longitudinal ERW – Unknown Frequency</p> <p style="margin-left: 40px;"><input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other PIPE_SEAM_DETAILS</p> <p>C3f. Pipe manufacturer: PIPE_MANUFACTURER OR <input type="radio"/> Unknown</p> <p>C3g. Pipeline coating type at point of Incident PIPE_COATING_TYPE</p> <p style="margin-left: 40px;">➡ Specify: <input type="radio"/> Epoxy <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin</p> <p style="margin-left: 40px;"><input type="radio"/> Extruded Polyethylene <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint</p> <p style="margin-left: 40px;"><input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other PIPE_COATING_DETAILS</p> <p>C3h. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown COATING_APPLIED_IND</p> <p>If C2. is Plastic PLASTIC_TYPE</p> <p>C3i. If Plastic ➡ Specify type: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX)</p> <p style="margin-left: 40px;"><input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p style="margin-left: 40px;"><input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p style="margin-left: 40px;">PLASTIC_DETAILS <input type="radio"/> Unknown <input type="radio"/> Other: mandatory text field PLASTIC_SDR WT_PLASTIC WT_PLASTIC_UNKNOWN_IND</p> <p>C3j. If Plastic ➡ Specify Standard Dimension Ratio (SDR): PLASTIC_SDR / / / / / or wall thickness: WT_PLASTIC / / / / / or <input type="radio"/> Unknown</p> <p>C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.)</p> <p style="margin-left: 40px;">MATERIAL_PE_PIPE_CODE PE / / / / / or <input type="radio"/> Unknown PLASTIC_PE_UNKNOWN_IND</p> <p><input type="checkbox"/> Weld/Fusion, including heat-affected zone ➡ WELD_SUBTYPE</p> <p style="margin-left: 40px;">Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Pipe Plastic Fusion <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld WELD_DETAILS</p> <p style="margin-left: 40px;">If Pipe Girth Weld is selected, complete items C3.a through h above.</p> <p style="margin-left: 40px;">Are any of the C3b through h values different on either side of the girth weld? <input type="radio"/> Yes <input type="radio"/> No DIFFERENT_GIRTH_WELD_IND</p> <p style="margin-left: 40px;">If Yes, enter the different value(s) below:</p> <p style="margin-left: 40px;">DIFF_GIRTH_WELD_WALL_THICKNESS</p> <p>C3l. Wall thickness (in): DIFF_GIRTH_WELD_WALL_THICKNESS / / / / /</p> <p style="margin-left: 40px;">DIFF_GIRTH_WELD_SMYS</p> <p>C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): DIFF_GIRTH_WELD_SMYS / / / / /</p> <p>C3n. Pipe specification: DIFF_GIRTH_WELD_SPECIFICATION OR <input type="radio"/> Unknown</p> <p style="margin-left: 40px;">DIFF_GIRTH_WELD_SEAM_TYPE</p> <p>C3o. Pipe Seam ➡ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded</p> <p style="margin-left: 40px;"><input type="radio"/> Longitudinal ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency</p> <p style="margin-left: 40px;"><input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded</p> <p style="margin-left: 40px;"><input type="radio"/> Seamless <input type="radio"/> Other, describe: DIFF_GIRTH_WELD_SEAM_DETAIL</p> <p>C3p. Pipe manufacturer: DIFF_GIRTH_WELD_MANUFACTURER OR <input type="radio"/> Unknown</p> <p>C3q. Pipeline coating type at point of Accident DIFF_GIRTH_WELD_COATING_TYPE</p> <p style="margin-left: 40px;">➡ Specify: <input type="radio"/> Fusion Bonded Epoxy (FBE) <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene</p> <p style="margin-left: 40px;"><input type="radio"/> Epoxy other than FBE <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other, describe: DIFF_GIRTH_WELD_CTNG_APPLD_IND</p> <p style="margin-left: 40px;">DIFF_GIRTH_WELD_COATING_DETAIL</p> <p>C3r. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p style="margin-left: 40px;">If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.</p>	

- ☐ **VALVE_TYPE**
Valve, excluding Regulator/Control Valves **VALVE MAINLINE DETAILS**
☐ Mainline \Rightarrow Specify: ☐ Butterfly ☐ Check ☐ Gate ☐ Plug ☐ Ball ☐ Globe ☐ Other **ITEM_INVOLVED_DETAILS**
VALVE_MAINLINE_TYPE C3s. Mainline valve manufacturer: **VALVE_MANUFACTURER** OR ☐ Unknown
☐ Relief Valve
☐ Auxiliary or Other Valve
- ☐ **Compressor**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Meter**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Scraper/Pig Trap**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Odorization System**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Filter/Strainer/Separator**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Dehydrator/Drier/Treater/Scrubber**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Regulator/Control Valve**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Pulsation Bottle or Drip/Drip Collection Device**
☐ **Cooler or Heater**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Repair Sleeve or Clamp**
- ☐ **Hot Tap Equipment**
- ☐ **Tap Fitting** (stopple, thread-o-ring, weld-o-let, etc.)
- ☐ **Flange Assembly, including Gaskets**
- ☐ **ESD System**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Drain Lines**
- ☐ **Tubing, including Fittings**
C3t. Tubing material (select only one): **TUBING_MATERIAL**
☐ Stainless steel
☐ Carbon steel
☐ Copper
☐ Other
C3u. Type of tubing (select only one): **TUBING_TYPE**
☐ Rigid
☐ Flexible
- ☐ **Instrumentation, including Programmable Logic Controllers and Controls**
- ☐ **Underground Gas Storage or Cavern**
- ☐ **Other** **ITEM_INVOLVED_DETAILS**

C4. Year item involved in Incident was installed: / / / / / OR ☐ Unknown

C5. Year item involved in Incident was manufactured: / / / / / OR ☐ Unknown **MANUFACTURED_YEAR**

- C6. Type of release involved: (select only one) **RELEASE_TYPE**
- ☐ **PUNCTURE_AXIAL**
Mechanical Puncture \Rightarrow Approx. size: / / / / / in. (axial) by / / / / / in. (circumferential) **PUNCTURE_CIRCUM**
- ☐ **LEAK_TYPE**
Leak \Rightarrow Select Type: ☐ Pinhole ☐ Crack ☐ Connection Failure ☐ Seal or Packing ☐ Other **LEAK_TYPE_OTHER**
- ☐ **RUPTURE_ORIENT**
Rupture \Rightarrow Select Orientation: ☐ Circumferential ☐ Longitudinal ☐ Other **RUPTURE_DETAILS**
Approx. size: / / / / / in. (widest opening) by / / / / / in. (length circumferentially or axially)
RUPTURE_WIDTH **RUPTURE_LENGTH**
- ☐ **Other** \Rightarrow *Describe: **RELEASE_TYPE_DETAILS**

PART D – ADDITIONAL CONSEQUENCE INFORMATION													
D1. Class Location of Incident: <i>(select only one)</i> CLASS_LOCATION_TYPE <input type="checkbox"/> Class 1 Location <input type="checkbox"/> Class 2 Location <input type="checkbox"/> Class 3 Location <input type="checkbox"/> Class 4 Location													
D2. Did this Incident occur in a High Consequence Area (HCA)? COULD_BE_HCA <input type="checkbox"/> No DETERMINATION_METHOD <input type="checkbox"/> Yes → D2.a Specify the Method used to identify the HCA: <input type="radio"/> Method 1(Class Location) <input type="radio"/> Method 2 (PIR)													
D3. What is the PIR (Potential Impact Radius) for the location of this Incident? PIR_RADIUS NOT_FLAMMABLE_IND _____ feet_ or <input type="radio"/> Not Flammable													
D4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? HEAT_DAMAGE_IND <input type="radio"/> Yes <input type="radio"/> No													
D5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? NON_HEAT_DAMAGE_IND <input type="radio"/> Yes <input type="radio"/> No													
D6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? HCA_FATALITIES_IND <input type="radio"/> Yes <input type="radio"/> No If Yes, Describe the cause of the fatalities or injuries: FATAL_INJURE_CAUSE _____													
D13. If D2. Is No, answer D13a. DID_OCCUR_IN_MCA_IND D13a. Did this incident occur in a Moderate Consequence Area (MCA)? <input type="radio"/> Yes <input type="radio"/> No If D13a. is Yes, answer D13b. D13b. Select each of the items below that were present within the potential impact circle: <input type="radio"/> 5 or more buildings intended for human occupancy MCA_BUILDNG_HUMAN_OCCUPY_IND <input type="radio"/> Paved surface for a designated interstate, freeway, expressway, or other principal 4-lane arterial roadway MCA_PAVED_SURFACE_FREEWAY_IND													
D7. Estimated Property Damage: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">D7a. Estimated cost of public and non-Operator private property damage</td> <td style="width: 40%; text-align: right;">\$ EST_COST_OPER_PAID _____</td> </tr> <tr> <td>D7b. Estimated cost of Operator's property damage & repairs</td> <td style="text-align: right;">\$ EST_COST_PROP_DAMAGE _____</td> </tr> <tr> <td>D7c. Estimated cost of emergency response</td> <td style="text-align: right;">\$ EST_COST_EMERGENCY _____</td> </tr> <tr> <td>D7d. Estimated other costs</td> <td style="text-align: right;">\$ EST_COST_OTHER _____</td> </tr> <tr> <td colspan="2">Describe: EST_COST_OTHER_DETAILS _____</td> </tr> <tr> <td>D7e. Total estimated property damage (sum of above)</td> <td style="text-align: right;">\$ <i>calculated</i></td> </tr> </table> Cost of Gas Released GAS_COST_IN_MCF Cost of Gas in \$ per thousand standard cubic feet (mcf): EST_COST_UNINTENTIONAL_RELEASE D7f. Estimated cost of gas released unintentionally EST_COST_UNINTENTIONAL_RELEASE \$ <i>calculated</i> D7g. Estimated cost of gas released during intentional and controlled blowdown EST_COST_INTENTIONAL_RELEASE \$ <i>calculated</i> D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) EST_COST_INTENTIONAL_RELEASE \$ <i>calculated</i> D7i. Estimated Total Cost (sum of D7e and D7h) TOTAL_COST \$ <i>calculated</i>		D7a. Estimated cost of public and non-Operator private property damage	\$ EST_COST_OPER_PAID _____	D7b. Estimated cost of Operator's property damage & repairs	\$ EST_COST_PROP_DAMAGE _____	D7c. Estimated cost of emergency response	\$ EST_COST_EMERGENCY _____	D7d. Estimated other costs	\$ EST_COST_OTHER _____	Describe: EST_COST_OTHER_DETAILS _____		D7e. Total estimated property damage (sum of above)	\$ <i>calculated</i>
D7a. Estimated cost of public and non-Operator private property damage	\$ EST_COST_OPER_PAID _____												
D7b. Estimated cost of Operator's property damage & repairs	\$ EST_COST_PROP_DAMAGE _____												
D7c. Estimated cost of emergency response	\$ EST_COST_EMERGENCY _____												
D7d. Estimated other costs	\$ EST_COST_OTHER _____												
Describe: EST_COST_OTHER_DETAILS _____													
D7e. Total estimated property damage (sum of above)	\$ <i>calculated</i>												
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. <i>If a person is included in A11, do not include them in D8.</i> NUM_PERSONS_HOSP_NOT_OVNIGHT													
D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: _____ <i>If a person is included in D8, do not include them in D9.</i>													
D9. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: NUM_INJURED_TREATED_BY_EMT _____													
Buildings Affected													
D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted): NUM_RESIDENT_BUILDING_AFFCTD _____													
D11. Number of business buildings affected (evacuated or required repair or gas service interrupted): NUM_BUSINESS_BUILDING_AFFCTD _____													
D12. Wildlife impact: WILDLIFE_IMPACT_IND <input type="radio"/> Yes <input type="radio"/> No D12a. If Yes, specify all that apply: <input type="checkbox"/> Fish/aquatic FISH_AQUATIC_IMPACT_IND <input type="checkbox"/> Birds BIRDS_IMPACT_IND <input type="checkbox"/> Terrestrial TERRESTRIAL_IMPACT_IND													

E1. Estimated pressure at the point and time of the Incident (psig): _____ **ACCIDENT_PSIG**

E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): _____ **GAS_FLOW_IN_PIPE_IN_MCF**

E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig) : _____ **MOP_PSIG**

E2a. MAOP established by 49 CFR section: **MOP_CFR_SECTION**

☐ 192.619 (a)(1) ☐ 192. 619 (a)(2) ☐ 192. 619 (a)(3) ☐ 192.619 (a)(4) ☐ 192. 619 (c) ☐ 192.619 (d)

☐ 192.624 (c)(1) ☐ 192. 624(c)(2) ☐ 192.624 (c)(3) ☐ 192.624 (c)(4) ☐ 192.624(c)(5) ☐ 192.624 (c)(6)

☐ Other Specify Other: **MOP_CFR_SECTION_DETAILS**

E2b. Date MAOP established: _____ **MAOP_ESTABLISHED_DATE**

 Month Day Year

E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction? ☐ Yes ☐ No ☐ Bi-Directional **MAOP_REVERSAL_FLOW_IND**

E3. Describe the pressure on the system or facility relating to the Incident: (select only one) **ACCIDENT_PRESSURE**

☐ Pressure did not exceed MAOP

☐ Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201

☐ Pressure exceeded the applicable allowance in §192.201

E4. Was the system or facility relating to the Incident operating under an “established pressure restriction” with pressure limits below those normally allowed by the MAOP? **PRESSURE_RESTRICTION_IND**

☐ No ☐ Yes ➔ (Complete E4.a and E4.b below) **EXCEED_RESTRICTION_IND**

E4a. Did the pressure exceed this “established pressure restriction?” ☐ Yes ☐ No
PHMSA_RESTRICTION_IND

E4b. Was this pressure restriction mandated by PHMSA or the State? ☐ PHMSA ☐ State ☐ Not mandated
GAS_REQUIRED_ODORIZED_IND

E5. Was the gas at the point of failure required to be odorized in accordance with §192.625? ☐ Yes ☐ No

If yes, Was the gas at the point of failure odorized in accordance with §192.625? ☐ Yes ☐ No **GAS ODORIZED IND**

E6. Length of segment between upstream and downstream shut-off valves closest to failure location (ft):

E7 Is the pipeline configured to accommodate internal inspection tools? **INTERNAL_INSPECTION_IND**

☐ Yes

☐ No ➡ Which physical features limit tool accommodation? (*select all that apply*)

DIAMETER_CHANGE_IND ☐ Changes in line pipe diameter

UNSUITABLE_MAINLINE_IND ☐ Presence of unsuitable mainline valves

TIGHT_MITERED_IND ☐ Tight or mitered pipe bends

OTHER_RESTRICTIONS_IND ☐ Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)

EXTRA_THICK_WALL_IND ☐ Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)

OTHER_INSPECTION_IND ☐ Other ➡ Describe: INTERNAL_INSPECTION_DETAILS

E8 For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?

OPERATION_COMPLICATIONS_IND

☐ No

☐ Yes ➡ Which operational factors complicate execution? (*select all that apply*)

EXCESSIVE_DEBRIS_IND ☐ Excessive debris or scale, wax, or other wall build-up

LOW_OP_PRESSURE_IND ☐ Low operating pressure(s)

LOW_FLOW_IND ☐ Low flow or absence of flow

INCOMPAT_COMMOD_IND ☐ Incompatible commodity

OTHER_COMPLICATIONS_IND ☐ Other ➡ Describe: INSPECT_COMP_DETAILS

E9 Function of pipeline system: (*select only one*) **PIPELINE_FUNCTION**

<input type="checkbox"/> Transmission System	<input type="checkbox"/> Transmission Line of Distribution System
<input type="checkbox"/> Type A Gathering	<input type="checkbox"/> Type B Gathering
<input type="checkbox"/> Type C Gathering	
<input type="checkbox"/> Transmission in Storage Field	<input type="checkbox"/> Offshore Gathering

- E10 Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?
☐ No **SCADA_IN_PLACE_IND**
☐ Yes ➡ E10.a Was it operating at the time of the Incident? ☐ Yes ☐ No **SCADA_OPERATING_IND**
 E10.b Was it fully functional at the time of the Incident? ☐ Yes ☐ No **SCADA_FUNCTIONAL_IND**
 E10.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? ☐ Yes ☐ No **SCADA_DETECTION_IND**
 E10.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? ☐ Yes ☐ No **SCADA_CONF_IND**
- E11 Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? *(select only one)* **INVESTIGATION_STATUS**
☐ Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator **(Supplemental Report required)**
☐ No, the facility was not monitored by a controller(s) at the time of the Incident
☐ No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate):* **INVESTIGATION_STATUS_DETAILS**
☐ Yes, specify investigation result(s): *(select all that apply)*
☐ Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue **INVEST_SCHEDULE_IND** **INVEST_NO_SCHEDULE_IND**
☐ 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):* **INVEST_NO_SCHEDULE_IND_DETAILS**
☐ Investigation identified no control room issues **INVEST_NO_CONTROL_ROOM_IND**
☐ Investigation identified no controller issues **INVEST_NO_CONTROLLER_IND**
☐ Investigation identified incorrect controller action or controller error **INVEST_INCORRECT_ACTION_IND**
☐ Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response **INVEST_FATIGUE_IND**
☐ Investigation identified incorrect procedures **INVEST_INCORRECT_PROCEDURE_IND**
☐ Investigation identified incorrect control room equipment operation **INVEST_INCORRECT_CONTROL_IND**
☐ Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response **INVEST_MAINT_IND** **INVEST_OTHER_IND**
☐ Investigation identified areas other than those above ➡ Describe: **INVEST_OTHER_IND_DETAILS**

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? **EMPLOYEE_DRUG_TEST_IND**
☐ No
☐ Yes ➡ F1a. Specify how many were tested: / / / **NUM_EMPLOYEES_TESTED**
 F1b. Specify how many failed: / / / **NUM_EMPLOYEES_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? **CONTRACTOR_DRUG_TEST_IND**
☐ No
☐ Yes ➡ F2a. Specify how many were tested: / / / **NUM_CONTRACTORS_TESTED**
 F2b. Specify how many failed: / / / **NUM_CONTRACTORS_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 K – Contributing Factors.
CAUSE	CAUSE DETAILS	
G1 - Corrosion Failure – only one sub-cause can be picked from shaded left-hand column INTERNAL_EXTERNAL		
<input type="checkbox"/> External Corrosion GALVANIC_CORROSION_IND ATMOSPHERE_CORROSION_IND STRAY_CURRENT_CORROSION_IND	1. Results of visual examination: VISUAL_EXAM_RESULTS <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other VISUAL_EXAM_DETAILS 2. Type of corrosion: (select all that apply) MICROBIOLOGICAL_CORROSION_IND SELECTIVE_SEAM_CORROSION_IND <input type="radio"/> Galvanic <input type="radio"/> Atmospheric <input type="radio"/> Stray Current <input type="radio"/> Microbiological <input type="radio"/> Selective Seam <input type="radio"/> Other OTHER_CORROSION_IND CORROSION_TYPE_DETAILS 2a. If 2 is Stray Current, specify <input type="radio"/> Alternating Current <input type="radio"/> Direct Current AND 2b. Describe the stray current source: STRAY_CURRENT_DETAILS 3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply) FIELD_EXAM_BASIS_IND METALLURGICAL_BASIS_IND <input type="radio"/> Field examination <input type="radio"/> Determined by metallurgical analysis <input type="radio"/> Other OTHER_BASIS_IND CORROSION_BASIS_DETAILS 4. Was the failed item buried or submerged? UNDERGROUND_LOCATION <input type="radio"/> Yes ⇒ 4a. Was failed item considered to be under cathodic protection at the time of the incident? UNDER_CATHODIC_PROTECTION_IND <input type="radio"/> Yes ⇒ Year protection started: ____/____/____/____/____ <input type="radio"/> No CATHODIC_PRO_START_YEAR 4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident? SHIELDING_EVIDENT <input type="radio"/> Yes <input type="radio"/> No CATHODIC_SURVEY_TYPE 4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply) CP_ANNUAL_SURVEY_YEAR <input type="radio"/> Yes, CP Annual Survey ⇒ Most recent year conducted: ____/____/____/____ CLOSE_INTERVAL_SURVEY_YEAR <input type="radio"/> Yes, Close Interval Survey ⇒ Most recent year conducted: ____/____/____/____ OTHER_CP_SURVEY_YEAR <input type="radio"/> Yes, Other CP Survey ⇒ Most recent year conducted: ____/____/____/____ Describe other CP survey OTHER_CP_SURVEY_DETAILS <input type="radio"/> No EXTERNALLY_COATED <input type="radio"/> No ⇒ 4d. Was the failed item externally coated or painted? <input type="radio"/> Yes <input type="radio"/> No 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Bare/Ineffectively Coated Pipe PRIOR_DAMAGE	
<input type="checkbox"/> Internal Corrosion INT_CORROSIVE_COMMODITY_IND INT_WATER_ACID_IND INT_MICROBIOLOGICAL_IND INT_LOW_POINT_PIPE_LOC_IND INT_ELBOW_LOC_IND INT_DROP_OUT_LOC_IND	6. Results of visual examination: INT_VISUAL_EXAM_RESULTS <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Not cut open <input type="radio"/> Other INT_VISUAL_EXAM_DETAILS 7. Cause of corrosion: (select all that apply) INT_EROSION_IND <input type="radio"/> Corrosive Commodity <input type="radio"/> Water drop-out/Acid <input type="radio"/> Microbiological <input type="radio"/> Erosion <input type="radio"/> Other INT_OTHER_CORROSION_IND INT_CORROSION_TYPE_DETAILS 8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply) INT_FIELD_EXAM_BASIS_IND INT_METALLURGICAL_BASIS_IND <input type="radio"/> Field examination <input type="radio"/> Determined by metallurgical analysis <input type="radio"/> Other INT_OTHER_BASIS_IND INT_CORROSION_BASIS_DETAILS 9. Location of corrosion: (select all that apply) INT_DEAD_LEG_LOC_IND <input type="radio"/> Low point in pipe <input type="radio"/> Elbow <input type="radio"/> Drop-out <input type="radio"/> Dead-Leg <input type="radio"/> Other INT_OTHER_LOC_IND CORROSION_LOCATION_DETAILS CORROSION_INHIBITORS 10. Was the gas/fluid treated with corrosion inhibitors or biocides? <input type="radio"/> Yes <input type="radio"/> No CORROSION LINING 11. Was the interior coated or lined with protective coating? <input type="radio"/> Yes <input type="radio"/> No 12. Were cleaning/dewatering pigs (or other operations) routinely utilized? <input type="radio"/> Not applicable - Not mainline pipe <input type="radio"/> Yes <input type="radio"/> No CLEANING_DEWATERING 13. Were corrosion coupons routinely utilized? <input type="radio"/> Not applicable - Not mainline pipe <input type="radio"/> Yes <input type="radio"/> No CORROSION_COUPONS	

G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-hand column NATURAL_FORCE_TYPE	
<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	EARTH SUBTYPE 1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> Heavy Rains/Floods	HEAVY_RAINS_SUBTYPE 2. Specify: <input type="radio"/> Washout/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> Lightning	LIGHTNING SUBTYPE 3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	TEMPERATURE SUBTYPE 4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Trees/Vegetation Roots	
<input type="checkbox"/> Snow/Ice impact or Accumulation	
<input type="checkbox"/> Other Natural Force Damage	5. Describe: NF_OTHER_DETAILS
Complete the following if any Natural Force Damage sub-cause is selected. NF_EXTREME_WEATHER_IND 6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No NF_HURRICANE_IND, NF_TROPICAL_STORM_IND, NF_TORNADO_IND 6a. If Yes, specify: (select all that apply) <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Other NF_OTHER_IND NF_EXTREME_WEATHER_DETAILS	

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

<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	

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

- PRIOR_NOTIFICATION_IND**
1. Did the operator get prior notification of the excavation activity? ☐ Yes ☐ No **EXCAVATOR_IND** **CONTRACTOR_IND** **LANDOWNER_IND**
ONE_CALL_SYSTEM_IND
1a. If Yes, Notification received from: (select all that apply) ☐ One-Call System ☐ Excavator ☐ Contractor ☐ Landowner
1b. Per the primary Incident Investigator results, did State law exempt the excavator from notifying the one-call center? ☐ Yes ☐ No ☐ Unknown **STATE_LAW_EXEMPT_IND**
If yes, answer 1c. through 1e.
1c. select one of the following: **STATE_LAW_EXEMPT_TYPE**
☐ 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: **STATE_LAW_EXEMPT_DETAIL**
1d. Exempting authority **STATE_LAW_EXEMPT_AUTHORITY**
1e. Exempting criteria **STATE_LAW_EXEMPT_CRITERIA**

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

3. Right-of-Way where event occurred: (select all that apply) **PUBLIC_ROW_IND** **PUBLIC_SUBTYPE**
☐ Public ☐ Specify: ☐ City Street ☐ State Highway ☐ County Road ☐ Interstate Highway ☐ Other
PRIVATE_ROW_IND **PRIVATE_SUBTYPE**
☐ Private ☐ Specify: ☐ Private Landowner ☐ Private Business ☐ Private Easement
☐ Pipeline Property/Easement **PIPELINE_EASEMENT_ROW_IND**
☐ Power/Transmission Line **POWER_TRANSMISSION_ROW_IND**
☐ Railroad **RAILROAD_ROW_IND**
☐ Dedicated Public Utility Easement **PUBLIC_UTIL_EASEMENT_ROW_IND**
☐ Federal Land **FEDERAL_LAND_ROW_IND**
☐ Unknown/Other **UNKNOWN_ROW_IND**

- JOINT_TRENCH_IND**
4 Was the facility part of a Joint Trench? ☐ Yes ☐ No

- CROSS_BORE_IND**
5. Did this event involve a Cross Bore? ☐ Yes ☐ No

- DEPTH_OF_GRADE**
6. Measured Depth from Grade: (select only one)
☐ Embedded in Concrete/Asphalt Pavement ☐ <18" ☐ 18" – 36"
☐ >36" ☐ Measured depth From Grade in inches: **DEPTH_OF_GRADE_DETAIL**

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

- EXCAVATOR_EQUIPMENT**
8. 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 ☐ Unknown/Other

- WORK_PERFORMED**
9. 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

ONE_CALL_NOTIFIED_IND

10. Was the One-Call Center notified? ☐ Yes ☐ No If No, skip to question 11

ONE_CALL_TICKET_NUM

*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:

ONE_CALL_CENTER_NAME

WHITE_LINED_IND

*10c. Was work area white lined? ☐ No ☐ Yes ☐ Unknown

LOCATOR_TYPE

11. Type of Locator: ☐ Facility Owner ☐ Contract Locator ☐ Unknown/Other

VISIBLE MARKS

12. Were facility locate marks visible in the area of excavation? ☐ No ☐ Yes ☐ Unknown/Other

SERVICE_INTERRUPTIO

13. Did the damage cause an interruption in service? ☐ No ☐ Yes ☐ Unknown/Other

13a. If Yes, specify duration of the interruption: / / / / / hours **SERVICE_INTERRUPTION_HOURS**

ROOT_CAUSE_CATEGORY

14. Description of the CGA-DIRT Root Cause (select the predominant CGA-DIRT Root Cause from the list below):

ROOT_CAUSE_TYPE

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): **ROOT_CAUSE_TYPE_OTHER**

G4 - Other Outside Force Damage - only one sub-cause can be picked from shaded left-hand column

<input type="checkbox"/> OUTSIDE_FORCE_TYPE Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	VEHICLE_SUBTYPE 1. Vehicle/Equipment operated by: <i>(select only one)</i> <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party If this sub-section is picked, please complete questions 5-11 below
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND 2. Select one or more of the following IF an extreme weather event was a factor: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other <u> OSF_OTHER_WEATHER_IND </u> OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS
<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	3. Specify: INTENTIONAL_SUBTYPE <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of transported commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other <u> INTENTIONAL_DETAILS </u>
<input type="checkbox"/> Other Outside Force Damage	4. Describe: <u> OSF_OTHER_DETAILS </u>

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

- DRIVER_ISSUED_CITATION_IND**
 5. Was the driver of the vehicle or equipment issued one or more citations related to the incident? ☐ Yes ☐ No ☐ Unknown
 If 5 is Yes, what was the nature of the citations (select all that apply)
 5a. Excessive Speed **CITATION_SPEED_IND**
 5b. Reckless Driving **CITATION_RECKLESS_IND**
 5c. Driving Under the Influence **CITATION_DUI_IND**
 5d. Other, describe: **CITATION_OTHER_IND, CITATION_OTHER_DETAIL**
DRIVER_IN_CONTROL_IND
 6. Was the driver under control of the vehicle at the time of the collision? ☐ Yes ☐ No ☐ Unknown
ESTIMATED_SPEED **ESTIMATED_SPEED_UNKNOWN_IND**
 7. Estimated speed of the vehicle at the time of impact (miles per hour)? _____ or ☐ Unknown
VEHICLE_TYPE
 8. Type of vehicle? (select only one) ☐ Motorcycle/ATV ☐ Passenger Car ☐ Small Truck ☐ Bus ☐ Large Truck
VEHICLE_TRAVEL_FROM
 9. Where did the vehicle travel from to hit the pipeline facility? (select only one)
 ☐ Roadway ☐ Driveway ☐ Parking Lot ☐ Loading Dock ☐ Off-Road
 10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet): **VEHICLE_TRAVEL_DISTANCE_FT**
 11. At the time of the Incident, were protections installed to protect the damaged pipeline facility from vehicular damage? ☐ Yes ☐ No
PROTECTIONS_INSTALLED_IND
 If 11. is Yes, specify type of protection (select all that apply):
 11a. Bollards/Guard Posts **PROTECTION_BOLLARDS_POST_IND**
 11b. Barricades – include Jersey barriers and fences in instructions **PROTECTION_BARRICADES_IND**
 11c. Guard Rails **PROTECTION_GUARD_RAILS_IND**
 11d. Other, describe: **PROTECTION_OTHER_IND** **PROTECTION_OTHER_DETAIL**

G5 - Material Failure of Pipe or Weld		Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."	
PWJF_FAILURE_TYPE		Only one sub-cause can be picked from shaded left-hand column	
1. The sub-cause selected below is based on the following: <i>(select all that apply)</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> FIELD_EXAM_IND Field Examination <input type="checkbox"/> METALLURGICAL_IND Determined by Metallurgical Analysis <input type="checkbox"/> OTHER_ANALYSIS_IND Other Analysis _____ OTHER_ANALYSIS_DETAILS </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation (<i>Supplemental Report required</i>) STILL_UNDER_INVEST_IND </div>			
<input type="checkbox"/> Design-, Construction-, Installation-, or Fabrication-related	2. List contributing factors: <i>(select all that apply)</i> FAILURE_SUBTYPE <input type="checkbox"/> Fatigue- or Vibration-related: FATIGUE_VIBR_RELATED <div style="margin-left: 20px;"> <input type="radio"/> Mechanically-induced prior to installation (such as during transport of pipe) <input type="radio"/> Mechanical Vibration <input type="radio"/> Pressure-related <input type="radio"/> Thermal <input type="radio"/> Other FATIGUE_VIBR_RELATED_OTHER _____ </div> <input type="checkbox"/> Mechanical Stress MECHANICAL_STRESS <input type="checkbox"/> Other OTHER_FACTOR _____ OTHER_FACTOR_DETAILS		
<input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)			
<input type="checkbox"/> Environmental Cracking-related	STRESS_SUBTYPE 3. Specify: <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Sulfide Stress Cracking <div style="margin-left: 40px;"> <input type="radio"/> Hydrogen Stress Cracking <input type="radio"/> Hard Spot <input type="radio"/> Other STRESS_DETAILS _____ </div>		
<div style="display: flex; justify-content: space-between; font-size: small;"> ADDITIONAL_DENT_IND ADDITIONAL_GOUGE_IND ADDITIONAL_PIPE_BEND_IND ADDITIONAL_ARC_BURN_IND </div> Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.			
<div style="display: flex; justify-content: space-between; font-size: small;"> ADDITIONAL_CRACK_IND ADDITIONAL_LACK_FUSION_IND ADDITIONAL_LAMINATION_IND ADDITIONAL_BUCKLE_IND </div> 4. Additional factors <i>(select all that apply)</i> : <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Pipe Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Lack of Fusion <div style="margin-left: 40px;"> <input type="radio"/> Lamination <input type="radio"/> Buckle <input type="radio"/> Wrinkle <input type="radio"/> Misalignment <input type="radio"/> Burnt Steel ADDITIONAL_BURNT_STEEL_IND </div> <div style="margin-left: 40px;"> <input type="radio"/> Other PWF_ADDITIONAL_OTHER_IND _____ ADDITIONAL_OTHER_DETAILS </div>			
5. Post-construction pressure test value (psig) <u> / / / / / </u> OR <input type="radio"/> Unknown POST_CONSTR_PRESSURE_TEST_VAL			

G6 - Equipment Failure - only one **sub-cause** can be picked from shaded left-hand column**EQ_FAILURE_TYPE**

<input type="checkbox"/> Malfunction of Control/Relief Equipment	1. Specify: <i>(select all that apply)</i> <div><div>CONTROL_VALVE_IND COMMUNICATIONS_IND RELIEF_VALVE_IND PRESSURE_REGULATOR_IND OTHER_CONTROL_RELIEF_IND</div><div><input type="radio"/> Control Valve <input type="radio"/> Communications <input type="radio"/> Relief Valve <input type="radio"/> Pressure Regulator <input type="radio"/> Other _____</div><div>INSTRUMENTATION_IND BLOCK_VALVE_IND POWER_FAILURE_IND STOPPLE ESD_SYSTEM_FAILURE_IND</div><div><input type="radio"/> Instrumentation <input type="radio"/> Block Valve <input type="radio"/> Power Failure <input type="radio"/> ESD System Failure <input type="radio"/> Other _____</div><div>SCADA_IND CHECK_VALVE_IND STOPPLE/CONTROL_FITTING_IND</div><div><input type="radio"/> SCADA <input type="radio"/> Check Valve <input type="radio"/> Stopple/Control Fitting</div></div> <div>OTHER_CONTROL_RELIEF_DETAILS _____</div>
<input type="checkbox"/> Compressor or Compressor-related Equipment	2. Specify: OTHER_COMPRESSOR_IND <input type="radio"/> Seal/Packing Failure <input type="radio"/> Body Failure <input type="radio"/> Crack in Body <input type="radio"/> Appurtenance Failure <input type="radio"/> Pressure Vessel Failure <input type="radio"/> Other _____ OTHER_COMPRESSOR_DETAILS
<input type="checkbox"/> Threaded Connection/Coupling Failure	3. Specify: OTHER_STRIPPED_IND <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Mechanical Coupling <input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting <input type="radio"/> Other _____ OTHER_STRIPPED_DETAILS
<input type="checkbox"/> Non-threaded Connection Failure	4. Specify: OTHER_NON_THREADED_IND <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Seal (NOT compressor seal) or Packing <input type="radio"/> Other _____ OTHER_NON_THREADED_DETAILS
<input type="checkbox"/> Defective or Loose Tubing or Fitting	
<input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
<input type="checkbox"/> Other Equipment Failure	5. Describe: _____ EQ_FAILURE_DETAILS _____

Complete the following if any Equipment Failure sub-cause is selected.

6. Additional factors that contributed to the equipment failure: *(select all that apply)*

- ☐ Excessive vibration **ADDITIONAL_VIBRATION_IND**
- ☐ Overpressurization **ADDITIONAL_OVERPRESSURE_IND**
- ☐ No support or loss of support **ADDITIONAL_SUPPORT_IND**
- ☐ Manufacturing defect **ADDITIONAL_DEFECT_IND**
- ☐ Loss of electricity **ADDITIONAL_ELECTRICITY_IND**
- ☐ Improper installation **ADDITIONAL_INSTALLATION_IND**
- ☐ Improper maintenance **ADDITIONAL_IMPROPER_MNTNCE_IND**
- ☐ Mismatched items (different manufacturer for tubing and tubing fittings) **ADDITIONAL_MISMATCH_IND**
- ☐ Dissimilar metals **ADDITIONAL_DISSIMILAR_IND**
- ☐ Breakdown of soft goods due to compatibility issues with transported gas/fluid **ADDITIONAL_BREAKDOWN_IND**
- ☐ Valve vault or valve can contributed to the release **ADDITIONAL_VALVE_IND**
- ☐ Alarm/status failure **ADDITIONAL_ALARM_IND**
- ☐ Misalignment **EQ_ADDITIONAL_MISALIGN_IND**
- ☐ Thermal stress **EQ_ADDITIONAL_THERMAL_IND**
- ☐ Erosion/abnormal wear **ADDITIONAL_EROSION_WEAR_IND**
- ☐ Other _____ **EQ_ADDITIONAL_OTHER_IND** **EQ_ADDITIONAL_OTHER_DETAILS** _____

G7 - Incorrect Operation - only one sub-cause can be picked from shaded left-hand column		OPERATION_TYPE
<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"/> Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	OVERFLOW_OTHER_IND 1. Specify: <input type="radio"/> Valve Misalignment <input type="radio"/> Incorrect Reference Data/Calculation <input type="radio"/> Miscommunication <input type="radio"/> Inadequate Monitoring <input type="radio"/> Other OVERFLOW_OTHER_DETAILS	
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an 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	2. Describe: OPERATION_DETAILS	
Complete the following if any Incorrect Operation sub-cause is selected. 3. Was this Incident related to: (select all that apply) <input type="radio"/> Inadequate procedure RELATED_INADEQUATE_PROC_IND <input type="radio"/> No procedure established RELATED_NO_PROC_IND <input type="radio"/> Failure to follow procedure RELATED_FAILURE_FOLLOW_IND <input type="radio"/> Other: RELATED_OTHER_IND OPERATION_RELATED_DETAILS 4. What category type was the activity that caused the Incident: CATEGORY_TYPE <input type="radio"/> Construction <input type="radio"/> Commissioning <input type="radio"/> Decommissioning <input type="radio"/> Right-of-Way activities <input type="radio"/> Routine maintenance <input type="radio"/> Other maintenance <input type="radio"/> Normal operating conditions <input type="radio"/> Non-routine operating conditions (abnormal operations or emergencies) OPERATOR_QUALIFICATION_IND 5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? <input type="radio"/> Yes <input type="radio"/> No 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? QUALIFIED_INDIVIDUALS <input type="radio"/> Yes, they were qualified for the task(s) <input type="radio"/> No, but they were performing the task(s) under the direction and observation of a qualified individual <input type="radio"/> 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 picked from shaded left-hand column		OTHER_TYPE
<input type="checkbox"/> Miscellaneous	1. Describe: MISC_DETAILS	
<input type="checkbox"/> Unknown	UNKNOWN_SUBTYPE 2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown Mandatory comment field: INCIDENT_UNKNOWN_COMMENTS <input type="radio"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required)	

PART J – INTEGRITY INSPECTIONS	Complete the following if the “Item Involved in Accident” (from PART C, Question 3) is Pipe or Weld and the “Cause” (from Part G) is: Corrosion (any subCause in Part G1); or Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or Material Failure of Pipe or Weld (any subCause in Part G5)
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COLLECTED_DATA_IND

J1. Have internal inspection tools collected data at the point of the Incident?
☐ Yes ☐ No

J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs:

AXIAL_MAGNETIC_FLX_LKG_IND

☐ Axial Magnetic Flux Leakage

Most recent run Year: AXIAL_RECENT_YEAR

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered AXIAL_RCNT_PROPUL_METHOD

Most recent run Attuned to Detect (select only one): ☐ Metal Loss ☐ Hard Spots ☐ Girth Weld Anomalies AXIAL_RCNT_ATTUNED_DETECT

☐ Other Describe: AXIAL_RCNT_ATND_DTCT_DTLS

If Metal Loss, specify (select only one): ☐ High Resolution ☐ Standard Resolution AXIAL_RCNT_ATND_DTCT_METAL

☐ Other Describe: AXIAL_RCNT_ATT_DT_METAL_DTLS

Previous run Year: AXIAL_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered AXIAL_PREV_PROPUL_METHOD

Previous run Attuned to Detect (select only one): ☐ Metal Loss ☐ Hard Spots ☐ Girth Weld Anomalies AXIAL_PREV_ATTUNED_DETECT

☐ Other Describe: AXIAL_PREV_ATND_DTCT_DTLS

If Metal Loss, specify (select only one): ☐ High Resolution ☐ Standard Resolution AXIAL_PREV_ATND_DTCT_METAL

☐ Other Describe: AXIAL_PREV_ATT_DT_METAL_DTLS

CIR_TRN_WAVE_MGN_FLX_LKG_IND

☐ Circumferential/Transverse Wave Magnetic Flux Leakage

Most recent run Year: CIRC_WAVE_RECENT_YEAR

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered CIRC_WV_RCNT_PROPUL_METHOD

Most recent run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution CIRC_WV_RCNT_RESOLUTION

☐ Other Describe: CIRC_WV_RCNT_RESOLUTION_DTLS

Previous run Year: CIRC_WV_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered CIRC_WV_PREV_PROPUL_METHOD

Previous run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution CIRC_WV_PREV_RESOLUTION

☐ Other Describe: CIRC_WV_PREV_RESOLUTION_DTLS

ULTRASONIC_IND

☐ Ultrasonic

Most recent run Year: ULTRASONIC_RECENT_YEAR

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered ULTRASONIC_RCNT_PROPUL_METHOD

Most recent run Attuned to (select only one) ☐ Wall Measurement ☐ Crack ULTRASONIC_RCNT_ATTUNED

☐ Other Describe: ULTRA_RCNT_ATTUNEDDTLS

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

☐ Standard Resolution ☐ Other Describe: UTRA_RCNT_ATT_METL_RES_DTLS

Previous run Year: ULTR_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered ULTRA_PREV_PROPUL_METHOD

Most recent run Attuned to (select only one) ☐ Wall Measurement ☐ Crack ULTRA_PREV_ATTUNED

☐ Other Describe: ULTRA_PREV_ATTUNED_DTLS

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

☐ Standard Resolution ☐ Other Describe: UTRA_PREV_ATT_METL_RES_DTLS

GEOMETRY_DEFORMATION_IND

☐ Geometry/Deformation

Most recent run Year: GEOMETRY_RECENT_YEAR

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered GEOMETRY_RCNT_PROPUL_METHOD

Most recent run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution GEOMETRY_RCNT_RESOLUTION

☐ Other Describe: GEOMETRY_RCNT_RESOLUTION_DTLS

Most recent run Measurement Cups (select only one): ☐ Inside ILI Cups ☐ No Cups GEOMETRT_RCNT_MEASUR_CUPS

Previous run Year: GEOMETRY_PREVIOUS_YEAR

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered GEOMETRY_PREV_PROPUL_METHOD

Previous run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution GEOMETRY_PREV_RESOLUTION

☐ Other Describe: GEOMETRY_PREV_RESOLUTION_DTLS

Previous run Measurement Cups (select only one): ☐ Inside ILI Cups ☐ No Cups GEOMETRT_PREV_MEASUR_CUPS

EMAT_IND

- ☐ Electromagnetic Acoustic Transducer (EMAT)

Most recent run Year: EMAT_RECENT_YEAR

EMAT_RCNT_PROPUL_METHOD

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Previous run Year: EMAT_PREVIOUS_YEAR

EMAT_PREV_PROPUL_METHOD

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

CPCM_IND

- ☐ Cathodic Protection Current Measurement (CPCM)

Most recent run Year: CPCM_RECENT_YEAR

CPCM_RCNT_PROPUL_METHO

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Previous run Year: CPCM_PREVIOUS_YEAR

CPCM_PREV_PROPUL_METHOD

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

OTHER_TOOL_TECH_IND

- ☐ Other, specify tool: OTHER_TOOL

Most recent run Year: OTHER_RECENT_YEAR

OTHER_RCNT_PROPUL_METHOD

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Previous run Year: OTHER_PREVIOUS_YEAR

OTHER_PREV_PROPUL_METHOD

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Answer J1b 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) INSP_COMPL_BEFORE_DAMAGE_IND

J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? ☐ Yes ☐ No

HAS_HYDRTST_CONDUCT_BEFORE_IND

J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident?
(initial post construction pressure test is NOT reported here)

☐ Yes ☒ Most recent year tested: HYDRTST_MOST_RCNT_YEAR Test pressure (psig): HYDRTST_MOST_RCNT_PRESSURE

☐ No

DIRECT_ASMNT_CONDUCTED

J3. Has Direct Assessment been conducted on the pipeline segment?

DIRECT_ASMNT_AT_PNT_ACCDNT_YR

☐ Yes, and an investigative dig was conducted at the point of the Accident ☒ Most recent year conducted:

☐ Yes, but the point of the Accident was not identified as a dig site ☒ Most recent year conducted:

☐ No

DIRECT_ASMNT_PNT_NOT_IDNTE_YR

If Yes, J3a. For each type, indicate the year of the most recent assessment:

External Corrosion Direct Assessment (ECDA)

ASMNT_ECDA_RCNT_YEAR, ASMNT_ECDA_RCNT_IND

Internal Corrosion Direct Assessment (ICDA)

ASMNT_ICDA_RCNT_YEAR, ASMNT_ICDA_RCNT_IND

Stress Corrosion Cracking Direct Assessment (SCCDA)

ASMNT_SCCDA_RCNT_YEAR, ASMNT_SCCDA_RCNT_IND

Confirmatory Direct Assessment

ASMNT_CONFIRMATORY_RCNT_YEAR, ASMNT_CONFIRMATORY_RCNT_IND

Other, specify type: ASMNT_OTHER_TYPE

ASMNT_OTHER_RCNT_YEAR, ASMNT_OTHER_RCNT_IND

J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002?

☐ Yes ☐ No NON_DESTRUCTIVE_EXAM_IND

J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:

☐ Radiography

EXM_RADIOGRAPHY_RCNT_YEAR, EXM_RADIOGRAPHY_RCNT_IND

☐ Guided Wave Ultrasonic

EXM_WAVE_ULTRASONIC_RCNT_YEAR, EXM_WAVE_ULTRASONIC_RCNT_IND

☐ Handheld Ultrasonic Tool

EXM_HANDL_ULTRASONIC_RCNT_YEAR, EXM_HANDL_ULTRASONIC_RCNT_IND

☐ Wet Magnetic Particle Test

EXM_WET_MGNT_PARTCL_RCNT_YEAR, EXM_WET_MGNT_PARTCL_RCNT_IND

☐ Dry Magnetic Particle Test

EXM_DRY_MGNT_PARTCL_RCNT_YEAR, EXM_DRY_MGNT_PARTCL_RCNT_IND

☐ Other, specify type EXM_OTHER_TYPE

EXM_OTHER_RCNT_YEAR EXM_OTHER_RCNT_IND

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, select all that apply below and explain each in the Narrative:

<p>External Corrosion</p> <p><input type="checkbox"/> External Corrosion, Galvanic EXTRNL_COR_GALVANIC_IND</p> <p><input type="checkbox"/> External Corrosion, Atmospheric EXTRNL_COR_ATMOSPHERIC_IND</p> <p><input type="checkbox"/> External Corrosion, Stray Current Induced EXTRNL_COR_STRAY_CURRENT_IND</p> <p><input type="checkbox"/> External Corrosion, Microbiologically Induced EXTRNL_COR_MICROBIOLOGIC_IND</p> <p><input type="checkbox"/> External Corrosion, Selective Seam EXTRNL_COR_SELECTIVE_SEAM_IND</p> <p>Internal Corrosion</p> <p><input type="checkbox"/> Internal Corrosion, Corrosive Commodity INTRNL_COR_CORROSIVE_CMDTY_IND</p> <p><input type="checkbox"/> Internal Corrosion, Water drop-out/Acid INTRNL_COR_WTR_DRPOUT_ACID_IND</p> <p><input type="checkbox"/> Internal Corrosion, Microbiological INTRNL_COR_MICROBIOLOGIC_IND</p> <p><input type="checkbox"/> Internal Corrosion, Erosion INTRNL_COR_EROSION_IND</p> <p>Natural Forces</p> <p><input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods NF_EARTH_MOVEMENT_IND</p> <p><input type="checkbox"/> Heavy Rains/Floods NF_HEAVY_RAINS_IND</p> <p><input type="checkbox"/> Lightning NF_LIGHTNING_IND</p> <p><input type="checkbox"/> Temperature NF_TEMPERATURE_IND</p> <p><input type="checkbox"/> High Winds NF_HIGH_WINDS_IND</p> <p><input type="checkbox"/> Tree/Vegetation Root NF_VEGITATION_ROOT_IND</p> <p>Excavation Damage</p> <p><input type="checkbox"/> Excavation Damage by Operator (First Party) EXCVTN_DMG_OPERATOR_IND</p> <p><input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) EXCVTN_DMG_OP_CONTRACTOR_IND</p> <p><input type="checkbox"/> Excavation Damage by Third Party EXCVTN_DMG_THIRD_PARTY_IND</p> <p><input type="checkbox"/> Previous Damage due to Excavation Activity EXCVTN_DMG_PREVIOUS_DAMAGE_IND</p> <p>Other Outside Force</p> <p><input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion OSF_NEARBY_INDUSTRIAL_IND</p> <p><input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation OSF_VEHICLE_IND</p> <p><input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment OSF_BOAT_IND</p> <p><input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation OSF_OTHER_MARITIME_IND</p> <p><input type="checkbox"/> Electrical Arcing from Other Equipment or Facility OSF_ELECTRICAL_ARCING_IND</p> <p><input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation OSF_PREVIOUS_MECHANICAL_IND</p> <p><input type="checkbox"/> Intentional Damage OSF_INTENTIONAL_IND</p> <p><input type="checkbox"/> Other underground facilities buried within 12 inches of the failure location OSF_OTHER_UNDERGROUND_IND</p>	<p>Pipe/Weld Failure</p> <p><input type="checkbox"/> Design-related PWF_DESIGN_IND</p> <p><input type="checkbox"/> Construction-related PWF_CONSTRUCTION_IND</p> <p><input type="checkbox"/> Installation-related PWF_INSTALLATION_IND</p> <p><input type="checkbox"/> Fabrication-related PWF_FABRICATION_IND</p> <p><input type="checkbox"/> Original Manufacturing-related PWF_MANUFACTURING_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Stress Corrosion Cracking PWF_ENV_STRESS_CORROSION_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Sulfide Stress Cracking PWF_ENV_SULFIDE_STRESS_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Hydrogen Stress Cracking PWF_ENV_HYDROGEN_STRESS_IND</p> <p><input type="checkbox"/> Environmental Cracking-related, Hard Spot PWF_ENV_HARD_SPOT_IND</p> <p>Equipment Failure</p> <p><input type="checkbox"/> Malfunction of Control/Relief Equipment EQF_CONTROL_RELIEF_IND</p> <p><input type="checkbox"/> Compressor or Compressor-related Equipment EQF_COMPRESSOR_IND</p> <p><input type="checkbox"/> Threaded Connection/Coupling Failure EQF_THREADED_COUPLING_IND</p> <p><input type="checkbox"/> Non-threaded Connection Failure EQF_NON_THREADED_IND</p> <p><input type="checkbox"/> Defective or Loose Tubing or Fitting EQF_DEFECTIVE_FITTING_IND</p> <p><input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material EQF_EQUIPMENT_BODY_IND</p> <p>Incorrect Operation</p> <p><input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO_DAMAGE_BY_OPERATOR_IND</p> <p><input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure IO_VALVE_POSITION_IND</p> <p><input type="checkbox"/> Pipeline or Equipment Overpressured IO_EQUIPMENT_OVERPRESSURE_IND</p> <p><input type="checkbox"/> Equipment Not Installed Properly IO_NOT_INSTALLED_PROPERLY_IND</p> <p><input type="checkbox"/> Wrong Equipment Specified or Installed IO_WRONG_EQUIPMENT_IND</p> <p><input type="checkbox"/> Inadequate Procedure IO_INADEQUATE_PROCEDURE_IND</p> <p><input type="checkbox"/> No procedure established IO_NO_PROCEDURE_IND</p> <p><input type="checkbox"/> Failure to follow procedures IO_FOLLOW_PROCEDURE_IND</p>
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Note: Field names not on the form are as following:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, fire, explosion, total property damage \$50K or more in 1984 dollars then SIGNIFICANT='YES', else SIGNIFICANT='NO'.</i>
IYEAR	<i>Year accident occurred, derived from accident date</i>
EST_COST_OPER_PAID_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_INTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_UNINTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_PROP_DAMAGE_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_EMERGENCY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_OTHER_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
TOTAL_COST_IN84	<i>Converted Property Damage to 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>
SYSTEM_TYPE	<i>System Type = 'UNGS (Underground Natural Gas Storage)' when Part A14 (SYSTEM_PART_INVOLVED) = 'Belowground Storage, Including Associated Equipment and Piping' and incident date is 01/01/2017 or later. For remaining reports, System Type = 'GT (Gas Transmission)' when Part E9 (PIPELINE_FUNCTION) = Transmission System, Transmission Line of Distribution System, or Transmission in Storage Field. For remaining reports, System Type = 'GG (Gas Gathering)'</i>
MAP_SEVEN_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_SEVEN_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
MAP_EIGHT_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_EIGHT_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>