



U.S. Department of Transportation
Research and Special Programs
Administration

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date **DOR**

No. **RPTID**
(DOT Use Only)

INSTRUCTIONS

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

REPORT TYPE

PART A – GENERAL REPORT INFORMATION

Check one: ☐ Original Report ☐ Supplemental Report ☐ Final Report

Operator Name and Address

OPERATOR ID

OWNER OPERATOR ID

- a. Operator's 5-digit Identification Number (when known) OWNER_OPERATOR_ID
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known)
- c. Name of Operator NAME
- d. Operator street address OPSTREET
- e. Operator address OPCITY OPCOUNTY OPSTATE OPZIP
City, County or Parrish, State and Zip Code

2. Time and date of the incident
- I HOUR**
- ____ / ____ / ____
hr.
- _____ month _____ day _____ year
3. Location of incident
- a. _____
Nearest street or road
- b. _____
ACCITY ACCTY
City and County or Parrish
- c. _____
ACSTATE ACZIP
State and Zip Code
- d. Mile Post/Valve Station _____ **MPVST**
- e. Survey Station No. _____ **SURVNO**
- f. Latitude: **LATITUDE** Longitude: **LONGITUDE**
(if not available, see instructions for how to provide specific location)
- g. Class location description **OFFSHORE, OFFSHORE_TEXT, CLASS**
Onshore: ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4
Offshore: ☐ Class 1 (complete rest of this item)
Area **OFFAREA** Block # **BNUMB**
State **OFFST** or Outer Continental Shelf ☐ **OCS**
- h. Incident on Federal Land other than Outer Continental Shelf
☐ Yes ☐ No **IFED**
- i. Is pipeline Interstate ☐ Yes ☐ No **INTER_TEXT**
4. Type of leak or rupture **LRTYPE_TEXT**
- LEAK_TEXT**
☐ Leak: ☐ Pinhole ☐ Connection Failure (complete sec. F5)
☐ Puncture, diameter (inches) **PUNC_DIAM**
RUPTURE_TEXT
☐ Rupture: ☐ Circumferential – Separation
☐ Longitudinal
– Tear/Crack, length (inches) **RUPLN**
– Propagation Length, total, both sides (feet) **PROPLN**
- ☐ N/A
☐ Other: **LRTYPEO**

3. Consequences (check and complete all that apply)
- a. ☐ Fatality Total number of people: / / /
Employees: / / / General Public: / / /
Non-employee Contractors: / / / NFAT GPFAT
- b. ☐ Injury requiring inpatient hospitalization Total number of people: / / /
Employees: / / / General Public: / / /
Non-employee Contractors: / / / NINJ GPINJ
- c. ☐ Property damage/loss (estimated) Total \$ TOTAL_COST
Gas loss \$ GASPRP Operator damage \$ OPPRP
Public/private property damage \$ PPPRP
HIGHCON
- d. ☐ Release Occurred in a 'High Consequence Area'
- e. ☐ Gas ignited – No explosion f. ☐ Explosion
EVAC EXPLO
- g. ☐ Evacuation (general public only) / / / people
Reason for Evacuation: EVAC_REASON_TEXT
☐ Emergency worker or public official ordered, precautionary
☐ Threat to the public ☐ Company policy
6. Elapsed time until area was made safe:
 / / hr. / / min. STHH STMM
7. Telephone Report TELRN
 / / /
NRC Report Number month day year TELDT
8. a. Estimated pressure at point and time of incident:
 PSIG INC_PRS
b. Max. allowable operating pressure (MAOP): PSIG MAOP
c. MAOP established by 49 CFR section: MAOPSEC 1-4, C
☐ 192.619 (a)(1) ☐ 192.619 (a)(2) ☐ 192.619 (a)(3)
☐ 192.619 (a)(4) ☐ 192.619 (c)
d. Did an overpressurization occur relating to the incident? ☐ Yes ☐ No OVERPRS

PART B – PREPARER AND AUTHORIZED SIGNATURE

PNAME

(type or print) Preparer's Name and Title

PEMAIL

Preparer's E-mail Address

PHONE

Area Code and Telephone Number

Area Code and Facsimile Number

Date _____

Area Code and Telephone Number

Authorized Signature

(type or print) Name and Title

PART C - ORIGIN OF THE INCIDENT	
1. Incident occurred on TYSYS_TEXT <input type="radio"/> Transmission System <input type="radio"/> Gathering System <input type="radio"/> Transmission Line of Distribution System 2. Failure occurred on PRTFL_TEXT <input type="radio"/> Body of pipe <input type="radio"/> Pipe Seam <input type="radio"/> Joint <input type="radio"/> Component <input type="radio"/> Other: PRTFO	3. Material involved (pipe, fitting, or other component) <input type="radio"/> Steel PLAS_DUCT PLAS_BRIT PLAS_JNT <input type="radio"/> Plastic (If plastic, complete all items that apply in a-c) Plastic failure was: <input type="checkbox"/> a. ductile <input type="checkbox"/> b. brittle <input type="checkbox"/> c. joint failure <input type="radio"/> Material other than plastic or steel: MLKDO 4. Part of system involved in incident PRTSY_TEXT <input type="radio"/> Pipeline <input type="radio"/> Regulator/Metering System <input type="radio"/> Compressor Station <input type="radio"/> Other: PRTSYO 5. Year the pipe or component which failed was installed: PRTYR / /
PART D - MATERIAL SPECIFICATION (if applicable)	
1. Nominal pipe size (NPS) NPS / / / in. 2. Wall thickness WALLTHK / / / in. 3. Specification SPEC SMYS / / / / / 4. Seam type SEAM SMYS 5. Valve type VALVE 6. Pipe or valve manufactured by MANU in year / / / /	
PART E - ENVIRONMENT	
1. Area of incident LOCKL_TEXT <input type="radio"/> Under pavement <input type="radio"/> In open ditch <input type="radio"/> Under ground <input type="radio"/> Above ground <input type="radio"/> Inside/under building <input type="radio"/> Under water <input type="radio"/> Other: LOCLKO 2. Depth of cover: DEPTH_COV inches in year MANYR / / / /	
PART F - APPARENT CAUSE	
Important: There are 25 numbered causes in this section. Check the box to the left of the primary cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance. CAUSE CAUSE_DETAILS	
F1 - CORROSION <div style="display: flex; align-items: flex-start;"> <div style="width: 20%; padding-right: 10px;"> 1. <input type="checkbox"/> External Corrosion 2. <input type="checkbox"/> Internal Corrosion </div> <div style="width: 80%;"> <p style="font-size: small; color: gray;">If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>PIPE_COAT_TEXT</p> <p>a. Pipe Coating</p> <input type="radio"/> Bare <input type="radio"/> Coated </div> <div style="width: 30%;"> <p>VIS_EXAM_TEXT</p> <p>b. Visual Examination</p> <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other: VIS_EXAMO </div> <div style="width: 35%;"> <p>COR_CAUSE_TEXT</p> <p>c. Cause of Corrosion</p> <input type="radio"/> Galvanic <input type="radio"/> Stray Current <input type="radio"/> Improper Cathodic Protection <input type="radio"/> Microbiological <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Other: COR_CAUSEO </div> </div> <p>PROT</p> <p>d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident? <input type="radio"/> No <input type="radio"/> Yes, Year Protection Started: / / / / CPYR </p> <p>PREV_DAM</p> <p>e. Was pipe previously damaged in the area of corrosion? PREV_DAM_YR PREV_DAM_MO <input type="radio"/> No <input type="radio"/> Yes, How long prior to incident: / / / / years / / / / months </p> </div> </div>	
F2 - NATURAL FORCES 3. <input type="checkbox"/> Earth Movement ⇒ <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other: EARTH_MOVEO 4. <input type="checkbox"/> Lightning 5. <input type="checkbox"/> Heavy Rains/Floods ⇒ FLOODS_TEXT <input type="radio"/> Washouts <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Scouring <input type="radio"/> Other: FLOODSO 6. <input type="checkbox"/> Temperature ⇒ TEMPER_TEXT <input type="radio"/> Thermal stress <input type="radio"/> Frost heave <input type="radio"/> Frozen components <input type="radio"/> Other: TEMPERO 7. <input type="checkbox"/> High Winds	
F3 - EXCAVATION 8. <input type="checkbox"/> Operator Excavation Damage (including their contractors) / Not Third Party 9. <input type="checkbox"/> Third Party Excavation Damage (complete a-d) a. Excavator group THIRD_PARTY_GRP_TEXT <input type="radio"/> General Public <input type="radio"/> Government <input type="radio"/> Professional Excavator <input type="radio"/> Operator/subcontractor b. Type: <input type="radio"/> Road Work <input type="radio"/> Pipeline <input type="radio"/> Water <input type="radio"/> Electric <input type="radio"/> Sewer <input type="radio"/> Phone/Cable <input type="radio"/> Landowner <input type="radio"/> Railroad <input type="radio"/> Other: THIRD_PARTY_TYPEO 10. NOTIF c. Did operator get prior notification of excavation activity? <input type="radio"/> No <input type="radio"/> Yes: Date received: / / / / mo. / / / / day / / / / yr. Notification received from: <input type="radio"/> One Call System <input type="radio"/> Excavator <input type="radio"/> Contractor <input type="radio"/> Landowner NOTIF_RCVD_TEXT 11. MARKED d. Was pipeline marked? <input type="radio"/> No <input type="radio"/> Yes (If Yes, check applicable items i - iv) i. Temporary markings: <input type="radio"/> Flags <input type="radio"/> Stakes <input type="radio"/> Paint TEMP_MARK_TEXT ii. Permanent markings: <input type="radio"/> Yes <input type="radio"/> No PERM_MARK iii. Marks were (check one) <input type="radio"/> Accurate <input type="radio"/> Not Accurate ACC_MARK_TEXT iv. Were marks made within required time? <input type="radio"/> Yes <input type="radio"/> No MKD_IN_TIME	
F4 - OTHER OUTSIDE FORCE DAMAGE 10. <input type="checkbox"/> Fire/Explosion as primary cause of failure ⇒ FIRE_EXPLO_TEXT Fire/Explosion cause: <input type="radio"/> Man made <input type="radio"/> Natural 11. <input type="checkbox"/> Car, truck or other vehicle not relating to excavation activity damaging pipe 12. <input type="checkbox"/> Rupture of Previously Damaged Pipe 13. <input type="checkbox"/> Vandalism	

F5 – MATERIAL AND WELDS**Material**

14. ☐ Body of Pipe ⇒ ☐ PIPE_BODY_TEXT ☐ Dent ☐ Gouge ☐ Wrinkle Bend ☐ Arc Burn ☐ Other: PIPE_BODYO
15. ☐ Component ⇒ ☐ COMPONENT_TEXT ☐ Valve ☐ Fitting ☐ Vessel ☐ Extruded Outlet ☐ Other: COMPONENTO
16. ☐ Joint ⇒ ☐ JOINT_TEXT ☐ Gasket ☐ O-Ring ☐ Threads ☐ Other: JOINTO

Weld

17. ☐ Butt ⇒ ☐ BUTT_TEXT ☐ Pipe ☐ Fabrication ☐ Other: BUTTO
18. ☐ Fillet ⇒ ☐ FILLET_TEXT ☐ Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other: FILLETO
19. ☐ Pipe Seam ⇒ ☐ PIPE_SEAM_TEXT ☐ LF ERW ☐ DSAW ☐ Seamless ☐ Flash Weld ☐ Other: PIPE_SEAMO
- ☐ HF ERW ☐ SAW ☐ Spiral

Complete a-g if you indicate **any** cause in part F5.



- a. Type of failure: FAIL_TYPE_TEXT CONS_DEF_TEXT
- ☐ Construction Defect ⇒ ☐ Poor Workmanship ☐ Procedure not followed ☐ Poor Construction Procedures
- ☐ Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ☐ Yes ☐ No PIPE_DAMAGE
- c. Was part which leaked pressure tested before incident occurred? ☐ Yes, complete d-g ☐ No PRS_TEST
- d. Date of test: TEST_MO mo. TEST_DAY day TEST_YR yr.
- e. Test medium: ☐ Water ☐ Natural Gas ☐ Inert Gas ☐ Other: TEST_MEDO TEST_MED_TEXT
- f. Time held at test pressure: TEST_TP hr.
- g. Estimated test pressure at point of incident: TEST_PRS PSIG

F6 – EQUIPMENT AND OPERATIONS

20. ☐ Malfunction of Control/Relief Equipment ⇒ ☐ MALFUNC_TEXT ☐ Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other: MALFUNCO
21. ☐ Threads Stripped, Broken Pipe Coupling ⇒ ☐ THREADS_TEXT ☐ Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other: THREADSO
22. ☐ Ruptured or Leaking Seal/Pump Packing

23. ☐ Incorrect Operation IO_TYPE_TEXT
- a. Type: ☐ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures ☐ Other: IO_TYPEO
- b. Number of employees involved who failed post-incident drug test: IO_DRUG / Alcohol test: IO_ALCO
- c. Were most senior employee(s) involved qualified? ☐ Yes ☐ No IO_SENIOR
- d. Hours on duty: IO_SEN_HRS

F7 – OTHER

24. ☐ Miscellaneous, describe: MISC
25. ☐ Unknown UNKNOWN_TEXT
- ☐ Investigation Complete ☐ Still Under Investigation (submit a supplemental report when investigation is complete)

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

(Attach additional sheets as necessary)

NARRATIVE

Note: Field names not on the form are as following:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
IYEAR	<i>Year incident occurred, derived from incident date</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.</i>
TOTAL_COST_IN84	<i>Converted Property Damage to Year 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
GASPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
OPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</i>
PPPRPCURRENT	<i>Converted Property Damage to Current Year dollars</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>
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 = 'GT (Gas Transmission)' when TYSYS_TEXT = TRANSMISSION or TRANSMISSION LINE OF DISTRIBUTION SYSTEM. System Type = 'GG (Gas Gathering)' when TYSYS_TEXT = GATHERING.</i>