



GRAVITY AND REPORTING-REGULATED HAZARDOUS LIQUID ACCIDENT REPORT

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

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

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

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

A13. Local time Operator identified failure

If No, skip A15b and A15c

/ / / / / / / /

Hour Month Day Year

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

Hour Month Day Year

A20a. Local time of ignition / / / / / / / / / /

Hour Month Day Year

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

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

PART B – ADDITIONAL LOCATION INFORMATION			
If Onshore:			
B1. State: / / /	B2. _____ City	B3. _____ County or Parish	
B4. Was this onshore Accident on Federal land? <input type="radio"/> Yes <input type="radio"/> No			
B5. Location of Accident: (<i>select only one</i>)			
<input type="checkbox"/>	Totally contained on Operator-controlled property	<input type="checkbox"/>	Pipeline right-of-way
<input type="checkbox"/>	Originated on Operator-controlled property, but then flowed or migrated off the property		
B6. Did the Accident occur in a crossing?: <input type="radio"/> Yes <input type="radio"/> No			
If Yes, B6a. specify type:			
<input type="checkbox"/>	Bridge crossing	Specify: <input type="radio"/> Cased <input type="radio"/> Uncased	
<input type="checkbox"/>	Railroad crossing (<i>select all that apply</i>)	<input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled	
<input type="checkbox"/>	Road crossing (<i>select all that apply</i>)	<input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled	
<input type="checkbox"/>	Water crossing	Specify: <input type="radio"/> Cased <input type="radio"/> Uncased	
If B6a. = Water crossing, answer B6.b through e			
B6b. Name of body of water, if commonly known: _____			
B6c. Approx. water depth (ft) at the point of the Accident: / /, / / / / OR <input type="radio"/> Unknown			
B6d. (<i>select only one</i>) <input type="radio"/> Shoreline/Bank/Marsh crossing <input type="radio"/> Below water, pipe buried below bottom (NOT in bored/drilled crossing)			
<input type="radio"/> Below water, pipe in bored/drilled crossing <input type="radio"/> Below water, pipe on or above bottom			
B6e. Year of most recent engineering/risk evaluation of the crossing _____ OR <input type="radio"/> None			
If Offshore:			
B7. Origin of Accident: <input type="checkbox"/> In State waters			
Specify: State:_____ Area: _____ Block/Tract #: /__/_/_/_/_/_/ Nearest County/Parish: _____			
<input type="checkbox"/> On the Outer Continental Shelf (OCS) (<i>select only one</i>) <input type="radio"/> OCS – Alaska <input type="radio"/> OCS- Atlantic			
<input type="radio"/> OCS-Gulf of Mexico <input type="radio"/> OCS – Pacific			
Specify: Area: _____ Block/Tract #: /__/_/_/_/_/_/			

PART C – ADDITIONAL FACILITY INFORMATION	
<p>C1. Item involved in Accident: <i>(select only one)</i></p> <p> <input type="checkbox"/> Pipe ➞ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam </p> <p> <input type="checkbox"/> Joint, including heat-affected zone ➞ Specify: <input type="radio"/> Pipe Girth Joint <input type="radio"/> Other Butt Joint <input type="radio"/> Fillet Joint </p> <p> <input type="checkbox"/> Other _____ mandatory text field_____ </p> <p>If C1. is Pipe or Pipe Girth Joint, answer C1.a:</p> <p style="margin-left: 40px;">C1.a Nominal Pipe Size: <u> / / / / / </u></p>	
<p>C2. Material involved in Accident: <i>(select only one)</i></p> <p> <input type="checkbox"/> Carbon Steel </p> <p> <input type="checkbox"/> Material other than Carbon Steel ➞ Specify: _____ </p> <p>If C2. is Carbon Steel, answer C2.a:</p> <p style="margin-left: 40px;">C2.a % SMYS caused by operating pressure at the time of failure: <u> / / / / / </u></p> <p>C3. Classification of pipeline system: <i>(select only one)</i></p> <p> <input type="checkbox"/> Gravity Transmission <input type="checkbox"/> Gravity Gathering <input type="checkbox"/> Reporting-Regulated Gathering </p>	

PART E – APPARENT CAUSE		<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>
E1 - Corrosion Failure – *only one sub-cause can be picked		
<input type="checkbox"/> External Corrosion		
<input type="checkbox"/> Internal Corrosion		
E2 - Natural Force Damage - *only one sub-cause can be picked		
<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		
E3 – Excavation Damage - *only one sub-cause can be picked		
<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		
E4 - Other Outside Force Damage - *only one sub-cause can be picked		
<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	