



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

**MECHANICAL FITTING FAILURE REPORT FORM
FOR CALENDAR YEAR 20____
FOR DISTRIBUTION OPERATORS**

INITIAL REPORT ☐
SUPPLEMENTAL REPORT ☐

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 1 hour per submission, 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.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME OF OPERATOR

2. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER

/ / / / /

3. HEADQUARTERS NAME & ADDRESS

Number and Street

City and County

State and Zip Code

PART B - PREPARER AND AUTHORIZED SIGNATURE

(Type or print) Preparer's Name and Title

Area Code and Telephone Number

Preparer's email address

Area Code and Facsimile Number

Preparer's address:

Number and Street

City and County

State and Zip Code

Date Submitted

Authorized Alternative Reporting Submissions Only:

Name and Title of Person Signing

Area Code and Telephone Number

Authorized Signature

PART C – MECHANICAL FITTING FAILURE DATA – (If the data about the “Manufacturer”, “Part or Model Number”, or” Lot Number” cannot be located with reasonable effort or if the data is unknown, enter “Unavailable”; do not leave data fields blank.)

- 1) State in Which Fitting Failed: _____
- 2) Date of Failure: _____
- 3) Specify the Mechanical Fitting Involved: ☐ Stab ☐ Nut Follower ☐ Bolted ☐ Other Compression Type Fitting _____
- 4) Specify the Type of Mechanical Fitting: ☐ Service or Main Tee ☐ Tapping Tee ☐ Transition Fitting ☐ Coupling ☐ Riser
☐ Adapter ☐ Valve ☐ Sleeve ☐ End Cap ☐ Other _____
- 5) Leak Location: ☐ Aboveground or ☐ Belowground;
☐ Inside or ☐ Outside;
☐ Main-to-Main or ☐ Main-to-Service or ☐ Service-to-Service or ☐ Meter Set
- 6) Year Installed: _____
- 7) Year Manufactured: _____
- 8) If Neither Year Installed or Year Manufactured is Known, Provide Decade Installed: _____
- 9) Manufacturer: _____
- 10) Part or Model Number: _____
- 11) Lot Number: _____
- 12) Other Attributes: _____
- 13) Fitting Material: ☐ Steel ☐ Plastic ☐ Combination Plastic and Steel ☐ Brass ☐ Unknown ☐ Other _____
- 14) Specify the Two Materials Being Joined:
 - a) First Pipe
 Nominal Size: ☐ 1/4" ☐ 1/2" ☐ 3/4" ☐ 1" ☐ 1-1/4" ☐ 1-1/2" ☐ 1-3/4" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" or larger
 Unit: ☐ IPS or ☐ CTS or ☐ NPS

 Material: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other _____
 ❖ If Plastic ⇨ Specify: ☐ Polyethylene (PE) ☐ Polyvinyl Chloride (PVC) ☐ Cross-linked Polyethylene (PEX)
☐ Polybutylene (PB) ☐ Polypropylene (PP) ☐ Acrylonitrile Butadiene Styrene (ABS) ☐ Polyamide (PA)
☐ Cellulose Acetate Butyrate (CAB) ☐ Other ⇨ Specify: _____
 - b) Second Pipe
 Nominal Size: ☐ 1/4" ☐ 1/2" ☐ 3/4" ☐ 1" ☐ 1-1/4" ☐ 1-1/2" ☐ 1-3/4" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" or larger
 Unit: ☐ IPS or ☐ CTS or ☐ NPS

 Material: ☐ Steel ☐ Cast/Wrought Iron ☐ Ductile Iron ☐ Copper ☐ Plastic ☐ Unknown ☐ Other _____
 ❖ If Plastic ⇨ Specify: ☐ Polyethylene (PE) ☐ Polyvinyl Chloride (PVC) ☐ Cross-linked Polyethylene (PEX)
☐ Polybutylene (PB) ☐ Polypropylene (PP) ☐ Acrylonitrile Butadiene Styrene (ABS) ☐ Polyamide (PA)
☐ Cellulose Acetate Butyrate (CAB) ☐ Other ⇨ Specify: _____
- 15) Apparent Cause of Leak:

<input type="radio"/> Corrosion	
<input type="radio"/> Natural Forces	Was there thermal expansion/contraction? <input type="radio"/> Yes <u>or</u> <input type="radio"/> No
<input type="radio"/> Excavation Damage	Time excavation damage occurred? <input type="radio"/> At time of leak discovery <u>or</u> <input type="radio"/> Previous to leak discovery
<input type="radio"/> Other Outside Force Damage	
<input type="radio"/> Material or Welds/Fusions	Was the leak due to <input type="radio"/> Material Defect <u>or</u> <input type="radio"/> Design Defect
<input type="radio"/> Equipment	
<input type="radio"/> Incorrect Operation	
<input type="radio"/> Other	Explain: _____
- 16) How did the leak occur? ☐ Leaked Through Seal or ☐ Leaked Through Body or ☐ Pulled Out
- 17) Operator's Internal Mechanical Fitting Failure Tracking Number (optional): _____
 Record Identification Number <<This number will be auto-generated by PHMSA for each submitted mechanical fitting failure report.>>