

PART B – ADDITIONAL LOCATION INFORMATION	
<p>If Onshore:</p> <p>B1. State: <u> / / </u> B2. <u> ONSHORE_CITY_NAME </u> B3. <u> ONSHORE_COUNTY_NAME </u> ONSHORE_STATE_ABBREVIATION City County or Parish</p> <p>B4. Was this onshore Accident on Federal land? <input type="radio"/> Yes <input type="radio"/> No FEDERAL</p> <p>B5. Location of Accident: <i>(select only one)</i> LOCATION_TYPE <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</p> <p style="text-align: center;">CROSSING</p> <p>B6. Did the Accident occur in a crossing?: <input type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: center;">BRIDGE_CROSSING_IND BRIDGE_TYPE</p> <p>If Yes, B6a. specify type: <input type="checkbox"/> Bridge crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased RAILROAD_TYPE RAILROAD_CROSSING_IND <input type="checkbox"/> Railroad crossing <i>(select all that apply)</i> <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled ROAD_CROSSING_IND <input type="checkbox"/> Road crossing <i>(select all that apply)</i> <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled ROAD_TYPE WATER_CROSSING_IND <input type="checkbox"/> Water crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased WATER_TYPE</p> <p>If B6a. = Water crossing, answer B6.b through e</p> <p>B6b. Name of body of water, if commonly known: <u> WATER_NAME </u></p> <p>B6c. Approx. water depth (ft) at the point of the Accident: <u> / / / / / / </u> OR <input type="radio"/> Unknown WATER_DEPTH</p> <p style="text-align: center;">WATER_SUBTYPE</p> <p>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</p> <p style="text-align: center;">YEAR_RECENT_ENG_EVALUATION</p> <p>B6e. Year of most recent engineering/risk evaluation of the crossing <u> </u> OR <input type="radio"/> None</p> <p>If Offshore:</p> <p style="text-align: center;">OFF_ACCIDENT_ORIGIN</p> <p>B7. Origin of Accident: <input type="checkbox"/> In State waters OFF_INSTATE_AREA OFF_INSTATE_BLOCK OFFSHORE_COUNTY_NAME Specify: State: <u> </u> Area: <u> </u> Block/Tract #: <u> / / / / / / </u> Nearest County/Parish: <u> </u> OFFSHORE_STATE_ABBREVIATION OCS_TYPE</p> <p><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</p> <p>Specify: Area: <u> OFF_OCS_AREA </u> Block/Tract #: <u> / / / / / / </u> OFF_OCS_BLOCK</p>	

PART C – ADDITIONAL FACILITY INFORMATION	
<p>C1. Item involved in Accident: <i>(select only one)</i> ITEM_INVOLVED PIPE_TYPE <input type="checkbox"/> Pipe ⇨ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam JOINT_SUBTYPE <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 <input type="checkbox"/> Other <u> </u> mandatory text field <u> ITEM_INVOLVED_DETAILS </u></p> <p>If C1. is Pipe or Pipe Girth Joint, answer C1.a: C1.a Nominal Pipe Size: <u> / / / / / / </u> PIPE_DIAMETER</p>	
<p>C2. Material involved in Accident: <i>(select only one)</i> MATERIAL_INVOLVED <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Material other than Carbon Steel ⇨ Specify: <u> MATERIAL_DETAILS </u></p> <p>If C2. is Carbon Steel, answer C2.a: C2.a % SMYS caused by operating pressure at the time of failure: <u> / / / / / / </u> PERCENT_PIPE_SMYS</p> <p>C3. Classification of pipeline system: <i>(select only one)</i> CLASSIFICATION_PIPELINE_SYSTEM <input type="checkbox"/> Gravity Transmission <input type="checkbox"/> Gravity Gathering <input type="checkbox"/> Reporting-Regulated Gathering</p>	

PART D – ADDITIONAL CONSEQUENCE INFORMATION	
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D1. Wildlife impact: ☒ Yes ☐ No

☐ Fish/aquatic **FISH_AQUATIC_IMPACT_IND**
☐ Birds **BIRDS_IMPACT_IND**
☐ Terrestrial **TERRESTRIAL_IMPACT_IND**

D2. Soil contamination: ☐ Yes ☐ No **LONG TERM ASSESSMENT**

D4. Anticipated remediation: ☐ Yes ☐ No (not needed) **REMEDIATION_IND**

☐ Surface water ☐ Groundwater ☐ Soil ☐ Vegetation ☐ Wildlife

D5. Water contamination: ☐ Yes \Rightarrow (Complete 5.a – 5.c below) ☐ No

☐ Ocean/Seawater OCEAN_SEAWATER_IND

☐ Surface SURFACE_CONTAM_IND

☐ Groundwater **GROUNDWATER_CONTAM_IND**
☐ Drinking water **DRINKING_WATER_CONTAM_IND** **PRIVATE_WELL_CONTAM_IND**
 (Select one or both) ☐ Private Well ☐ Public Water Intake **PUBLIC_WATER_CONTAM_IND**

D5b. Estimated amount released in or reaching water: / / / / Barrels **AMOUNT_RELEASED_BBLs**

D5c. Name of body of water, if commonly known: REL_WATER_NAME

D6a. Estimated cost of public and non-Operator private property damage \$ / / / , / / / / /

D6b. Estimated cost of commodity lost EST_COST_GAS_RELEASED \$ / / / , / / / , / / /

D6c. Estimated cost of Operator's property damage & repairs EST_COST_PROP_DAMAGE \$ / / / ./ / / / ./ / / /

D6d. Estimated cost of Operator's emergency response EST_COST_EMERGENCY \$ / / / / / / / / / / / / / /

D6d.	Estimated cost of Operator's emergency response	\$ / / / / / / / / / /
D6e.	Estimated cost of Operator's environmental remediation	\$ / / / / / / / / / /

D6e. Estimated cost of Operator's environmental remediation \$ 1 / / / 1, / / / 1, / / /

D6f. Estimated other costs	EST_COST_OTHER	\$ / / / , / / / , / / /
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Describe **EST_COST_OTHER_DETAILS**

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

NUM_PERSONS_HOSP_NOT_OVNIGHT

D7. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: _____

If a person is included in D7, do not include them in D8.

NUM_INJURED_TREATED_BY_EMT

D8. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: _____

NUM_RESIDENT_BUILDING_AFFCTD

D9. Number of residential buildings affected (evacuated or required repair): _____

NUM_BUSINESS_BUILDING_AFFCTD

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

PART E – APPARENT CAUSE CAUSE, CAUSE_DETAILS	<i>Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).</i>
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E1 - Corrosion Failure – *only one sub-cause can be picked

☐ External Corrosion

☐ Internal Corrosion

E2 - Natural Force Damage - *only one sub-cause can be picked

☐ Earth Movement, NOT due to Heavy Rains/Floods

☐ Heavy Rains/Floods

☐ Lightning

☐ Temperature

☐ High Winds

☐ Tree/Vegetation Root

☐ Snow/Ice Impact or Accumulation

☐ Other Natural Force Damage

E3 – Excavation Damage - *only one sub-cause can be picked

☐ Excavation Damage by Operator (First Party)

☐ Excavation Damage by Operator's Contractor (Second Party)

☐ Excavation Damage by Third Party

☐ Previous Damage due to Excavation Activity

E4 - Other Outside Force Damage - *only one sub-cause can be picked

☐ Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident

☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation

☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring

☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation

☐ Electrical Arcing from Other Equipment or Facility

☐ Previous Mechanical Damage NOT Related to Excavation

☐ Intentional Damage

☐ 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]

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

Field Name	Field Name Description
IYEAR	Year accident occurred, derived from accident date
LOSS_BBLs	UNINTENTIONAL_RELEASE + INTENTIONAL_RELEASE
NET_LOSS_BBLs	UNINTENTIONAL_RELEASE - RECOVERED_BBLs