



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

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date _____

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>.

PART A – GENERAL REPORT INFORMATION

Check: ☐ Original Report ☐ Supplemental Report ☐ Final Report

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

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident _____ **IDATE** _____

hr. month day year

3. Location of accident
(If offshore, do not complete a through d. See Part C.1)
- a. Latitude: **LATITUDE** _____ Longitude: **LONGITUDE** _____
(if not available, see instructions for how to provide specific location)

b. **ACCITY ACCOUNTY** _____
City, and County or Parish

c. **ACSTATE ACZIP** _____
State and Zip Code

d. Mile post/valve station ☐ or survey station no. ☐ **SURNO** _____
(whichever gives more accurate location)

4. Telephone report **TELNR** _____ **TELDT** _____

NRC Report Number month day year

5. Losses (Estimated)

Public/Community Losses reimbursed by operator:

Public/private property damage \$ **PPPRP** _____
Cost of emergency response phase \$ **EMRPRP** _____
Cost of environmental remediation \$ **ENVPRP** _____
Other Costs \$ **OPCPRP** _____
(describe) **OPCPRPO** _____

Operator Losses:

Value of product lost \$ **PRODPRP** _____
Value of operator property damage \$ **OPPRP** _____
Other Costs \$ **OOPPRP** _____
(describe) **OOPPRPO** _____

Total Costs \$ **PRPTY** _____

6. Commodity Spilled ☐ Yes ☐ No **SPILLED**
(If Yes, complete Parts a through c where applicable)

- a. Name of commodity spilled _____ **COMM**
- b. Classification of commodity spilled: **CLASS CLASS_TXT** _____
 - ☐ HVLs /other flammable or toxic fluid which is a gas at ambient conditions
 - ☐ CO₂/ N₂ or other non-flammable, non-toxic fluid which is a gas at ambient conditions
 - ☐ Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
 - ☐ Crude oil

- c. Estimated amount of commodity involved : **SPUNIT SPUNIT_TXT** _____
 - ☐ Barrels
 - ☐ Gallons (check only if spill is less than one barrel)

Amounts:
Spilled : **LOSS** _____
Recovered: **RECOV** _____

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :

(For large spills [5 barrels or greater] see Part H)

- GEN_CAUSE GEN_CAUSE_TXT**
- ☐ Corrosion ☐ Natural Forces ☐ Excavation Damage ☐ Other Outside Force Damage
- ☐ Material and/or Weld Failures ☐ Equipment ☐ Incorrect Operation ☐ Other

PART B – PREPARER AND AUTHORIZED SIGNATURE

PNAME _____
(type or print) Preparer's Name and Title

PEMAIL _____
Preparer's E-mail Address

PTEL _____
Area Code and Telephone Number

PFAX _____
Area Code and Facsimile Number

Authorized Signature _____ (type or print) Name and Title _____ Date _____

Area Code and Telephone Number _____

PART C – ORIGIN OF THE ACCIDENT (Check all that apply)											
1. Additional location information a. Line segment name or ID <u>LINE_SEG</u> b. Accident on Federal land other than Outer Continental Shelf <input type="radio"/> Yes <input type="radio"/> No IFED c. Is pipeline interstate? <input type="radio"/> Yes <input type="radio"/> No INTER		OFFSHORE Offshore: <input type="radio"/> Yes <input type="radio"/> No (complete d if offshore) d. Area <u>OFFAREA</u> Block # <u>BNUMB</u> State <u> </u> / <u> </u> / <u> </u> or Outer Continental Shelf <input type="checkbox"/> OCs OFFST									
2. Location of system involved (check all that apply) <input type="checkbox"/> Operator's Property OPPROP <input type="checkbox"/> Pipeline Right of Way PIPEROW <input type="checkbox"/> High Consequence Area (HCA)? HCA Describe HCA <u>HCADESC</u> 3. Part of system involved in accident SYSPRT SYSPRT_TXT <input type="radio"/> Above Ground Storage Tank <input type="radio"/> Cavern or other below ground storage facility <input type="radio"/> Pump/meter station; terminal/tank farm piping and equipment, including sumps <input type="radio"/> Other Specify: <u>SYSPRTO</u> <input type="radio"/> Onshore pipeline , including valve sites <input type="radio"/> Offshore pipeline , including platforms		a. Type of leak or rupture LRTYPE LRTYPE_TXT <input type="radio"/> Leak: <input type="radio"/> Pinhole <input type="radio"/> Connection Failure (complete sec. H5) LEAK <input type="radio"/> Puncture, diameter (inches) <u>PUNC_DIAM</u> <input type="radio"/> Rupture: <input type="radio"/> Circumferential – Separation RUPTURE <input type="radio"/> Longitudinal – Tear/Crack, length (inches) <u>RUPLN</u> Propagation Length, total, both sides (feet) <u>PROPLN</u> <input type="radio"/> N/A <input type="radio"/> Other <u>LRTYPEO</u> b. Type of block valve used for isolation of immediate section: Upstream: M <input type="checkbox"/> Manual A <input type="checkbox"/> Automatic R <input type="checkbox"/> Remote Control UBLKV * C <input type="checkbox"/> Check Valve Downstream: <input type="checkbox"/> Manual A <input type="checkbox"/> Automatic R <input type="checkbox"/> Remote Control DBLKV * C <input type="checkbox"/> Check Valve c. Length of segment isolated <u>SEGISO</u> ft d. Distance between valves <u>VLVDIST</u> ft SEGCONF e. Is segment configured for internal inspection tools? <input type="radio"/> Yes <input type="radio"/> No f. Had there been an in-line inspection device run at the point of failure? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know INLINE INLINE_TXT <input type="radio"/> Not Possible due to physical constraints in the system g. If Yes, type of device run (check all that apply) <input type="checkbox"/> High Resolution Magnetic Flux tool Year run: <u>DRHRMFY</u> <input type="checkbox"/> Low Resolution Magnetic Flux tool Year run: <u>DRLRMFY</u> <input type="checkbox"/> UT tool DRUT Year run: <u>DRUTY</u> <input type="checkbox"/> Geometry tool DRGEO Year run: <u>DRGEOY</u> <input type="checkbox"/> Caliper tool DRCAL Year run: <u>DRCALY</u> <input type="checkbox"/> Crack tool DRCRK Year run: <u>DRCRKY</u> <input type="checkbox"/> Hard Spot tool DRHARD Year run: <u>DRHARDY</u> <input type="checkbox"/> Other tool DROTH Year run: <u>DROTHY</u>									
If failure occurred on Pipeline , complete items a - g:											
4. Failure occurred on FAIL_OC FAIL_OC_TXT <input type="radio"/> Body of Pipe <input type="radio"/> Pipe Seam <input type="radio"/> Scraper Trap <input type="radio"/> Pump <input type="radio"/> Sump <input type="radio"/> Joint <input type="radio"/> Component <input type="radio"/> Valve <input type="radio"/> Metering Facility <input type="radio"/> Repair Sleeve <input type="radio"/> Welded Fitting <input type="radio"/> Bolted Fitting <input type="radio"/> Girth Weld Other (specify) <u>FAIL_OCO</u> Year the component that failed was installed: <u> </u> / <u> </u> / <u> </u> PRTYR 5. Maximum operating pressure (MOP) a. Estimated pressure at point and time of accident: <u>INC_PRS</u> PSIG b. MOP at time of accident: <u>MOP</u> PSIG c. Did an overpressurization occur relating to the accident? <input type="radio"/> Yes <input type="radio"/> No OPRS		1. Nominal pipe size (NPS) NPS <u> </u> / <u> </u> / <u> </u> / <u> </u> in. 2. Wall thickness WALLTHK <u> </u> / <u> </u> / <u> </u> / <u> </u> in. 3. Specification SPEC <u> </u> SMYS <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> SMYS 4. Seam type SEAM <u> </u> SMYS 5. Valve type VALVE <u> </u> MANYR 6. Manufactured by MANU <u> </u> in year <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>									
PART D – MATERIAL SPECIFICATION		PART E – ENVIRONMENT									
1. Consequences (check and complete all that apply) a. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Number of operator employees: EFAT</td> <td style="width: 50%;">Injuries EINJ</td> </tr> <tr> <td>Contractor employees working for operator: NFAT</td> <td>NINJ</td> </tr> <tr> <td>General public: GPAT</td> <td>GPINJ</td> </tr> <tr> <td>Totals: FATAL</td> <td>INJURE</td> </tr> </table> b. Was pipeline/segment shutdown due to leak? <input type="radio"/> Yes <input type="radio"/> No If Yes, how long? SHUTDAY days SHUTHR hours SHUTMIN minutes 2. Environmental Impact a. Wildlife Impact: Fish/aquatic <input type="radio"/> Yes <input type="radio"/> No FISH Birds <input type="radio"/> Yes <input type="radio"/> No BIRDS Terrestrial <input type="radio"/> Yes <input type="radio"/> No TERRESTRIAL b. Soil Contamination <input type="radio"/> Yes <input type="radio"/> No SOIL If Yes, estimated number of cubic yards: <u>SOIL_YRD</u> c. Long term impact assessment performed: <input type="radio"/> Yes <input type="radio"/> No IMPACT d. Anticipated remediation <input type="radio"/> Yes <input type="radio"/> No REMEDIAL RGROUND RSOIL RVEG RWILD If Yes, check all that apply: <input type="checkbox"/> Surface water <input type="checkbox"/> Groundwater <input type="checkbox"/> Soil <input type="checkbox"/> Vegetation <input type="checkbox"/> Wildlife		Number of operator employees: EFAT	Injuries EINJ	Contractor employees working for operator: NFAT	NINJ	General public: GPAT	GPINJ	Totals: FATAL	INJURE	1. Area of accident <input type="radio"/> In open ditch LOCKLK LOCKLK_TXT <input type="radio"/> Under pavement <input type="radio"/> Above ground <input type="radio"/> Underground <input type="radio"/> Under water <input type="radio"/> Inside/under building <input type="radio"/> Other <u>LOCKKO</u> 2. Depth of cover: <u>DEPTH_COV</u> inches 3. IGNITE <input type="radio"/> Product ignited <input type="radio"/> Yes <input type="radio"/> No EXPLO <input type="radio"/> Explosion <input type="radio"/> Yes <input type="radio"/> No EVAC <input type="checkbox"/> Evacuation (general public only) <u> </u> / <u> </u> / <u> </u> / <u> </u> people Reason for Evacuation: EVAC_REASON EVAC_REASON_TXT <input type="radio"/> Precautionary by company <input type="radio"/> Evacuation required or initiated by public official f. Elapsed time until area was made safe: STHH <u> </u> / <u> </u> / <u> </u> hr. <u> </u> / <u> </u> / <u> </u> min. STMIN e. WATER Water Contamination: <input type="radio"/> Yes <input type="radio"/> No (If Yes, provide the following) Amount in water <u> </u> barrels AMT_IN_WATER Ocean/Seawater <input type="radio"/> No <input type="radio"/> Yes OCEAN Surface <input type="radio"/> No <input type="radio"/> Yes SURFACE Groundwater <input type="radio"/> No <input type="radio"/> Yes GROUNDW Drinking water <input type="radio"/> No <input type="radio"/> Yes (If Yes, check below.) DRINK <input type="checkbox"/> Private well <input type="checkbox"/> Public water intake DRINKSRC DRINKSRC_TXT	
Number of operator employees: EFAT	Injuries EINJ										
Contractor employees working for operator: NFAT	NINJ										
General public: GPAT	GPINJ										
Totals: FATAL	INJURE										
PART F – CONSEQUENCES		PART G – REMEDIATION									

PART G – LEAK DETECTION INFORMATION

1. Computer based leak detection capability in place? ☐ Yes ☐ No **COMP_BASED**
2. Was the release initially detected by? (check one): ☐ CPM/SCADA-based system with leak detection
☐ Static shut-in test or other pressure or leak test
☐ Local operating personnel, procedures or equipment
☐ Remote operating personnel, including controllers
☐ Air patrol or ground surveillance
☐ A third party ☐ Other (specify) **DETECTEDO**
3. Estimated leak duration **DURLEAK_DAY** days **DURLEAK_HR** hours

PART H – APPARENT CAUSE

Important: There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident. Check one circle in each of the supplemental categories corresponding to the cause you indicate. See the instructions for guidance.

CAUSE CAUSE_TXT**H1 – CORROSION**

- 1.
- ☐
- External Corrosion

- 2.
- ☐
- Internal Corrosion

(Complete items a – e where applicable.)

PIPE_COAT, PIPE_COAT_TXT

- a. Pipe Coating

- ☐
- Bare
-
- ☐
- Coated

VIS_EXAM VIS_EXAM_TXT

- b. Visual Examination

- ☐
- Localized Pitting
-
- ☐
- General Corrosion
-
- ☐
- Other
- VIS_EXAMO**

COR_CAUSE COR_CAUSE_TXT

- c. Cause of Corrosion

- ☐
- Galvanic
- ☐
- Atmospheric
-
- ☐
- Stray Current
- ☐
- Microbiological
-
- ☐
- Cathodic Protection Disrupted
-
- ☐
- Stress Corrosion Cracking
-
- ☐
- Selective Seam Corrosion
-
- ☐
- Other
- COR_CAUSEO**

PROT

- d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?

- ☐
- No
- ☐
- Yes, Year Protection Started: / / / / /
- CPYR**

PREV_DAM

- e. Was pipe previously damaged in the area of corrosion?

- ☐
- No
- ☐
- Yes ⇒ Estimated time prior to accident: / / / years / / / months
- PREV_DAM_YR PREV_DAM_MO**
- Unknown
- ☐
- PREV_DAM_UK**

H2 – NATURAL FORCES

3. ☐ **EARTH_MOVE** Earth Movement ⇒ ☐ **EARTH_MOVE_TXT** Earthquake ☐ Subsidence ☐ Landslide ☐ Other **EARTH_MOVEO**
4. ☐ Lightning
5. ☐ **FLOODS** Heavy Rains/Floods ⇒ ☐ **FLOODS_TXT** Washouts ☐ Flotation ☐ Mudslide ☐ Scouring ☐ Other **FLOODSO**
6. ☐ **TEMPER** Temperature ⇒ ☐ **TEMPER_TXT** Thermal stress ☐ Frost heave ☐ Frozen components ☐ Other **TEMPERO**
7. ☐ High Winds

H3 – EXCAVATION DAMAGE

- 8.
- ☐
- Operator Excavation Damage (including their contractors/Not Third Party)

- 9.
- ☐
- Third Party (complete a-f)

- a. Excavator group

THIRD_PARTY_GRP THIRD_PARTY_GRP_TXT

- ☐
- General Public
- ☐
- Government
- ☐
- Excavator other than Operator/subcontractor

THIRD_PARTY_TYPE THIRD_PARTY_TYPE_TXT

- b. Type: ☐ Road Work ☐ Pipeline ☐ Water ☐ Electric ☐ Sewer ☐ Phone/Cable
☐ Landowner-not farming related ☐ Farming ☐ Railroad
☐ Other liquid or gas transmission pipeline operator or their contractor
☐ Nautical Operations ☐ Other **THIRD_PARTY_TYPEO**

EXCAV_TYPE EXCAV_TYPE_TXT

- c. Excavation was:
- ☐
- Open Trench
- ☐
- Sub-strata (boring, directional drilling, etc...)

EXCAV_ON

- d. Excavation was an ongoing activity (Month or longer)
- ☐
- Yes
- ☐
- No If Yes, Date of last contact / / /

NOTIF

- e. Did operator get prior notification of excavation activity?

- ☐
- Yes; Date received: / / / mo. / / / day / / / / / yr.
- ☐
- No
- NOTIF_DATE**

- Notification received from:
- ☐
- One Call System
- ☐
- Excavator
- ☐
- Contractor
- ☐
- Landowner
- NOTIF_RCVD_TXT**

- MARKED**
- f. Was pipeline marked as result of location request for excavation?
- ☐
- No
- ☐
- Yes (If Yes, check applicable items i - iv)

- TEMP_MARK**
- i. Temporary markings:
- ☐
- Flags
- ☐
- Stakes
- ☐
- Paint
- TEMP_MARK_TXT**

- PERM_MARK**
- ii. Permanent markings:
- ☐

- ACC_MARK**
- iii. Marks were (check one):
- ☐
- Accurate
- ☐
- Not Accurate
- ACC_MARK_TXT**

- MKD_IN_TIME**
- iv. Were marks made within required time?
- ☐
- Yes
- ☐
- No

H4 – OTHER OUTSIDE FORCE DAMAGE

- 10.
- ☐
- FIRE_EXPLO**
- Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause:
- ☐
- Man made
- ☐
- Natural
- FIRE_EXPLO_TXT**

- 11.
- ☐
- Car, truck or other vehicle not relating to excavation activity damaging pipe

- 12.
- ☐
- Rupture of Previously Damaged Pipe

- 13.
- ☐
- Vandalism

H5 – MATERIAL AND/OR WELD FAILURES**Material**

14. ☐ **PIPE_BODY** ⇒ ☐ **PIPE_BODY_TXT** ☐ Dent ☐ Gouge ☐ Bend ☐ Arc Burn ☐ Other **PIPE_BODYO**
15. ☐ **COMPONENT** ⇒ ☐ **COMPONENT_TXT** ☐ Valve ☐ Fitting ☐ Vessel ☐ Extruded Outlet ☐ Other **COMPONENTO**
16. ☐ **JOINT** ⇒ ☐ **JOINT_TXT** ☐ Gasket ☐ O-Ring ☐ Threads ☐ Other **JOINTO**

Weld

17. ☐ **BUTT** ⇒ ☐ **BUTT_TXT** ☐ Pipe ☐ Fabrication ☐ Other **BUTTO**
18. ☐ **FILLET** ⇒ ☐ **FILLET_TXT** ☐ Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other **FILLETO**
19. ☐ **PIPE_SEAM** ⇒ ☐ LF ERW ☐ DSAW ☐ Seamless ☐ Flash Weld ☐ Other **PIPE_SEAMO**
- PIPE_SEAM_TXT** ☐ HF ERW ☐ SAW ☐ Spiral

Complete a-g if you indicate **any** cause in part H5.

- a. Type of failure: **FAIL_TYPE** **FAIL_TYPE_TXT**
☐ Construction Defect ⇒ ☐ **CONS_DEF** **CONS_DEF_TXT** ☐ 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
- c. Was part which leaked pressure tested before accident occurred? ☐ Yes, complete d-g ☐ No **PRS_TEST**
- d. Date of test: ____/____/____ yr. ____/____/____ mo. ____/____/____ day **TEST_DATE**
- e. Test medium: **TEST_MED** **TEST_MED_TXT**
☐ Water ☐ Inert Gas ☐ Other **TEST_MEDO**
- f. Time held at test pressure: ____/____/____ hr. **TEST_TP**
- g. Estimated test pressure at point of accident: **TEST_PRS** PSIG

H6 – EQUIPMENT

20. ☐ **MALFUNC** **MALFUNC_TXT** ⇒ ☐ Control valve ☐ Instrumentation ☐ SCADA ☐ Communications
☐ Block valve ☐ Relief valve ☐ Power failure ☐ Other **MALFUNCO**
21. ☐ **THREADS** **THREADS_TXT** ⇒ ☐ Nipples ☐ Valve Threads ☐ Dresser Couplings ☐ Other **THREADSO**
22. ☐ **SEAL** **SEAL_TXT** ⇒ ☐ Gasket ☐ O-Ring ☐ Seal/Pump Packing ☐ Other **SEALO**

H7 – INCORRECT OPERATION

23. ☐ **IO_TYPE** **IO_TYPE_TXT**
a. Type: ☐ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures
☐ Other **IO_TYPEO**
- b. Number of employees involved who failed a post-accident test: drug test: ____/____/____ **IO_DRUG** alcohol test ____/____/____ **IO_ALCO**

H8 – OTHER

24. ☐ **MISC** **MISC_TXT** Miscellaneous, describe: _____
25. ☐ **UNKNOWN** **UNKNOWN_TXT**
☐ Investigation Complete ☐ Still Under Investigation (submit a supplemental report when investigation is complete)

PART I – 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
IYEAR	<i>Year accident occurred, derived from accident date</i>