



Report Date REPORT\_RECEIVED\_DATE  
 No. REPORT\_NUMBER  
SUPPLEMENTAL\_NUMBER  
 (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 PHMSA Pipeline Safety Community Web Page at <https://www.phmsa.dot.gov/pipeline/library/forms>.

Report Type: (select all that apply) ☐ Original ☐ Supplemental ☐ Final

A3d. Zip Code: *auto-populated based on OPID* /   /   /   /   /   / - /   /   /   /   / **OPERATOR POSTAL\_CODE**

Longitude: - / / / . / / / / / LOCATION\_LONGITUDE

RECOVERED\_BBLs

<p>A10. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No <b>FATALITY_IND</b></p> <p>If Yes, specify the number in each category:</p> <p>A10a. Operator employees <b>NUM_EMP_FATALITIES</b>  <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A10b. Contractor employees <b>NUM_CONTR_FATALITIES</b>  working for the Operator <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A10c. Non-Operator <b>NUM_ER_FATALITIES</b>  emergency responders <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A10d. Workers working on the <b>NUM_WORKER_FATALITIES</b>  right-of-way, but NOT associated with this Operator <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A10e. General public <b>NUM_GP_FATALITIES</b>  <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A10f. Total fatalities (sum of above) <i>calculated</i> <b>FATAL</b></p>	<p><b>INJURY_IND</b></p> <p>A11. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>A11a. Operator employees <b>NUM_EMP_INJURIES</b>  <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A11b. Contractor employees <b>NUM_CONTR_INJURIES</b>  working for the Operator <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A11c. Non-Operator <b>NUM_ER_INJURIES</b>  emergency responders <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A11d. Workers working on the <b>NUM_WORKER_INJURIES</b>  right-of-way, but NOT associated with this Operator <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A11e. General public <b>NUM_GP_INJURIES</b>  <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div></p> <p>A11f. Total injuries (sum of above) <i>calculated</i> <b>INJURE</b></p>
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A12. formerly E8. What was the Operator's initial indication of the Failure? (*select only one*) **ACCIDENT\_IDENTIFIER**

- ☐ CPM leak detection system  
☐ SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations)  
☐ Static Shut-in Test or Other Pressure or Leak Test  
☐ Controller  
☐ Air Patrol  
☐ Notification from Public  
☐ Notification from Third Party that caused the Accident
- ☐ Local Operating Personnel, including contractors  
☐ Ground Patrol by Operator or its contractor  
☐ Notification from Emergency Responder  
☐ Other **ACCIDENT\_DETAILS**

A12a. formerly E8.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify the following: (*select only one*)

**OPERATOR\_TYPE** ☐ Operator employee ☐ Contractor working for the Operator

A13. Formerly A18.a Local time Operator identified failure **INCIDENT\_IDENTIFIED\_DATETIME**  
**SYSTEM\_PART\_INVOLVED** \_\_\_\_\_  
Hour Month Day Year

A14. formerly C2 Part of system involved in Accident: (*select only one*)

- ☐ Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances  
☐ Onshore Terminal/Tank Farm Equipment and Piping  
☐ Onshore Equipment and Piping Associated with Belowground Storage  
☐ Onshore Pump/Meter Station Equipment and Piping  
☐ Onshore Pipeline, Including Valve Sites  
☐ Offshore Platform/Deepwater Port, Including Platform-mounted Equipment and Piping  
☐ Offshore Pipeline, Including Riser and Riser Bend

**ON\_OFF\_SHORE**

A15. formerly B1 *Auto-populated based on A14* Was the origin of the Accident onshore?

☐ Yes (*Complete Questions B3-B12*) ☐ No (*Complete Questions B13-B15*)

**STATUS\_WHEN\_IDENTIFIED**

A16. Operational Status at time Operator identified failure (*select only one*)

- ☐ Post-Construction Commissioning  
☐ Post-Maintenance/Repair  
☐ Routine Start-Up  
☐ Routine Shutdown  
☐ Normal Operation, include pauses between batches and during maintenance  
☐ Idle

**SHUTDOWN\_DUE\_ACCIDENT\_IND**

A17. formerly A14. If Operational Status = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the Accident?

☐ Yes ☐ No ☐ Explain: **SHUTDOWN\_EXPLAIN**

If Yes, complete Questions A17.a and A17.b: (*use local time, 24-hr clock*)

A17a. formerly A14.a Local time and date of shutdown **SHUTDOWN\_DATETIME**  
Hour Month Day Year

A17b. formerly A14.b Local time pipeline/facility restarted **RESTART\_DATETIME**  
Hour Month Day Year **STILL\_SHUTDOWN\_IND**  
☐ Still shut down\*

\*Supplemental Report required

If A12 = Notification from Emergency Responder, skip A18.a through A18.c.

**COMMUNICATION\_STATE\_FED\_IND**

A18a. Did the operator communicate with Local, State, or Federal Emergency Responders about the accident? ☐ Yes ☐ No

If No, skip A18b. and A18c

**PARTY\_INITIATED\_COMMUNICATION**

A18b. Which party initiated communication about the accident? ☐ Operator ☐ Local/State/Federal Emergency Responder

A18c. Local time of initial Operator and Local/State/Federal Emergency Responder communication **INITIAL\_RESPONDER\_COM\_DATETIME**

Hour Month Day Year

A19. formerly A18.b Local time Operator responders arrived on site **ON\_SITE\_DATETIME**  
Hour Month Day Year

**CONFIRMED\_DISCOVERY\_DATETIME**

A20. Local time of confirmed discovery  
Hour Month Day Year

**NRC\_RPT\_DATETIME**

A21a. formerly A7. Local time (24-hr clock) and date of initial operator report to the National Response Center:

Hour Month Day Year

**NRC\_RPT\_NUM**

A21b. formerly A6. Initial Operator National Response Center Report Number OR ☐ NRC Notification Not Required OR  
☐ NRC Notification Required But Not Made

A21c. Additional NRC Report numbers submitted by the operator: **ADDITIONAL\_NRC\_REPORT\_NUMBERS**

**IGNITE\_IND**

A22. formerly A15. Did the commodity ignite? ☐ Yes ☐ No If Yes, answer A22.a through d:



<b>PART B – INCIDENT LOCATION INFORMATION</b>	
B1. formerly B7. Pipeline/Facility name:	<u>PIPE_FAC_NAME</u>
B2. formerly B8. Segment name/ID:	<u>SEGMENT_NAME</u>
If Onshore:	
B3. State: / /	<u>ONSHORE_POSTAL_CODE</u>
B4. Zip Code: / / - / /	
B5. <u>ONSHORE_CITY_NAME</u> City	B6. <u>ONSHORE_COUNTY_NAME</u> County or Parish
B7. Operator-designated location: (select only one)	
<u>DESIGNATED_NAME</u>	<input type="checkbox"/> Milepost (specify in shaded area below) <input type="checkbox"/> Survey Station No. (specify in shaded area below)
B8. / / / / / / / / / / / / / / / /	
B9. Was this onshore Accident on Federal land? <input type="radio"/> Yes <input type="radio"/> No    FEDERAL	
B10. Location of Accident: (select only one)	
<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	
B11. Area of Accident (as found): (select only one)	
<input type="checkbox"/> Tank, including attached appurtenances <input type="checkbox"/> Underground ⇒ Specify: <input type="radio"/> Under soil <input type="radio"/> Under a building <input type="radio"/> Under pavement <input type="radio"/> Exposed due to excavation <input type="radio"/> Exposed due to loss of cover <input type="radio"/> In underground enclosed space (e.g., vault) <input type="radio"/> Other _____	
B11a. Depth-of-Cover (in): / , / / / / OR <input type="radio"/> Unknown	
<input type="checkbox"/> Aboveground ⇒ Specify: <input type="radio"/> Typical aboveground facility piping or appurtenance <input type="radio"/> Overhead crossing <input type="radio"/> Inside a building <input type="radio"/> In or spanning an open ditch <input type="radio"/> Inside other enclosed space <input type="radio"/> Other _____	
<input type="checkbox"/> Transition Area ⇒ Specify: <input type="radio"/> Soil/air interface <input type="radio"/> Wall sleeve <input type="radio"/> Pipe support or other close contact area <input type="radio"/> Other _____	
B12. Did the Accident occur in a crossing?: <input type="radio"/> Yes <input type="radio"/> No    If B12 is Yes, specify type:	
<input type="checkbox"/> Bridge crossing    Specify: <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Railroad crossing (select all that apply) <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled <input type="radio"/> Road crossing (select all that apply) <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    Name of body of water, if commonly known: _____	
Approx. water depth (ft) at the point of the Accident: / / / / / / OR <input type="radio"/> Unknown (select only one of the following)	
<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	
Is this water crossing 100 feet or more in length from high water mark to high water mark? <input type="radio"/> Yes <input type="radio"/> No	
If Offshore:	
B13. Approximate water depth (ft.) at the point of the Accident: / / / / / /	
B14. Origin of Accident: <input type="checkbox"/> In State waters <input type="checkbox"/> On the Outer Continental Shelf (OCS) (select only one)	
Specify: State: _____ Area: _____ Block/Tract #: / / / / / Nearest County/Parish: _____	
Specify: Area: _____ Block/Tract #: / / / / /	
B15. Area of Accident: (select only one)	
<input type="checkbox"/> Shoreline/Bank/Marsh crossing or shore approach <input type="checkbox"/> Below water, pipe buried or jetted below seabed <input type="checkbox"/> Below water, pipe on or above seabed <input type="checkbox"/> Splash Zone of riser <input type="checkbox"/> Portion of riser outside of Splash Zone, including riser bend <input type="checkbox"/> Platform	

PART C – ADDITIONAL FACILITY INFORMATION	
<p>C1. Is the pipeline or facility: <span style="color: red;">PIPE_FACILITY_TYPE</span></p> <p><input type="checkbox"/> Interstate</p> <p><input type="checkbox"/> Intrastate</p> <p>C2. reserved</p>	
<p><span style="color: red;">ITEM_INVOLVED</span></p> <p>C3. Item involved in Accident: (select only one) <span style="color: red;">PIPE_TYPE</span></p> <p><input type="checkbox"/> Pipe ⇨ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam <span style="color: red;">PUDDLE_WELD_IND</span></p> <p style="margin-left: 40px;">If Pipe Body: Was this a puddle/spot weld? <input type="radio"/> Yes <input type="radio"/> No</p> <p style="margin-left: 40px;">C3a. Nominal Pipe Size: <span style="color: red;">PIPE_DIAMETER</span> <u>      /      /      /      /      /      </u></p> <p style="margin-left: 40px;">C3b. Wall thickness (in): <span style="color: red;">PIPE_WALL_THICKNESS</span> <u>      /      /      /      /      /      </u></p> <p style="margin-left: 40px;">C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): <span style="color: red;">PIPE_SMYS</span> <u>      /      /      /      /      /      </u></p> <p style="margin-left: 40px;">C3d. Pipe specification: <span style="color: red;">PIPE_SPECIFICATION</span> OR <input type="radio"/> Unknown</p> <p style="margin-left: 40px;"><span style="color: red;">PIPE_SEAM_TYPE</span></p> <p style="margin-left: 40px;">C3e. Pipe Seam ⇨ Specify: <input type="radio"/> ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded</p> <p><input type="radio"/> ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency</p> <p><input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless</p> <p><input type="radio"/> Other, describe: <span style="color: red;">PIPE_SEAM_DETAILS</span></p> <p style="margin-left: 40px;">C3f. Pipe manufacturer: <span style="color: red;">PIPE_MANUFACTURER</span> OR <input type="radio"/> Unknown</p> <p style="margin-left: 40px;"><span style="color: red;">PIPE_COATING_TYPE</span></p> <p style="margin-left: 40px;">C3g formerly C3.h Pipeline coating type at point of Accident</p> <p style="margin-left: 80px;">⇨ Specify: <input type="radio"/> Fusion Bonded Epoxy (FBE) <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene</p> <p><input type="radio"/> Epoxy other than FBE <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other, describe: <span style="color: red;">PIPE_COATING_DETAILS</span></p> <p style="margin-left: 40px;"><span style="color: red;">COATING_APPLIED_IND</span></p> <p style="margin-left: 40px;">C3h. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p style="margin-left: 40px;"><span style="color: red;">WELD_SUBTYPE</span></p> <p><input type="checkbox"/> Weld, including heat-affected zone ⇨ Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld</p> <p style="margin-left: 40px;">If Pipe Girth Weld is selected, complete items C3a through h above. Are any of the C3b through h values different on either side of the girth weld? <input type="radio"/> Yes <input type="radio"/> No <span style="color: red;">DIFFERENT_GIRTH_WELD_IND</span></p> <p style="margin-left: 40px;">If Yes, enter the different value(s) below:</p> <p style="margin-left: 40px;">C3i. Wall thickness (in): <span style="color: red;">DIFF_GIRTH_WELD_WALL_THICKNESS</span> <u>      /      /      /      /      /      </u></p> <p style="margin-left: 40px;">C3j. SMYS (Specified Minimum Yield Strength) of pipe (psi): <span style="color: red;">DIFF_GIRTH_WELD_SMYS</span> <u>      /      /      /      /      /      </u></p> <p style="margin-left: 40px;">C3k. Pipe specification: <span style="color: red;">DIFF_GIRTH_WELD_SPECIFICATION</span> OR <input type="radio"/> Unknown</p> <p style="margin-left: 40px;"><span style="color: red;">DIFF_GIRTH_WELD_SEAM_TYPE</span></p> <p style="margin-left: 40px;">C3l. Pipe Seam ⇨ Specify: <input type="radio"/> ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded</p> <p><input type="radio"/> ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> ERW – Unknown Frequency</p> <p><input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless</p> <p><input type="radio"/> Other, describe: <span style="color: red;">DIFF_GIRTH_WELD_SEAM_DETAIL</span></p> <p style="margin-left: 40px;">C3m. Pipe manufacturer: <span style="color: red;">DIFF_GIRTH_WELD_MANUFACTURER</span> OR <input type="radio"/> Unknown</p> <p style="margin-left: 40px;"><span style="color: red;">DIFF_GIRTH_WELD_COATING_TYPE</span></p> <p style="margin-left: 40px;">C3n. Pipeline coating type at point of Accident</p> <p style="margin-left: 80px;">⇨ Specify: <input type="radio"/> Fusion Bonded Epoxy (FBE) <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene</p> <p><input type="radio"/> Epoxy other than FBE <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other, describe: <span style="color: red;">DIFF_GIRTH_WELD_COATING_DETAIL</span></p> <p style="margin-left: 40px;"><span style="color: red;">DIFF_GIRTH_WELD_CTNG_APPLD_IND</span></p> <p style="margin-left: 40px;">C3o. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p style="margin-left: 40px;"><span style="color: red;">VALVE_MAINLINE_TYPE</span> <span style="float: right;"><span style="color: red;">VALVE_MAINLINE_DETAILS</span></span></p> <p><input type="checkbox"/> Valve <input type="radio"/> Mainline ⇨ Specify: <input type="radio"/> Butterfly <input type="radio"/> Check <input type="radio"/> Gate <input type="radio"/> Plug <input type="radio"/> Ball <input type="radio"/> Globe <input type="radio"/> Other, describe: <span style="color: red;">VALVE_TYPE</span></p> <p style="margin-left: 40px;">C3p. formerly C3.i Mainline valve manufacturer: <span style="color: red;">VALVE_MANUFACTURER</span> OR <input type="radio"/> Unknown</p> <p style="margin-left: 80px;"><input type="radio"/> Relief Valve – including thermal and pressure. Report tank relief valves under the Tank/Vessel, Relief Valve</p> <p style="margin-left: 80px;"><input type="radio"/> Auxiliary or Other Valve – report auxiliary valves on tanks under Tank/Vessel, Appurtenance</p> <p><input type="checkbox"/> Pump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.</p> <p style="margin-left: 40px;">C3q. Type of pump <span style="color: red;">PUMP_TYPE</span></p> <p style="margin-left: 60px;"><input type="checkbox"/> Positive displacement</p> <p style="margin-left: 60px;"><input type="checkbox"/> Centrifugal</p> <p style="margin-left: 60px;"><input type="checkbox"/> Gear</p> <p style="margin-left: 60px;"><input type="checkbox"/> Other (specify): <span style="color: red;">PUMP_TYPE_DETAILS</span></p> <p style="margin-left: 40px;">C3r. Type of service <span style="color: red;">PUMP_SERVICE_TYPE</span></p> <p style="margin-left: 60px;"><input type="checkbox"/> Mainline</p> <p style="margin-left: 60px;"><input type="checkbox"/> Injection</p> <p style="margin-left: 60px;"><input type="checkbox"/> Truck rack (if on terminal side of truck rack canopy)</p> <p style="margin-left: 60px;"><input type="checkbox"/> Other (specify): <span style="color: red;">PUMP_SERVICE_TYPE_DETAILS</span></p> <p><input type="checkbox"/> Meter/Prover, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.</p> <p><input type="checkbox"/> Scraper/Pig Trap, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.</p> <p><input type="checkbox"/> Sump, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.</p>	

- ☐ Filter, Strainer, Separator, including auxiliary piping, connections, and equipment, but excluding product drain lines and tubing.
- ☐ Repair Sleeve or Clamp
- ☐ Tapping Equipment
- ☐ Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.)
- ☐ Flange Assembly, including Gaskets
- ☐ Relief Lines and Relief Equipment
- ☐ Drain Lines
- ☐ Tubing, including Fittings
- C3s. Tubing material **TUBING\_MATERIAL**
- ☐ Stainless steel
- ☐ Carbon steel
- ☐ Copper
- ☐ Other
- C3t. Type of tubing **TUBING\_TYPE**
- ☐ Rigid
- ☐ Flexible
- ☐ Instrumentation, including Programmable Logic Controllers and Controls
- ☐ Tank/Vessel ⇒ C3u. Specify: ☐ Single Bottom System ☐ Double Bottom System ☐ Tank Shell ☐ Chime ☐ Roof/Roof Seal
- TANK\_VESSEL\_SUBTYPE** ☐ Roof Drain System ☐ Mixer ☐ Pressure Vessel Head or Wall ☐ Appurtenance
- TANK\_TYPE** ☐ Relief Valve ☐ Other, describe: **TANK\_VESSEL\_DETAILS**
- C3v. formerly part of C2. Tank Type ☐ Atmospheric ☐ Pressurized
- If C3v. = Pressurized: **TANK\_MAX\_PRESSURE**
- C3v1. Tank Maximum Operating Pressure
- C3v2. What is the set point of the primary pressure relief device on the tank? **TANK\_SET\_POINT\_RELIEF\_DEVICE**
- C3v3. Did the thermal or pressure relief valve activate? ☐ Yes ☐ No **TANK\_RELIEF\_VALVE\_ACTVTD\_IND**
- C3v4. Was the MOP of the tank exceeded? ☐ Yes ☐ No **TANK\_MOP\_EXCEEDED\_IND**
- If C3v = Atmospheric or Low Pressure:
- C3v5. Safe-Fill-Level (in feet) at the time of the accident? **SAFE\_FILL\_LEVEL**
- C3v6. Was the SafeFill-Level exceeded? ☐ Yes ☐ No **SAFE\_FILL\_LEVEL\_EXCEEDED\_IND** **API\_STD\_OUT\_OF\_SERVICE\_YEAR** **API\_STD\_OUT\_OF\_SRVC\_NONE\_IND**
- C3v7. formerly G1, 14.a Year of most recent API Std 653 Out-of-Service Inspection / / / / / OR ☐ None
- C3v8. formerly G1, 14.b API Std 653 In-Service Inspection / / / / / OR ☐ No In-Service Inspection completed
- API\_STD\_IN\_SERVICE\_YEAR** **API\_STD\_NO\_IN\_SERVICE\_IND**
- ☐ Other \_\_\_\_\_ mandatory text field **ITEM\_INVOLVED\_DETAILS**
- C4. Year item involved in Accident was installed: / / / / / OR ☐ Unknown
- INSTALLATION\_YEAR**
- C4a. Year item involved in Accident was manufactured: / / / / / OR ☐ Unknown
- MANUFACTURED\_YEAR**

C5. Material involved in Accident: (select only one) **MATERIAL\_INVOLVED**

- ☐ Carbon Steel
- ☐ Material other than Carbon Steel ⇒ Specify: **MATERIAL\_DETAILS**
- RELEASE\_TYPE**

C6. Type of Accident involved: (select only one)

- PUNCTURE\_AXIAL** **PUNCTURE\_CIRCUM**
- ☐ Mechanical Puncture ⇒ Approx. size: / / / / / in. (axial) by / / / / / in. (circumferential)
- LEAK\_TYPE**
- ☐ Leak ⇒ Select Type: ☐ Pinhole ☐ Crack ☐ Connection Failure ☐ Seal or Packing ☐ Other **LEAK\_TYPE\_OTHER**
- ☐ Rupture ⇒ Select Orientation: ☐ Circumferential ☐ Longitudinal ☐ Other **RUPTURE\_DETAILS**
- RUPTURE\_ORIENT** **RUPTURE\_WIDTH**
- Approx. size: / / / / / in. (widest opening) by / / / / / in. (length circumferentially or axially)
- RUPTURE\_LENGTH**
- ☐ Overfill or Overflow
- ☐ Other ⇒ Describe: **RELEASE\_TYPE\_DETAILS**

#### PART D – ADDITIONAL CONSEQUENCE INFORMATION

- D1. Wildlife impact: ☐ Yes ☐ No **WILDLIFE\_IMPACT\_IND**
- D1a If Yes, specify all that apply:
- ☐ Fish/aquatic **FISH\_AQUATIC\_IMPACT\_IND**
- ☐ Birds **BIRDS\_IMPACT\_IND**
- ☐ Terrestrial **TERRESTRIAL\_IMPACT\_IND**
- D2. Soil contamination: ☐ Yes ☐ No **SOIL\_CONTAMINATION**
- D3. Long term impact assessment performed or planned: ☐ Yes ☐ No **LONG\_TERM\_ASSESSMENT**
- D4. Anticipated remediation: ☐ Yes ☐ No (not needed) **REMEDATION\_IND**
- D4a. If Yes, specify all that apply:
- SURFACE\_WATER\_REMED\_IND** **GROUNDWATER\_REMED\_IND** **VEGETATION\_REMED\_IND**
- ☐ Surface water ☐ Groundwater ☐ Soil ☐ Vegetation ☐ Wildlife **WILDLIFE\_REMED\_IND**
- SOIL\_REMED\_IND**
- D5. Water contamination: ☐ Yes ⇒ (Complete 5a – 5c below) ☐ No
- WATER\_CONTAM\_IND**
- D5a. Specify all that apply:
- ☐ Ocean/Seawater **OCEAN\_SEAWATER\_IND**



☐ Surface **SURFACE\_CONTAM\_IND**

☐ Groundwater **GROUNDWATER\_CONTAM\_IND**

☐ Drinking water **DRINKING\_WATER\_CONTAM\_IND**

**PUBLIC\_WATER\_CONTAM\_IND**

☐ Drinking water ➡ (Select one or both) ☐ Private Well ☐ Public Water Intake

D5b. Estimated amount released in or reaching water: **AMOUNT\_RELEASED** / / / / / / / / / / Barrels

D5c. Name of body of water, if commonly known: **REL\_WATER\_NAME**

D6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? ☐ Yes ☐ No **COULD\_BE\_HCA**

D7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? ☐ Yes ☐ No

**COMMODITY\_REACHED\_HCA**

D7a. If Yes, specify HCA type(s): (select all that apply)

☐ Commercially Navigable Waterway **COMMERCIALLY\_NAV\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?

☐ Yes ☐ No **COMMERCIALLY\_NAV\_YES\_NO**

☐ High Population Area **HIGH\_POP\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?

☐ Yes ☐ No **HIGH\_POP\_YES\_NO**

☐ Other Populated Area **OTHER\_POP\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?

☐ Yes ☐ No **OTHER\_POP\_YES\_NO**

☐ Unusually Sensitive Area (USA) – Drinking Water **USA\_DRINKING\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?

☐ Yes ☐ No **USA\_DRINKING\_YES\_NO**

☐ Unusually Sensitive Area (USA) – Ecological **USA\_ECOLOGICAL\_IND**

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?

☐ Yes ☐ No **USA\_ECOLOGICAL\_YES\_NO**

D8. Estimated Property Damage:

D8a. Estimated cost of public and non-Operator private property damage \$ / / / / / / / / / / **EST\_COST\_OPER\_PAID**

D8b. Estimated cost of commodity lost \$ / / / / / / / / / / **EST\_COST\_GAS\_RELEASED**

D8c. Estimated cost of Operator's property damage & repairs \$ / / / / / / / / / / **EST\_COST\_PROP\_DAMAGE**

D8d. Estimated cost of emergency response \$ / / / / / / / / / / **EST\_COST\_EMERGENCY**

D8e. Estimated cost of environmental remediation \$ / / / / / / / / / / **EST\_COST\_ENVIRONMENTAL**

D8f. Estimated other costs \$ / / / / / / / / / / **EST\_COST\_OTHER**

Describe **EST\_COST\_OTHER\_DETAILS**

D8g. Total estimated property damage (sum of above) **PRPTY** \$ calculated

**Injured Persons not included in A11** The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. **If a person is included in A11, do not include them in D9.**

**NUM\_PERSONS\_HOSP\_NOT\_OVNGHT**

D9. 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 D9, do not include them in D10.**

**NUM\_INJURED\_TREATED\_BY\_EMT**

D10. Estimated number of persons with injuries requiring treatment by EMTs at the site of accident:

**Buildings Affected**

**NUM\_RESIDENT\_BUILDING\_AFFCTD**

D11. Number of residential buildings affected (evacuated or required repair):

**NUM\_BUSINESS\_BUILDING\_AFFCTD**

D12. Number of business buildings affected (evacuated or required repair):

## PART E – ADDITIONAL OPERATING INFORMATION





E9. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?

☐ No **SCADA\_IN\_PLACE\_IND**

☐ Yes ➡

E9a. Was it operating at the time of the Accident? ☐ Yes ☐ No **SCADA\_OPERATING\_IND**

E9b. Was it fully functional at the time of the Accident? ☐ Yes ☐ No **SCADA\_FUNCTIONAL\_IND**

E9c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the initial indication of the Accident? ☐ Yes ☐ No **SCADA\_DETECTION\_IND**

E9d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Accident? ☐ Yes ☐ No **SCADA\_CONF\_IND**

**CPM\_IN\_PLACE\_IND**

E10. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?

☐ No

☐ Yes ➡

E10a. Was it operating at the time of the Accident? ☐ Yes ☐ No **CPM\_OPERATING\_IND**

E10b. Was it fully functional at the time of the Accident? ☐ Yes ☐ No **CPM\_FUNCTIONAL\_IND**

E10c. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the initial indication of the Accident? ☐ Yes ☐ No **CPM\_DETECTION\_IND**

E10d. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Accident? ☐ Yes ☐ No **CPM\_CONF\_IND**

**INVESTIGATION\_STATUS**

E11. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident? *(select only one)*

☐ Yes, but the investigation of the control room and/or controller actions has not yet been completed by the Operator *(Supplemental Report required)*

☐ No, the facility was not monitored by a controller(s) at the time of the Accident

☐ No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the Operator did not investigate)*

**INVESTIGATION\_STATUS\_DETAILS**

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☐ Yes, specify investigation result(s): *(select all that apply)* **INVEST\_SCHEDULE\_IND**

☐ Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue **INVEST\_NO\_SCHEDULE\_IND**

☐ Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue *(provide an explanation for why not)*

**INVEST\_NO\_SCHEDULE\_IND\_DETAILS**

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☐ Investigation identified no control room issues **INVEST\_NO\_CONTROL\_ROOM\_IND**

☐ Investigation identified no controller issues **INVEST\_NO\_CONTROLLER\_IND**

☐ Investigation identified incorrect controller action or controller error **INVEST\_INCORRECT\_ACTION\_IND**

☐ Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response **INVEST\_FATIGUE\_IND**

☐ Investigation identified incorrect procedures **INVEST\_INCORRECT\_PROCEDURE\_IND**

☐ Investigation identified incorrect control room equipment operation **INVEST\_INCORRECT\_CONTROL\_IND**

☐ Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response **INVEST\_MAINT\_IND**

☐ Investigation identified areas other than those above ➡ Describe: **INVEST\_OTHER\_IND\_DETAILS**

**INVEST\_OTHER\_IND**

PART F – DRUG & ALCOHOL TESTING INFORMATION	
<p>F1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug &amp; Alcohol Testing regulations? <span style="color: red;">EMPLOYEE_DRUG_TEST_IND</span></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes ➡ F1a. Specify how many were tested: <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">NUM_EMPLOYEES_TESTED</span></p> <p style="margin-left: 100px;">F1b. Specify how many failed: <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">NUM_EMPLOYEES_FAILED</span></p> <p>F2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug &amp; Alcohol Testing regulations? <span style="color: red;">CONTRACTOR_DRUG_TEST_IND</span></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes ➡ F2a. Specify how many were tested: <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">NUM_CONTRACTORS_TESTED</span></p> <p style="margin-left: 100px;">F2b. Specify how many failed: <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">NUM_CONTRACTORS_FAILED</span></p>	

PART G – APPARENT CAUSE	<i>Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).</i>
<b>G1 - Corrosion Failure</b> – *only one <b>sub-cause</b> can be picked from shaded left-hand column	
<div style="display: flex; justify-content: space-between; font-size: small; color: red; margin-bottom: 5px;"> <span>CAUSE,</span> <span>CAUSE_DETAILS</span> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; text-align: center; border: 1px solid black; margin-right: 5px;"> <input type="checkbox"/> </div> <div style="font-size: small; color: red;">             INTERNAL_EXTERNAL  <b>External Corrosion</b> </div> </div>	<ol style="list-style-type: none"> <li>1. Results of visual examination: <span style="color: red;">VISUAL_EXAM_RESULTS</span>  <input type="radio"/> Localized Pitting    <input type="radio"/> General Corrosion  <input type="radio"/> Other <span style="color: red;">VISUAL_EXAM_DETAILS</span> </li> <li>2. Type of corrosion: <i>(select all that apply)</i>  <div style="display: flex; justify-content: space-between; font-size: x-small; color: red; margin-bottom: 5px;"> <span>GALVANIC_</span> <span>ATMOSPHERE_</span> <span>STRAY_CURRENT_</span> <span>MICROBIOLOGICAL_</span> <span>SELECTIVE_SEAM_</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; color: red; margin-bottom: 5px;"> <span>CORROSION_IND</span> <span>CORROSION_IND</span> <span>CORROSION_IND</span> <span>CORROSION_IND</span> <span>CORROSION_IND</span> </div> <input type="radio"/> Galvanic    <input type="radio"/> Atmospheric    <input type="radio"/> Stray Current    <input type="radio"/> Microbiological    <input type="radio"/> Selective Seam  <input type="radio"/> Other <span style="color: red;">OTHER_CORROSION_IND, CORROSION_TYPE_DETAILS</span> </li> <li style="margin-left: 20px;"><span style="color: red;">STRAY_CURRENT_TYPE</span></li> <li>2a. If 2 is Stray Current, specify <input type="radio"/> Alternating Current    <input type="radio"/> Direct Current    AND</li> <li>2b. Describe the stray current source: <span style="color: red;">STRAY_CURRENT_DETAILS</span></li> <li>3. The type(s) of corrosion selected in Question 2 is based on the following: <i>(select all that apply)</i> <span style="color: red;">FIELD_EXAM_BASIS_IND</span>    <span style="color: red;">METALLURGICAL_BASIS_IND</span>  <input type="radio"/> Field examination    <input type="radio"/> Determined by metallurgical analysis  <input type="radio"/> Other <span style="color: red;">OTHER_BASIS_IND, CORROSION_BASIS_DETAILS</span> </li> <li>4. Was the failed item buried or submerged? <span style="color: red;">UNDERGROUND_LOCATION</span>  <input type="radio"/> Yes ➡ 4a. Was failed item considered to be under cathodic protection at the time of the Accident? <span style="color: red;">UNDER_CATHODIC_PROTECTION_IND</span>  <div style="margin-left: 40px;"> <input type="radio"/> Yes ➡ Year protection started: <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">CATHODIC_PRO_START_YEAR</span>  <input type="radio"/> No </div> <div style="margin-left: 40px; color: red; font-size: x-small;">SHIELDING_EVIDENT</div> <div style="margin-left: 40px;">4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident?  <input type="radio"/> Yes    <input type="radio"/> No </div> <div style="margin-left: 40px; color: red; font-size: x-small;">CATHODIC_SURVEY_TYPE,</div> <div style="margin-left: 40px;">4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? <i>(select all that apply)</i> <span style="color: red;">CP_ANNUAL_SURVEY_IND</span>    <span style="color: red;">CP_ANNUAL_SURVEY_YEAR</span>  <input type="radio"/> Yes, CP Annual Survey ➡ Most recent year conducted: <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">CLOSE_INTERVAL_SURVEY_IND</span>    <span style="color: red;">CLOSE_INTERVAL_SURVEY_YEAR</span>  <input type="radio"/> Yes, Close Interval Survey ➡ Most recent year conducted: <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">OTHER_CP_SURVEY_IND</span>  <input type="radio"/> Yes, Other CP Survey ➡ Most recent year conducted: <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> / <u>    </u> <span style="color: red;">OTHER_CP_SURVEY_YEAR</span>  <div style="margin-left: 40px;">Describe other CP survey <span style="color: red;">OTHER_CP_SURVEY_DETAILS</span></div> <input type="radio"/> No </div> <div style="margin-left: 40px; color: red; font-size: x-small;">EXTERNALLY_COATED</div> <div style="margin-left: 40px;"> <input type="radio"/> No ➡ 4d. Was the failed item externally coated or painted? <input type="radio"/> Yes    <input type="radio"/> No </div> </li> <li>5. Was there observable damage to the coating or paint in the vicinity of the corrosion? <span style="color: red;">PRIOR_DAMAGE</span>  <input type="radio"/> Yes    <input type="radio"/> No    <input type="radio"/> N/A Bare/Ineffectively Coated Pipe </li> </ol>

<input type="checkbox"/> <b>Internal Corrosion</b>	<p>6. Results of visual examination: <b>INT_VISUAL_EXAM_RESULTS</b>  <input type="radio"/> Localized Pitting    <input type="radio"/> General Corrosion    <input type="radio"/> Not cut open  <input type="radio"/> Other <b>INT_VISUAL_EXAM_DETAILS</b></p> <p>7. Cause of corrosion: (select all that apply) <b>INT_CORROSIVE</b> <b>INT_WATER</b> <b>INT_MICROBIOLOGICAL</b>  <input type="radio"/> Corrosive Commodity    <input type="radio"/> Water drop-out/Acid    <input type="radio"/> Microbiological    <input type="radio"/> Erosion  <input type="radio"/> Other <b>INT_OTHER_CORROSION_IND</b>, <b>INT_CORROSION_TYPE_DETAILS</b> <b>INT_EROSION_IND</b></p> <p>8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply) <b>INT_FIELD_EXAM_BASIS_IND</b> <b>INT_METALLURGICAL_BASIS_IND</b>  <input type="radio"/> Field examination    <input type="radio"/> Determined by metallurgical analysis  <input type="radio"/> Other <b>INT_OTHER_BASIS_IND</b>, <b>INT_CORROSION_BASIS_DETAILS</b></p> <p>9. Location of corrosion: (select all that apply) <b>INT_LOW_POINT</b> <b>INT_ELBOW</b> <b>INT_DEAD_LEG</b>  <input type="radio"/> Low point in pipe    <input type="radio"/> Elbow    <input type="radio"/> Dead-Leg    <input type="radio"/> Other <b>INT_OTHER_LOC_IND</b>  <b>CORROSION_INHIBITORS</b> <b>CORROSION_LOCATION_DETAILS</b></p> <p>10. Was the commodity treated with corrosion inhibitors or biocides? <input type="radio"/> Yes <input type="radio"/> No  <b>CORROSION_LINING</b></p> <p>11. Was the interior coated or lined with protective coating? <input type="radio"/> Yes <input type="radio"/> No  <b>CLEANING_DEWATERING</b></p> <p>12. Were cleaning/dewatering pigs (or other operations) routinely utilized?  <input type="radio"/> Not applicable - Not mainline pipe    <input type="radio"/> Yes    <input type="radio"/> No  <b>CORROSION_COUPONS</b></p> <p>13. Were corrosion coupons routinely utilized?  <input type="radio"/> Not applicable - Not mainline pipe    <input type="radio"/> Yes    <input type="radio"/> No</p>
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<b>G2 - Natural Force Damage</b> - *only one <b>sub-cause</b> can be picked from shaded left-hand column <b>NATURAL_FORCE_TYPE</b>	
<input type="checkbox"/> <b>Earth Movement, NOT due to Heavy Rains/Floods</b>	<p>1. Specify: <input type="radio"/> Earthquake    <input type="radio"/> Subsidence    <input type="radio"/> Landslide  <b>EARTH_SUBTYPE</b> <input type="radio"/> Other <b>NF_OTHER_DETAILS</b></p>
<input type="checkbox"/> <b>Heavy Rains/Floods</b>	<p>2. Specify: <b>HEAVY_RAINS_SUBTYPE</b>  <input type="radio"/> Washout/Scouring    <input type="radio"/> Flotation    <input type="radio"/> Mudslide    <input type="radio"/> Other <b>NF_OTHER_DETAILS</b></p>
<input type="checkbox"/> <b>Lightning</b>	<p>3. Specify: <b>LIGHTNING_SUBTYPE</b>  <input type="radio"/> Direct hit    <input type="radio"/> Secondary impact such as resulting nearby fires</p>
<input type="checkbox"/> <b>Temperature</b>	<p>4. Specify: <b>TEMPERATURE_SUBTYPE</b>  <input type="radio"/> Thermal Stress    <input type="radio"/> Frost Heave  <input type="radio"/> Frozen Components    <input type="radio"/> Other <b>NF_OTHER_DETAILS</b></p>
<input type="checkbox"/> <b>High Winds</b>	
<input type="checkbox"/> <b>Tree/Vegetation Root</b>	
<input type="checkbox"/> <b>Snow/Ice impact or Accumulation</b>	
<input type="checkbox"/> <b>Other Natural Force Damage</b>	<p>5. Describe: <b>NF_OTHER_DETAILS</b></p>
<p><b>Complete the following if any Natural Force Damage sub-cause is selected.</b> <b>NF_EXTREME_WEATHER_IND</b></p> <p>6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No  <b>NF_HURRICANE_IND</b> <b>NF_TROPICAL_STORM_IND</b> <b>NF_TORNADO_IND</b></p> <p>6a. If Yes, specify: (select all that apply)  <input type="radio"/> Hurricane    <input type="radio"/> Tropical Storm    <input type="radio"/> Tornado  <input type="radio"/> Other <b>NF_OTHER_IND</b>, <b>NF_EXTREME_WEATHER_DETAILS</b></p>	

<b>G3 – Excavation Damage</b> - *only one <b>sub-cause</b> can be picked from shaded left-hand column <b>EX_PARTY_TYPE</b>	
<input type="checkbox"/> <b>Excavation Damage by Operator (First Party)</b>	
<input type="checkbox"/> <b>Excavation Damage by Operator's Contractor (Second Party)</b>	
<input type="checkbox"/> <b>Excavation Damage by Third Party</b>	
<input type="checkbox"/> <b>Previous Damage due to Excavation Activity</b>	
<p><b>Complete the following if Excavation Damage by Third Party is selected as the sub-cause.</b></p> <p>1. Did the Operator get prior notification of the excavation activity? <input type="radio"/> Yes <input type="radio"/> No <b>PRIOR_NOTIFICATION_IND</b></p>	



### Notification Issue

- ☐ No notification made to the One-Call Center/811
- ☐ Excavator dug outside area described on ticket
- ☐ Excavator dug prior to valid start date/time
- ☐ Excavator dug after valid ticket expired
- ☐ Excavator provided incorrect notification information

### Excavation Issue

- ☐ Excavator dug prior to verifying marks by test-hole (pothole)
- ☐ Excavator failed to maintain clearance after verifying marks
- ☐ Excavator failed to protect/shore/support facilities
- ☐ Improper backfilling practices
- ☐ Marks faded or not maintained
- ☐ Improper excavation practice not listed above

### Locating Issue

Facility not marked due to:

- ☐ Abandoned facility
- ☐ Incorrect facility records/maps
- ☐ Locator error
- ☐ No response from operator/contract locator
- ☐ Incomplete marks at damage location
- ☐ Tracer wire issue
- ☐ Unlocatable Facility

Facility marked inaccurately due to:

- ☐ Abandoned facility
- ☐ Incorrect facility records/maps
- ☐ Locator error
- ☐ Tracer wire issue

### Miscellaneous Root Causes

- ☐ Deteriorated facility
- ☐ One Call Center Error
- ☐ Previous damage
- ☐ Root Cause not listed (comment required) ROOT\_CAUSE\_TYPE\_OTHER

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## G4 - Other Outside Force Damage - \*only one sub-cause can be picked from shaded left-hand column

**OUTSIDE\_FORCE\_TYPE**

<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	<b>VEHICLE_SUBTYPE</b> 1. Vehicle/Equipment operated by: ( <i>select only one</i> ) <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party If this sub-section is picked, please complete questions 5-11 below
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	2. Select one or more of the following IF an extreme weather event was a factor: <b>OSF_HURRICANE_IND</b> <b>OSF_TROPICAL_STORM_IND</b> <b>OSF_TORNADO_IND</b> <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other <b>OSF_OTHER_WEATHER_IND</b> <b>OSF_HEAVY_RAINS_IND</b> <b>OSF_OTHER_WEATHER_DETAILS</b>
<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	3. Specify: <b>INTENTIONAL_SUBTYPE</b> <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of transported commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other <b>INTENTIONAL_DETAILS</b>
<input type="checkbox"/> Other Outside Force Damage	4. Describe: <b>OSF_OTHER_DETAILS</b>

Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.

- DRIVER\_ISSUED\_CITATION\_IND**
5. Was the driver of the vehicle or equipment issued one or more citations related to the accident? ☐ Yes ☐ No ☐ Unknown
- If 5 is Yes, what was the nature of the citations (select all that apply)
- 5a. Excessive Speed **CITATION\_SPEED\_IND**
- 5b. Reckless Driving **CITATION\_RECKLESS\_IND**
- 5c. Driving Under the Influence **CITATION\_DUI\_IND**
- 5e. Other, describe: **CITATION\_OTHER\_IND, CITATION\_OTHER\_DETAIL**
- DRIVER\_IN\_CONTROL\_IND**
6. Was the driver under control of the vehicle at the time of the collision? ☐ Yes ☐ No ☐ Unknown
7. Estimated speed of the vehicle at the time of impact (miles per hour)? **ESTIMATED\_SPEED** or ☐ Unknown **ESTIMATED\_SPEED\_UNKNOWN\_IND**
- VEHICLE\_TYPE**
8. Type of vehicle? (select only one) ☐ Motorcycle/ATV ☐ Passenger Car ☐ Small Truck ☐ Bus ☐ Large Truck
- VEHICLE\_TRAVEL\_FROM**
9. Where did the vehicle travel from to hit the pipeline facility? (select only one)  
☐ Roadway ☐ Driveway ☐ Parking Lot ☐ Loading Dock ☐ Off-Road
10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet): **VEHICLE\_TRAVEL\_DISTANCE\_FT**
- PROTECTIONS\_INSTALLED\_IND**
11. At the time of the accident, were protections installed to protect the damaged pipeline facility from vehicular damage? ☐ Yes ☐ No
- If 11 is Yes, specify type of protection (select all that apply):
- 11a. Bollards/Guard Posts **PROTECTION\_BOLLARDS\_POST\_IND**
- 11b. Barricades – include Jersey barriers and fences in instructions **PROTECTION\_BARRICADES\_IND**
- 11c. Guard Rails **PROTECTION\_GUARD\_RAILS\_IND**
- 11d. Other, describe: **PROTECTION\_OTHER\_IND, PROTECTION\_OTHER\_DETAIL**



<b>G5 - Material Failure of Pipe or Weld</b>		Use this section to report material failures <b>ONLY IF</b> the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."	
		*Only one <b>sub-cause</b> can be picked from shaded left-hand column	
1. The sub-cause selected below is based on the following: <i>(select all that apply)</i>			
<div> <div>FIELD_EXAM_IND</div> <div>METALLURGICAL_IND</div> <div>OTHER_ANALYSIS_IND</div> </div> <div> <input type="checkbox"/> Field Examination         <input type="checkbox"/> Determined by Metallurgical Analysis         <input type="checkbox"/> Other Analysis <u>OTHER_ANALYSIS_DETAILS</u> </div> <div> <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i> + <u>STILL_UNDER_INVEST_IND</u> </div>			
<div> <div>FAILURE_TYPE</div> <input type="checkbox"/> <b>Design-, Construction-, Installation-, or Fabrication-related</b> </div>		2. List contributing factors: <i>(select all that apply)</i> <b>FAILURE_SUBTYPE</b> <div> <input type="checkbox"/> Fatigue- or Vibration-related: <b>FATIGUE_VIBR_RELATED</b> <div> <input type="checkbox"/> Mechanically-induced prior to installation (such as during transport of pipe)           <input type="checkbox"/> Mechanical Vibration           <input type="checkbox"/> Pressure-related           <input type="checkbox"/> Thermal           <input type="checkbox"/> Other <u>FATIGUE_VIBR_RELATED_OTHER</u> </div> </div> <div> <input type="checkbox"/> Mechanical Stress <b>MECHANICAL_STRESS</b> </div> <div> <input type="checkbox"/> Other <u>OTHER_FACTOR</u> <u>OTHER_FACTOR_DETAILS</u> </div>	
<div> <input type="checkbox"/> <b>Original Manufacturing-related (NOT girth weld or other welds formed in the field)</b> </div>			
<div> <input type="checkbox"/> <b>Environmental Cracking-related</b> </div>		<div> <b>STRESS_SUBTYPE</b> </div> <div>         3. Specify:         <div> <input type="checkbox"/> Stress Corrosion Cracking           <input type="checkbox"/> Sulfide Stress Cracking         </div> <div> <input type="checkbox"/> Hydrogen Stress Cracking           <input type="checkbox"/> Hard Spot         </div> <div> <input type="checkbox"/> Other <u>STRESS_DETAILS</u> </div> </div>	
<b>Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.</b>			
<div> <div>ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND, ADDITIONAL_PIPE_BEND_IND, ADDITIONAL_ARC_BURN_IND, ADDITIONAL_CRACK_IND</div> </div> <div>         4. Additional factors: <i>(select all that apply)</i> <input type="checkbox"/> Dent         <input type="checkbox"/> Gouge         <input type="checkbox"/> Pipe Bend         <input type="checkbox"/> Arc Burn         <input type="checkbox"/> Crack         <input type="checkbox"/> Lack of Fusion         <div>ADDITIONAL_LACK_FUSION_IND</div> </div> <div> <div>ADDITIONAL_LAMINATION_IND, ADDITIONAL_BUCKLE_IND, ADDITIONAL_WRINKLE_IND, ADDITIONAL_BURNT_STEEL_IND</div> <div> <input type="checkbox"/> Lamination           <input type="checkbox"/> Buckle           <input type="checkbox"/> Wrinkle           <input type="checkbox"/> Misalignment           <input type="checkbox"/> Burnt Steel         </div> <div> <input type="checkbox"/> Other <u>PWF_ADDITIONAL_OTHER_IND</u> <u>PWF_ADDL_MISALIGNMENT_IND</u> </div> <div>ADDITIONAL_FACTOR_DETAILS</div> </div>			

## G6 - Equipment Failure - \*only one sub-cause can be picked from shaded left-hand column

EQ\_FAILURE\_TYPE

<input type="checkbox"/> <b>Malfunction of Control/Relief Equipment</b>	<p>1. Specify: <i>(select all that apply)</i></p> <div> <div>CONTROL_VALVE_IND, ○ Control Valve COMMUNICATIONS_IND ○ Communications RELIEF_VALVE_IND ○ Relief Valve ESD_SYSTEM_FAILURE_IND ○ ESD System Failure OTHER_CONTROL_RELIEF_IND ○ Other _____</div> <div>INSTRUMENTATION_IND, ○ Instrumentation BLOCK_VALVE_IND ○ Block Valve POWER_FAILURE_IND ○ Power Failure ESD_SYSTEM_FAILURE_IND ○ ESD System Failure OTHER_CONTROL_RELIEF_IND ○ Other _____</div> <div>SCADA_IND ○ SCADA CHECK_VALVE_IND ○ Check Valve STOPPLE_CONTROL_FITTING_IND ○ Stopple/Control Fitting</div> </div> <p>OTHER_CONTROL_RELIEF_DETAILS</p>
<input type="checkbox"/> <b>Pump or Pump-related Equipment</b>	<p>OTHER_PUMP_IND</p> <p>2. Specify: ○ Seal/Packing Failure      ○ Body Failure      ○ Crack in Body ○ Appurtenance Failure      OTHER_PUMP_DETAILS ○ Other _____</p>
<input type="checkbox"/> <b>Threaded Connection/Coupling Failure</b>	<p>OTHER_STRIPPED_IND</p> <p>3. Specify: ○ Pipe Nipple      ○ Valve Threads      ○ Mechanical Coupling ○ Threaded Pipe Collar      ○ Threaded Fitting ○ Other _____ OTHER_STRIPPED_DETAILS</p>
<input type="checkbox"/> <b>Non-threaded Connection Failure</b>	<p>OTHER_NON_THREADED_IND</p> <p>4. Specify: ○ O-Ring      ○ Gasket      ○ Seal (NOT pump seal) or Packing ○ Other _____ OTHER_NON_THREADED_DETAILS</p>
<input type="checkbox"/> <b>Defective or Loose Tubing or Fitting</b>	
<input type="checkbox"/> <b>Failure of Equipment Body (except Pump), Tank Plate, or other Material</b>	
<input type="checkbox"/> <b>Other Equipment Failure</b>	<p>5. Describe: _____ FAILURE_DETAILS</p>
<p><b>Complete the following if any Equipment Failure sub-cause is selected.</b></p> <p>6. Additional factors that contributed to the equipment failure: <i>(select all that apply)</i></p> <div> <div>○ Excessive vibration      ADDITIONAL_VIBRATION_IND</div> <div>○ Overpressurization      ADDITIONAL_OVERPRESSURE_IND</div> <div>○ No support or loss of support      ADDITIONAL_SUPPORT_IND</div> <div>○ Manufacturing defect      ADDITIONAL_DEFECT_IND</div> <div>○ Loss of electricity      ADDITIONAL_ELECTRICITY_IND</div> <div>○ Improper installation      ADDITIONAL_INSTALLATION_IND</div> <div>○ Improper maintenance      ADDITIONAL_IMPROPER_MNTNCE_IND</div> <div>○ Mismatched items (different manufacturer for tubing and tubing fittings)      ADDITIONAL_MISMATCH_IND</div> <div>○ Dissimilar metals      ADDITIONAL_DISSIMILAR_IND</div> <div>○ Breakdown of soft goods due to compatibility issues with transported commodity      ADDITIONAL_BREAKDOWN_IND</div> <div>○ Valve vault or valve can contributed to the release      ADDITIONAL_VALVE_IND</div> <div>○ Alarm/status failure      ADDITIONAL_ALARM_IND</div> <div>○ Misalignment      IEF_ADDL_MISALIGNMENT_IND</div> <div>○ Thermal stress      ADDITIONAL_THERMAL_IND</div> <div>○ Erosion/Abnormal Wear      ADDITIONAL_EROSION_WEAR_IND</div> <div>○ Other      EQ_ADDITIONAL_OTHER_IND,      EQ_ADDITIONAL_OTHER_DETAILS</div> </div>	

## G7 - Incorrect Operation - \*only one sub-cause can be picked from shaded left-hand column

OPERATION\_TYPE

☐ Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage

☐ Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow

1. Specify: **OVERFLOW\_OTHER\_IND**  
☐ Valve misalignment ☐ Incorrect reference data/calculation  
☐ Miscommunication ☐ Inadequate monitoring  
☐ Other: **OVERFLOW\_OTHER\_DETAILS**

☐ Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure

☐ Pipeline or Equipment Overpressured

☐ Equipment Not Installed Properly

☐ Wrong Equipment Specified or Installed

☐ Other Incorrect Operation

2. Describe: **OPERATION\_DETAILS**

Complete the following if any Incorrect Operation sub-cause is selected.

3. Was this Accident related to: (select all that apply)

- ☐ Inadequate procedure **RELATED\_INADEQUATE\_PROC\_IND**  
☐ No procedure established **RELATED\_NO\_PROC\_IND**  
☐ Failure to follow procedure **RELATED\_FAILURE\_FOLLOW\_IND**  
☐ Other: **RELATED\_OTHER\_IND, OPERATION\_RELATED\_DETAILS**

4. What category type was the activity that caused the Accident: **CATEGORY\_TYPE**

- ☐ Construction  
☐ Commissioning  
☐ Decommissioning  
☐ Right-of-Way activities  
☐ Routine maintenance  
☐ Other maintenance  
☐ Normal operating conditions  
☐ Non-routine operating conditions (abnormal operations or emergencies)

**OPERATOR\_QUALIFICATION\_IND**

5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? ☐ Yes ☐ No

5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? **QUALIFIED\_INDIVIDUALS**

- ☐ Yes, they were qualified for the task(s)  
☐ No, but they were performing the task(s) under the direction and observation of a qualified individual  
☐ No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

## G8 – Other Accident Cause - \*only one sub-cause can be picked from shaded left-hand column

OTHER\_TYPE

☐ Miscellaneous

1. Describe: **MISC\_DETAILS**

☐ Unknown

2. Specify: **INCIDENT\_UNKNOWN\_COMMENTS**  
comment field: ☐ Investigation complete, cause of Accident unknown. Mandatory  
**UNKNOWN\_SUBTYPE** ☐ Still under investigation, cause of Accident to be determined\*  
(\*Supplemental Report required)

PART J – COMPLETED INTEGRITY INSPECTIONS

Formerly at multiple locations in Part G

Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:  
**Corrosion (any subCause in Part G1); or**  
**Previous Damage due to Excavation Activity (subCause in Part G3); or**  
**Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or**  
**Material Failure of Pipe or Weld (any subCause in Part G5)**

**COLLECTED\_DATA\_IND**

J1. Have internal inspection tools collected data at the point of the Accident?

☐ Yes ☐ No

J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs:

**AXIAL\_MAGNETIC\_FLX\_LKG\_IND**

☐ Axial Magnetic Flux Leakage

Most recent run Year: **AXIAL\_RECENT\_YEAR**

**AXIAL\_RCNT\_PROPUL\_METHOD**

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

**AXIAL\_RCNT\_ATTUNED\_DETECT**

Most recent run Attuned to Detect (select only one): ☐ Metal Loss ☐ Hard Spots ☐ Girth Weld Anomalies

**AXIAL\_RCNT\_ATND\_DTCT\_METAL**

If Metal Loss, specify (select only one):

☐ Other Describe: **AXIAL\_RCNT\_ATND\_DTCT\_DTLS**

☐ High Resolution ☐ Standard Resolution

☐ Other Describe: **AXIAL\_RCNT\_ATT\_DT\_METAL\_DTLS**

Previous run Year: **AXIAL\_PREVIOUS\_YEAR**

**AXIAL\_PREV\_PROPUL\_METHOD**

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Previous run Attuned to Detect (select only one): ☐ Metal Loss ☐ Hard Spots ☐ Girth Weld Anomalies

**AXIAL\_PREV\_ATTUNED\_DETECT**

If Metal Loss, specify (select only one):

☐ Other Describe: **AXIAL\_PREV\_ATND\_DTCT\_DTLS**

☐ High Resolution ☐ Standard Resolution

☐ Other Describe: **AXIAL\_PREV\_ATT\_DT\_METAL\_DTLS**

**CIR\_TRN\_WAVE\_MGN\_FLX\_LKG\_IND**

☐ Circumferential/Transverse Wave Magnetic Flux Leakage

Most recent run Year: **CIRC\_WAVE\_RECENT\_YEAR**

**CIRC\_WV\_RCNT\_PROPUL\_METHOD**

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Most recent run Resolution (select only one):

**CIRC\_WV\_RCNT\_RESOLUTION**

☐ High Resolution ☐ Standard Resolution

☐ Other Describe: **CIRC\_WV\_RCNT\_RESOLUTION\_DTLS**

Previous run Year: **CIRC\_WV\_PREVIOUS\_YEAR**

**CIRC\_WV\_PREV\_PROPUL\_METHOD**

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Previous run Resolution (select only one):

**CIRC\_WV\_PREV\_RESOLUTION**

☐ High Resolution ☐ Standard Resolution

☐ Other Describe: **CIRC\_WV\_PREV\_RESOLUTION\_DTLS**

**ULTRASONIC\_IND**

☐ Ultrasonic

Most recent run Year: **ULTRASONIC\_RECENT\_YEAR**

**ULTRASONIC\_RCNT\_PROPUL\_METHOD**

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Most recent run Attuned to (select only one)

**ULTRASONIC\_RCNT\_ATTUNED**

☐ Wall Measurement ☐ Crack

**ULTRA\_RCNT\_ATT\_METL\_RESOLUTION**

If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):

☐ Standard Resolution

☐ Other Describe: **ULTRA\_RCNT\_ATT\_METL\_RES\_DTLS**

Previous run Year: **ULTRA\_PREVIOUS\_YEAR**

**ULTRA\_PREV\_PROPUL\_METHOD**

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Most recent run Attuned to (select only one)

**ULTRA\_PREV\_ATTUNED**

☐ Wall Measurement ☐ Crack

**ULTRA\_PREV\_ATT\_METL\_RESOLUTION**

If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):

☐ Standard Resolution

☐ Other Describe: **ULTRA\_PREV\_ATT\_METL\_RES\_DTLS**

**GEOMETRY\_DEFORMATION\_IND**

☐ Geometry/Deformation

Most recent run Year: **GEOMETRY\_RECENT\_YEAR**

**GEOMETRY\_RCNT\_PROPUL\_METHOD**

Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Most recent run Resolution (select only one):

**GEOMETRY\_RCNT\_RESOLUTION**

☐ High Resolution ☐ Standard Resolution

☐ Other Describe: **GEOMETRY\_RCNT\_RESOLUTION\_DTLS**

**GEOMETRT\_RCNT\_MEASUR\_CUPS**

Most recent run Measurement Cups (select only one): ☐ Inside ILI Cups ☐ No Cups

Previous run Year: **GEOMETRY\_PREVIOUS\_YEAR**

**GEOMETRY\_PREV\_PROPUL\_METHOD**

Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Previous run Resolution (select only one):

**GEOMETRY\_PREV\_RESOLUTION**

☐ High Resolution ☐ Standard Resolution

☐ Other Describe: **GEOMETRY\_PREV\_RESOLUTION\_DTLS**

**GEOMETRT\_PREV\_MEASUR\_CUPS**

Previous run Measurement Cups (select only one): ☐ Inside ILI Cups ☐ No Cups

**EMAT\_IND**

- ☐ Electromagnetic Acoustic Transducer (EMAT)  
Most recent run Year: **EMAT\_RECENT\_YEAR** **EMAT\_RCNT\_PROPUL\_METHOD**  
Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered  
Previous run Year: **EMAT\_PREVIOUS\_YEAR** **EMAT\_PREV\_PROPUL\_METHOD**  
Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

**CPCM\_IND**

- ☐ Cathodic Protection Current Measurement (CPCM)  
Most recent run Year: **CPCM\_RECENT\_YEAR** **CPCM\_RCNT\_PROPUL\_METHOD**  
Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered  
Previous run Year: **CPCM\_PREVIOUS\_YEAR** **CPCM\_PREV\_PROPUL\_METHOD**  
Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

**OTHER\_TOOL\_TECH\_IND**

- ☐ Other, specify tool: **OTHER\_TOOL**  
Most recent run Year: **OTHER\_RECENT\_YEAR** **OTHER\_RCNT\_PROPUL\_METHOD**  
Most recent run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered  
Previous run Year: **OTHER\_PREVIOUS\_YEAR** **OTHER\_PREV\_PROPUL\_METHOD**  
Previous run Propulsion Method (select only one): ☐ Free Swimming ☐ Tethered

Answer J1.b only when the cause is:

Previous Damage due to Excavation Activity (subCause in Part G3); or

Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4)

**INSP\_COMPL\_BEFORE\_DAMAGE\_IND**

J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? ☐ Yes ☐ No

J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?  
(initial post construction pressure test is NOT reported here)

**HAS\_HYDRTST\_CONDUCT\_BEFORE\_IND**

**HYDRTST\_MOST\_RCNT\_YEAR**

**HYDRTST\_MOST\_RCNT\_PRESSURE**

- ☐ Yes ⇒ Most recent year tested:   /  /  /  /   Test pressure (psig):   /  /  /  /  /    
☐ No

**DIRECT\_ASMNT\_CONDUCTED**

J3. Has Direct Assessment been conducted on the pipeline segment?

**DIRECT\_ASMNT\_AT\_PNT\_ACCDNT\_YR**

- ☐ Yes, and an investigative dig was conducted at the point of the Accident ⇒ Most recent year conducted:   /  /  /  /    
☐ Yes, but the point of the Accident was not identified as a dig site ⇒ Most recent year conducted:   /  /  /  /    
☐ No **ASMNT\_ECDA\_RCNT\_IND** **DIRECT\_ASMNT\_PNT\_NOT\_IDNTF\_YR**

If J3 is Yes, J3a. For each type, indicate the year of the most recent assessment:

External Corrosion Direct Assessment (ECDA)

  /  /  /  /  

**ASMNT\_ECDA\_RCNT\_YEAR**

Other, specify type: **ASMNT\_OTHER\_TYPE**

  /  /  /  /  

**ASMNT\_OTHER\_RCNT\_YEAR**

**ASMNT\_OTHER\_RCNT\_IND**

J4. Has one or more non-destructive examination been conducted prior to the Accident at the point of the Accident since January 1, 2002?

- ☐ Yes ☐ No

**NON\_DESTRUCTIVE\_EXAM\_IND**

J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:

- |   |   |                                       |                                       |
|---|---|---------------------------------------|---------------------------------------|
| <input type="radio"/> Radiography                               | <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> | <b>EXM_RADIOGRAPHY_RCNT_IND,</b>      | <b>EXM_RADIOGRAPHY_RCNT_YEAR</b>      |
| <input type="radio"/> Guided Wave Ultrasonic                    | <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> | <b>EXM_WAVE_ULTRASONIC_RCNT_IND,</b>  | <b>EXM_WAVE_ULTRASONIC_RCNT_YEAR</b>  |
| <input type="radio"/> Handheld Ultrasonic Tool                  | <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> | <b>EXM_HANDL_ULTRASONIC_RCNT_IND,</b> | <b>EXM_HANDL_ULTRASONIC_RCNT_YEAR</b> |
| <input type="radio"/> Wet Magnetic Particle Test                | <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> | <b>EXM_WET_MGNT_PARTCL_RCNT_IND,</b>  | <b>EXM_WET_MGNT_PARTCL_RCNT_YEAR</b>  |
| <input type="radio"/> Dry Magnetic Particle Test                | <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> | <b>EXM_DRY_MGNT_PARTCL_RCNT_IND,</b>  | <b>EXM_DRY_MGNT_PARTCL_RCNT_YEAR</b>  |
| <input type="radio"/> Other, specify type <b>EXM_OTHER_TYPE</b> | <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> | <b>EXM_OTHER_RCNT_IND,</b>            | <b>EXM_OTHER_RCNT_YEAR</b>            |

**PART K – CONTRIBUTING FACTORS**

The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part K. If Contributing Factors were identified during a root cause analysis, select all that apply below and explain each in the Narrative:

**External Corrosion**

**EXTRNL\_COR\_GALVANIC\_IND**

☐ External Corrosion, Galvanic **EXTRNL\_COR\_ATMOSPHERIC\_IND**

☐ External Corrosion, Atmospheric **EXTRNL\_COR\_STRAY\_CURRENT\_IND**

☐ External Corrosion, Stray Current Induced **EXTRNL\_COR\_MICROBIOLOGIC\_IND**

☐ External Corrosion, Microbiologically Induced **EXTRNL\_COR\_SELECTIVE\_SEAM\_IND**

☐ External Corrosion, Selective Seam

**Internal Corrosion**

**INTRNL\_COR\_CORROSIVE\_CMDTY\_IND**

☐ Internal Corrosion, Corrosive Commodity **INTRNL\_COR\_WTR\_DRPOUT\_ACID\_IND**

☐ Internal Corrosion, Water drop-out/Acid **INTRNL\_COR\_MICROBIOLOGIC\_IND**

☐ Internal Corrosion, Microbiological

☐ Internal Corrosion, Erosion **INTRNL\_COR\_EROSION\_IND**

**Pipe/Weld Failure**

☐ Design-related **PWF\_DESIGN\_IND**

☐ Construction-related **PWF\_CONSTRUCTION\_IND**

☐ Installation-related **PWF\_INSTALLATION\_IND**

☐ Fabrication-related **PWF\_FABRICATION\_IND**

☐ Original Manufacturing-related **PWF\_MANUFACTURING\_IND**

**PWF\_ENV\_STRESS\_CORROSION\_IND**

☐ Environmental Cracking-related, Stress Corrosion Cracking **PWF\_ENV\_SULFIDE\_STRESS\_IND**

☐ Environmental Cracking-related, Sulfide Stress Cracking **PWF\_ENV\_HYDROGEN\_STRESS\_IND**

☐ Environmental Cracking-related, Hydrogen Stress Cracking

☐ Environmental Cracking-related, Hard Spot **PWF\_ENV\_HARD\_SPOT\_IND**

<p>Natural Forces <b>NF_EARTH_MOVEMENT_IND</b></p> <p><input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods</p> <p><input type="checkbox"/> Heavy Rains/Floods <b>NF_HEAVY_RAINS_IND</b></p> <p><input type="checkbox"/> Lightning <b>NF_LIGHTNING_IND</b></p> <p><input type="checkbox"/> Temperature <b>NF_TEMPERATURE_IND</b></p> <p><input type="checkbox"/> High Winds <b>NF_HIGH_WINDS_IND</b></p> <p><input type="checkbox"/> Tree/Vegetation Root <b>NF_VEGITATION_ROOT_IND</b></p> <p>Excavation Damage <b>EXCVTN_DMG_OPERATOR_IND</b></p> <p><input type="checkbox"/> Excavation Damage by Operator (First Party) <b>EXCVTN_DMG_OP_CONTRACTOR_IND</b></p> <p><input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) <b>EXCVTN_DMG_THIRD_PARTY_IND</b></p> <p><input type="checkbox"/> Excavation Damage by Third Party <b>EXCVTN_DMG_PREVIOUS_DAMAGE_IND</b></p> <p><input type="checkbox"/> Previous Damage due to Excavation Activity</p> <p>Other Outside Force <b>OSF_NEARBY_INDUSTRIAL_IND</b></p> <p><input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion <b>OSF_VEHICLE_IND</b></p> <p><input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation <b>OSF_BOAT_IND</b></p> <p><input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment <b>OSF_OTHER_MARITIME_IND</b></p> <p><input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation <b>OSF_ELECTRICAL_ARCING_IND</b></p> <p><input type="checkbox"/> Electrical Arcing from Other Equipment or Facility</p> <p><input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation <b>OSF_PREVIOUS_MECHANICAL_IND</b></p> <p><input type="checkbox"/> Intentional Damage <b>OSF_INTENTIONAL_IND</b></p>	<p>Equipment Failure <b>EQF_CONTROL_RELEASE_IND</b></p> <p><input type="checkbox"/> Malfunction of Control/Relief Equipment <b>EQF_PUMP_EQUIPMENT_IND</b></p> <p><input type="checkbox"/> Pump or Pump-related Equipment <b>EQF_THREADED_COUPLING_IND</b></p> <p><input type="checkbox"/> Threaded Connection/Coupling Failure</p> <p><input type="checkbox"/> Non-threaded Connection Failure <b>EQF_NON_THREADED_IND</b></p> <p><input type="checkbox"/> Defective or Loose Tubing or Fitting <b>EQF_DEFECTIVE_FITTING_IND</b></p> <p><input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material <b>EQF_EQUIPMENT_BODY_IND</b></p> <p>Incorrect Operation <b>IO_DAMAGE_BY_OPERATOR_IND</b></p> <p><input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage <b>IO_TANK_VESSEL_IND</b></p> <p><input type="checkbox"/> Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow <b>IO_VALVE_POSITION_IND</b></p> <p><input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure <b>IO_EQUIPMENT_OVERPRESSURE_IND</b></p> <p><input type="checkbox"/> Pipeline or Equipment Overpressured</p> <p><input type="checkbox"/> Equipment Not Installed Properly <b>IO_NOT_INSTALLED_PROPERLY_IND</b></p> <p><input type="checkbox"/> Wrong Equipment Specified or Installed <b>IO_WRONG_EQUIPMENT_IND</b></p> <p><input type="checkbox"/> Inadequate Procedure <b>IO_INADEQUATE_PROCEDURE_IND</b></p> <p><input type="checkbox"/> No procedure established <b>IO_NO_PROCEDURE_IND</b></p> <p><input type="checkbox"/> Failure to follow procedures <b>IO_FOLLOW_PROCEDURE_IND</b></p>
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<b>PART H – NARRATIVE DESCRIPTION OF THE ACCIDENT</b>		
<b>NARRATIVE</b>		
<b>PART I – PREPARER AND AUTHORIZED SIGNATURE</b>		
Preparer's Name (type or print)	PREPARER_NAME	PREPARER_TELEPHONE
		Preparer's Telephone Number
Preparer's Title (type or print)	PREPARER_TITLE	
Preparer's E-mail Address	PREPARER_EMAIL	PREPARER_FAX
		Preparer's Facsimile Number
Local Contact Name: optional	LOCAL_CONTACT_NAME	
Local Contact Email: optional	LOCAL_CONTACT_EMAIL	
Local Contact Phone: optional	LOCAL_CONTACT_TELEPHONE	
Authorized Signer's Name	AUTHORIZER_NAME	AUTHORIZER_TELEPHONE
	PREPARED_DATE Date	Authorized Signer Telephone Number
Authorized Signer's Title	AUTHORIZER_TITLE	AUTHORIZER_EMAIL
		Authorized Signer's E-mail Address

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

Field Name	Field Name Description
<b>IYEAR</b>	<i>Year accident occurred, derived from accident date</i>
<b>WELD_DETAILS</b>	<i>The fieldname was used in Rev 7-2014 for "Weld, including heat affected zone Other" and removed from Rev 3-2021</i>