



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

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date _____
No. **RPTID** _____
(DOT Use Only)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0522. The filling out of this information is mandatory and will take six hours to complete.

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. Operator Name and Address

OPERATOR_ID

a. Operator's 5-digit Identification Number / / / / /

b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number / / / / /

c. Name of Operator **NAME** _____

d. Operator street address **OPSTREET** _____

e. Operator address **OPCITY OPCOUNTY OPSTATE OPZIP** _____
City, County or Parish, State and Zip Code

2. Time and date of the incident

IDATE

/ / **IHOURL** / / / /
hr. month day year

3. Incident Location

a. **ACSTREET** _____
Street or nearest street or road

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

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

d. Latitude: **LATITUDE** / / / / Longitude: **LONGITUDE** / / / /
(if not available, see instructions for how to provide specific location)

e. Class location description **CLASS**

☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4

f. Incident on Federal Land ☐ Yes ☐ No **IFED**

4. Type of leak or rupture

LRTYPE

LRTYPE_TEXT

☐ Leak: ☐ Pinhole ☐ Connection Failure (complete sec. F5)

LEAK ☐ Puncture, diameter or cross section (inches) **PUNC_DIAM**

RUPTURE ☐ Rupture (if applicable): **RUPTURE_TEXT**

☐ Circumferential - Separation

☐ Longitudinal

- Tear/Crack, length (inches) **RUPLN**

- Propagation Length, total, both sides (feet) **PROPLN**

☐ N/A

☐ Other: _____

5. Consequences (check and complete all that apply)

FATAL

a. ☐ Fatality **EFAT** Total number of people: / / / /

Employees: / / / / General Public: / / / / **GP FAT**

Non-employee Contractors: / / / / **NFAT**

b. ☐ Injury requiring inpatient hospitalization

Total number of people: / / / / **INJURE**

Employees: / / / / General Public: / / / / **GP INJ**

Non-employee Contractors: / / / / **NINJ**

c. ☐ Property damage/loss (estimated) Total \$ **PRPTY**

Gas loss \$ **GASPRP** Operator damage \$ **OPPRP**

Public/private property damage \$ **PPPRP**

d. ☐ Gas ignited **IGNITE** ☐ Explosion ☐ No Explosion

e. ☐ Gas did not ignite **EXPLO** ☐ Explosion ☐ No Explosion

f. ☐ Evacuation (general public only) **EVAC** **EVACNO** / / / / / people

Evacuation Reason: **EVAC_REASON** **EVAC_REASON_TEXT**

☐ Unknown

☐ Emergency worker or public official ordered, precautionary

☐ Threat to the public

☐ Company policy

6. Elapsed time until area was made safe:

STHH / / / hr. / / / min. **STMN**

7. Telephone Report

TELRN

TELDT

/ / / / /
NRC Report Number month day year

8. a. Estimated pressure at point and time of incident:

INC_PRS **PSIG**

b. Max. allowable operating pressure (MAOP): **MAOP** **PSIG**

c. MAOP established by:

☐ Test Pressure **MAOPTST** psig

☐ 49 CFR § 192.619 (a)(3) **MAOPEST**

PART B - PREPARER AND AUTHORIZED SIGNATURE

PNAME

(type or print) Preparer's Name and Title

PTEL

Area Code and Telephone Number

PEMAIL

Preparer's E-mail Address

Area Code and Facsimile Number

Authorized Signature

(type or print) Name and Title

Date

Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT										
1. Incident occurred on TYSYS TYSYS_TEXT <input type="radio"/> Main <input type="radio"/> Meter Set <input type="radio"/> Service Line <input type="radio"/> Other: TYSYSO <input type="radio"/> Pressure Limiting and Regulating Facility 2. Failure occurred on PRTFL PRTFL_TEXT <input type="radio"/> Body of pipe <input type="radio"/> Pipe Seam <input type="radio"/> Joint <input type="radio"/> Component <input type="radio"/> Other: PRTFLO	MLKD MLKD_TEXT 3. Material involved (<i>pipe, fitting, or other component</i>) <input type="radio"/> Steel <input type="radio"/> Cast/Wrought Iron <input type="radio"/> Polyethylene Plastic (complete all items that apply in a-c) <input type="radio"/> Other Plastic (complete all items that apply in a-c) Plastic failure was: <input type="checkbox"/> a. ductile <input type="checkbox"/> b. brittle <input type="checkbox"/> c. joint failure <input type="radio"/> Other material: MLKDO PLAS_DUCT PLAS_BRIT PLAST_INT 4. Year the pipe or component which failed was installed: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <div style="text-align: right;">PRTYR</div>									
PART D - MATERIAL SPECIFICATION (if applicable)										
1. Nominal pipe size (<i>NPS</i>) NPS <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> in. 2. Wall thickness WALLTHK <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> in. SMYS 3. Specification SPEC <u> </u> SMYS <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> 4. Seam type SEAM <u> </u> 5. Valve type VALVE <u> </u> 6. Pipe or valve manufactured by MANU <u> </u> in year <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> <div style="text-align: right;">MANYR</div>	PART E - ENVIRONMENT 1. Area of incident LOCLK <u> </u> <input type="radio"/> In open ditch LOCLK_TEXT <input type="radio"/> Under pavement <input type="radio"/> Above ground <input type="radio"/> Under ground <input type="radio"/> Under water <input type="radio"/> Inside/under building <input type="radio"/> Other: LOCLKO 2. Depth of cover: DEPTH_COV <u> </u> inches <div style="text-align: right;">MANYR</div>									
PART F - APPARENT CAUSE										
CAUSE CAUSE_TEXT	Important: There are 25 numbered causes in this section. Check the box to the left of the primary cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance. CAUSE_DETAILS_TEXT									
F1 - CORROSION PLAS_INT										
1. <input type="checkbox"/> External Corrosion 2. <input type="checkbox"/> Internal Corrosion	<p><i>If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> PIPE_COAT a. Pipe Coating <input type="radio"/> Bare <input type="radio"/> Coated <input type="radio"/> Unknown PIPE_COAT_TEXT </td> <td style="width: 33%; vertical-align: top;"> VIS_EXAM VIS_EXAM_TEXT b. Visual Examination <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other: VIS_EXAMO </td> <td style="width: 33%; vertical-align: top;"> COR_CAUSE COR_CAUSE_TEXT c. Cause of Corrosion <input type="radio"/> Galvanic <input type="radio"/> Stray Current <input type="radio"/> Improper Cathodic Protection <input type="radio"/> Microbiological <input type="radio"/> Other: COR_CAUSEO </td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown PROT CPYR Year Protection Started: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> </td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> e. Was pipe previously damaged in the area of corrosion? PREV_DAM PREV_DAM_YR PREV_DAM_MO <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown How long prior to incident: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> years <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> months </td> </tr> </table>	PIPE_COAT a. Pipe Coating <input type="radio"/> Bare <input type="radio"/> Coated <input type="radio"/> Unknown PIPE_COAT_TEXT	VIS_EXAM VIS_EXAM_TEXT b. Visual Examination <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other: VIS_EXAMO	COR_CAUSE COR_CAUSE_TEXT c. Cause of Corrosion <input type="radio"/> Galvanic <input type="radio"/> Stray Current <input type="radio"/> Improper Cathodic Protection <input type="radio"/> Microbiological <input type="radio"/> Other: COR_CAUSEO	d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown PROT CPYR Year Protection Started: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>			e. Was pipe previously damaged in the area of corrosion? PREV_DAM PREV_DAM_YR PREV_DAM_MO <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown How long prior to incident: <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> years <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> months		
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F2 - NATURAL FORCES										
3. <input type="checkbox"/> Earth Movement 4. <input type="checkbox"/> Lightning 5. <input type="checkbox"/> Heavy Rains/Floods 6. <input type="checkbox"/> Temperature 7. <input type="checkbox"/> High Winds	EARTH_MOVE EARTH_MOVE_TEXT ⇒ <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other: EARTH_MOVED FLOODS FLOODS_TEXT ⇒ <input type="radio"/> Washouts <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Scouring <input type="radio"/> Other: FLOODSO TEMPER TEMPER_TEXT ⇒ <input type="radio"/> Thermal stress <input type="radio"/> Frost heave <input type="radio"/> Frozen components <input type="radio"/> Other: TEMPERO									
F3 - EXCAVATION										
8. <input type="checkbox"/> Operator Excavation Damage (<i>including their contractors</i>) / Not Third Party 9. <input type="checkbox"/> Third Party Excavation Damage (<i>complete a-d</i>)	a. Excavator group THIRD_PARTY_GRP THIRD_PARTY_GRP_TEXT <input type="radio"/> General Public <input type="radio"/> Government <input type="radio"/> Excavator other than Operator/subcontractor THIRD_PARTY_TYPE THIRD_PARTY_TYPE_TEXT b. Type: <input type="radio"/> Road Work <input type="radio"/> Pipeline <input type="radio"/> Water <input type="radio"/> Electric <input type="radio"/> Sewer <input type="radio"/> Phone/Cable/Fiber <input type="radio"/> Landowner <input type="radio"/> Railroad <input type="radio"/> Building Construction <input type="radio"/> Other: THIRD_PARTY_TYPEO NOTIF c. Did operator get prior notification of excavation activity? NOTIF_DATE <input type="radio"/> No <input type="radio"/> Yes: Date received: <u> </u> / <u> </u> / <u> </u> mo. <u> </u> / <u> </u> / <u> </u> day <u> </u> / <u> </u> / <u> </u> yr. NOTIF_RCVD_TEXT NOTIF_RCVD Notification received from: <input type="radio"/> One Call System <input type="radio"/> Excavator <input type="radio"/> General Contractor <input type="radio"/> Landowner MARKED d. Was pipeline marked? <input type="radio"/> No <input type="radio"/> Yes (<i>If Yes, check applicable items i - iv</i>) TEMP_MARK i. Temporary markings: <input type="radio"/> Flags <input type="radio"/> Stakes <input type="radio"/> Paint TEMP_MARK_TEXT PERM_MARK ii. Permanent markings: <input type="radio"/> Yes <input type="radio"/> No ACC_MARK iii. Marks were (<i>check one</i>) <input type="radio"/> Accurate <input type="radio"/> Not Accurate ACC_MARK_TEXT MKD_IN_TIME iv. Were marks made within required time? <input type="radio"/> Yes <input type="radio"/> No									
F4 - OTHER OUTSIDE FORCE DAMAGE										
10. <input type="checkbox"/> Fire/Explosion as primary cause of failure 11. <input type="checkbox"/> Car, truck or other vehicle not relating to excavation activity damaging pipe 12. <input type="checkbox"/> Rupture of Previously Damaged Pipe 13. <input type="checkbox"/> Vandalism	FIRE_EXPLO FIRE_EXPLO_TEXT ⇒ Fire/Explosion cause: <input type="radio"/> Man made <input type="radio"/> Natural <i>Describe in Part G</i>									

F5 – MATERIAL OR WELDS**Material**

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

Weld

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

Complete a-f if you indicate **any** cause in part F5.

FAIL_TYPEMAT
a. Type of failure:

- ☐ **CONS_DEF** ⇒ ☐ 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 incident occurred? ☐ Yes, complete d-f, if known ☐ No **PRS_TEST**

d. Date of test: TEST_MO / TEST_DAY / TEST_YR mo. / day / yr.

e. Time held at test pressure: TEST_TP hr.

f. Estimated test pressure at point of incident: TEST_PRS PSIG

**F6 – EQUIPMENT OR OPERATIONS**

20. ☐ **MALFUNC** ⇒ ☐ Valve ☐ Instrumentation ☐ Pressure Regulator ☐ Other: MALFUNCO
21. ☐ **THREADS** ⇒ ☐ Nipples ☐ Valve Threads ☐ Mechanical Couplings ☐ Other: THREADSO
22. ☐ Leaking Seals

23. ☐ **IO_TYPE** ⇒ ☐ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures ☐ Other: IO_TYPEO

b. Number of employees involved in incident who failed post-incident drug test: IO_DRUG / IO_ALCO Alcohol test: IO_QUAL / IO_QUAL_HRS

c. Was person involved in incident qualified per OQ rule? ☐ Yes ☐ No d. Hours on duty for person involved: IO_QUAL_HRS

F7 – OTHER

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

PART G – 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	Year incident occurred, derived from incident date