

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	INCIDENT REPORT – GAS TRANSMISSION, GAS GATHERING, AND UNDERGROUND NATURAL GAS STORAGE FACILITIES	REPORT_RECEIVED_DATE Report Date _____ REPORT_NUMBER No. SUPPLEMENTAL_NUMBER (DOT Use Only)
<p>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p>		
INSTRUCTIONS		
<p>Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-2.</p> <p>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 http://www.phmsa.dot.gov/pipeline/library/forms.</p>		
PART A – KEY REPORT INFORMATION Report Type: (select all that apply) <input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final REPORT_TYPE		
<p>A1. Operator's OPS-issued Operator Identification Number (OPID): _____ OPERATOR_ID</p> <p>A2. Name of Operator: <u>auto-populated based on OPID</u> NAME</p> <p>A3. Address of Operator:</p> <p style="margin-left: 40px;">A3a. Street Address: <u>auto-populated based on OPID</u> OPERATOR_STREET_ADDRESS</p> <p style="margin-left: 40px;">A3b. City: <u>auto-populated based on OPID</u> OPERATOR_CITY_NAME</p> <p style="margin-left: 40px;">A3c. State: <u>auto-populated based on OPID</u> OPERATOR_STATE_ABBREVIATION</p> <p style="margin-left: 40px;">A3d. Zip Code: <u>auto-populated based on OPID</u> OPERATOR_POSTAL_CODE</p>		
<p>A4. Local time (24-hr clock) and date of incident: _____ LOCAL_DATETIME</p> <p style="margin-left: 40px;">Hour _____ Month _____ Day _____ Year _____</p> <p style="margin-left: 40px;">TIME_ZONE</p> <p>A4a. Time Zone for local time (select only one) <input type="radio"/> Alaska <input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Hawaii-Aleutian <input type="radio"/> Mountain <input type="radio"/> Pacific.</p> <p>A4b. Daylight Saving in effect? <input type="radio"/> Yes <input type="radio"/> No DAYLIGHT_SAVINGS_IND</p> <p>A5. Location of Incident:</p> <p style="margin-left: 40px;">Latitude: _____ LOCATION_LATITUDE</p> <p style="margin-left: 40px;">Longitude: - _____ LOCATION_LONGITUDE</p>		
<p>A6. Gas released: (select only one, based on predominant volume released) COMMODITY_RELEASED_TYPE</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Propane Gas</p> <p><input type="checkbox"/> Synthetic Gas</p> <p><input type="checkbox"/> Hydrogen Gas</p> <p><input type="checkbox"/> Landfill Gas</p> <p><input type="checkbox"/> Other Gas ➡ Name: _____ COMMODITY_DETAILS</p> <p>A7. Estimated volume of gas released unintentionally: _____ UNINTENTIONAL_RELEASE _____ INTENTIONAL_RELEASE</p> <p>A8. Estimated volume of intentional and controlled release/blowdown : _____ INTENTIONAL_RELEASE _____ ACCOMPANYING_LIQUID</p> <p>A9. Estimated volume of accompanying liquid released: _____ ACCOMPANYING_LIQUID _____ ACCOMPANYING_LIQUID</p>		

PART B – ADDITIONAL LOCATION INFORMATION	
<p>B1. Was the origin of the Incident onshore? <i>Auto-populated based on A14</i> ON_OFF_SHORE <input type="radio"/> Yes <i>(Complete Questions B2-B11)</i> <input type="radio"/> No <i>(Complete Questions B12-B14)</i></p>	
<p>B1a. Pipeline/Facility name: PIPE_FAC_NAME</p>	
<p>B1b. Segment name/ID: SEGMENT_NAME</p>	
<p>If Onshore:</p>	
<p>B2. State: ONSHORE_STATE_ABBREVIATION ONSHORE_POSTAL_CODE B3. Zip Code: ONSHORE_POSTAL_CODE</p>	
<p>B4. ONSHORE_CITY_NAME B5. ONSHORE_COUNTY_NAME City County or Parish</p>	
<p>B6. Operator designated location: <i>(select only one)</i> DESIGNATED_LOCATION <input type="checkbox"/> Milepost <i>(specify in shaded area below)</i> <input type="checkbox"/> Survey Station No. <i>(specify in shaded area below)</i> <input type="checkbox"/> Not Applicable (B7 will not accept data)</p>	
<p>B7. DESIGNATED_NAME </p>	
<p>B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? FEDERAL <input type="radio"/> Yes <input type="radio"/> No</p>	
<p>B9. Location of Incident: <i>(select only one)</i> LOCATION_TYPE <input type="checkbox"/> Operator-controlled property <input type="checkbox"/> Pipeline right-of-way</p>	
<p>B10. Area of Incident (as found): <i>(select only one)</i> INCIDENT_AREA_TYPE INCIDENT_AREA_SUBTYPE <input type="checkbox"/> Belowground storage or aboveground storage vessel, 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 INCIDENT_AREA_DETAILS B10a. Depth-of-Cover (in): DEPTH_OF_COVER OTHER_UNDERGROUND_FACILITIES B10.b. Were other underground facilities found within 12 inches of the failure location? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Aboveground ➔ Specify: <input type="radio"/> Typical aboveground facility piping or appurtenance <input type="radio"/> Overhead crossing <input type="radio"/> In or spanning an open ditch <input type="radio"/> Inside a building <input type="radio"/> Inside other enclosed space <input type="radio"/> Other INCIDENT_AREA_DETAILS <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 INCIDENT_AREA_DETAILS</p>	
<p>CROSSING B11. Did Incident occur in a crossing? <input type="radio"/> Yes <input type="radio"/> No If Yes, specify type: <input type="checkbox"/> Bridge crossing Specify: <input type="radio"/> Cased <input type="radio"/> Uncased BRIDGE_CROSSING_IND, BRIDGE_TYPE <input type="checkbox"/> Railroad crossing <i>(select all that apply)</i> <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled RAILROAD_CROSSING_IND, RAILROAD_TYPE <input type="checkbox"/> Road crossing <i>(select all that apply)</i> <input type="radio"/> Cased <input type="radio"/> Uncased <input type="radio"/> Bored/drilled ROAD_CROSSING_IND, ROAD_TYPE <input type="checkbox"/> Water crossing WATER_CROSSING_IND, WATER_TYPE Specify: <input type="radio"/> Cased <input type="radio"/> Uncased Name of body of water, if commonly known: WATER_NAME WATER_DEPTH Approx. water depth (ft) at the point of the Incident: WATER_DEPTH OR <input type="radio"/> Unknown <i>(select only one of the following)</i> WATER_SUBTYPE <input type="radio"/> Shoreline/Bank/Marsh crossing <input type="radio"/> Below water, pipe in bored/drilled crossing <input type="radio"/> Below water, pipe buried below bottom (NOT in bored/drilled crossing) <input type="radio"/> Below water, pipe on or above bottom CROSSING_100_FEET 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</p>	
<p>If Offshore:</p>	
<p>B12. Approximate water depth (ft.) at the point of the Incident: OFF_WATER_DEPTH</p>	
<p>B13. Origin of Incident: OFF_ACCIDENT_ORIGIN <input type="checkbox"/> In State waters Specify: State: OFFSHORE_STATE_ABBREVIATION Area: OFF_INSTATE_AREA Block/Tract #: OFF_INSTATE_BLOCK Nearest County/Parish: OFFSHORE_COUNTY_NAME OCS_TYPE <input type="checkbox"/> On the Outer Continental Shelf (OCS)) (select only one) <input type="radio"/> OCS – Alaska <input type="radio"/> OCS- Atlantic <input type="radio"/> OCS-Gulf of Mexico <input type="radio"/> OCS – Pacific Area: OFF_OCS_AREA Block/Tract #: OFF_OCS_BLOCK</p>	
<p>OFF_AREA_ACCIDENT_TYPE B14. Area of Incident: <i>(select only one)</i> <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</p>	

PART C – ADDITIONAL FACILITY INFORMATION	
C1. Is the pipeline or facility: PIPE_FACILITY_TYPE <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	
C2. Material involved in Incident: (select only one) MATERIAL_INVOLVED <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Material other than Carbon Steel or Plastic ⇒ *Specify: MATERIAL_DETAILS	
C3. Item involved in Incident: (select only one) ITEM_INVOLVED <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PIPE_TYPE <input type="checkbox"/> Pipe ⇒ Specify: <input type="radio"/> Pipe Body <input type="radio"/> Pipe Seam </div> <div> C3a. Nominal Pipe Size: PIPE_DIAMETER </div> </div> If Pipe Body: Was this a Puddle/Spot Weld? <input type="radio"/> Yes <input type="radio"/> No PUDDLE_WELD_IND If C2. is Carbon Steel PIPE_WALL_THICKNESS C3b. Wall thickness (in): C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): PIPE_SMYS C3d. Pipe specification: PIPE_SPECIFICATION OR <input type="radio"/> Unknown <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PIPE_SEAM_TYPE C3e. Pipe Seam ⇒ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> DSAW <input type="radio"/> Longitudinal ERW - Low Frequency <input type="radio"/> Continuous Welded <input type="radio"/> Furnace Butt Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other PIPE_SEAM_DETAILS </div> <div> C3f. Pipe manufacturer: PIPE_MANUFACTURER OR <input type="radio"/> Unknown C3g. Pipeline coating type at point of Incident PIPE_COATING_TYPE ⇒ Specify: <input type="radio"/> Epoxy <input type="radio"/> Coal Tar <input type="radio"/> Asphalt <input type="radio"/> Polyolefin <input type="radio"/> Extruded Polyethylene <input type="radio"/> Cold Applied Tape <input type="radio"/> Paint COATING_APPLIED_IND <input type="radio"/> Composite <input type="radio"/> None <input type="radio"/> Other PIPE_COATING_DETAILS </div> </div> C3h. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If C2. is Plastic PLASTIC_TYPE C3i. If Plastic ⇒ Specify type: <input type="radio"/> Polyvinyl Chloride (PVC) <input type="radio"/> Polyethylene (PE) <input type="radio"/> Cross-linked Polyethylene (PEX) <input type="radio"/> Polybutylene (PB) <input type="radio"/> Polypropylene (PP) <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS) <input type="radio"/> Polyamide (PA) <input type="radio"/> Cellulose Acetate Butyrate (CAB) <input type="radio"/> Unknown <input type="radio"/> Other: mandatory text field_ PLASTIC_DETAILS WT_PLASTIC_UN KNOWN_IND C3j. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): or wall thickness: or <input type="radio"/> Unknown C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) MATERIAL_PE_PIPE_CODE or <input type="radio"/> Unknown PLASTIC_PE_UNKNOWN_IND <input type="checkbox"/> Weld/Fusion, including heat-affected zone ⇒ WELD_SUBTYPE , WELD_DETAILS Specify: <input type="radio"/> Pipe Girth Weld <input type="radio"/> Pipe Plastic Fusion <input type="radio"/> Other Butt Weld <input type="radio"/> Fillet Weld If Pipe Girth Weld is selected, complete items C3.a 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 DIFFERENT_GIRTH_WELD_IND If Yes, enter the different value(s) below: <div style="display: flex; justify-content: space-between;"> <div> DIFF_GIRTH_WELD_WALL_THICKNESS C3l. Wall thickness (in): DIFF_GIRTH_WELD_SMYS C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): DIFF_GIRTH_WELD_SPECIFICATION C3n. Pipe specification: DIFF_GIRTH_WELD_SEAM_TYPE OR <input type="radio"/> Unknown <input type="checkbox"/> PIPE_SEAM_TYPE C3o. Pipe Seam ⇒ Specify: <input type="radio"/> Longitudinal ERW - High Frequency <input type="radio"/> Single SAW <input type="radio"/> Flash Welded <input type="radio"/> Longitudinal ERW - Low Frequency <input type="radio"/> DSAW <input type="radio"/> Continuous Welded <input type="radio"/> Longitudinal ERW – Unknown Frequency <input type="radio"/> Furnace Butt Welded <input type="radio"/> Spiral Welded <input type="radio"/> Lap Welded <input type="radio"/> Seamless <input type="radio"/> Other, describe: DIFF_GIRTH_WELD_SEAM_DETAIL </div> <div> C3p. Pipe manufacturer: DIFF_GIRTH_WELD_MANUFACTURER OR <input type="radio"/> Unknown DIFF_GIRTH_WELD_COATING_TYPE C3q. Pipeline coating type at point of Accident ⇒ 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 <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: DIFF_GIRTH_WELD_COATING_DETAIL </div> </div> C3r. Coating field applied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown DIFF_GIRTH_WELD_CTNG_APPLD_IND If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above.	

- ☐ **VALVE_TYPE**
☐ **Valve, excluding Regulator/Control Valves**
 ☐ Mainline ⇒ Specify: ☐ Butterfly ☐ Check ☐ Gate ☐ Plug ☐ Ball ☐ Globe ☐ Other **VALVE_MAINLINE_DETAILS**
 VALVE_MAINLINE_TYPE C3s. Mainline valve manufacturer: **VALVE_MANUFACTURER** OR ☐ Unknown
 ☐ Relief Valve
 ☐ Auxiliary or Other Valve
- ☐ **Compressor**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Meter**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Scraper/Pig Trap**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Odorization System**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Filter/Strainer/Separator**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Dehydrator/Drier/Treater/Scrubber**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Regulator/Control Valve**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Pulsation Bottle or Drip/Drip Collection Device**
 ☐ **Cooler or Heater**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Repair Sleeve or Clamp**
- ☐ **Hot Tap Equipment**
- ☐ **Tap Fitting** (stopple, thread-o-ring, weld-o-let, etc.)
- ☐ **Flange Assembly, including Gaskets**
- ☐ **ESD System**, including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing.
- ☐ **Drain Lines**
- ☐ **Tubing, including Fittings**
 C3t. Tubing material (select only one): **TUBING_MATERIAL**
 ☐ Stainless steel
 ☐ Carbon steel
 ☐ Copper
 ☐ Other
 C3u. Type of tubing (select only one): **TUBING_TYPE**
 ☐ Rigid
 ☐ Flexible
- ☐ **Instrumentation, including Programmable Logic Controllers and Controls**
- ☐ **Underground Gas Storage or Cavern**
- ☐ **Other** **ITEM_INVOLVED_DETAILS**

C4. Year item involved in Incident was installed: **INSTALLATION_YEAR** / / / / / OR ☐ Unknown

C5. Year item involved in Incident was manufactured: **MANUFACTURED_YEAR** / / / / / OR ☐ Unknown

- C6. Type of release involved: **RELEASE_TYPE** (select only one)
- ☐ Mechanical Puncture ⇒ Approx. size: **PUNCTURE_AXIAL** / / / / / in. (axial) by **PUNCTURE_CIRCUM** / / / / / in. (circumferential)
- ☐ Leak ⇒ **LEAK_TYPE** Select Type: ☐ Pinhole ☐ Crack ☐ Connection Failure ☐ Seal or Packing ☐ Other **LEAK_TYPE_OTHER**
- ☐ Rupture ⇒ **RUPTURE_ORIENT** Select Orientation: ☐ Circumferential ☐ Longitudinal ☐ Other **RUPTURE_DETAILS**
 Approx. size: **RUPTURE_LENGTH** / / / / / in. (widest opening) by **RUPTURE_WIDTH** / / / / / in. (length circumferentially or axially)
- ☐ Other ⇒ *Describe: **RELEASE_TYPE_DETAILS**

PART D – ADDITIONAL CONSEQUENCE INFORMATIOND1. Class Location of Incident: (select only one) **CLASS_LOCATION_TYPE**

- ☐ Class 1 Location
☐ Class 2 Location
☐ Class 3 Location
☐ Class 4 Location

COULD_BE_HCA

D2. Did this Incident occur in a High Consequence Area (HCA)?

☐ No**DETERMINATION_METHOD**☐ Yes ➔ D2.a Specify the Method used to identify the HCA: ☐ Method 1(Class Location) ☐ Method 2 (PIR)D3. What is the PIR (Potential Impact Radius) for the location of this Incident? **PIR_RADIUS** **NOT_FLAMMABLE_IND**
/ / / / / feet_ or ☐ Not FlammableD4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? **HEAT_DAMAGE_IND** ☐ Yes ☐ NoD5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? **NON_HEAT_DAMAGE_IND** ☐ Yes ☐ NoD6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? **HCA_FATALITIES_IND** ☐ Yes ☐ NoIf Yes, Describe the cause of the fatalities or injuries: **FATAL_INJURE_CAUSE**

D13. If D2. Is No, answer D13a.

DID_OCCUR_IN_MCA_INDD13a. Did this incident occur in a Moderate Consequence Area (MCA)? ☐ Yes ☐ No

If D13a. is Yes, answer D13b.

D13b. Select each of the items below that were present within the potential impact circle:

☐ 5 or more buildings intended for human occupancy **MCA_BUILDNG_HUMAN_OCCUPY_IND**☐ Paved surface for a designated interstate, freeway, expressway, or other principal 4-lane arterial roadway**MCA_PAVED_SURFACE_FREEWAY_IND**

D7. Estimated Property Damage:

D7a. Estimated cost of public and non-Operator private property damage **EST_COST_OPER_PAID** \$ / / / / / / / / / /D7b. Estimated cost of Operator's property damage & repairs **EST_COST_PROP_DAMAGE** \$ / / / / / / / / / /D7c. Estimated cost of emergency response **EST_COST_EMERGENCY** \$ / / / / / / / / / /D7d. Estimated other costs **EST_COST_OTHER** \$ / / / / / / / / / /Describe: **EST_COST_OTHER_DETAILS**D7e. Total estimated property damage (sum of above) \$ *calculated*

Cost of Gas Released

Cost of Gas in \$ per thousand standard cubic feet (mcf): **GAS_COST_IN_MCF**D7f. Estimated cost of gas released unintentionally **EST_COST_UNINTENTIONAL_RELEASE** \$ *calculated*D7g. Estimated cost of gas released during intentional and controlled blowdown **EST_COST_INTENTIONAL_RELEASE** \$ *calculated*D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) \$ *calculated*D7i. Estimated Total Cost (sum of D7e and D7h) **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 D8.**D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: **NUM_PERSONS_HOSP_NOT_OVNIGHT****If a person is included in D8, do not include them in D9.**D9. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: **NUM_INJURED_TREATED_BY_EMT****Buildings Affected**D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted): **NUM_RESIDENT_BUILDING_AFFCTD**D11. Number of business buildings affected (evacuated or required repair or gas service interrupted): **NUM_BUSINESS_BUILDING_AFFCTD****WILDLIFE_IMPACT_IND**D12. Wildlife impact: ☐ Yes ☐ No

D12a. If Yes, specify all that apply:

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

PART E – ADDITIONAL OPERATING INFORMATION	
E1. Estimated pressure at the point and time of the Incident (psig):	<div style="display: flex; justify-content: space-between;"> ACCIDENT_PSIG ____/____/____ </div>
E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D):	<div style="display: flex; justify-content: space-between;"> GAS_FLOW_IN_PIPE_IN_MCF ____/____/____ </div>
E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig) :	<div style="display: flex; justify-content: space-between;"> MOP_PSIG ____/____/____ </div>
E2a. MAOP established by 49 CFR section:	<div style="display: flex; justify-content: space-between;"> MOP_CFR_SECTION ____/____/____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> 192.619 (a)(1) <input type="checkbox"/> 192.619 (a)(2) <input type="checkbox"/> 192.619 (a)(3) <input type="checkbox"/> 192.619 (a)(4) <input type="checkbox"/> 192.619 (c) <input type="checkbox"/> 192.619 (d) <input type="checkbox"/> 192.624 (c)(1) <input type="checkbox"/> 192.624 (c)(2) <input type="checkbox"/> 192.624 (c)(3) <input type="checkbox"/> 192.624 (c)(4) <input type="checkbox"/> 192.624 (c)(5) <input type="checkbox"/> 192.624 (c)(6) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Other Specify Other: MOP_CFR_SECTION_DETAILS ____/____/____ </div>
E2b. Date MAOP established:	<div style="display: flex; justify-content: space-between;"> MAOP_ESTABLISHED_DATE ____/____/____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> MAOP_REVERSAL_FLOW_IND Month Day Year </div>
E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction?	<div style="display: flex; justify-content: space-between;"> ACCIDENT_PRESSURE <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Bi-Directional </div>
E3. Describe the pressure on the system or facility relating to the Incident: (select only one)	<div style="display: flex; justify-content: space-between;"> ACCIDENT_PRESSURE <input type="checkbox"/> Pressure did not exceed MAOP <input type="checkbox"/> Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201 <input type="checkbox"/> Pressure exceeded the applicable allowance in §192.201 </div>
E4. Was the system or facility relating to the Incident operating under an “established pressure restriction” with pressure limits below those normally allowed by the MAOP ?	<div style="display: flex; justify-content: space-between;"> PRESSURE_RESTRICTION_IND <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ (Complete E4.a and E4.b below) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> EXCEED_RESTRICTION_IND <input type="radio"/> Yes <input type="radio"/> No </div> <div style="display: flex; justify-content: space-between; font-size: small;"> PHMSA_RESTRICTION_IND <input type="radio"/> PHMSA <input type="radio"/> State <input type="radio"/> Not mandated </div>
E5. Was the gas at the point of failure required to be odorized in accordance with §192.625?	<div style="display: flex; justify-content: space-between;"> GAS_REQUIRED_ODORIZED_IND <input type="radio"/> Yes <input type="radio"/> No </div> <div style="display: flex; justify-content: space-between; font-size: small;"> If yes, Was the gas at the point of failure odorized in accordance with §192.625? <input type="radio"/> Yes <input type="radio"/> No GAS_ODORIZED_IND </div>
If A14. is “Onshore Pipeline, Including Valve Sites” OR “Offshore Pipeline, Including Riser and Riser Bend”, answer E6 through E8.	
E6. Length of segment between upstream and downstream shut-off valves closest to failure location (ft):	<div style="display: flex; justify-content: space-between;"> LENGTH_SEGMENT_ISOLATED ____/____/____ </div>
E7. Is the pipeline configured to accommodate internal inspection tools?	<div style="display: flex; justify-content: space-between;"> INTERNAL_INSPECTION_IND <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ Which physical features limit tool accommodation? (select all that apply) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> DIAMETER_CHANGE_IND <input type="checkbox"/> Changes in line pipe diameter </div> <div style="display: flex; justify-content: space-between; font-size: small;"> UNSUITABLE_MAINLINE_IND <input type="checkbox"/> Presence of unsuitable mainline valves </div> <div style="display: flex; justify-content: space-between; font-size: small;"> TIGHT_MITERED_IND <input type="checkbox"/> Tight or mitered pipe bends </div> <div style="display: flex; justify-content: space-between; font-size: small;"> OTHER_RESTRICTIONS_IND <input type="checkbox"/> Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> EXTRA_THICK_WALL_IND <input type="checkbox"/> Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> OTHER_INSPECTION_IND <input type="checkbox"/> Other ➔ Describe: INTERNAL_INSPECTION_DETAILS </div>
<div style="display: flex; justify-content: space-between;"> OPERATION_COMPLICATIONS_IND ____/____/____ </div>	
E8. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	<div style="display: flex; justify-content: space-between;"> OPERATION_COMPLICATIONS_IND <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ Which operational factors complicate execution? (select all that apply) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> EXCESSIVE_DEBRIS_IND <input type="checkbox"/> Excessive debris or scale, wax, or other wall build-up </div> <div style="display: flex; justify-content: space-between; font-size: small;"> LOW_OP_PRESSURE_IND <input type="checkbox"/> Low operating pressure(s) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> LOW_FLOW_IND <input type="checkbox"/> Low flow or absence of flow </div> <div style="display: flex; justify-content: space-between; font-size: small;"> INCOMPAT_COMMOD_IND <input type="checkbox"/> Incompatible commodity </div> <div style="display: flex; justify-content: space-between; font-size: small;"> OTHER_COMPLICATIONS_IND <input type="checkbox"/> Other ➔ Describe: INSPECT_COMP_DETAILS </div>
<div style="display: flex; justify-content: space-between;"> PIPELINE_FUNCTION ____/____/____ </div>	
E9. Function of pipeline system: (select only one)	<div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Transmission System <input type="checkbox"/> Transmission Line of Distribution System </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Type A Gathering <input type="checkbox"/> Type B Gathering </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Type C Gathering <input type="checkbox"/> Offshore Gathering </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Transmission in Storage Field <input type="checkbox"/> Offshore Gathering </div>

E10 Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?

☐ No **SCADA_IN_PLACE_IND**

☐ Yes ➡ E10.a Was it operating at the time of the Incident? ☐ Yes ☐ No **SCADA_OPERATING_IND**

E10.b Was it fully functional at the time of the Incident? ☐ Yes ☐ No **SCADA_FUNCTIONAL_IND**

E10.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? ☐ Yes ☐ No **SCADA_DETECTION_IND**

E10.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? ☐ Yes ☐ No **SCADA_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 Incident? *(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 Incident

☐ 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**

☐ Yes, specify investigation result(s): *(select all that apply)*

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

☐ 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** **INVEST_OTHER_IND**

☐ Investigation identified areas other than those above ➡ Describe: **INVEST_OTHER_IND_DETAILS**

PART F – DRUG & ALCOHOL TESTING INFORMATION

F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **EMPLOYEE_DRUG_TEST_IND**

☐ No

☐ Yes ➡ F1a. Specify how many were tested: / / **NUM_EMPLOYEES_TESTED**

F1b. Specify how many failed: / / **NUM_EMPLOYEES_FAILED**

F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **CONTRACTOR_DRUG_TEST_IND**

☐ No

☐ Yes ➡ F2a. Specify how many were tested: / / **NUM_CONTRACTORS_TESTED**

F2b. Specify how many failed: / / **NUM_CONTRACTORS_FAILED**

PART G – APPARENT CAUSE	
CAUSE, CAUSE_DETAILS	Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part K – Contributing Factors.
G1 - Corrosion Failure – only one sub-cause can be picked from shaded left-hand column INTERNAL_EXTERNAL	
<input type="checkbox"/> External Corrosion GALVANIC_CORROSION_IND, ATMOSPHERE_CORROSION_IND, STRAY_CURRENT_CORROSION_IND,	1. Results of visual examination: VISUAL_EXAM_RESULTS <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other VISUAL_EXAM_DETAILS 2. Type of corrosion: (select all that apply) MICROBIOLOGICAL_CORROSION_IND SELECTIVE_SEAM_CORROSION_IND <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 OTHER_CORROSION_IND, CORROSION_TYPE_DETAILS 3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply) FIELD_EXAM_BASIS_IND METALLURGICAL_BASIS_IND <input type="radio"/> Field examination <input type="radio"/> Determined by metallurgical analysis <input type="radio"/> Other OTHER_BASIS_IND, CORROSION_BASIS_DETAILS 4. Was the failed item buried or submerged? UNDERGROUND_LOCATION <input type="radio"/> Yes ⇒ 4a. Was failed item considered to be under cathodic protection at the time of the incident? UNDER_CATHODIC_PROTECTION_IND <input type="radio"/> Yes ⇒ Year protection started: / / / / / <input type="radio"/> No CATHODIC_PRO_START_YEAR 4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident? SHIELDING_EVIDENT <input type="radio"/> Yes <input type="radio"/> No 4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply) CATHODIC_SURVEY_TYPE CP_ANNUAL_SURVEY_IND <input type="radio"/> Yes, CP Annual Survey ⇒ Most recent year conducted: / / / / / CLOSE_INTERVAL_SURVEY_IND <input type="radio"/> Yes, Close Interval Survey ⇒ Most recent year conducted: / / / / / OTHER_CP_SURVEY_IND <input type="radio"/> Yes, Other CP Survey ⇒ Most recent year conducted: / / / / / Describe other CP survey OTHER_CP_SURVEY_DETAILS <input type="radio"/> No <input type="radio"/> No ⇒ 4d. Was the failed item externally coated or painted? EXTERNALLY_COATED <input type="radio"/> Yes <input type="radio"/> No PRIOR_DAMAGE 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Bare/Ineffectively Coated Pipe
<input type="checkbox"/> Internal Corrosion INT_CORROSIVE_COMMODITY_IND, INT_WATER_ACID_IND, INT_EROSION_IND, INT_LOW_POINT_PIPE_LOC_IND, INT_ELBOW_LOC_IND, INT_DROP_OUT_LOC_IND, INT_DEAD_LEG_LOC_IND,	6. Results of visual examination: INT_VISUAL_EXAM_RESULTS <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Not cut open <input type="radio"/> Other INT_VISUAL_EXAM_DETAILS 7. Cause of corrosion: (select all that apply) INT_MICROBIOLOGICAL_IND INT_EROSION_IND <input type="radio"/> Corrosive Commodity <input type="radio"/> Water drop-out/Acid <input type="radio"/> Microbiological <input type="radio"/> Erosion <input type="radio"/> Other INT_OTHER_CORROSION_IND, INT_CORROSION_TYPE_DETAILS 8. The cause(s) of corrosion selected in Question 7 is based on the following: (select all that apply) INT_FIELD_EXAM_BASIS_IND INT_METALLURGICAL_BASIS_IND <input type="radio"/> Field examination <input type="radio"/> Determined by metallurgical analysis <input type="radio"/> Other INT_OTHER_BASIS_IND, INT_CORROSION_BASIS_DETAILS 9. Location of corrosion: (select all that apply) <input type="radio"/> Low point in pipe <input type="radio"/> Elbow <input type="radio"/> Drop-out <input type="radio"/> Dead-Leg <input type="radio"/> Other INT_OTHER_LOC_IND, CORROSION_LOCATION_DETAILS 10. Was the gas/fluid treated with corrosion inhibitors or biocides? CORROSION_INHIBITORS <input type="radio"/> Yes <input type="radio"/> No 11. Was the interior coated or lined with protective coating? CORROSION_LINING <input type="radio"/> Yes <input type="radio"/> No 12. Were cleaning/dewatering pigs (or other operations) routinely utilized? CLEANING_DEWATERING <input type="radio"/> Not applicable - Not mainline pipe <input type="radio"/> Yes <input type="radio"/> No 13. Were corrosion coupons routinely utilized? CORROSION_COUPONS <input type="radio"/> Not applicable - Not mainline pipe <input type="radio"/> Yes <input type="radio"/> No

G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-hand column NATURAL_FORCE_TYPE	
<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	EARTH_SUBTYPE 1. Specify: <input type="radio"/> Earthquake <input type="radio"/> Subsidence <input type="radio"/> Landslide <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> Heavy Rains/Floods	HEAVY_RAINS_SUBTYPE 2. Specify: <input type="radio"/> Washout/Scouring <input type="radio"/> Flotation <input type="radio"/> Mudslide <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> Lightning	LIGHTNING_SUBTYPE 3. Specify: <input type="radio"/> Direct hit <input type="radio"/> Secondary impact such as resulting nearby fires
<input type="checkbox"/> Temperature	TEMPERATURE_SUBTYPE 4. Specify: <input type="radio"/> Thermal Stress <input type="radio"/> Frost Heave <input type="radio"/> Frozen Components <input type="radio"/> Other NF_OTHER_DETAILS
<input type="checkbox"/> High Winds	
<input type="checkbox"/> Trees/Vegetation Roots	
<input type="checkbox"/> Snow/Ice impact or Accumulation	
<input type="checkbox"/> Other Natural Force Damage	5. Describe: NF_OTHER_DETAILS
Complete the following if any Natural Force Damage sub-cause is selected. NF_EXTREME_WEATHER_IND 6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No NF_HURRICANE_IND NF_TROPICAL_STORM_IND NF_TORNADO_IND 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 NF_OTHER_IND, NF_EXTREME_WEATHER_DETAILS	

G3 – Excavation Damage - only one sub-cause can be picked from shaded left-hand column

EX_PARTY_TYPE

☐ Excavation Damage by Operator
(First Party)

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

☐ Excavation Damage by Third Party

☐ Previous Damage due to Excavation
Activity

Complete the following if any Excavation Damage sub-cause is selected.

1. Did the operator get prior notification of the excavation activity? ☐ Yes ☐ No **PRIOR_NOTIFICATION_IND**
1a. If Yes, Notification received from: (select all that apply) ☐ One-Call System ☐ Excavator ☐ Contractor ☐ Landowner **ONE_CALL_SYSTEM_IND** **EXCAVATOR_IND** **CONTRACTOR_IND** **LANDOWNER_IND**
1b. Per the primary Incident Investigator results, did State law exempt the excavator from notifying the one-call center? ☐ Yes ☐ No ☐ Unknown **STATE_LAW_EXEMPT_IND**

If yes, answer 1c. through 1e. **STATE_LAW_EXEMPT_TYPE**

1c. select one of the following:

- ☐ Excavator is exempt
☐ Activity is exempt and did not exceed the limits of the exemption
☐ Activity is exempt and exceeded the limits of the exemption
☐ Other mandatory text field: **STATE_LAW_EXEMPT_DETAIL**

1d. Exempting authority **STATE_LAW_EXEMPT_AUTHORITY**

1e. Exempting criteria **STATE_LAW_EXEMPT_CRITERIA**

2. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? ☐ Yes ☐ No **NOTIFY_CGA_DIRT**

3. Right-of-Way where event occurred: (select all that apply)

- ☐ Public **PUBLIC_ROW_IND** **PUBLIC_SUBTYPE** Specify: ☐ City Street ☐ State Highway ☐ County Road ☐ Interstate Highway ☐ Other
☐ Private **PRIVATE_ROW_IND** **PRIVATE_SUBTYPE** Specify: ☐ Private Landowner ☐ Private Business ☐ Private Easement
☐ Pipeline Property/Easement **PIPELINE_EASEMENT_ROW_IND**
☐ Power/Transmission Line **POWER_TRANSMISSION_ROW_IND**
☐ Railroad **RAILROAD_ROW_IND**
☐ Dedicated Public Utility Easement **PUBLIC_UTIL_EASEMENT_ROW_IND**
☐ Federal Land **FEDERAL_LAND_ROW_IND**
☐ Unknown/Other **UNKNOWN_ROW_IND**

4. Was the facility part of a Joint Trench? ☐ Yes ☐ No **JOINT_TRENCH_IND**

5. Did this event involve a Cross Bore? ☐ Yes ☐ No **CROSS_BORE_IND**

DEPTH_OF_GRADE

6. Measured Depth from Grade: (select only one)

- ☐ Embedded in Concrete/Asphalt Pavement ☐ <18" ☐ 18" – 36"
☐ >36" ☐ Measured depth From Grade in inches: **DEPTH_OF_GRADE_DETAIL**

EXCAVATOR_TYPE

7. Type of excavator: (select only one)

- ☐ Contractor ☐ County ☐ Developer ☐ Farmer ☐ Municipality ☐ Occupant
☐ Railroad ☐ State ☐ Utility ☐ Unknown/Other

EXCAVATOR_EQUIPMENT

8. Type of excavation equipment: (select only one)

- ☐ Auger ☐ Backhoe/Trackhoe ☐ Boring ☐ Drilling ☐ Directional Drilling
☐ Explosives ☐ Farm Equipment ☐ Grader/Scraper ☐ Hand Tools ☐ Milling Equipment
☐ Probing Device ☐ Trencher ☐ Vacuum Equipment ☐ Unknown/Other

WORK_PERFORMED

9. Type of work performed: (select only one)

- ☐ Agriculture ☐ Cable TV ☐ Curb/Sidewalk ☐ Building Construction ☐ Building Demolition
☐ Drainage ☐ Driveway ☐ Electric ☐ Engineering/Surveying ☐ Fencing
☐ Grading ☐ Irrigation ☐ Landscaping ☐ Liquid Pipeline ☐ Milling
☐ Natural Gas ☐ Pole ☐ Public Transit Authority ☐ Railroad Maintenance ☐ Road Work

- ☐ Sewer (Sanitary/Storm) ☐ Site Development ☐ Steam ☐ Storm Drain/Culvert ☐ Street Light
☐ Telecommunications ☐ Traffic Signal ☐ Traffic Sign ☐ Water ☐ Waterway Improvement
☐ Unknown/Other

ONE_CALL_NOTIFIED_IND

10. Was the One-Call Center notified? ☐ Yes ☐ No If No, skip to question 11

*10a. If Yes, specify ticket number: / / / / / / / / / / / / / / / / / / **ONE_CALL_TICKET_NUM**

*10b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:

ONE_CALL_CENTER_NAME

WHITE_LINED_IND

*10c Was work area white lined? ☐ No ☐ Yes ☐ Unknown

LOCATOR_TYPE

11. Type of Locator: ☐ Facility Owner ☐ Contract Locator ☐ Unknown/Other

VISIBLE MARKS

12. Were facility locate marks visible in the area of excavation? ☐ No ☐ Yes ☐ Unknown/Other

SERVICE INTERRUPTION

13. Did the damage cause an interruption in service? ☐ No ☐ Yes ☐ Unknown/Other

16a. If Yes, specify duration of the interruption: / / / / / hours **SERVICE INTERRUPTION_HOURS**

ROOT_CAUSE_CATEGORY

14. Description of the CGA-DIRT Root Cause (select the predominant CGA-DIRT Root Cause from the list below):

Notification Issue

ROOT_CAUSE_TYPE

- ☐ 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
- ☐ Facility not marked due to Incorrect facility records/maps
- ☐ Facility not marked due to Locator error
- ☐ Facility not marked due to No response from operator/contract locator
- ☐ Facility not marked due to Incomplete marks at damage location
- ☐ Facility not marked due to Tracer wire issue
- ☐ Facility not marked due to Unlocatable Facility
- ☐ Facility marked inaccurately due to Abandoned facility
- ☐ Facility marked inaccurately due to Incorrect facility records/maps
- ☐ Facility marked inaccurately due to Locator error
- ☐ Facility marked inaccurately due to Tracer wire issue

Miscellaneous Root Causes

- ☐ Deteriorated facility
- ☐ One Call Center Error
- ☐ Previous damage

☐ Root Cause not listed (comment required): **ROOT_CAUSE_TYPE_OTHER**

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 Incident	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	VEHICLE_SUBTYPE 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: OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other OSF_OTHER_WEATHER_IND, _____
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS
<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: INTENTIONAL_SUBTYPE <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 INTENTIONAL_DETAILS _____
<input type="checkbox"/> Other Outside Force Damage	4. Describe: OSF_OTHER_DETAILS _____

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 incident? ☐ 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 ☐ Unknown7. Estimated speed of the vehicle at the time of impact (miles per hour)? **ESTIMATED_SPEED** _____ or **ESTIMATED_SPEED_UNKNOWN_IND** ☐ Unknown8. Type of vehicle? (select only one) **VEHICLE_TYPE**☐ Motorcycle/ATV☐ Passenger Car☐ Small Truck☐ Bus☐ Large Truck9. Where did the vehicle travel from to hit the pipeline facility? (select only one) **VEHICLE_TRAVEL_FROM**☐ Roadway☐ Driveway☐ Parking Lot☐ Loading Dock☐ Off-Road10. 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 Incident, 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 style="font-size: 1.2em;">G5 - Material Failure of Pipe or Weld <div style="color: red; font-weight: bold; text-align: center;">PWJF_FAILURE_TYPE</div>	<div style="font-size: 0.8em;">Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."</div> <div style="font-size: 0.8em; border-top: 1px solid black; padding-top: 5px;">Only one sub-cause can be picked from shaded left-hand column</div>
1. The sub-cause selected below is based on the following: <i>(select all that apply)</i> <div style="display: flex; justify-content: space-between; font-size: 0.8em; color: red; font-weight: bold;"> FIELD_EXAM_IND METALLURGICAL_IND </div> <input type="checkbox"/> Field Examination <input type="checkbox"/> Determined by Metallurgical Analysis <input type="checkbox"/> Other Analysis OTHER_ANALYSIS_IND, OTHER_ANALYSIS_DETAILS <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation STILL_UNDER_INVEST_IND <i>(Supplemental Report required)</i>	
<input type="checkbox"/> Design-, Construction-, Installation-, or Fabrication-related <input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)	2. List contributing factors: <i>(select all that apply)</i> FAILURE_SUBTYPE <input type="checkbox"/> Fatigue- or Vibration-related: FATIGUE_VIBR_RELATED <div style="margin-left: 20px;"> <input type="radio"/> Mechanically-induced prior to installation (such as during transport of pipe) <input type="radio"/> Mechanical Vibration <input type="radio"/> Pressure-related <input type="radio"/> Thermal <input type="radio"/> Other FATIGUE_VIBR_RELATED_OTHER </div> <input type="checkbox"/> Mechanical Stress MECHANICAL_STRESS <input type="checkbox"/> Other OTHER_FACTOR OTHER_FACTOR_DETAILS
<input type="checkbox"/> Environmental Cracking-related	3. Specify: STRESS SUBTYPE <div style="display: flex; justify-content: space-between;"> <input type="radio"/> Stress Corrosion Cracking <input type="radio"/> Sulfide Stress Cracking <input type="radio"/> Hydrogen Stress Cracking <input type="radio"/> Hard Spot <input type="radio"/> Other STRESS_DETAILS </div>
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.	
<div style="display: flex; justify-content: space-between; font-size: 0.8em; color: red; font-weight: bold; margin-bottom: 5px;"> ADDITIONAL_DENT_IND, ADDITIONAL_GOUGE_IND ADDITIONAL_PIPE_BEND_IND ADDITIONAL_ARC_BURN_IND ADDITIONAL_CRACK_IND ADDITIONAL_LACK_FUSION_IND </div> 4. Additional factors <i>(select all that apply)</i> : <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Pipe Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Lack of Fusion <div style="display: flex; justify-content: space-between; font-size: 0.8em; color: red; font-weight: bold; margin-bottom: 5px;"> ADDITIONAL_LAMINATION_IND ADDITIONAL_BUCKLE_IND ADDITIONAL_WRINKLE_IN PWF_ADDITIONAL_MISALIGN_IND ADDITIONAL_BURNT_STEEL_IND </div> <input type="radio"/> Lamination <input type="radio"/> Buckle <input type="radio"/> Wrinkle <input type="radio"/> Misalignment <input type="radio"/> Burnt Steel <input type="radio"/> Other PWF_ADDITIONAL_OTHER_IND, ADDITIONAL_OTHER_DETAILS	
5. Post-construction pressure test value (psig) <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> OR <input type="radio"/> Unknown <div style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">POST_CONSTR_PRESSURE_TEST_VAL</div>	

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

<input type="checkbox"/> Malfunction of Control/Relief Equipment	1. Specify: <i>(select all that apply)</i> CONTROL_VALVE_IND, INSTRUMENTATION_IND, SCADA_IND, COMMUNICATIONS_IND, BLOCK_VALVE_IND, CHECK_VALVE_IND, RELIEF_VALVE_IND, POWER_FAILURE_IND, STOPPLE_CONTROL_FITTING_IND, PRESSURE_REGULATOR_IND <div><input type="radio"/> Control Valve <input type="radio"/> Instrumentation <input type="radio"/> SCADA <input type="radio"/> Communications <input type="radio"/> Block Valve <input type="radio"/> Check Valve <input type="radio"/> Relief Valve <input type="radio"/> Power Failure <input type="radio"/> Stopple/Control Fitting <input type="radio"/> Pressure Regulator <input type="radio"/> ESD System Failure ESD_SYSTEM_FAILURE_IND <input type="radio"/> Other OTHER_CONTROL_RELIEF_IND, _____ OTHER_CONTROL_RELIEF_DETAILS</div>
<input type="checkbox"/> Compressor or Compressor-related Equipment	OTHER_COMPRESSOR_IND 2. Specify: <input type="radio"/> Seal/Packing Failure <input type="radio"/> Body Failure <input type="radio"/> Crack in Body <input type="radio"/> Appurtenance Failure <input type="radio"/> Pressure Vessel Failure <input type="radio"/> Other OTHER_COMPRESSOR_DETAILS _____
<input type="checkbox"/> Threaded Connection/Coupling Failure	OTHER_STRIPPED_IND 3. Specify: <input type="radio"/> Pipe Nipple <input type="radio"/> Valve Threads <input type="radio"/> Mechanical Coupling <input type="radio"/> Threaded Pipe Collar <input type="radio"/> Threaded Fitting <input type="radio"/> Other OTHER_STRIPPED_DETAILS _____
<input type="checkbox"/> Non-threaded Connection Failure	OTHER_NON_THREADED_IND 4. Specify: <input type="radio"/> O-Ring <input type="radio"/> Gasket <input type="radio"/> Seal (NOT compressor seal) or Packing <input type="radio"/> Other OTHER_NON_THREADED_DETAILS _____
<input type="checkbox"/> Defective or Loose Tubing or Fitting	
<input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
<input type="checkbox"/> Other Equipment Failure	5. Describe: EQ_FAILURE_DETAILS _____ _____

Complete the following if any Equipment Failure sub-cause is selected.6. Additional factors that contributed to the equipment failure: *(select all that apply)*

- ☐ Excessive vibration **ADDITIONAL_VIBRATION_IND**
- ☐ Overpressurization **ADDITIONAL_OVERPRESSURE_IND**
- ☐ No support or loss of support **ADDITIONAL_SUPPORT_IND**
- ☐ Manufacturing defect **ADDITIONAL_DEFECT_IND**
- ☐ Loss of electricity **ADDITIONAL_ELECTRICITY_IND**
- ☐ Improper installation **ADDITIONAL_INSTALLATION_IND**
- ☐ Improper maintenance **ADDITIONAL_IMPROPER_MNTNCE_IND**
- ☐ Mismatched items (different manufacturer for tubing and tubing fittings) **ADDITIONAL_MISMATCH_IND**
- ☐ Dissimilar metals **ADDITIONAL_DISSIMILAR_IND**
- ☐ Breakdown of soft goods due to compatibility issues with transported gas/fluid **ADDITIONAL_BREAKDOWN_IND**
- ☐ Valve vault or valve can contributed to the release **ADDITIONAL_VALVE_IND**
- ☐ Alarm/status failure **ADDITIONAL_ALARM_IND**
- ☐ Misalignment **EQ_ADDITIONAL_MISALIGN_IND**
- ☐ Thermal stress **EQ_ADDITIONAL_THERMAL_IND**
- ☐ Erosion/abnormal wear **ADDITIONAL_EROSION_WEAR_IND**
- ☐ Other **EQ_ADDITIONAL_OTHER_IND, EQ_ADDITIONAL_OTHER_DETAILS** _____

<div style="text-align: center;"> OPERATION_TYPE G7 - Incorrect Operation - only one sub-cause can be picked from shaded left-hand column </div>	
<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
<input type="checkbox"/> Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure	OVERFLOW_OTHER_IND 1. Specify: <input type="radio"/> Valve Misalignment <input type="radio"/> Incorrect Reference Data/Calculation <input type="radio"/> Miscommunication <input type="radio"/> Inadequate Monitoring <input type="radio"/> Other OVERFLOW_OTHER_DETAILS
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure	
<input type="checkbox"/> Pipeline or Equipment Overpressured	
<input type="checkbox"/> Equipment Not Installed Properly	
<input type="checkbox"/> Wrong Equipment Specified or Installed	
<input type="checkbox"/> Other Incorrect Operation	2. Describe: OPERATION_DETAILS
Complete the following if any Incorrect Operation sub-cause is selected. 3. Was this Incident related to: <i>(select all that apply)</i> <input type="radio"/> Inadequate procedure RELATED_INADEQUATE_PROC_IND <input type="radio"/> No procedure established RELATED_NO_PROC_IND <input type="radio"/> Failure to follow procedure RELATED_FAILURE_FOLLOW_IND <input type="radio"/> Other: RELATED_OTHER_IND, OPERATION_RELATED_DETAILS 4. What category type was the activity that caused the Incident: CATEGORY_TYPE <input type="radio"/> Construction <input type="radio"/> Commissioning <input type="radio"/> Decommissioning <input type="radio"/> Right-of-Way activities <input type="radio"/> Routine maintenance <input type="radio"/> Other maintenance <input type="radio"/> Normal operating conditions <input type="radio"/> Non-routine operating conditions (abnormal operations or emergencies) OPERATOR_QUALIFICATION_IND 5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? <input type="radio"/> Yes <input type="radio"/> No 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? QUALIFIED_INDIVIDUALS <input type="radio"/> Yes, they were qualified for the task(s) <input type="radio"/> No, but they were performing the task(s) under the direction and observation of a qualified individual <input type="radio"/> 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	
<div style="text-align: center;"> OTHER_TYPE G8 – Other Incident Cause - only one sub-cause can be picked from shaded left-hand column </div>	
<input type="checkbox"/> Miscellaneous	1. Describe: MISC_DETAILS
<input type="checkbox"/> Unknown	UNKNOWN_SUBTYPE 2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown Mandatory comment field: INCIDENT_UNKNOWN_COMMENTS <input type="radio"/> Still under investigation, cause of Incident to be determined* <i>(*Supplemental Report required)</i>

PART J – INTEGRITY INSPECTIONS	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)
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COLLECTED_DATA_IND

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

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

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

☐ Other Describe: AXIAL_RCNT_ATTND_DTCT_DTLS

If Metal Loss, specify (select only one): ☐ High Resolution ☐ Standard Resolution

☐ Other Describe: AXIAL_RCNT_ATT_DT_METAL_DTLS

Previous run Year: AXIAL_PREVIOUS_YEAR

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

☐ Other Describe: AXIAL_PREV_ATTND_DTCT_DTLS

If Metal Loss, specify (select only one): ☐ High Resolution ☐ Standard Resolution

☐ Other Describe: AXIAL_PREV_ATT_DT_METAL_DTLS

CIRC_TRN_WAVE_MGN_FLX_LKG_IND

☐ Circumferential/Transverse Wave Magnetic Flux Leakage

Most recent run Year: CIRC_WAVE_RECENT_YEAR

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

Most recent run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution

☐ Other Describe: CIRC_WV_RCNT_RESOLUTION_DTLS

Previous run Year: CIRC_WV_PREVIOUS_YEAR

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

Previous run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution

☐ Other Describe: CIRC_WV_PREV_RESOLUTION_DTLS

ULTRASONIC_IND

☐ Ultrasonic

Most recent run Year: ULTRASONIC_RECENT_YEAR

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

Most recent run Attuned to (select only one) ☐ Wall Measurement ☐ Crack

☐ Other Describe: ULTRA_RCNT_ATTUNEDDTLS

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: ULTR_PREVIOUS_YEAR

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

Most recent run Attuned to (select only one) ☐ Wall Measurement ☐ Crack

☐ Other Describe: ULTRA_PREV_ATTUNED_DTLS

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

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

Most recent run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution

☐ Other Describe: GEOMETRY_RCNT_RESOLUTION_DTLS

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

Previous run Year: GEOMETRY_PREVIOUS_YEAR

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

Previous run Resolution (select only one): ☐ High Resolution ☐ Standard Resolution

☐ Other Describe: GEOMETRY_PREV_RESOLUTION_DTLS

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

D. Electromagnetic

- CPCM IND

- ## OTHER TOOL TECH IND

- Answer J1b 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

HAS HYDRTST CONDUCT BEFORE IND

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

- ☐ Yes ➔ Most recent year tested: HYDRTST_MOST_RCNT_YEAR Test pressure (psig): HYDRTST_MOST_RCNT_PRESSURE
- ☐ No

DIRECT ASMNT CONDUCTED

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

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

External Corrosion Direct Assessment (ECDA)

/ / / / /

ASMNT ECDA RCNT YEAR, ASMNT ECDA RCNT IND

Internal Corrosion Direct Assessment (ICDA)

ASMNT ICDA BCNT YEAR, ASMNT ICDA BCNT IND

Stress Corrosion Cracking Direct Assessment (SCCDA)

ASMNT SCCDA BCNT YEAR ASMNT SCCDA BCNT IND

Confirmatory Direct Assessment

ASMNT/CONFIRMATORY RCNT YEAR, ASMNT/CONFIRMATORY RCNT IND

Other, specify type: **ASMNT_OTHER_TYPE**

/ / / / /

PORT_RENT_YEAR	ASMNT_CONFIRMATORY_RENT_IND	ASMNT_OTHER_BCNT_YEAR	ASMNT_OTHER_BCNT_IND
2010	0	2010	0
2011	0	2011	0
2012	0	2012	0
2013	0	2013	0
2014	0	2014	0
2015	0	2015	0
2016	0	2016	0
2017	0	2017	0
2018	0	2018	0
2019	0	2019	0
2020	0	2020	0
2021	0	2021	0
2022	0	2022	0
2023	0	2023	0
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2025	0	2025	0
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2093	0	2093	0
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2097	0	2097	0
2098	0	2098	0
2099	0	2099	0
2100	0	2100	0
2101	0	2101	0
2102	0	2102	0
2103	0	2103	0
2104	0	2104	0
2105	0	2105	0
2106	0	2106	0
2107	0	2107	0
210			

- J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident 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 | / / / / | EXM_RADIOGRAPHY_RCNT_YEAR, | EXM_RADIOGRAPHY_RCNT_IND |
| <input type="radio"/> Guided Wave Ultrasonic | / / / / | EXM_WAVE_ULTRASONIC_RCNT_YEAR, | EXM_WAVE_ULTRASONIC_RCNT_IND |
| <input type="radio"/> Handheld Ultrasonic Tool | / / / / | EXM_HANDL_ULTRASONIC_RCNT_YEAR, | EXM_HANDL_ULTRASONIC_RCNT_IND |
| <input type="radio"/> Wet Magnetic Particle Test | / / / / | EXM_WET_MGNT_PARTCL_RCNT_YEAR, | EXM_WET_MGNT_PARTCL_RCNT_IND |
| <input type="radio"/> Dry Magnetic Particle Test | / / / / | EXM_DRY_MGNT_PARTCL_RCNT_YEAR, | EXM_DRY_MGNT_PARTCL_RCNT_IND |
| <input type="radio"/> Other, specify type | / / / / / / / | EXM_OTHER_TYPE | |
| | | EXM OTHER RCNT YEAR | EXM OTHER RCNT IND |

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, select all that apply below and explain each in the Narrative:

External Corrosion

- ☐ External Corrosion, Galvanic **EXTRNL_COR_GALVANIC_IND**
- ☐ External Corrosion, Atmospheric **EXTRNL_COR_ATMOSPHERIC_IND**
- ☐ External Corrosion, Stray Current Induced **EXTRNL_COR_STRAY_CURRENT_IND**
- ☐ External Corrosion, Microbiologically Induced **EXTRNL_COR_MICROBIOLOGIC_IND**
- ☐ External Corrosion, Selective Seam **EXTRNL_COR_SELECTIVE_SEAM_IND**

Internal Corrosion

- ☐ Internal Corrosion, Corrosive Commodity **INTRNL_COR_CORROSIVE_CMDTY_IND**
- ☐ Internal Corrosion, Water drop-out/Acid **INTRNL_COR_WTR_DRPOUT_ACID_IND**
- ☐ Internal Corrosion, Microbiological **INTRNL_COR_MICROBIOLOGIC_IND**
- ☐ Internal Corrosion, Erosion **INTRNL_COR_EROSION_IND**

Natural Forces

- ☐ Earth Movement, NOT due to Heavy Rains/Floods **NF_EARTH_MOVEMENT_IND**
- ☐ Heavy Rains/Floods **NF_HEAVY_RAINS_IND**
- ☐ Lightning **NF_LIGHTNING_IND**
- ☐ Temperature **NF_TEMPERATURE_IND**
- ☐ High Winds **NF_HIGH_WINDS_IND**
- ☐ Tree/Vegetation Root **NF_VEGITATION_ROOT_IND**

Excavation Damage

- ☐ Excavation Damage by Operator (First Party) **EXCVTN_DMG_OPERATOR_IND**
- ☐ Excavation Damage by Operator's Contractor (Second Party) **EXCVTN_DMG_OP_CONTRACTOR_IND**
- ☐ Excavation Damage by Third Party **EXCVTN_DMG_THIRD_PARTY_IND**
- ☐ Previous Damage due to Excavation Activity **EXCVTN_DMG_PREVIOUS_DAMAGE_IND**

Other Outside Force

- ☐ Nearby Industrial, Man-made, or Other Fire/Explosion **OSF_NEARBY_INDUSTRIAL_IND**
- ☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation **OSF_VEHICLE_IND**
- ☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment **OSF_BOAT_IND**
- ☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation **OSF_OTHER_MARITIME_IND**
- ☐ Electrical Arcing from Other Equipment or Facility **OSF_ELECTRICAL_ARCING_IND**
- ☐ Previous Mechanical Damage NOT Related to Excavation **OSF_PREVIOUS_MECHANICAL_IND**
- ☐ Intentional Damage **OSF_INTENTIONAL_IND**
- ☐ Other underground facilities buried within 12 inches of the failure location **OSF_OTHER_UNDERGROUND_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**
- ☐ Environmental Cracking-related, Stress Corrosion Cracking **PWF_ENV_STRESS_CORROSION_IND**
- ☐ Environmental Cracking-related, Sulfide Stress Cracking **PWF_ENV_SULFIDE_STRESS_IND**
- ☐ Environmental Cracking-related, Hydrogen Stress Cracking **PWF_ENV_HYDROGEN_STRESS_IND**
- ☐ Environmental Cracking-related, Hard Spot **PWF_ENV_HARD_SPOT_IND**

Equipment Failure

- ☐ Malfunction of Control/Relief Equipment **EQF_CONTROL_RELIEF_IND**
- ☐ Compressor or Compressor-related Equipment **EQF_COMPRESSOR_IND**
- ☐ Threaded Connection/Coupling Failure **EQF_THREADED_COUPLING_IND**
- ☐ Non-threaded Connection Failure **EQF_NON_THREADED_IND**
- ☐ Defective or Loose Tubing or Fitting **EQF_DEFECTIVE_FITTING_IND**
- ☐ Failure of Equipment Body (except Compressor), Vessel Plate, or other Material **EQF_EQUIPMENT_BODY_IND**

Incorrect Operation

- ☐ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage **IO_DAMAGE_BY_OPERATOR_IND**
- ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure **IO_VALVE_POSITION_IND**
- ☐ Pipeline or Equipment Overpressured **IO_EQUIPMENT_OVERPRESSURE_IND**
- ☐ Equipment Not Installed Properly **IO_NOT_INSTALLED_PROPERLY_IND**
- ☐ Wrong Equipment Specified or Installed **IO_WRONG_EQUIPMENT_IND**
- ☐ Inadequate Procedure **IO_INADEQUATE_PROCEDURE_IND**
- ☐ No procedure established **IO_NO_PROCEDURE_IND**
- ☐ Failure to follow procedures **IO_FOLLOW_PROCEDURE_IND**

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>