DOTUS Department of TransportationPHMSAPipelines and Hazardous Materials Safety AdministrationOPSOffice of Pipeline Safety<br/>Southwest Region

Senior Accident Investigator	Richard J. Lopez
Region Director	R. M. Seeley
Date of Report	05/30/2012
Subject	Chevron Pipe Line Company, Grand Bay 10-inch Pipeline, Plaquemines Parish, Louisiana

# **Operator, Location, & Consequences**

Date of Failure	01/26/2011
Commodity Released	Crude Oil
City/County & State	Plaquemines Parish, Louisiana
OPID & Operator Name	2731 Chevron Pipe Line Company
Unit # & Unit Name	18124 Offshore Venice/Buras Team
SMART Activity #	133527
Milepost / Location	Main Pass Block 12, Plaquemines Parish, Louisiana
Type of Failure	Brittle, tensile fracture at pre-existing mechanical damage
Fatalities	None
Injuries	None
Description of area impacted	Gulf of Mexico (non HCA)
Property Damage	\$906,900

### Failure Investigation Report – Chevron Grand Bay 10-inch January 26, 2011

# **Executive Summary**

On January 26, 2011, Chevron Pipe Line Company (CPL) experienced a failure on its Grand Bay 10-inch pipeline in Plaquemines Parish, Louisiana. There was no fire, explosion or injuries. Approximately 80 barrels of crude oil were released. The accident was reported to the National Response Center (NRC) by CPL (NRC report #965775).

At the time of the failure, the pipeline was being lowered while in service. The cause of failure is attributed to a brittle, tensile fracture at an area of pre-existing mechanical damage. The failure propagation was due to the combination of stress concentration at the mechanical damaged areas, the lack of fracture toughness of the pipe at the point of failure and the applied tensile stresses.

After the release the line was shut down, booms deployed and the Oil Spill Response Organization (OSRO) was contacted. The line remains out of service.

# System Details

The Grand Bay 10-inch pipeline is part of the Cypress pipeline system that originates at Chevron's offshore Louisiana facilities and ends at Empire/Ostrica Terminal. The Cypress system is comprised of 373 miles of pipeline of various diameters.

The Empire/Ostrica Terminal is located near the east bank of the Mississippi River about three miles south of Empire, Plaquemines Parish, Louisiana. The Empire terminal is a hub that receives crude oil via pipelines from production facilities in the Gulf of Mexico. The terminal, in turn, sends oil via pipelines and barges to various locations along the Gulf Coast. (Appendices A and B)

The Grand Bay 10-inch pipeline was installed in 1953 of 10.75-inch nominal outside diameter pipe, wall thickness of 0.365 inches, grade X-35, lap welded, carbon steel. The maximum operating pressure (MOP) of the system is 366 psig, and the line was operating at 87 psig at the time of the failure.

A corrosion mitigation system was designed and installed on the pipeline. It is comprised of a coating and a cathodic protection system. The coating system consists of coal tar glass and 2.79-inch concrete weight coating. Cathodic protection is provided by galvanic anodes that were installed at the time of original construction.

# **Events leading up to the Failure**

In July 2009, several segments of the existing pipeline "LAL 0247 10 inches," in the Main Pass area of the Gulf of Mexico were discovered by survey to have inadequate depth of soil coverage. As a result of the survey, those segments were required to be reburied in accordance with 49 CFR Part §195.413(c)(3).

### Failure Investigation Report – Chevron Grand Bay 10-inch January 26, 2011

Chevron was in the process of lowering the pipeline at the time the accident occurred. The procedures for lowering the pipeline required the performance of a "hydro jetting process". The process uses high pressure water jets that cut the sea bed surface underneath and on the sides of the pipeline creating a trench. The pipeline is then allowed to lower into the trench by its own weight.

On January 26, 2011, Chevron Pipe Line (CPL) was hydro jetting to lower the line when the lowering crew smelled and saw the crude oil.

### **Emergency Response**

The jetting was stopped when crude odor was detected and then spotted on the water, at approximately 1603 on Jan 26, 2011. The Chevron Control Center (CSC) was then contacted by Chevron's Person in Charge (PIC) at the leakage site.

The crew on the jetting barge immediately deployed the containment and absorption boom to contain the spill. The CSC, which had independently detected the loss of pressure and was investigating if shutdown was needed, shut down the main pumps remotely to stop the flow of crude oil.

Empire Terminal employees were dispatched to manually shut down valves (at Romere Pass and Grand Bay Receiving Station), and the ORA pump to stop any remaining flow at the release site. By 1830 hours, these valves and the ORA pump were closed and isolated.

Chevron reported the accident to the NRC on January 26, 2011 at 1722. They also submitted a written report to PHMSA on 02/15/2011. (Appendix C)

# Summary of Return-to-Service

Chevron has not taken any action to return the line to service. At the time of this report, the line has not been placed back into service. The line was purged of product, filled with water taken from the Mississippi River and inhibited with corrosion mitigation material after it was repaired.

To determine the exact cause of the accident segments of pipe from the failed area were cut and sent to Chevron's Energy Technology Company for metallurgical evaluation.

# **Investigation Details**

A metallurgical analysis was performed by Energy Technology Company to determine the cause of the accident. (Appendix D) The analysis indicated that the cause of the release was attributable to:

### Failure Investigation Report – Chevron Grand Bay 10-inch January 26, 2011

• Dents on the 10 inch pipeline. The pipeline had dents at five locations, apparently caused by boat and barge traffic in the area, and the failure occurred at one of these dents. The dents were not visible and UT was not capable of detecting them. CPL was not aware of the prior dents or when they occurred.

• Metallurgical analysis of the pipeline material indicated brittle and inflexible steel with nil fracture toughness. The steel with these characteristics was common for pipelines installed in 1953.

• The failure occurred during lowing operations by Chevron's contractor, Sunland Construction. The lowering was to be made by cutting the new trench at two feet passes until the prescribed depth was reached. The weight of the pipeline would lower in line into the newly cut trench. Based on witness interviews, it appears that the contractor cut trenches of two to four feet on the day of the failure. It is not known whether the failure related to or resulted from the trench depth.

# **Findings and Contributing Factors**

1. The pipeline had prior physical damaged at the failure point. These dents appeared to have been caused by boat propeller impact in the past. Failure of the pipeline occurred at the location of one of the dents.

2. The metallurgical analysis of the pipeline material of construction (1953) indicated brittle and inflexible steel with little fracture toughness. As a result the pipeline did not have the ability to withstand plastic deformation at areas of stress concentration (dents/deformed pipe segments).

3. It is believed that the stresses induced by the lowering project contributed to the accident. The lowering was to be made by cutting the new trench at two feet passes but witness interviews indicate that the contractor cut trenches of two to four feet on the day of the failure. Chevron filed the PHMSA Form 7000-1 Accident report on February 15, 2011 and a final report on August 11, 2011, indicating the cause of the incident as excavation damage.

# **Appendices**

Appendix A - Operator System Map Appendix B - Operator Pipeline Map Appendix C - Accident Reports Appendix D - Metallurgical Evaluation Report Appendix A - Operator System Map

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Appendix B - Operator Pipeline Map

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Appendix C- Accident Reports

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### NATIONAL RESPONSE CENTER 1-800-424-8802 \*\*\*GOVERNMENT USE ONLY\*\*\*GOVERNMENT USE ONLY\*\*\* Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 965775

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### **INCIDENT DESCRIPTION**

\*Report taken by: CIV DAVID DEDEAUX at 17:22 on 26-JAN-11 Incident Type: PIPELINE Incident Cause: UNKNOWN Affected Area: GULF OF MEXICO Incident occurred on 26-JAN-11 at 16:03 local incident time. Affected Medium: WATER

#### **REPORTING PARTY**

Name: JOSEPH WHITE Organization: CHEVRON PIPELINE CO. Address: 4800 FOURNACE PL BELLAIRE, TX 77401 CHEVRON PIPELINE CO. reported for the responsible party. PRIMARY Phone: (281)6301927 ALTERNATE Phone: (713)4326167 Type of Organization: PRIVATE ENTERPRISE

SUSPECTED RESPONSIBLE PARTY Name: JOSEPH WHITE Organization: CHEVRON PIPELINE CO. Address: 4800 FOURNACE PL BELLAIRE, TX 77401 PRIMARY Phone: (281)6301927 ALTERNATE Phone: (713)4326167

### INCIDENT LOCATION

SEE LAT AND LONG County: PLAQUEMINES State: LA Latitude: 29° 37' 05" N Longitude: 089° 35' 06" W NONE

RELEASED MATERIAL(S) CHRIS Code: OIL Official Material Name: OIL: CRUDE Also Known As: Qty Released: 0 UNKNOWN AMOUNT

Qty in Water: 0 UNKNOWN AMOUNT

#### DESCRIPTION OF INCIDENT

CALLER STATED THAT THERE WAS A RELEASE OF AN UNKNOWN AMOUNT OF CRUDE OIL FROM A PIPELINE THE CAUSE IS UNKNOWN THERE WAS A WATERWAY IMPACTED.

### SENSITIVE INFORMATION

**INCIDENT DETAILS Pipeline Type: TRANSMISSION DOT Regulated: YES** Pipeline Above/Below Ground: ABOVE **Exposed or Under Water: YES Pipeline Covered: YES** ---SHEEN INFORMATION---Sheen Color: DARK BLACK **Sheen Odor Description:** Sheen Travel Direction: Sheen Size Length: Sheen Size Width: ---WATER INFORMATION---Body of Water: GULF OF MEXICO Tributary of: **Nearest River Mile Marker:** Water Supply Contaminated: UNKNOWN

#### IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Hospitalized:Empl/Crew:Passenger:FATALITIES: NO Empl/Crew:Passenger:Occupant:EVACUATIONS:NO Who Evacuated:Radius/Area:

Damages: NO

Hours Direction of Closure Type Description of Closure Closed Closure N Air: N Major Road: Artery:N N Waterway:

N a

Track:

Environmental Impact: UNKNOWN Media Interest: NONE Community Impact due to Material:

### **REMEDIAL ACTIONS**

LINE HAS BEEN SHUT DOWN CONTRACTOR HAS BEEN CONTACTED BOOMS ARE IN PLACE. Release Secured: NO Release Rate:

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**Estimated Release Duration:** 

### WEATHER

Weather: CLEAR, 53ºF Wind speed: 12 MPH Wind direction: NW

ADDITIONAL AGENCIES NOTIFIED

Federal: NONE

State/Local: NONE

State/Local On Scene: NONE State Agency Number: NONE

### NOTIFICATIONS BY NRC

CALCASIEU PARISH SHERIFF'S DEPT (CRIMINAL INTELLIGENCE UNIT)

26-JAN-11 17:28 (337)4913778

DHS NOC (NOC)

26-JAN-11 17:28 (202)2828114

USCG ICC (ICC ONI)

26-JAN-11 17:28 (301)6693363

USCG-GC IMT (PRIMARY)

26-JAN-11 17:28 (609)3518503

DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)

26-JAN-11 17:28 (202)3661863

FLD INTEL SUPPORT TEAM NEW ORLEANS (SUPERVISOR, FIST NEW ORLEANS)

26-JAN-11 17:28 (504)5894224

JFO-LA (COMMAND CENTER)

26-JAN-11 17:28 (225)3366513

JFO-LA (FEMA JFO LA)

26-JAN-11 17:28 (225)3366513

LA DEPT OF ENV QUAL (MAIN OFFICE)

26-JAN-11 17:28 (225)2193640

LA DEPT OF WILDLIFE AND FISHERIES (ATTN: LAURA CARVER)

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26-JAN-11 17:28 (337)

LA GOV OFFICE HS AND EMERGENCY PREP (MAIN OFFICE)

26-JAN-11 17:28 (225)9257500

LA OFFICE OF GOV (MAIN OFFICE)

26-JAN-11 17:28 (225)2195800

LA OFFICE OF PUBLIC HEALTH (MAIN OFFICE)

26-JAN-11 17:28 (888)2937020

NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)

26-JAN-11 17:28 (202)2829201

NOAA RPTS FOR LA (MAIN OFFICE)

26-JAN-11 17:28 (206)5264911

PIPELINE & HAZMAT SAFETY ADMIN (OFFICE OF PIPELINE SAFETY (AUTO))

26-JAN-11 17:28 (202)3660568

SECTOR NEW ORLEANS (COMMAND CENTER)

(504)3652209

LA STATE POLICE (MAIN OFFICE) 26-JAN-11 17:28 (225)9256595

ADDITIONAL INFORMATION NO ADDITIONAL INFORMATION.

\*\*\* END INCIDENT REPORT #965775 \*\*\* Report any problems by calling 1-800-424-8802 PLEASE VISIT OUR WEB SITE AT http://www.nrc.uscg.mil

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result exceed \$100,000 for each violation for each day that such violation persists exce penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.	in a civil penalty not to pt that the maximum civil	OMB NO: 2137-0047 EXPIRATION DATE: 01/3	1/2013
Λ	Report Date:	02/15/201	1
U.S. Department of Transportation	No.	20110050 - 1	5984
Pipeline and Hazardous Materials Safety Administration			 L-X
ACCIDENT REPORT - HA PIPELINE SY	ZARDOUS LIQUII STEMS		
A federal agency may not conduct or sponsor, and a person is not required to res with a collection of information subject to the requirements of the Paperwork Red OMB Control Number. The OMB Control Number for this information collection is to be approximately 10 hours per response (5 hours for a small release), including completing and reviewing the collection of information. All responses to this colle- burden estimate or any other aspect of this collection of information, including suc Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE INSTRUCTIONS	pond to, nor shall a person Jotion Act unless that collec 2137-0047. Public reportin g the time for reviewing insti- ction of information are mar ggestions for reducing this b E, Washington, D.C. 20590.	be subject to a penalty for failu tion of information displays a o ng for this collection of informa ructions, gathering the data ne idatory. Send comments rega urden to: Information Collectio	ure to comply surrent valid tion is estimated eded, and rding this n Clearance
Important: Please read the separate instructions for completing this form before examples. If you do not have a copy of the instructions, you can obtain one from <u>http://www.phmsa.dot.gov/pipeline</u> .	you begin. They clarify the the PHMSA Pipeline Safety	information requested and pro Community Web Page at	ovide specific
PART A - KEY REPORT INFORMATION			
Report Type: (select all that apply)	Original:	Supplemental:	Final:
Last Revision Date:	08/11/2011	145	1 1 1 8
1. Operator's OPS-issued Operator Identification Number (OPID):	2731		
2. Name of Operator	CHEVRON PIPE LI	NE CO	к ж. к. минитик х
3. Address of Operator:			
3a. Street Address	8ELLAIDE	PLACE, RM C382A	
3c. State	Texas		
3d. Zip Code	774012324		
4. Local time (24-hr clock) and date of the Accident:	01/26/2011 16:03		
5. Location of Accident:			
Latitude:	29.3753		
Longitude:	-89.3561		
<ul> <li>National Response Center Report Number (If applicable):</li> <li>I ocal time (24-hr clock) and date of initial telephonic report to the</li> </ul>	900//0		
National Response Center (if applicable):	01/26/2011 17:22		
8. Commodity released: (select only one, based on predominant	Crude Oil		
volume released)			
- Specify Commodity Subtype:			
- If "Other" Subtype, Describe	9:		
<ul> <li>If Bioluei/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend;</li> </ul>			
	5:		
<ul> <li>If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100):</li> </ul>	в		
9. Estimated volume of commodity released unintentionally (Barrels):	79.00		
<ol> <li>Estimated volume of intentional and/or controlled release/blowdowr (Barrels):</li> </ol>	1		
11. Estimated volume of commodity recovered (Barrels):	79.00		
12. Were there fatalities?	No		
It Yes, specify the number in each category:			
12a. Operator employees			
12c. Non-Operator emergency responders	1	1. X 3 E	5
12d. Workers working on the right-of-way, but NOT associated with this Operator		N. NEUMA DI I I I I I ULIL I I	
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
It Yes, specify the number in each category:			
13b. Contractor employees			
13c. Non-Operator emergency responders			
13d. Workers working on the right-of-way, but NOT			

associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No. Explain:	
- If Yes, complete Questions 14a and 14b; (use local time, 24-br clock)	
14a Local time and date of shutdown:	01/26/2011 16:05
14h Local time pipeline/facility restarted:	01/20/2011 10:00
Still shut down? (* Supplemental Report Required)	Van
15 Did the commodity ignite?	No
15. Did the commodity lynne?	No
17. Number of general nublic suggested	NO
17. Number of general public evacuated:	U
18. Time sequence (use local time, 24-nour clock):	F
18a. Local time Operator Identified Accident:	01/26/2011 16:03
18b. Local time Operator resources arrived on site:	01/26/2011 16:03
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the origin of Accident onshore?	No
If Yes, Complete Ques	stions (2-12)
If No, Complete Quest	ions (13-15)
- If Onshore:	
2. State:	
3. Zip Code:	
4. City	
5. County or Parish	
6. Operator-designated location:	
Snecify:	i and in the second
7 Pipeline/Eacility name:	
8 Segment name/ID:	
9. Was Assident on Federal land, other than the Outer Continental Shelf	
10 Leastion of Accident:	
10. Location of Accident.	a la caracteria de la caracteria de la composición de la composición de la composición de la composición de la
11. Area of Accident (as found):	
Specify:	
- If Other, Describe:	
Depth-of-Cover (in):	
12. Did Accident occur in a crossing?	
- If Yes, specify below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing -	
Cased/ Uncased/ Bored/drilled	
- If Road crossing -	
Cased/ Uncased/ Bored/drilled	the second
- If Water crossing -	·····
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the Accident:	
- Select:	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	7
14. Origin of Accident:	In State waters
- In State waters - Specify:	
- State:	Louisiana
- Area:	
- Block/Tract #:	MP 12
- Nearest County/Parish:	Plaquemine
- On the Outer Continental Shelf (OCS) - Specify:	
- Area:	
- Block #:	
15. Area of Accident:	Below water, pipe buried or letted below seabed
PART C - ADDITIONAL FACILITY INFORMATION	
1 In the pipeline of facility	1 Internete
Is the pipeline of facility:     Dent of eventue involved in Arcident:	Offehere Disaling Industry Discount Discount
2. Part of system involved in Accident:	Unshore Pipeline, including Riser and Riser Bend
- IT Onshore Breakout I ank or Storage Vessel, Including Attached	я.
Appurcenances, specify:	Disa
3. Item involved in Accident:	Pipe
	I Diese Deuty

3a. Nominal diameter of pipe (in):	10.75
3b. Wall thickness (in):	.365
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	35,000
3d. Pipe specification:	Unknown
3e. Pipe Seam, specify:	Lap Welded
- If Other, Describe:	
3f. Pipe manufacturer:	Unknown
3g. Year of manufacture:	1953
3h. Pipeline coating type at point of Accident, specify:	Other
- If Other, Describe:	Somastic
- If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	22
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	1953
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
- If Mechanical Puncture - Specify Approx. size:	
in. (axial) by	,
in. (circumferential)	
- If Leak - Select Type:	Crack
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe:	
PART D - ADDITIONAL CONSEQUENCE INFORMATION	
1 Wildlife impact	No
1a. If Yes specify all that apply:	
- Fish/aquatic	
1 101/2010	
Birda	
- Birds	
- Birds - Terrestrial	
- Birds - Terrestrial 2. Soil contamination:	No
- Birds     - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned:	No No
- Birds     - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation:	No No No
- Birds     - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply:	No No No No
- Birds     - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation:     4a. If Yes, specify all that apply:     - Surface water	No No No
- Birds     - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation:     4a. If Yes, specify all that apply:     - Surface water     - Groundwater	No No No No
- Birds     - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation:     4a. If Yes, specify all that apply:     - Surface water     - Groundwater     - Soil	No No No No
- Birds     - Terrestrial     2. Soil contamination:     3. Long term impact assessment performed or planned:     4. Anticipated remediation:     4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation	No No No No
- Birds     - Terrestrial     2. Soil contamination:     3. Long term impact assessment performed or planned:     4. Anticipated remediation:     4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife     5. Wedge performed	No No No 
- Birds     - Terrestrial     2. Soil contamination:     3. Long term impact assessment performed or planned:     4. Anticipated remediation:     4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife 5. Water contamination:	No No No 
- Birds     - Terrestrial     2. Soil contamination:     3. Long term impact assessment performed or planned:     4. Anticipated remediation:     4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife 5. Water contamination:         5a. If Yes, specify all that apply:         Openation:         Soil         - Wildlife	No           No           No           No           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater	No           No           No           No           Yes           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface	No           No           No           No           Yes           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Surface	No           No           No           No           Yes           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater	No           No           No           No           Yes           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Drinking water: (Select one or both)         - Private Well	No           No           No           No           Yes           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Private Well         - Private Well	No           No           No           No           Yes           Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Drinking water: (Select one or both)         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):	No         No           No         No           No         No           Yes         Yes           79.00         Yes
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Drinking water: (Select one or both)         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:	No           No           No           No           No           Yes           Yes           79.00           Grand Bay
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Drinking water: (Select one or both)         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. At the location of this Accident, had the pipeline segment or facility	No         No           No         No           No         No           Yes         Yes           79.00         Grand Bay
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Surface         - Groundwater         - Surface         - Dirinking water: (Select one or both)         - Private Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area	No         No           No         No           No         No           Yes         Yes           79.00         Grand Bay           No         No
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Drinking water: (Select one or both)         - Private Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. 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?	No         No           No         No           No         No           Yes         Yes           Yes         Grand Bay           No         No
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Ocean/Seawater         - Surface         - Private Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. 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?         7. Did the released commodity reach or occur in one or more High	No         No           No         No           No         No           Yes         Yes           79.00         Grand Bay           No         No
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Surface         - Private Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. 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?         7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	No         No           No         No           No
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Groundwater         - Surface         - Drinking water: (Select one or both)         - Private Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. 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?         7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?         7a. If Yes, specify HCA type(s): (Select all that apply)	No         No           No         No           No         No           Yes         Yes           Yes         Yes           Grand Bay         No           No         No
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Groundwater         - Surface         - Surface         - Surface         - Brivate Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. 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?         7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?         7a. If Yes, specify HCA type(s): (Select all that apply)         - Commercially Navigable Waterway:	No         No           No         No           No         No           Yes         Yes           Yes         Yes           79.00         Grand Bay           No         No           No         No
- Birds         - Terrestrial         2. Soil contamination:         3. Long term impact assessment performed or planned:         4. Anticipated remediation:         4a. If Yes, specify all that apply:         - Surface water         - Groundwater         - Soil         - Vegetation         - Wildlife         5. Water contamination:         5a. If Yes, specify all that apply:         - Ocean/Seawater         - Surface         - Groundwater         - Surface         - Groundwater         - Surface         - Ocean/Seawater         - Surface         - Brinking water: (Select one or both)         - Private Well         - Private Well         - Public Water Intake         5b. Estimated amount released in or reaching water (Barrels):         5c. Name of body of water, if commonly known:         6. 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?         7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?         7a. If Yes, specify HCA type(s): (Select all that apply)         - Commercially Navigable Waterway: <t< td=""><td>No         No           No         No           No         No           Yes         Yes           Yes         Yes           Grand Bay         No           No         No</td></t<>	No         No           No         No           No         No           Yes         Yes           Yes         Yes           Grand Bay         No           No         No

Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	i.
Integrity Management Program?	
- Other Populated Area	
Mos this HCA identified in the "sould effect"	
was this AcA identified in the could allect	"Theme
Integrity Management Program?	
Integrity Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	1 Y
<ul> <li>Unusually Sensitive Area (USA) - Ecological</li> </ul>	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
8. Estimated Property Damage :	
8a. Estimated cost of public and non-Operator private	
property damage	\$ 0
8h Estimated cost of commodity lost	\$ 6,900
8c. Estimated cost of Operator's property damage & repairs	\$ 800.000
8d Estimated cost of Operator's property damage & repairs	\$ 100,000
Real Estimated cost of Operatoria environmental semalistication	
oe. Estimated cost or Operator's environmental remediation	
or. Estimated other costs	\$ 0
Describe:	
8g. Total estimated property damage (sum of above)	\$ 906,900
PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Accident (psig):	87.00
2. Maximum Operating Pressure (MOP) at the point and time of the	01.00
Accident (psig):	366.00
<ol><li>Describe the pressure on the system or facility relating to the Accident (psig):</li></ol>	Pressure did not exceed MOP
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?	Νο
- If Yes, Complete 4.a and 4.b below:	
4a. Did the pressure exceed this established pressure	
restriction?	
4b Was this pressure restriction mandated by PHMSA or the	
State?	6
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 22	Yes
If Ves - (Complete 52 - 5f below)	L
50. Type of upstream value used to initially indetermine	
source:	Manual
5b. Type of downstream valve used to initially isolate release source:	Manual
5c. Length of segment isolated between valves (ft):	93,184
5d. Is the pipeline configured to accommodate internal	No
inspection tools?	
- If No, Which physical features limit tool accommodation?	(select all that apply)
<ul> <li>Changes in line pipe diameter</li> </ul>	
<ul> <li>Presence of unsuitable mainline valves</li> </ul>	
<ul> <li>Tight or mitered pipe bends</li> </ul>	
<ul> <li>Other passage restrictions (i.e. unbarred tee's, projecting instrumentation etc.)</li> </ul>	
Extra thick ning wall (applicable only for many fit	
<ul> <li>Extra track pipe wall (applicable only for magnetic flux lookage internet increation tools)</li> </ul>	
nux leakage internal inspection tools)	Mar
- Utner -	Yes
- If Other, Describe:	Modifiction will have to be made to launcher and receiver
Co. Conthis nincline, are there are referred for the withink	ior internation passage.
be. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	Yes
- If Yes, Which operational factors complicate execution? (select all that an	(vlac
- Excessive debris or scale way or other wall buildun	

- Low operating pressure(s)	Yes
- Low flow or absence of flow	
- Incompatible commodity	· · · · · · · · · · · · · · · · · · ·
- Other -	
- If Other Describe:	
5f Eurotion of pipeline system:	> 20% SMVS Pequilated Trunkline/Transmission
6 Mas a Supervisory Control and Data Acquisition (SCADA) based	20% SIVERS Regulated Trunkine/Transmission
o. was a Supervisory Control and Data Acquisition (SCADA)-based	Yes
system in place on the pipeline of facility involved in the Accident?	
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	Yes
the detection of the Accident?	
6d. Did SCADA-based information (such as alarm(s),	And a
alert(s), event(s), and/or volume calculations) assist with	Yes
the confirmation of the Accident?	
7. Was a CPM leak detection system in place on the pipeline or facility	Ves
involved in the Accident?	
- If Yes:	
7a. Was it operating at the time of the Accident?	Yes
7b. Was it fully functional at the time of the Accident?	Yes
7c. Did CPM leak detection system information (such as	
alarm(s), alert(s), event(s), and/or volume calculations) assist	Yes
with the detection of the Accident?	
7d Did CPM leak detection system information (such as	
alarm(s) alert(s) event(s) and/or volume calculations) assist	Yes
with the confirmation of the Accident?	
8 How was the Accident initially identified for the Operator?	Local Operating Personnel including contractors
If Other Specific	Eddar Operating Fersonnel, meldung contractors
- If Uniter, Specify.	
oa. Il Controller, Local Operating Personner, including	Operator employee
contractors, Air Patrol, or Guard Patrol by Operator or its	Operator employee
contractor is selected in Question 8, specify the following:	
9. Was an investigation initiated into whether or not the controller(s) or	No, the Operator did not find that an investigation of the
control room issues were the cause of or a contributing factor to the	controller(s) actions or control room issues was necessary
Accident?	due to: (provide an explanation for why the Operator did not
	The release was caused by a CPL jetting operation to
- If No, the Operator did not find that an investigation of the	l lower the 102 Grand Bay Pipeline near the Empire
n no, ale eperater ale ner ale ale ale ale ale	
controller(s) actions or control room issues was necessary due to:	Terminal. Personnel indicated a crude oil-like odor, then
controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding
controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding waters. CPL Control Center was contacted and the Grand
controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding waters. CPL Control Center was contacted and the Grand Bay and Main Pass pipelines were shut down @ 1605 CST.
controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate) - If Yes, specify investigation result(s): (select all that apply)	Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding waters. CPL Control Center was contacted and the Grand Bay and Main Pass pipelines were shut down @ 1605 CST.
controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate) - If Yes, specify investigation result(s): (select all that apply) - Investigation reviewed work schedule rotations,	Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding waters. CPL Control Center was contacted and the Grand Bay and Main Pass pipelines were shut down @ 1605 CST.
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<ul> <li>controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)</li> <li>If Yes, specify investigation result(s): (select all that apply)</li> <li>Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue</li> <li>Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue</li> <li>Investigation identified no control room issues</li> <li>Investigation identified incorrect controller action or controller error</li> <li>Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response</li> <li>Investigation identified incorrect procedures</li> <li>Investigation identified incorrect control room equipment operation</li> </ul>	Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding waters. CPL Control Center was contacted and the Grand Bay and Main Pass pipelines were shut down @ 1605 CST.
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1. As a result of this Accident, were any Operator employees tested	
under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. 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 & Alcohol Testing requirements?	No
- If Yes:	
2a. Specify how many were tested:	
2b Specify how many failed	
PART G - APPARENT CAUSE	
Select only one box from PART G in shaded column on left represent the questions on the right. Describe secondary, contributing or root c	ing the APPARENT Cause of the Accident, and answer auses of the Accident in the narrative (PART H).
Apparent Cause:	G3 - Excavation Damage
G1 - Corrosion Failure - only one sub-cause can be picked from shade	ad left-hand column
External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	· //
- Microbiological	
- Selective Seam	
- Other:	an y share years it may any share
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following	: (select all that apply)
- Field examination	
Determined by metallurgical analysis	
- Other:	an the arm the transmission of the second
- If Other, Describe: 4. Was the failed item buried under the ground?	angadan. atau angan katalan atau atau atau atau atau atau atau at
- If Yes :	and the second
□4a. Was failed item considered to be under cathodic protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at	una ang
the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted:	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted:	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted: If "Yes, Other CP Survey" – Most recent year conducted:	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted: If "Yes, Other CP Survey" – Most recent year conducted: - If No:	
<ul> <li>4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?</li> <li>If "Yes, CP Annual Survey" – Most recent year conducted:</li> <li>If "Yes, Close Interval Survey" – Most recent year conducted:</li> <li>If "Yes, Other CP Survey" – Most recent year conducted:</li> <li>If No:</li> <li>4d. Was the failed item externally coated or painted?</li> </ul>	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted: If "Yes, Other CP Survey" – Most recent year conducted: - If No: 4d. Was the failed item externally coated or painted? 5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted: If "Yes, Other CP Survey" – Most recent year conducted: - If No: 4d. Was the failed item externally coated or painted? 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? - If Internal Corrosion:	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? If "Yes, CP Annual Survey" – Most recent year conducted: If "Yes, Close Interval Survey" – Most recent year conducted: If "Yes, Other CP Survey" – Most recent year conducted: - If No: 4d. Was the failed item externally coated or painted? 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? - If Internal Corrosion: 6. Results of visual examination:	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:         7. Type of corrosion (select all that apply): -	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:         7. Type of corrosion (select all that apply): -         - Corrosive Commodity	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:         7. Type of corrosion (select all that apply): -         - Corrosive Commodity         - Water drop-out/Acid	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:         7. Type of corrosion (select all that apply): -         - Corrosive Commodity         - Water drop-out/Acid         - Microbiological	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:         7. Type of corrosion (select all that apply): -         - Corrosive Commodity         - Water drop-out/Acid         - Microbiological         - Erosion	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?         If "Yes, CP Annual Survey" – Most recent year conducted:         If "Yes, Close Interval Survey" – Most recent year conducted:         If "Yes, Other CP Survey" – Most recent year conducted:         - If No:         4d. Was the failed item externally coated or painted?         5. Was there observable damage to the coating or paint in the vicinity of the corrosion?         - If Internal Corrosion:         6. Results of visual examination:         - Other:         7. Type of corrosion (select all that apply): -         - Corrosive Commodity         - Water drop-out/Acid         - Microbiological         - Erosion         - Other:	

- Determined by metallurgical analysis	· · · · · · · · · · · · · · · · · · ·
- Other:	
- If Other, Describe:	
9. Location of corrosion (select all that apply): -	nga na ang ang ang ang ang ang ang ang a
- Low point in pipe	· · · · · · · · · · · · · · · · · · ·
- Cibow	
- If Other, Describe;	······································
10. Was the commodity treated with corrosion inhibitors or biocides?	an itte gergen tot in iteration
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely	
Utilized?	and the second
Complete the following if any Corrosion Failure sub-cause is selected AM Ouestion 3) is Tank/Vessel.	ID the "Item Involved in Accident" (from PART C,
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following if any Corrosion Failure sub-cause is selected AN Question 3) is Pipe or Weld.	ID the "Item Involved in Accident" (from PART C,
15. Has one or more internal inspection tool collected data at the point of the Accident?	*
Toa. If yes, for each tool used, select type of internal inspection tool and	Indicate most recent year run: -
- Waynetic Flux Leakaye 1001 Most recent year:	And and a second s
- Ultrasonic	
Most recent year:	
- Geometry	
Most recent year:	
- Caliper	
- Crack	
Most recent year:	
- Hard Spot	
Most recent year:	
- Combination Tool	· · · · · · · · · · · · · · · · · · ·
- Transverse Field/Triaxial	
Most recent year:	
- Other	
Most recent year:	
Describe:	
original construction at the point of the Accident?	
Most recent year tested:	
Test pressure:	
17. Has one or more Direct Assessment been conducted on this segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident::	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	· · · · · · · · · · · · · · · · · · ·
18. Has one or more non-destructive examination been conducted at the	· · · · · · · · · · · · · · · · · · ·
point of the Accident since January 1, 2002?	
18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted.	e of non-destructive examination and indicate most
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	· · · · · · · · · · · · · · · · · · ·
- manufield Olitasonic Tool Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	· · · · · · · · · · · · · · · · · · ·
- Utner Most recent vest conducted:	
iviost recent year conducted:	

Descr	ibe:
G2 - Natural Force Damage - only one sub-cause can be picked from	n shaded left-handed column
Natural Force Damage - Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:     1. Specify:	
- If Other, Describe:	
If Heavy Rains/Floods:     Specify	
- If Other, Describe:	
- If Lightning:	
3. Specify:	F <sup>∓</sup>
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is set	ected.
6. Were the natural forces causing the Accident generated in	
conjunction with an extreme weather event?	
- Hurricane	
- Tropical Storm	
- Tornado	
- Uther Describe:	
G3 - Excavation Damage - only one sub-cause can be picked from s	naded left-hand column
Excavation Damage - Sub-Cause:	Excavation Damage by Operator's Contractor (Second Party)
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from	n PART C, Question 3) is Pipe or Weld.
1. Has one or more internal inspection tool collected data at the point of the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool a	nd indicate most recent year run: -
- Magnetic Flux Leakage Most recent year conducted:	· · · ·
- Ultrasonic	
Most recent year conducted:	
- Geometry	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	5 A 141 -
- Other	
Most recent year conducted:	
Describe:	
2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted	······································
since original construction at the point of the Accident?	
- IT Yes:	

-

Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Ad	cident:
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
5. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002, recent year the examination was conducted:	select type of non-destructive examination and indicate most
- Radiography	2 C
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is select	ed as the sub-cause.
6. Did the operator get prior notification of the excavation activity?	
6a. If Yes, Notification received from: (select all that apply) -	
- One-Call System	
- Excavator	
- Contractor	1
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if a	ny Excavation Damage sub-cause is selected.
7. Do you want PHMSA to upload the following information to CGA-	Yes
Picht of Way where event occurred: (coloct all that ennly)	
o. Right-ol-way where event occurred. (select all that apply) -	
- Fublic If "Bublic" Specific	
Privoto	
- If "Drivate" Specific	
- Rineline Property/Essement	Vec
- Fipeline Floperty/Lasement	165
- Powen/Transmission Line	
- Railload	
- Federal Land	
- Data hot collected	
	Contractor
9. Type of excavator.	Transhar
10. Type of excavation equipment:	
11. Type of work performed:	
12. was the One-Call Center notified ?	100
12a. If tes, specily licket number:	
exists, list the name of the One-Call Center notified:	LA One Call Center
13. Type of Locator:	Utility Owner
14. Were facility locate marks visible in the area of excavation?	Yes
15. Were facilities marked correctly?	Yes
16. Did the damage cause an interruption in service?	Yes
17 Department the CCA DIDT Post Cause (select anti-the are sended	pinant first level CCA_DIPT Post Cause and then where
available as a sholes, the are predeminent accord level COA DIRT Bast	ninani niscievel UGA-DIKT KUULUause and then, where
available as a choice, the one predominant second level CGA-DIRT Root	Date Net Collected
KOOL CAUSE:	
IT One-Call Notification Practices Not Sufficient, specify:	
- if Locating Practices Not Sufficient, specify:	
- if Excavation Practices Not Sumclent, specify:	
- II Other/None of the Above, explain:	
C4. Other Outside Farms Demons. Just and and source and by	ected from the shaded left-hand column

Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary	Cause of Incident:
If Damage by Car, Truck, or Other Materiand Vehicle/Equipment NC	T Destand in Exception
1. Vehicle/Equipment operated by:	Engaged in Excavation:
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equip Their Mooring:	ment or Vessels Set Adrift or Which Have Otherwise Lost
2. Select one or more of the following IF an extreme weather event was a	a factor:
- Hurricane	a constitution and an and a constitution of the constitution of th
- Topical Storm	
- Heavy Rains/Flood	
- Other	· · · · · · · · · · · · · · · · · · ·
<ul> <li>If Other, Describe:</li> <li>If Routine or Normal Fishing or Other Maritime Activity NOT Engag</li> </ul>	ed in Excavation:
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.
<ol> <li>Has one or more internal inspection tool collected data at the point of the Accident?</li> </ol>	
<ul> <li>3a. If Yes, for each tool used, select type of internal inspection tool and in</li> <li>Magnetic Flux Leakage</li> </ul>	dicate most recent year run:
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination 1001 Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
5. Has one or more hydrotest or other pressure test been conducted	· · · · · ·
since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
6. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accide Most recent year conducted:	nt:
- If Yes, but the point of the Accident was not identified as a dia site:	
Most recent year conducted:	
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	l l
7a. If Yes, for each examination conducted since January 1, 2002, s recent year the examination was conducted:	elect type of non-destructive examination and indicate most
- Radiography	
Most recent year conducted:	
Most recent year conducted	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	7 Sur
- Dry magnetic Farticle Test Most recent year conducted:	
wost recent year conducted.	

Describe:	
- If Intentional Damage:	
8. Specify:	14 HALL I HALL I HALL I
- If Other Outside Force Damage:	
9. Describe:	
G5 - Material Failure of Pipe or Weld - only one sub-cause can be selected fr	om the shaded left-hand column
Use this section to report material failures ONLY IF the "Item Involved In Accide "Weld."	ent" (from PART C, Question 3) is "Pipe" or
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: (select all that apply)	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
<ul> <li>Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)</li> </ul>	
- If Construction, Installation, or Fabrication-related:	
2. List contributing factors: (select all that apply)	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	·
- If Other, Describe:	
- If Original Manufacturing-related (NOT girth weld or other welds formed in the	field):
2. List contributing factors: (select all that apply)	
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other Describer	
- If Other, Describe.	
3 Specify:	
o. opeony.	
- Other - Describe:	
- Other - Describe:	
- Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is selected	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select A. Additional factors: (select all that apply):	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):     - Dent	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack         - Lack of Fusion	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack         - Lack of Fusion         - Lamination	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is select     Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack         - Lack of Fusion         - Lamination         - Buckle	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele 4. Additional factors: (select all that apply):     Out     Out     Ouge     Pipe Bend     Arc Burn     Orack     Lack of Fusion     Lamination     Buckle     Wrinkle	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele A Additional factors: (select all that apply):     Out     Out     Ouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Durt Steel	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):     Dent     Ouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burt Steel	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):     Dent     Gouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack         - Lack of Fusion         - Lamination         - Buckle         - Wrinkle         - Misalignment         - Burnt Steel         - Other:         - If Other, Describe:         5. Has one or more internal inspection tool collected data at the point of         the Accident?	cted.
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack         - Lack of Fusion         - Lamination         - Buckle         - Wrinkle         - Misalignment         - Burnt Steel         - Other:         - If Other, Describe:         5. Has one or more internal inspection tool collected data at the point of         the Accident?         Sa. If Yes, for each tool used, select type of internal inspection tool and indicate	most recent vear run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele A. Additional factors: (select all that apply):     Dent     Gouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele A. Additional factors: (select all that apply):     Dent     Ouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:         If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of the Accident?     Magnetic Flux Leakage     Most recent year run:	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):     Dent     Gouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:         If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of the Accident?     Sa. If Yes, for each tool used, select type of internal inspection tool and indicate     Most recent year run:     Ultrasonic	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele 4. Additional factors: (select all that apply):     Oent     Ouge     Ouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):         - Dent         - Gouge         - Pipe Bend         - Arc Burn         - Crack         - Lack of Fusion         - Lack of Fusion         - Buckle         - Wrinkle         - Misalignment         - Burnt Steel         - Other:         - If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of the Accident?         Sa. If Yes, for each tool used, select type of internal inspection tool and indicate         - Magnetic Flux Leakage         Most recent year run:         - Ultrasonic         Most recent year run:         - Geometry	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele A. Additional factors: (select all that apply):     Dent     Gouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:         If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of the Accident?     Sa. If Yes, for each tool used, select type of internal inspection tool and indicate     Most recent year run:     Geometry	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele 4. Additional factors: (select all that apply):     Onen     Outer - Dent     Outer - Den	most recent year run:
Other - Describe: Complete the following if any Material Failure of Pipe or Weld sub-cause is sele A. Additional factors: (select all that apply):     Dent     Gouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:         If Other, Describe: 5. Has one or more internal inspection tool collected data at the point of the Accident?     Most recent year run:     Geometry     Most recent year run:     Caliper	most recent year run:
Other - Describe: Complete the following if any Material Fallure of Pipe or Weld sub-cause is sele      Additional factors: (select all that apply):     Dent     Gouge     Pipe Bend     Arc Burn     Crack     Lack of Fusion     Lamination     Buckle     Wrinkle     Misalignment     Burnt Steel     Other:	most recent year run:

- Hard Spot	
Most recent vear run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	The second se
Most recent vear run:	
Describe:	
6. Has one or more hydrotest or other pressure test been conducted	N
since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	F*
Test pressure (psig):	
r. ras one or more Direct Assessment been conducted on the pipeline	
- If Yes, and an investigative did was conducted at the point of the A-	L cident -
Most recent year conducted	
- If Yes, but the point of the Accident was not identified as a directive -	
Most recent year conducted:	· · · · · · · · · · · · · · · · · · ·
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?	τ.
8a. If Yes, for each examination conducted since January 1. 2002. se	elect type of non-destructive examination and indicate most
recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheid Ultrasonic Tool	
Most recent year conducted:	
- wel wagneuc Particle Test	
NUOSI RECENT YEAR CONDUCTED:	
- Gry Magnetic Fattice rest	
Most recent year conducted	
Most recent year conducted:	
- Other Most recent year conducted: Most recent year conducted:	
Most recent year conducted: - Other Most recent year conducted: Describe:	
Most recent year conducted: - Other Most recent year conducted: Describe: G6 – Equipment Failure – only one sub-cause can be selected from the	he shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 – Equipment Failure – only one sub-cause can be selected from the Equipment Failure – Sub-Cause:	ne shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 – Equipment Failure – only one sub-cause can be selected from th Equipment Failure – Sub-Cause: IS Malfunction of Control/Relief Exclosured	ne shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from th Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that applic)	ne shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from th Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve	ne shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 – Equipment Failure – only one sub-cause can be selected from th Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) – - Control Valve - Instrumentation	ne shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from th Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 – Equipment Failure – only one sub-cause can be selected from th Equipment Failure – Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from th Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Relief Valve	re shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the selected	re shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the selected	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Reflef Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from th Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe:	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Reflef Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - If Other - Describe:	re shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the selected	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Reflef Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - If Other - Describe:	re shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the selected	re shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the selected	re shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Reflef Equipment: 1. Specify: (select all that apply) - Control Valve - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - If Threaded Connection/Coupling Failure: 3. Specify: - If Other - Describe:	ie shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Reflef Equipment: 1. Specify: (select all that apply) - Control Valve - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - If Threaded Connection/Coupling Failure: - If Other - Describe: - If Non-threaded Connection Failure:	ie shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - Control Valve - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - If Other - Describe: - If Other - Describe: - If Non-threaded Connection/Coupling Failure: - If Other - Describe: - If Non-threaded Connection Failure: 4. Specify:	ie shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - Other - Describe: - Other - Describe: - Other - Describe: - Other - D	ré shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - Other - Describe: - Other -	ré shaded left-hand column
Most recent year conducted: - Other Most recent year conducted: Describe: G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause: - If Malfunction of Control/Relief Equipment: 1. Specify: (select all that apply) - - Control Valve - Instrumentation - SCADA - Communications - Block Valve - Check Valve - Check Valve - Check Valve - Relief Valve - Relief Valve - Stopple/Control Fitting - ESD System Failure - Other - If Other - Describe: - Other - Describe: - Other	ré shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the selected	re shaded left-hand column
Most recent year conducted:         - Other         Most recent year conducted:         Describe:         G6 - Equipment Failure - only one sub-cause can be selected from the Equipment Failure - Sub-Cause:         - If Malfunction of Control/Refiel Equipment:         1. Specify: (select all that apply) -         - Control Valve         - Instrumentation         - SCADA         - Communications         - Block Valve         - Check Valve         - Relief Valve         - Stopple/Control Fitting         - ESD System Failure         - Other         - If Other – Describe:         - If Non-threaded Connection/Coupling Failure:         3. Specify:         - If Other – Describe:	re shaded left-hand column

5. Describe:	
Complete the following if any Equipment Failure sub-cause is select	fed.
6. Additional factors that contributed to the equipment failure: (select all	that apply)
- Excessive vibration	
- Overpressurization	·····
- No support or loss of support	A View
- Manufacturing defect	
- Loss of electricity	
- Improper installation	- A A A A A A A A A A A A A A A A A A A
<ul> <li>Mismatched items (different manufacturer for tubing and tubing fittings)</li> </ul>	F Å
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with	
transported commodity	
- Valve value or valve can contributed to the release	
- Alorm/status failuro	
- Alamirstatus faiure	
- I nermai stress	
- Other	
- if Other, Describe:	
G7 - Incorrect Operation - only one sub-cause can be selected from	the shaded left-hand column
Incorrect Operation - Sub-Cause:	
Damage by Operator or Operator's Contractor NOT Related to	
Excavation and NOT due to Motorized Vehicle/Equipment Damage	No
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	No
1. Specify:	
K Other Desertion	· · · · · · · · · · · · · · · · · · ·
- If Other, Describe:	
Valve Leff or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	No
Pipeline or Equipment Overpressured	No
Equipment Not Installed Properly	No
Wrong Equipment Specified or Installed	No
Other Incorrect Operation	*
	No
2. Describe:	
Complete the following if any incorrect Operation sub-cause is selec	sted.
3. Was this Accident related to (select all that apply): -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. was the task(s) that led to the Accident identified as a covered task	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Accident Cause - only one sub-cause can be selected for	rom the shaded left-hand column
Other Accident Cause - Sub-Cause:	
. If Miscellaneous:	
1 Describe:	

2. Specify:

### PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

At 1603 CST on 26 JAN 11 Field Personnel were conducting jetting operations from a barge to lower the 10¿ Grand Bay Pipeline near the Empire Terminal. Personnel indicated a crude oil-like odor, then had a visual confirmation of crude oil in the surrounding waters. CPL Control Center was contacted and the Grand Bay and Main Pass pipelines were shut down @ 1605 CST. Field personnel deployed protective boom in the area and requested assistance from a 3rd Party OSRO clean-up company. The volume released is 79 bbls; the cause of the release is under investigation. OSRO personnel and equipment were scheduled to arrive @ first availability on 27 JAN 11.

As of 2/14/11 the pipeline has been raised from the sea bed and repaired. All product was evacuated from the pipeline by pushing a poly pig with sea water and inhibitor. After the evacuation was complete, a successful two hour standup test was performed using the sea water and inhibitor. The pipeline has been reburied to the required depth and is presently filled with sea water and inhibitor and will remain de-pressured until CPL and its business joint partners can decide on future usage.

Grand Bay Release RCA Summary:

Grand Bay Release Accident Investigation Preliminary Results Summary

On January 26, 2011, approximately 4 p.m. Central, a 10 inch pipeline that runs from Main Pass Platform 41 to Empire (approximately 12 miles southeast of Empire, LA.) failed during line lowering operations, resulting in a release of approximately [79] barrels of crude oil. Boom was deployed by the barge crew and Chevron Control Center initiated remote shut down of the pumps. CPL operators at the Empire terminal were dispatched to manually block-in the valves closest to the leak site at Empire Terminal and Grand Bay Receiving station.

Subject to additional fact gathering and analysis as may be required, the preliminary investigation results are summarized below:

¿ The 10 inch pipeline was installed in 1953 to transport crude from Main Pass Platform 41 to Empire Terminal.

¿ In July 2009, several segments of the 10 inch pipeline were evaluated per 49CFR 195.413 and determined to have insufficient depth of cover. CPL applied for permits to lower those segments and the failure occurred during jetting operations to lower the line.

¿ The 10 inch pipeline had dents at five locations, apparently caused by boat and barge traffic in the area, and the failure occurred at one of these dents. The dents were not visible and UT was not capable of detecting them. CPL was not aware of the prior dents or when they occurred.
 ¿ Metallurgical analysis of the pipeline material indicated brittle and inflexible steel with nil fracture toughness. The steel was common for

2 Metallurgical analysis of the pipeline material indicated brittle and innexible steel with hill racture toughness. The steel was common for pipelines installed in 1953.
3 The feilure occurred during lowing operations by Chevron is contractor. Sunland Construction. Based on witness intensiews, it appears the steel was common for the

¿ The failure occurred during lowing operations by Chevron¿s contractor, Sunland Construction. Based on witness interviews, it appears that the contractor cut trenches of two to four feet on the day of the failure. It is not known whether the failure related to or resulted from the trench depth.

This is the Final report fot the Accident. Section E 8 and 9 has been revised to indicate the release was recognized by local CPL employee onsite and the pipeline was shutdown immediately.

File Full Name

.

#### 20110207170546 Grand Bay MP12 Release.png

### PART I - PREPARER AND AUTHORIZED SIGNATURE

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08/11/2011

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and the set

# Appendix D Metallurgical Evaluation Report

This document is on file at PHMSA