Sunoco Logistics

Sunoco Pipeline L.P.
Facility Response Plan
PHMSA Sequence Number 964
Region II – Big Flats Response Zone

Sunoco Partners Pipeline, L.P.
1818 Market Street, Suite 1500
Philadelphia, PA 19103
Revised November 2012

Developed Under the Guidelines:
49 CFR Part 194 Subpart B Oil Spill Response Manual Appendix A
49 CFR Part 195 402 (e)

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APPENDICES

Changes to this Plan will be documented on this page. Plan review and modifications will be initiated and coordinated by the Environmental, Health, Safety, and Security Department (EHS&S) in conjunction with the Area Supervisor/Manager of Operations.

CHANGE NUMBER	DATE OF CHANGE	DESCRIPTION OF CHANGE	PAGE NUMBER
1	3-13-2012	Update mapping Appendix E, Section 5.1	Appendix E, p.29
2	8-27-2012	Personnel updates, WCD	p. 2 & p.4,
3	11-13-2012	Personnel updates	p. 2,3,8,9

1.0 INFORMATION SUMMARY

1.1 Purpose of Plan

The purpose of this Facility Response Plan (FRP) is to provide guidelines to quickly, safely, and effectively respond to a spill from Sunoco Pipeline L.P. pipelines located in the Region II - Big Flats Response Zone. The pipelines are owned by Sunoco Pipeline L.P. and operated by Sunoco Pipeline L.P.

This Plan is intended to satisfy the requirements of the Oil Pollution Act of 1990 (OPA 90), and has been prepared in accordance with the National Oil and Hazardous Substances Pollution Contingency Plan (NCP) and applicable Area Contingency Plans (ACP). Specifically, this Plan is intended to satisfy:

- Pipeline and Hazardous Materials Safety Administration (PHMSA), U.S. Department of Transportation requirements per 49 CFR 195.402 for an OPA 90 plan (49 CFR 194)

A DOT/PHMSA Cross Reference Matrix is provided in **APPENDIX A**.

1.2 Response Zone Information Summary

The information summary for the Region II – Big Flats Response Zone is presented below:

TABLE 1-1 – REGION II – BIG FLATS RESPONSE ZONE INFO. SUMMARY

Owner: Sunoco Pipeline L.P. 1818 Market Street, Suite 1500 Philadelphia, PA 19103-1699 Phone: (215) 977-3000 Fax: (215) 977-3409	**Operator:** Sunoco Pipeline L.P. 1818 Market Street, 15th Floor Philadelphia, PA 19103
Product	Finished Product
Qualified Individuals:	Gus Borkland HES&S Manager (215) 977-6136 (Office) ([redacted]) (215) 620-5934 (Mobile)
	Nick Wilkerson Health & Safety Manager (859) 371-4469 (Office) (859) 940-6020 (Mobile)
	Dave Chalson Vice President Operations (215) 339-1331 (Office) (215) 620-0287 (Mobile)
	Charles Stewart Region II Manager (215) 937-6243 (Office) (215) 669-3222 (Mobile)
	John Foltz Operations Supervisor, Region II (610) 670-3305 (Office) (610) 401-3234 (Cell)
	George Lewis Field Technician Supervisor (610) 670-3204 (Office) (610) 207-4284 (Mobile)
	Jerry Higgins Electric/Instrumentation Field Supervisor (610) 670-3218 (Office) (610) 858-3838 (Mobile)

Qualified Individuals Continued	Wayne Smith Maintenance Supervisor, Big Flats (607) 562-7201 (Office) (607) 426-9867(Mobile)
Pipeline Description:	The Sunoco Pipeline L.P. Region II – Big Flats Pipeline System transports product (gasoline, jet fuel, and fuel oil) in New York and Pennsylvania.
Response Zone:	The Region II – Big Flats Response Zone includes pipelines and facilities in the following counties of New York and Pennsylvania: **New York** Counties: Broome (BM),Chemung (CG), Cortland (CD), Erie(ER), Genesee (GE), Livingston (LN), Monroe(MN), Onondaga (OD), Steuben (ST); **Pennsylvania** Counties: Luzerne (LZ), Lackawanna (LW), Wyoming (WY), Susquehanna (SQ)

TABLE 1-2 – DESCRIPTION OF LINE SEGMENTS/STATIONS

Line Segments	Description	Counties	Product
	(b) (7)(F)	Northumberland, Lycoming	Gasoline, Jet Fuel, Fuel Oil
		Lycoming, Bradford, Chemung, Steuben, Livingston, Monroe, Genesee, Erie	Gasoline, Jet Fuel, Fuel Oil
		Livingston, Monroe	Gasoline, Jet Fuel, Fuel Oil
		Lackawanna, Wyoming, Susquehanna, Broome, Cortland & Onondaga	Gasoline, Jet Fuel, Fuel Oil
		Broome	Gasoline, Jet Fuel, Fuel Oil
		Monroe	Gasoline, Jet Fuel, Fuel Oil
		Lycoming	Gasoline, Jet Fuel, Fuel Oil
		Lycoming	Gasoline, Jet Fuel, Fuel Oil
		Cortland	Gasoline, Jet Fuel, Fuel Oil
		Steuben	Gasoline, Jet Fuel, Fuel Oil
		Lycoming	Gasoline, Jet Fuel, Fuel Oil

Facilities	(b) (7)(F)	County	Product
		Niagra	Product
		Genesee	Product
		Monroe	Product
		Steuben	Product
		Steuben	Product
		Bradford	Product
		Lycoming	Product
		Lycoming	Product
		Lycoming	Product
		Broome	Product
		Susquehanna	Product
		Wyoming	Product
		Monroe	Product
		Onondaga	Product
		Lycoming	Product

Alignment Maps Location(s): (Piping, Plan Profiles)	Maintained in an electronic database
Spill Detection and Mitigation Procedures:	Refer to **SECTION 3**
Worst Case Discharge:	(b) (7)(F)

Statement of Significant and Substantial Harm:	Basis for Operator's Determination of Significant and Substantial Harm • At least one pipeline in the Response Zone is greater than 6 5/8 inches and most pipelines are longer than 10 miles • At least one section of pipeline crosses a river, meeting the requirement for location within one-mile of an environmentally sensitive area • Therefore, the potential to cause significant and substantial harm is present within the entire Response Zone
Date Plan Prepared:	February 2012

The information contained in this Plan is intended to be used as guidelines for the spill responder. Actual circumstances will vary and will dictate the procedures to be followed, some of which may not be included in this manual.

1.3 Operator Certification

In accordance with section 311 (j) (5) (F) of the Federal Water Pollution Control Act, as amended by Section 4202 of the Oil Pollution Act of 1990, I do hereby certify to the Pipeline and Hazardous Materials Safety Administration of the Department of Transportation that Sunoco Pipeline, L.P. has obtained, through contract or other approved means, the necessary private personnel and equipment to respond, to the maximum extent practicable, to a worst case discharge or a substantial threat of such a discharge.

Wayne Smith
NAME
TITLE supervisor B/Rmaint.
SUNOCO PIPELINE, L.P.

2.0 NOTIFICATION PROCEDURES

2.1 Notification Overview

The facility/operations personnel responsible for initiating and coordinating a response shall be responsible to ensure that all agency notifications are performed. Depending on the specifics of the situation, there may exist a requirement to perform agency notifications, internal notifications, drug and alcohol testing, Operator Qualification (OQ) suspension of task qualification and written follow-up. In situations where the reporting requirements are not clear or delegation of duties is necessary, HES&S or DOT Compliance for jurisdictional pipelines should be consulted for guidance.

In general, the notification sequence for a release is as follows:

- Facility/Operations personnel will identify and control the source of the release (if safe to do so) and will notify the Qualified Individual and Operations Control Center.

2.2 Information Required for Notifications

The following information should be available and provided when making initial and follow-up notifications:

Name of pipeline:

Time of discharge:

Location of discharge:

Name of oil involved:

Reason for discharge (e.g., material failure, excavation damage, corrosion):

Estimated volume of oil discharged:

Weather conditions on scene:

Actions taken or planned by persons on scene:

The following tables contain contact information for the facility response team, emergency response personnel, regulatory agencies, and local service providers:

TABLE 2-1 – FACILITY RESPONSE TEAM CONTACT INFORMATION

FACILITY RESPONSE TEAM		
Name/Title	**Contact Information**	**Response Time**

TABLE 2-1 – ERP CONTACT INFORMATION

FACILITY RESPONSE TEAM CONTACT INFORMATION		
Name/Title	**Contact Information**	**Response Time**
Charles Stewart Region II Manager **Qualified Individual**	(215) 937-6243 (Office) (215) 669-3222 (Mobile)	2-5 Hours
John Foltz Operations Supervisor **Qualified Individual**	(610) 670-3305 (Office) (610) 401-3234 (Cell)	2-5 Hours
Wayne Smith Maintenance Supervisor **Qualified Individual**	(607) 562-7201 (Office) (607) 426-9867 (Mobile)	1-3 Hours
George Lewis Field Technician Supervisor **Qualified Individual**	(610) 670-3204 (Office) (610) 207-4284 (Mobile)	2-5 Hours
Jerry Higgins Electric/Instrumentation Field Supervisor **Qualified Individual**	(610) 670-3218 (Office) (610) 858-3838 (Mobile)	2-5 Hours
Mark Martin Operations Supervisor **Qualified Individual**	(610) 670-3278 (Office) (610) 212-2514 (Mobile)	2-5 Hours

TABLE 2-2 – ERP CONTACT INFORMATION

EMERGENCY RESPONSE PERSONNEL			
Name/Title	**Contact Information**	**Response Time**	**Responsibilities During Response Action**
Charles Stewart Region II Manager **Qualified Individual**	(215) 937-6243 Office (215) 669-3222 Mobile	2-5 Hours	Incident Commander
Gus Borkland HES & S Manager **Qualified Individual**	(215) 977-6136 Office (215) 620-5934 Mobile	3-6 Hours	Operations
Dave Chalson Vice President **Qualified Individual**	(215) 339-1331 Office (215) 620-0287 Mobile	2-5 Hours	Operations/Planning
John Foltz Operations Supervisor **Qualified Individual**	(610) 670-3305 Office (610) 401-3234 Mobile	2-5 Hours	Planning
Nick Wilkerson Health & Safety Manager **Qualified Individual**	(859) 371-4469 Office (859) 940-6020 Mobile	4-7 Hours	Logistics
Stephanie Welch Health and Safety Specialist	(610) 927-2069 Office (215) 778-2221 Mobile (b) (6)	3-6 Hours	Safety
Christopher Embry Emergency Response Coordinator	(610) 670-3237 Office (215) 478-4144 Mobile	2-5 Hours	Regulatory Liaison
Albert Kravatz DOT Compliance Coordinator	(215) 937-6299 Office (215) 779-3001 Mobile	3-6 Hours	DOT Liaison

TABLE 2-3 – REGULATORY AGENCY CONTACT INFORMATION

REGULATORY AGENCY CONTACT INFORMATION		
Agency	**Phone Number**	**Reporting Requirements**
Federal Agencies		
National Response Center (NRC) *NRC will contact all other federal agencies including USDOT/PHMSA and EPA*	(800)424-8802 or (202) 267-2675	**Any spill on water**. Telephonic notification is required within **2 hours** following the discovery of a release that resulted in any discharge to water
U.S. Department of Transportation/Pipeline Hazardous Materials Safety Administration (PHMSA)	(800)424-8802 or (202) 267-2675	**Telephonic Notification** At the earliest practicable moment following discovery of a release of the hazardous liquid resulting in an event described above, the operator shall give notice of any failure that: • Caused a death or a personal injury requiring hospitalization • Resulted in either a fire or explosion not intentionally set by the operator • Caused estimated property damage, including cost of clean up and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding $50,000 • Resulted in pollution of any stream, river, lake, reservoir, or other similar body of water that violated applicable water quality standards, caused a discoloration of the surface of the water or adjoining shoreline, or deposited a sludge or emulsion beneath the surface of the water or upon adjoining shorelines or • In the judgment of the operator was significant even though it did not meet the criteria of any of the above. **Written Reporting** A 7000-1 report is required within 30 days after discovery of the accident for each failure in a pipeline system regulated by DOT 195 in which there is a release of the hazardous liquid transported resulting in any of the following:

U.S. Department of Transportation/Pipeline Hazardous Materials Safety Administration (PHMSA) Continued…		• Explosion or fire not intentionally set by the operator
		• Release of 5 gallons or more of hazardous liquid except that no report is required for a release of less than 5 barrels resulting from a pipeline maintenance activity if the release is:
		  • Not otherwise reportable under this section
		  • Not on water
		  • Confined to company property or pipeline right-of-way and
		  • Cleaned up promptly
		• Death of any person
		• Personal injury necessitating hospitalization
		• Estimated property damage, including cost of clean-up and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding $50,000.
		• A supplemental report shall be filed within 30 days of receiving any changes in the information reported or additions to the original DOT 7000-1 report.

State Agencies		
New York		
New York Department of Environmental Conservation – Bureau of Spill Prevention and Response District No. 1, Stony Brook District No. 2, Long Island City District No. 3, New Paltz District No. 4, Schenectady District No. 5, Ray Brook District No. 6, Watertown District No. 7, Syracuse District No. 8, Avon District No. 9, Buffalo	(518) 457-7362 (24-hr, Outside NY) (800) 457-7362 (24-hr, Inside NY) (631) 444-0345 (718) 482-4949 (845) 256-3003 (518) 357-2068 (518) 897-1200 (315) 785-2239 (315) 426-7403 (585) 226-2466 (716) 851-7000	**Report within 2 hours** all petroleum spills UNLESS they meet the following criteria: -The spill is known to be less than 5 gallons; -The spill is contained and under the control of the spiller; -The spill has not and will not reach state waters or any land; -The spill is cleaned up within 2 hours of discovery SEE DISTRICT MAP IN APPENDIX B

New York State Department of Public Service, Office of Electric, Gas & Water, Safety Section (Albany, NY)	(518) 474-5453 (M-F 8am- 4:45pm) (518) 477-6640 (After hours)	
NY State Police Troop A Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	(585) 344-6200	
NY State Police Troop C Broome, Chenango, Cortland, Delaware, Otsego, Tioga, Tompkins	(607) 561-7400	
NY State Police Troop D Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego	(315) 366-6000	
NY State Police Troop E Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	(585) 398-4100	
NY State Police Troop T	(800) 842-2233 (central control dispatch)	
New York State Thruway	(518) 436-2825	
NYS Spill Hotline	(800) 457-7362 (within NY) (518) 457-7362 (outside NY)	
Pennsylvania		
Pennsylvania Department of Environmental Protection Region I – Norristown (Southeast) Region II – Wilkes-Barre (Northeast) Region III – Harrisburg (S. Cent.) Region IV – Williamsport (N. Cent.) Region V – Pittsburgh (Southwest) Region VI – Meadville (Northwest)	(800) 541-2050 In-state (717) 787-5027 Out of State (484) 250-5900 (570) 826-2511 (877) 333-1904 (570) 327-3636 (412) 442-4000 (800) 373-3398	Any oil spill of **5 gallons or more** into waters of the commonwealth or onto lands from which it might flow or drain into waters of the commonwealth (waters of the commonwealth include surface and underground water). SEE DISTRICT MAP IN APPENDIX B *****If possible, provide notification Within 2 Hours to known downstream water users who could be potentially affected. If this cannot be completed, request that the County Emergency Mgmt. Agency complete this task*****
Pennsylvania Emergency Management Agency (24 hr)	(800) 424-7362	

TABLE 2-4 – EMERGENCY SERVICES CONTACT INFORMATION

EMERGENCY SERVICES BY COUNTY	
Organization	**Phone Number**
New York	
Chemung County, NY	
Police	911
LEPC	(607) 737-2095
Cortland County, NY	
Police	911
LEPC	(607) 753-5065
Erie County, NY	
Police	911
LEPC	(716) 858-6262
Genesee County, NY	
Police	911
LEPC	(585) 344-0078
Livingston County, NY	
Police	911
LEPC	(585) 243-7160
Monroe County, NY	
Police	911
LEPC	(585) 473-0710
Onondaga County, NY	
Police	911
LEPC	(315) 435-2525
Steuben County, NY	
Police	911
LEPC	(607) 664-2700
Pennsylvania	
Blair County, PA	
Police	911
LEPC	(814) 940-5905
Bradford County, PA	
Police	911
LEPC	(570) 265-5022
Lackawanna County, PA	
Police	911
LEPC	(570) 307-7300
Luzerne County, PA	
Police	911
LEPC	(570) 820-4400
Lycoming County, PA	
Police	911
LEPC	(570) 433-4461
(b) (7)(F) [redacted]	(b) (7)(F) [redacted]
Northumberland County, PA	
Police	911
LEPC	(570) 988-4539

EMERGENCY SERVICES BY COUNTY	
Organization	**Phone Number**
Susquehanna County, PA Police LEPC	 911 (570) 278-4600
Wyoming County, PA Police LEPC	 911 (570) 836-2828

TABLE 2-5 - CONTRACTOR CONTACT INFORMATION

CONTRACTOR INFORMATION	
Organization	**Phone Number**
USCG Classified OSRO's	
Lewis Environmental Group Royersford , PA	(610) 495-6695 (610) 495-6697 (Fax)
Clean Venture, Inc.	(908)355-5800 (856) 863-8778
Northridge Group, Inc. Northumberland, PA.	570-473-3219
React Environmental Services, Inc. Philadelphia , PA	(800) 326-2439 (215) 729-2777 (215) 729-8678(Fax)
National Response Corporation	(800) 899-4672
Wildlife Rehabilitation	
Tri-State Bird Rescue Research Center, Newark, DE	(302) 737-7241 (800) 710-0695

3.0 SPILL DETECTION AND ON-SCENE SPILL MITIGATION PROCEDURES

3.1 Spill Detection

Detection of a discharge from a pipeline system may occur in a number of ways including:

- Detection by the pipeline Control Center Supervisor (CCS)
- Visual detection by Company or contracted field personnel or pipeline patrols
- Visual detection by the public

(b) (7)(F)

(b) (7)(F)

(b) (7)(F)

AVAILABILITY - ALL LINES

- **Training**
  All Controllers are compliant with DOT 195 Operator Qualification Requirements established in 49 CFR 195 Subpart G.

Visual Detection by Company Personnel

Aerial patrol flights will be made 26 times a year not to exceed 21 days apart. If unable to fly, area personnel will walk or drive the right-of-way. The intent of the patrol is to observe the area in the vicinity of the pipeline right-of-way for leaks, exposed pipes, wash-outs, missing markers, and other unusual conditions. Construction activity on either side of the pipeline right-of-way is also monitored. Discharges to the land or surface waters may also be detected by Company personnel during regular operations and inspections. Should a leak be detected, the appropriate actions are taken including but not limited to:

- Notifications as per **SECTION 2**
- A preliminary assessment of the incident area
- **If appropriate, initiate initial response actions per SECTION 4**

TABLE 4.1 provides a checklist for initial response actions.

Visual Detection by the Public

Right-of-way markers and signs are installed and maintained at road crossing and other noticeable points and provide an Operations Control 24-hour number for reporting emergency situations. The Company also participates in the "call before you dig" or "One Call" utility notification services which can be contacted to report a leak and determine the owner/operator of the pipeline. If the notification is made to a local office or pump station, the Company representative receiving the call will generally implement the following actions:

- Notify the Pipeline Control Center and region/designated office
- Dispatch Company field personnel to the site to confirm discharge and conduct preliminary assessment
- Notify their immediate supervisor and provide assessment results

Pipeline Shutdown

If any of these situations are outside the expected values, abnormal conditions are considered to exist. If abnormal conditions exist, Pipeline Control will take the appropriate actions to ensure that a release does not occur. If a discharge has occurred, Pipeline Control will take actions to limit the magnitude. In either case, appropriate actions taken by Company personnel could include, but are not limited to:

- Shut down affected line segment if there is an indication of a leak
- Isolate line segment
- Depressurize line
- Start internal and external notifications
- Mobilize additional personnel as required

3.2 Spill Mitigation Procedures

Each spill mitigation situation is unique and must be treated according to the circumstance present. In every situation, however, **personnel safety must be assessed as the first priority**. The potential for ignition and/or toxic exposure must be promptly evaluated. Spill mitigation procedures are listed below:

TABLE 3-1 – SPILL MITIGATION PROCEDURES

TYPE	MITIGATION PROCEDURE
Failure of Transfer Equipment	1. Personnel safety is the first priority. Evacuate nonessential personnel or personnel at high risk. 2. Terminate transfer operations and close block valves. 3. Drain product into containment areas if possible. 4. Eliminate sources of vapor cloud ignition by shutting down all engines and motors.
Tank Overfill/Failure	1. Personnel safety is the first priority. Evacuate nonessential personnel or personnel at high risk. 2. Shut down or divert source of incoming flow to tank. 3. Transfer fluid to another tank with adequate storage capacity (if possible). 4. Shut down source of vapor cloud ignition by shutting down all engines and motors. 5. Ensure that dike discharge valves are closed. 6. Monitor diked containment area for leaks and potential capacity limitations. 7. Begin transferring spilled product to another tank as soon as possible
Piping Rupture/Leak (under pressure and no pressure)	1. Personnel safety is the first priority. Evacuate nonessential personnel or personnel at high risk. 2. Shut down pumps. Close the closest block valves on each side of the rupture. 3. Drain the line back into contained areas (if possible). Alert nearby personnel of potential safety hazards. 4. Shut down source of vapor cloud ignition by shutting down all engines and motors. 5. If piping is leaking and under pressure, then relieve pressure by draining into a containment area or back to a tank (if possible). Then repair line according to established procedures.

TYPE	MITIGATION PROCEDURE
Fire/Explosion	1. Personnel safety is the first priority. Evacuate nonessential personnel or personnel at risk of injury. 2. Notify local fire and police departments. 3. Attempt to extinguish fire if it is in incipient (early) stage and **if it can be done safely**. 4. Shut down transfer or pumping operation. Attempt to divert or stop flow of product to the hazardous area (if it can be done safely). 5. Eliminate sources of vapor cloud ignition shutting down all engines and motors. 6. Control fire before taking steps to contain spill.
Manifold Failure	1. Personnel safety is the first priority. Evacuate nonessential personnel or personnel at high risk. 2. Terminate transfer operations immediately. 3. Isolate the damaged area by closing block valves on both sides of the leak/rupture. 4. Shut down source of vapor cloud ignition by shutting down all engines and motors. 5. Drain fluids back into containment areas (if possible).

3.3 Response Equipment

Emergency equipment is available to allow personnel to respond safely and quickly to emergency situations. Fire extinguishers are located throughout the facility and meet National Fire Prevention Association (NFPA) and OSHA standards. Sunoco Pipeline maintains a supply of response equipment capable of mitigating a small release. All other response equipment will be supplied by the OSROs listed in **TABLE 2-5**. This equipment is maintained regularly and inspected on a monthly basis.

Response equipment is mobilized and deployed by the Maintenance Station Foreman or District Supervisor or their designee. The order of equipment mobilization should be as follows:

1. Company equipment in immediately area and at least one OSRO
2. Company equipment from adjacent areas
3. Company equipment from more distant areas and other OSROs

Sunoco Pipeline requires an annual certification from each OSRO to assure compliance with the National Preparedness for Response Exercise program (PREP) guidelines.

Each listed OSRO has their own response equipment, a minimum of 1,000 feet of containment boom, absorbents, boats, and vacuum trucks. Lists of the OSRO's equipment resources may be found in their services contract. OSRO response

equipment is inspected and refurbished after every use which is typically more than once a week. The primary OSRO's equipment is checked monthly or at a minimum of once every two months. Sunoco Pipeline has ensured by contract the availability of personnel and equipment necessary to respond, to the maximum extent practicable, to a worst case discharge or a substantial threat of such discharge in this response zone.

An equipment list and list of trained personnel necessary to continue operation of the equipment and staff the oil spill removal organization for the first 7 days of a response for each of the OSRO contractors listed in **TABLE 2-5** is provided in **APPENDIX C**.

4.0 RESPONSE ACTIVITIES

4.1 Spill Response Action Checklist

TABLE 4-1 – SPILL RESPONSE ACTION CHECKLIST

RESPONSE ACTION	PERSONNEL TAKING ACTION	DATE/TIME ACTION TAKEN
DOCUMENT ALL ACTIONS TAKEN		
First Person to Discover Spill		
Immediately notify Qualified Individual and Operations Control Center or posted emergency contacts. Take appropriate action to protect life and ensure safety of personnel.		
Immediately shut down terminal operations (if applicable). (b) (7)(F) [redacted].		
Secure the scene. Isolate the area and assure the safety of people and the environment. Keep people away from the scene and outside the safety perimeter.		
Advise personnel in the area of any potential threat and/or initiate evacuation procedures.		
Qualified Individual		
Assume role of Incident Commander until relieved.		
Conduct preliminary assessment of health and safety hazards.		
Request medical assistance if an injury has occurred.		
Evacuate nonessential personnel, notify emergency response agencies to provide security, and evacuate surrounding area (if necessary).		
Make appropriate regulatory notifications. • National Response Center • Appropriate State Agency		
Call out spill response contractors (See List in **TABLE 2-5**)		
If safe to do so, direct facility responders to shut down potential ignition sources in the vicinity of the spill, including motors, electrical pumps, electrical power, etc. Keep drivers away from truck rack if spill occurs there.		
If safe to do so, direct facility responders to shut down and control the source of the spill. Be aware of potential hazards associated with product and ensure that flammable vapor concentrations are within safe atmosphere before sending personnel into the spill area.		

RESPONSE ACTION	PERSONNEL TAKING ACTION	DATE/TIME ACTION TAKEN
Qualified Individual (Continued)		
If safe to do so, direct facility responders to stabilize and contain the situation. This may include berming or deployment of containment and/or sorbent boom.		
For low flash oil (<100ºF), consider applying foam over the oil, using water spray to reduce vapors, grounding all equipment handling the oil, and using non-sparking tools.		
If there is a potential to impact shorelines, consider lining shoreline with sorbent or diversion boom to reduce impact.		
Notify Local Emergency Responders. Obtain the information necessary to complete the Accident Report - Hazardous Liquid Pipeline Systems (**APPENDIX B**) and phone this information to the HES Manager.		
On-Scene Coordinator		
Activate all or a portion of Emergency Management Team (EMT) (as necessary). Liaison Officer will maintain contact with notified regulatory agencies.		
Ensure the EMT has mobilized spill response contractors (if necessary). **It is much better to demobilize equipment and personnel if not needed than to delay contacting them if they are needed.**		
Document all response actions taken, including notifications, agency/media meetings, equipment and personnel mobilization and deployment, and area impacted.		
Water Based Spills: Initiate spill tracking and surveillance operations utilizing information in **SECTION 4.2**. Determine extent of impact via surveillance aircraft or vehicle. Estimate volume of spill utilizing information in **SECTION 4.3**. Send photographer /videographer if safe.		
Land Based Spills: Initiate spill tracking and surveillance if applicable.		
SECONDARY RESPONSE ACTIONS (Refer to EMT job descriptions in **APPENDIX D**)		

4.2 Spill Tracking and Surveillance

The following guidelines should be utilized when tracking a spill and/or conducting spill surveillance:

- Surveillance of an oil spill should begin as soon as possible following discovery to enable response personnel to assess spill size, movement, and potential impact locations;
- Dispatch observers to crossings downstream or down gradient to determine the spill's maximum reach;
- Clouds, shadows, sediment, floating organic matter, submerged sand banks or wind-induced patterns on the water may resemble an oil slick if viewed from a distance;
- Sorbent pads may be used to detect oil or water;
- Use surface vessels to confirm the presence of any suspected oil slicks (if safe to do so); consider directing the vessels and photographing the vessels from the air, the latter to show their position and size relative to the slick;
- It is difficult to adequately observe oil on the water surface from a boat, dock, or shoreline;
- Spill surveillance is best accomplished through the use of helicopters or small planes; helicopters are preferred due to their superior visibility and maneuverability;
- If fixed-wing planes are to be used, high-wing types provide better visibility than low-wing types;
- All observations should be documented in writing and with photographs and/or videotapes;
- Describe the approximate dimensions of the oil slick based on available reference points (i.e. vessel, shoreline features, facilities); use the aircraft or vessel to traverse the length and width of the slick while timing each pass; calculate the approximate size and area of the slick by multiplying speed and time;
- Record aerial observations on detailed maps, such as topographic maps
- In the event of reduced visibility, such as dense fog or cloud cover, boats may have to be used to patrol the area and document the location and movements of the spill; however, this method may not be safe if the spill involves a highly flammable product;
- Surveillance is also required during spill response operations to gauge the effectiveness of response operations; to assist in locating skimmers; and to assess the spill's size, movement, and impact.

A spill surveillance checklist is presented on **TABLE 4-2**.

TABLE 4-2 – SPILL SURVEILLANCE CHECKLIST

SPILL SURVEILLANCE CHECKLIST	
General Information	
Date:	Tidal or river stage (flood, ebb, slack, low water):
Time:	On-Scene Weather Conditions:
Incident Name:	Platform (helicopter, fixed-wing aircraft, boat, shore):
Observers Name:	Flight path/trackline:
Observers' Affiliation:	Altitude where observation taken:
Location of Source:	Areas not observed (i.e. foggy locations, restricted air spaces, shallow water areas):
Oil Observations	
Slick location(s):	Color and appearance (i.e. rainbow, dull or silver sheen, black or brown in color or mousse):
Slick dimensions:	Percent coverage:
Orientation of slick(s):	Is oil recoverable (Y/N)?:
Distribution of oil (i.e. windrows, streamers, pancakes or patches):	
Considerations	
• During surveillance, go beyond known impacted areas to check for additional oil spill sites • Include the name and phone number of the person making the observations • Clearly describe the locations where oil is observed and the areas where no oil has been seen	
Other Observations	

SPILL SURVEILLANCE CHECKLIST
Response Operations
Equipment deployment locations:
Boom deployment locations:
Environmental Operations
Locations of convergence lines, terrain, and sediment plumes:
Locations of debris and other features that could be mistaken for oil:
Wildlife present in area (locations and approximate numbers):
Spill Sketch (Use Additional Pages if Needed)

4.3 Estimating Spill Volumes

Early in a spill response, estimation of spill volume is required in order to:

- Report to agencies
- Determine liquid recovery requirements
- Determine personnel and equipment requirements
- Estimate disposal and interim storage requirements

Some rapid methods to estimate spill size are:

- Transfer operations: The Control Center will determine volumes using all available information, which can include but not limited to: Multiply the pumping rate by the elapsed time that the leak was in progress, plus the drainage volume of the line between the two closest valves or isolation points (volume loss = pump rate [bbls/min] x elapsed time [min] + line contents [bbl])
- Tank overfills: The Control Center will determine volumes using all available information, which can include but not limited to: Elapsed time multiplied by the pumping rate
- Visual assessment of the surface area and thickness (**TABLE 4-3**); **this method may yield unreliable results because:**
    - Interpretation of sheen color varies with different observers
    - Appearance of a slick varies depending upon amount of available sunlight, sea-state, and viewing angle
    - Different products may behave differently, depending upon their properties

TABLE 4-3 - OIL THICKNESS ESTIMATION CHART

OIL THICKNESS ESTIMATIONS				
STANDARD FORM	**Approx. Film Thickness**		**Approx. Quantity of Oil in Film**	
	Inches	**Millimeters**	**gallons/mile^2**	**liters/km^2**
Barely Visible	0.0000015	0.00004	25	44
Silvery	0.000003	0.00008	50	88
Slightly Colored	0.000006	0.00015	100	179
Brightly Colored	0.000012	0.0003	200	351
Dull	0.00004	0.001	666	1,167
Dark	0.00008	0.002	1,332	2,237
Thickness of light oils: 0.0010 inches to 0.00010 inches				
Thickness of heavy oils: 0.10 inches to 0.010 inches				

4.4 Emergency Management Team

The Emergency Management Team (EMT) has been created and organized to plan for and manage emergencies. The EMT is composed of Company personnel from offices within the Area. Additional personnel from outlying offices can be used (if needed). The EMT will develop strategies and priorities for a response, then will supervise contractors, handle safety and security matters, and will provide logistical support for contractor personnel. The EMT will handle all communications with the media and the public. Job descriptions for each EMT member are provided in **APPENDIX D**. The EMT will train by participating in exercises as noted in **SECTION 6.**

Activation of the EMT may be accomplished in stages. Initially, the First Responder assumes the role of Incident Commander (IC). During a spill incident, the initial IC may be able to respond without assistance from the EMT. If the situation requires more resources, he may request additional personnel or management support from the EMT. This request is made to the Qualified Individual (QI). Depending on the situation, the QI may then assume the role of IC. The QI would then call out the other EMT members. The EMT activation procedure is provided in **APPENDIX D**.

4.5 Incident Command System/Unified Command

The Incident Command System (ICS) will be used by the Company EMT for spill response. The EMT organization chart is provided in **APPENDIX D** and can be expanded or contracted as necessary.

The Unified Command System (UCS) is the accepted method of organizing key spill management entities within the Incident Command System. The primary entities include:

- Federal On-Scene Coordinator (FOSC)
- State On-Scene Coordinator (SOSC)
- Company Incident Commander

These three people share decision-making authority within the Incident Command System and are each responsible for coordinating other federal, state, and company personnel to form an effective integrated Emergency Management Team. Refer to **APPENDIX D** for detailed checklists of the EMT roles and responsibilities as well as organizational interfaces with external parties.

5.0 TRAINING PROCEDURES

5.1 Exercise Requirements and Schedules

The Company participates in the National Preparedness for Response Exercise Program (PREP) in order to satisfy the exercise requirements of the PHMSA and EPA. A listing of all exercise requirements to be completed within the three year (triennial) cycle is listed in **TABLE 5-1**.

The Facility Manager is responsible for the following aspects:

- Scheduling
- Maintaining records
- Implementing
- Evaluation of the Company's training and exercise program
- Post-drill evaluation improvements

TABLE 5-2 provides descriptions of exercise requirements, **TABLE 5-3** provides a Spill/Exercise Documentation form (a corresponding Company form may be used), and **TABLE 5-4** provides a log for response equipment testing and deployment drill.

TABLE 5-1 – PREP RESPONSE PLAN CORE COMPONENTS

Core Components	Description
1. Notifications	Test the notifications procedures identified in the Area Contingency Plan and the associated Responsible Party Response Plan.
2. Staff Mobilization	Demonstrate the ability to assemble the spill response organization identified in the Area Contingency Plan and the associated Responsible Party Response Plan.
3. Ability to Operate Within the Response Management System Described in the Plan:	
• Unified Command	Demonstrate the ability of the spill response organization to work within a unified command.
• Response Management System	Demonstrate the ability of the response organization to operate within the framework of the response management system identified in their respective plans.
4. Discharge Control	Demonstrate the ability of the spill response organization to control and stop the discharge at the source.
5. Assessment	Demonstrate the ability of the response organization to provide initial assessment of the discharge and provide continuing assessments of the effectiveness of the tactical operations.
6. Containment	Demonstrate the ability of the spill response organization to contain the discharge at the source or in various locations for recovery operations.
7. Recovery	Demonstrate the ability of the spill response organization to recover the discharged product.
8. Protection	Demonstrate the ability of the spill response team organization to protect the environmentally and economically sensitive areas identified in the Area Contingency Plan and the respective industry response plan.
9. Disposal	Demonstrate the ability of the spill response organization to dispose of the recovered material and contaminated debris.
10. Communications	Demonstrate the ability to establish an effective communications system for the spill response organization.
11. Transportation	Demonstrate the ability to establish multi-mode transportation both for execution of the discharge and support functions.
12. Personnel Support	Demonstrate the ability to provide the necessary support of all personnel associated with response.
13. Equipment Maintenance and Support	Demonstrate the ability to maintain and support all equipment associated with the response.
14. Procurement	Demonstrate the ability to establish and effective procurement system.
15. Documentation	Demonstrate the ability of the spill response organization to document all operational and support aspects of the response and provide detailed records of decisions and actions taken.

TABLE 5-2 - EXERCISE REQUIREMENTS

Exercise Type	Exercise Characteristics
Facility/QI Notification	• Conducted quarterly • Facility initiates mock spill notification to QI • Control Center Supervisor documents time/date of notification, name and phone number of individual contacted and files with HES Manager • Document exercise activities
Equipment Deployment	• Conducted semiannually (EPA), annually (DOT/PHMSA) • Response contractors listed in FRP must participate in annual deployment exercise • District Supervisor is responsible for testing and documentation of deployment exercise • Document exercise activities
Tabletop	• Conducted annually • Tests SMT's response activities/responsibilities • Documents plan's effectiveness • Must exercise worst case discharge scenario once every three years • Must test all plan components at least once every three years • Must exercise entire response plan for each response zone at least once every three years • District Supervisor is responsible for exercise and documentation • Document exercise activities
Unannounced	• Company will either participate in unannounced tabletop exercise or equipment deployment exercise on an annual basis • Company may take credit for participation in government initiated unannounced drill in lieu of drill required by PREP guidelines • Plan holders who have participated in a PREP government-initiated unannounced exercise will not be required to participate in another one for a least 36 months from the date of the exercise
Area	• An industry plan holder that participates in an Area Exercise would not be required to participate in another Area Exercise for a minimum of six years.
Other Exercise Considerations	
Drill Program Evaluation Procedures	• Company conducts post-exercise meetings to discuss positive items, areas for improvement and to develop action item checklist to be implemented later
Records of Drills	• Company will maintain exercise records for five years following completion of each exercise • Records will be made available to USCG, EPA, DOT/PHMSA and other applicable agencies upon request • Company will verify appropriate records are kept for each spill response contractor listed in Plan as required by PREP guidelines (annual equipment deployment drill, triennial unannounced drill, etc.)

5.2 Post Incident Review

In the case of the following spills from a 49 CFR Part 195 regulated pipeline, a Standard Incident Debriefing Form as noted in **TABLE 5-3** will be completed:

- Any spill resulting in an explosion or fire
- Any spill resulting in the death of any person
- Any spill resulting in an injury requiring inpatient hospitalization
- Any spill impacting a lake, reservoir, stream, river or similar body of water
- Any spill resulting in more than $50,000.00 in damage including the cost of damage to facilities, spill cleanup, emergency response, value of lost product and damage to property

In the case of spills from other facilities a Standard Incident Debriefing Form as noted in **TABLE 5.3** will be completed on an as determined basis which will be dictated by individual circumstances.

Pertinent facility personnel involved in the incident shall be debriefed (by the Company) within the calendar quarter after termination of operations. A Standard Incident Debriefing Form is provided in **TABLE 5.3**. The primary purpose of the post-incident review is to identify actual or potential deficiencies in the Plan and determine the changes required to correct the efficiencies.

The post-incident review is also intended to identify which response procedures, equipment, and techniques were effective and which were not and the reason(s) why. This type of information is very helpful in the development of a functional Plan by eliminating or modifying those response procedures that are less effective and emphasizing those that are highly effective. This process should also be used for evaluating training drills or exercises. Key agency personnel that were involved in the response may be invited to attend the post-incident review.

TABLE 5-3 – EXERCISE/INCIDENT RESPONSE SELF ASSESSMENT FORM

Location**:** _____

Date: _____

Check as appropriate

Type of Exercise:

Table Top Drill ☐ Equipment Deployment ☐ Emergency Procedures ☐ Actual Spill ☐

Exercise was: Announced ☐ Unannounced ☐

Scenario: Average Most Probable ☐ Maximum Most Probable ☐ Worst Case ☐

Section I. Summary of Exercise/Incident: If documenting a tabletop exercise attach a copy of the exercise scenario. If documenting an actual spill incident or equipment deployment, describe the event. Attach additional pages if necessary or refer to IMPACT report. Note: Include additional pages if necessary.

Participants/Evaluation Team	**Company**

(Attach roster sheet if required)

Qualified Individuals:

_____

_____

Date Evaluation Conducted: _____

Section II. Exercise / Incident Response Evaluation

Check Off Plan Components Exercised:	
☐ Notifications	☐ Protection
☐ Staff Mobilization	☐ Disposal
☐ Ability to Operate within ICS	☐ Communications
☐ Discharge Control	☐ Transportation
☐ Assessment	☐ Personnel Support
☐ Containment	☐ Equipt Maint/Support
☐ Recovery	☐ Procurement
	☐ Documentation

Describe How the Following Objectives Were Exercised: (5 is excellent)

Knowledge of Facility Response Plan 1 2 3 4 5
Comments:
- Was the Plan used during the response?
- Was the Plan referenced during the response?
- Was the information in the plan accurate?
- What changes to the Plan are recommended?

Notification Phase: 1 2 3 4 5
Comments:
- Were the numbers in the Plan correct?
- Were their any numbers missing from the Plan?
- Were notifications made in a timely manner?
- Are any corrections to the Plan necessary?

Communications system: 1 2 3 4 5
Comments:
- Were operational units able to communicate directly with the ICS team?
- Could the ICS team communicate efficiently with all necessary parties?
- Did communication abilities affect decision making?
- Were the frequency of update meetings adequate?

Response Efforts: 1 2 3 4 5
Comments:
- Were SXL response actions done in a timely manner?
- Were resources requested in a timely manner?
- Were adequate SXL resources available in a timely manner?
- What if any improvements could be made?
- Did information get properly communicated during the update meetings?
- Was the ICS team established in a timely manner?
- Was the ICS team properly staffed?

OSRO Performance : 1 2 3 4 5

Comments:

Did the OSRO respond in a timely manner?
Did the OSRO respond with the proper resources?
Did the OSRO have enough resources?
Was the OSRO's performance adequate?
Were the OSRO's personnel knowledgeable in their assigned tasks?
Was the OSRO's equipment in good working order?

Coordination with Agencies: 1 2 3 4 5

Comments:

Did regulatory agencies come to the spill site?
Did regulatory agencies call about the spill?
Who from the ICS team interacted with the agencies?
Were all of the appropriate agencies notified?
Who made the agency notification?
Was all of the needed information made available to the person making the notification?

Ability to access sensitive area information 1 2 3 4 5

Comments:

Did the plan contain all of the available sensitive information needed?
Was the sensitive area information available to the people in the field?
Are updates to the sensitive information required?

Section III. Corrective Actions

ITEM	Responsibility	Estimated Completion

Note: Include additional pages if necessary

TABLE 5-4 - RESPONSE EQUIPMENT TESTING AND DEPLOYMENT DRILL LOG

Item:	**Date of Last Update:**
ACTIVITY	**INFORMATION**
Last inspection or response equipment test date	
Inspection frequency	
Last deployment drill date	
Deployment frequency	
OSRO Certification (if applicable)	

Item:	**Date of Last Update:**
ACTIVITY	**INFORMATION**
Last inspection or response equipment test date	
Inspection frequency	
Last deployment drill date	
Deployment frequency	
OSRO Certification (if applicable)	

Item:	**Date of Last Update:**
ACTIVITY	**INFORMATION**
Last inspection or response equipment test date	
Inspection frequency	
Last deployment drill date	
Deployment frequency	
OSRO Certification (if applicable)	

Item:	**Date of Last Update:**
ACTIVITY	**INFORMATION**
Last inspection or response equipment test date	
Inspection frequency	
Last deployment drill date	
Deployment frequency	
OSRO Certification (if applicable)	

TABLE 5-5 – QUALIFIED INDIVIDUAL NOTIFICATION DRILL LOG

Company:	**Date:**
ACTIVITY	**INFORMATION**
Qualified Individual(s) Contacted	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

Company:	**Date:**
ACTIVITY	**INFORMATION**
Qualified Individual(s) Contacted	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

Company:	**Date:**
ACTIVITY	**INFORMATION**
Qualified Individual(s) Contacted	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

Company:	**Date:**
ACTIVITY	**INFORMATION**
Qualified Individual(s) Contacted	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

TABLE 5-6 – EMERGENCY MANAGEMENT TEAM TABLETOP EXERCISE LOG

Company:	**Date:**
ACTIVITY	**INFORMATION**
Emergency Scenario	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

Company:	**Date:**
ACTIVITY	**INFORMATION**
Emergency Scenario	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

Company:	**Date:**
ACTIVITY	**INFORMATION**
Emergency Scenario	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

Company:	**Date:**
ACTIVITY	**INFORMATION**
Emergency Scenario	
Evaluation	
Changes to be Implemented	
Time Table for Implementation	

5.3Training Program

Training requirements are presented in Table 5-7, below:

TABLE 5-7 – TRAINING REQUIREMENTS

Training Type	Training Characteristics
Training in Use of Oil Spill Plan	• All field personnel will be trained to properly report/monitor spills • Plan will be reviewed annually with all employees and contract personnel • The Personnel Response Training Log is provided in **TABLE 5-9**.

OSHA Training Requirements	• All Company responders designated in Plan must have 24 hours of initial spill response training
	  ◦ Laborers having potential for minimal exposure must have 24 hours of initial oil spill response instruction and 8 hours of actual field experience
	  ◦ Spill responders having potential exposure to hazardous substances at levels exceeding permissible exposure limits must have 40 hours of initial training offsite and 24 hours of actual field experience
	  ◦ On-site management/supervisors required to receive same training as equipment operators/general laborers plus 8 hours of specialized hazardous waste management training
	  ◦ Managers/employees require 8 hours of annual refresher training

Spill Management Team Personnel Training	• See recommended PREP Training Matrix (**TABLE 5-8**)
Training for Casual Laborers or Volunteers	• Company will not use casual laborers/volunteers for operations requiring HAZWOPER training
Wildlife	• Only trained personnel approved by USFWS and appropriate state agency will be used to treat oiled wildlife
Training Documentation and Record Maintenance	• Training activity records will be retained five years for all personnel following completion of training • Company will retain training records indefinitely for individuals assigned specific duties in Plan • Training records will be retained at the district office. Manager - HES, Region II will document all applicable training.

Training Type	Training Characteristics
Emergency Response Training	The Company has established and conducts a continuing training program to instruct emergency response personnel to: • Carry out emergency procedures established under 195.402 that relate to their assignments; • Know the characteristics and hazards of the hazardous liquids or carbon dioxide transported, including, in case of flammable HVL, flammability of mixtures with air, odorless vapors, and water reactions; • Recognize conditions that are likely to cause emergencies, predict the consequences of facility malfunctions or failures and hazardous liquids or carbon dioxide spills, and take appropriate corrective action; • Take steps necessary to control any accidental release of hazardous liquid or carbon dioxide and to minimize the potential for fire, explosion, toxicity, or environmental damage; and • Learn the proper use of fire-fighting procedures and equipment, fire suits, and breathing apparatus by utilizing, where feasible, a simulated pipeline emergency condition. At intervals not exceeding 15 months, but at least once each calendar year, the Company shall: • Review with personnel their performance in meeting the objectives of the emergency response training program set forth in 195.403(a), and • Make appropriate changes to the emergency response training program as necessary to ensure that it is effective. The Company requires and verifies that its supervisors maintain a thorough knowledge of that portion of the emergency response procedures established under 195.402 for which they are responsible to ensure compliance.

Training Type	Training Characteristics
Minimum requirements for Operator Qualification of individuals performing covered tasks on a pipeline	The Company maintains a written Operator Qualification program that includes provisions to: • Identify covered tasks; • Ensure through evaluation that individuals performing covered tasks are qualified; • Allow individuals that are not qualified pursuant to 49 CFR 195 Subpart G to perform a covered task if directed and observed by an individual that is qualified; • Evaluate an individual if the operator has reason to believe that the individual's performance of a covered task contributed to an accident as defined in Part 195; • Evaluate an individual if the operator has reason to believe that the individual is no longer qualified to perform a covered task; • Communicate changes that affect covered tasks to individuals performing these covered tasks; and • Identify those covered tasks and the intervals at which evaluation of the individual's qualifications is needed. **RECORDS** Each operator shall maintain records that demonstrate compliance with 49 CFR Part 195, Subpart G. Qualification records shall include: • Identification of qualified individuals • Identification of covered tasks the individual is qualified to perform • Date(s) of current qualification Records supporting an individual's current qualification shall be maintained while the individual is performing the covered task. Records of prior qualification and records of individuals no longer performing covered tasks shall be retained for a period of five years.

TABLE 5-8 – PREP TRAINING PROGRAM MATRIX

TRAINING ELEMENT	QUALIFIED INDIVIDUAL (QI)	EMERGENCY MGMT TEAM (EMT)	FACILITY PERSONNEL
Captain of the Port (COTP) Zones or Environmental Protection Agency (EPA) Regions in which the facility is located	✓	✓	✓
Notification procedures and requirements for facility owners or operators; internal response organizations; federal and state agencies; and contracted oil spill removal organizations (OSROs) and the information required for those organizations	✓	✓	✓
Communication system used for the notifications	✓	✓	✓
Information on the products stored, used, or transferred by the facility, including familiarity with the material safety data sheets (MSDS), special handling procedures, health and safety hazards, spill and fire fighting procedures	✓	✓	✓
Procedures the facility personnel may use to mitigate or prevent any discharge or a substantial threat of a discharge of oil resulting from facility operational activities associated with internal or external cargo transfers, storage, or use	✓		
Facility personnel responsibilities and procedures for use of facility equipment which may be available to mitigate or prevent an oil discharge	✓	✓	✓
Operational capabilities of the contracted OSRO's to respond small, medium, and large discharges	✓	✓	✓
Responsibilities and authority of the Qualified Individual (QI) as described in the Spill Response Plan and Company response organization	✓	✓	✓
The responsibilities and duties of each spill management team (EMT) within the organization structure	✓	✓	

TRAINING ELEMENT	QUALIFIED INDIVIDUAL (QI)	EMERGENCY MGMT TEAM (EMT)	FACILITY PERSONNEL
The organization structure that will be used to manage the response actions including: • Command and control • Public information • Safety • Liaison with government agencies • Spill response operations • Planning • Logistics support • Finance	✓	✓	✓
The drill and exercise program to meet federal and state regulations as required under Oil Pollution Act of 1990 (OPA 90)	✓	✓	✓
The role of the QI in the post discharge review of the Plan to evaluate and validate its effectiveness	✓		
The Area Contingency Plan (ACP) for the area in which the facility is located	✓	✓	✓
The National Contingency Plan (NCP)	✓	✓	✓
Roles and responsibilities of federal and state agencies in pollution response	✓	✓	✓
Available response resources identified in the Plan	✓	✓	
Contracting and ordering procedures to acquire OSRO resources identified in the Plan	✓	✓	
OSHA requirements for worker health and safety (29 CFR 1910.120)	✓	✓	✓
Incident Command System/Unified Command System	✓	✓	
Public affairs	✓	✓	
Crisis management	✓	✓	
Procedures for obtaining approval for dispersant use or in-situ burning of the spill	✓		
Sensitive biological areas	✓		
This training procedure as described in the Plan for members of the EMT	✓	✓	

TRAINING ELEMENT	QUALIFIED INDIVIDUAL (QI)	EMERGENCY MGMT TEAM (EMT)	FACILITY PERSONNEL
Procedures for the post discharge review of the plan to evaluate and validate its effectiveness		✓	
Basic information on spill operations and oil spill cleanup technology including: • Oil containment • Oil recovery methods and devices • Equipment limitations and uses • Shoreline cleanup and protection • Spill trajectory analysis • Use of dispersants, in-situ burning, bioremediation • Waste storage and disposal considerations		✓	
Hazard recognition and evaluation		✓	
Site safety and security procedures		✓	
Personnel management, as applicable to designated job responsibilities		✓	
Procedures for directing the deployment and use of spill response equipment, as applicable to designated job responsibilities		✓	✓
Specific procedures to shut down affected operations			✓

TABLE 5-9 – PERSONNEL RESPONSE & PREVENTION TRAINING LOG

NAME	RESPONSE TRAINING DATE/NUMBER OF HOURS	PREVENTION TRAINING DATE/NUMBER OF HOURS

6.0 WORST CASE DISCHARGE SUMMARY

6.1 Worst Case Discharge Scenario

The equipment and personnel to respond to a spill are available from several sources and are provided with the equipment and contractors in **TABLE 2.5**. The following sections are discussions of these scenarios.

Worst case discharge calculations are provided in **SECTION 6.3**.

Upon discovery of a spill, the following procedures would be followed:

1. The First Responder would notify the Area Supervisor/Manager of Operations and Operations Control Center and notifications would be initiated in accordance with **SECTION 2.0**.

2. The Area Supervisor/Manager of Operations would assume the role of Incident Commander/Qualified Individual until relieved and would initiate response actions and notifications in accordance with **SECTION 2.0**. If this were a small spill, the local/company personnel may handle all aspects of the response. Among those actions would be to:

    - Conduct safety assessment and evacuate personnel as needed in accordance with **SECTION 3.2**
    - Direct facility responders to shut down ignition sources
    - Direct facility personnel to position resources in accordance with **SECTION 4.0** and **SECTION 7.0**
    - Complete spill report form provided in **APPENDIX B**
    - Ensure regulatory agencies are notified

3. If this were a small or medium spill, the Qualified Individual/Incident Commander may elect for the First Responder to remain the Incident Commander or to activate selected portions of the Emergency Management Team. However, for a large spill, the Qualified Individual would assume the role of Incident Commander and would activate the entire Emergency Management Team in accordance with activation procedures described in **SECTION 4.4**.

4. The Incident Commander would then initiate spill assessment procedures including surveillance operations, trajectory calculations, and spill volume estimating in accordance with **SECTIONS 4.2 and 4.3.**

5. The Incident Commander would then utilize checklists in **SECTION 4.0** as a reminder of issues to address. The primary focus would be to establish incident priorities and objectives and to brief staff accordingly.

6. The Emergency Management Team would develop the following plans, as appropriate (some of these plans may not be required during a small or medium spill):
    - Site Safety and Health
    - Site Security
    - Incident Action
    - Decontamination
    - Disposal
    - Demobilization

7. The response would continue until an appropriate level of cleanup is obtained.

6.2 Planning Volume Calculations

Once the worst case discharge volume has been calculated, response resources must be identified to meet the requirements of 49 CFR 194.105(b). Calculations to determine sufficient amount of response equipment necessary to respond to a worst case discharge are described below. A demonstration of the planning volume calculations is provided below.

DOT/PHMSA Portion of Pipeline/Facilities

The worst case discharge (WCD) for the DOT portion of the pipeline and facilities, as defined in 49 CFR 194.105(b), as the largest volume of the following:

1. The pipeline's maximum shut-down response time in hours (based on historic discharge data or in the absence of such data, the operators best estimate), multiplied by the maximum flow rate expressed in barrels per hour (based on the maximum daily capacity of the pipeline), plus the largest drainage volume after shutdown of the line section(s) in the response zone expressed in barrels; or
2. The largest foreseeable discharge for the line section(s) within a response zone, expressed in barrels (cubic meters), based on the maximum historic discharge, if one exists, adjusted for any subsequent corrective or preventative action taken; or
3. If the response zone contains one or more breakout tanks, the capacity of the single largest tank or battery of tanks within a single secondary containment system, adjusted for the capacity or size of the secondary containment system, expressed in barrels.

Under PHMSA's current policy, operators are allowed to reduce the worst case discharge volume derived from 49 CFR 194.105(b)(3) by no more than 75% if an operator is taking certain spill prevention measures for their breakout tanks and presents supporting information in the response plan. An operator can reduce the worst case discharge volume based on breakout tanks in the response zones as follows:

TABLE 6-1 PHMSA PERCENT REDUCTION ALLOWED

SPILL PREVENTION MEASURES	PERCENT REDUCTION ALLOWED
Secondary containment capacity greater than 100% capacity of tank and designed according to NFPA 30	50%
Tank built, rebuilt, and repaired according to API Std 620/650/653	10%
Automatic high-level alarms/shutdowns designed according to NFPA/API RP 2350	5%
Testing/cathodic protection designed according to API Std 650/651/653	5%
Tertiary containment/drainage/treatment per NFPA 30	5%*
Maximum allowable credit or reduction	75%

Note: * - The tanks do not have tertiary containment

The worst case discharge for each response zone was based on the largest volume of the three criteria given above.

The Company has determined the worst case discharge volume to be a catastrophic line failure of the largest line section with the greatest drainage capacity in each response zone or 30 percent of the volume of the largest tank in each zone.

The line sections with the highest throughput and largest drainage volume between block valves on pump stations were chosen to calculate the pipeline worst case discharge. Although the entire discharge volume of each line was used for the worst case discharge, in an actual spill event, it could take days to drain the line completely. The line would be sealed early in the response effort. The calculated worst case discharge may not always be a credible scenario.

All of the breakout tanks in the pipeline system are within adequate secondary containment, therefore, the discharge volumes for the largest tank were determined by adjusting the total tank volume downward by 50% per the company guidelines.

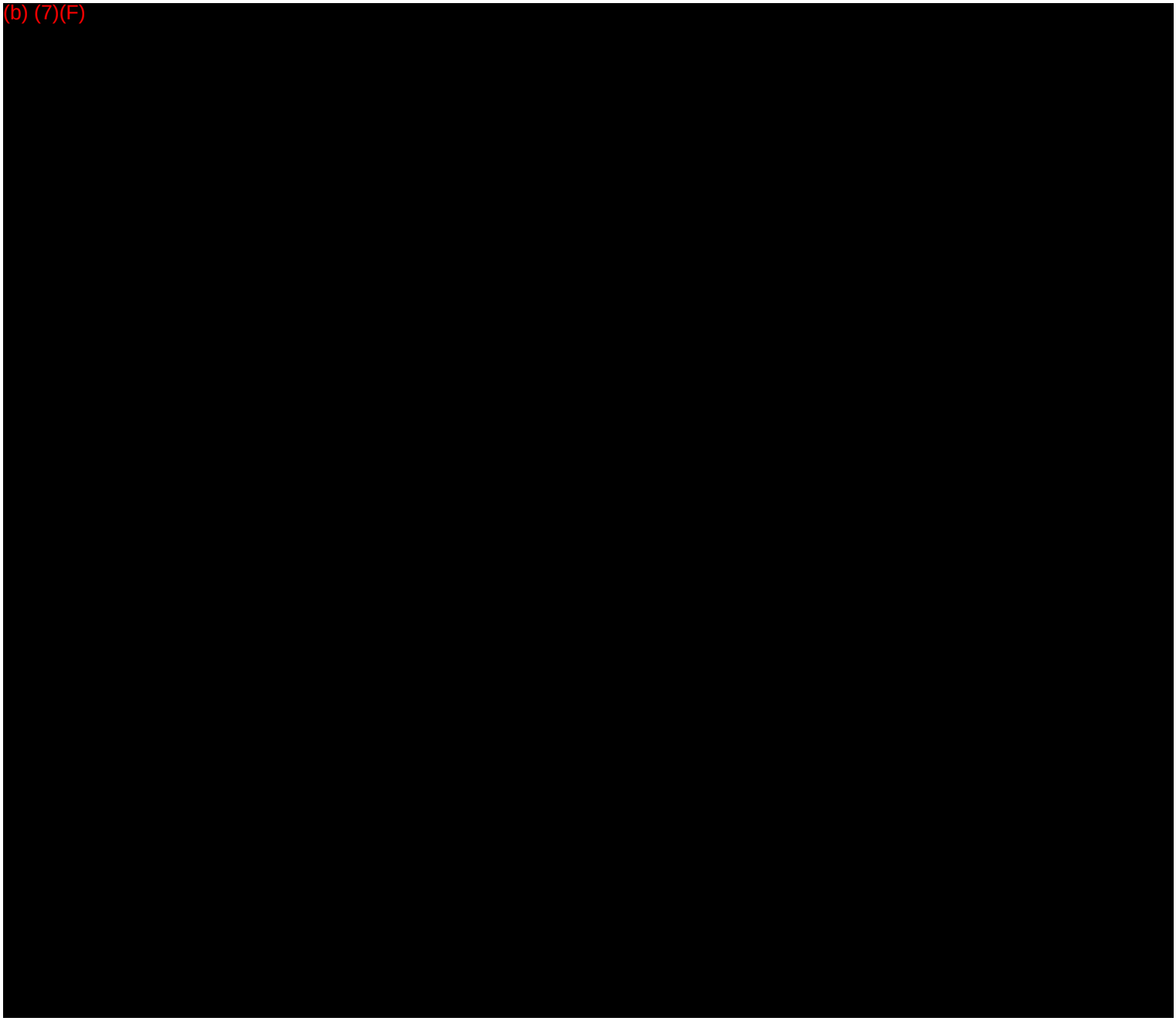
Considering the volume of release from a line break compared to that of historic discharge in each zone and to the volumes released from a tank failure, the line break was found to represent the worst case scenario.

The maximum historic discharge is not applicable for WCD covered by this plan. Given below are the tank and pipeline WCD calculations for this plan.

The worst case discharge for each pipeline segment is the largest breakout tank. These tank volumes are as follows:

LOCATION	VOLUME (BBLS)
No tanks in this zone	0.0

(b) (7)(F)



6.4 Product Characteristics and Hazards

Pipeline systems described in this plan may transport various types of commodities including but not limited to:

- Finished Products

The key chemical and physical characteristics of each of these oils and/or other small quantity products/chemicals are identified in **TABLE 6-2**, below.

TABLE 6-2 CHEMICAL AND PHYSICAL CHARACTERISTICS

COMMON NAME	MSDS NAME	HEALTH HAZARD	FLASH POINT	SPECIAL HAZARD	REACTIVITY	HEALTH HAZARD WARNING STATEMENT
Crude Oil	Appropriate Product Name	1	3	C, H2S	0	May Contain benzene, a carcinogen, or hydrogen sulfide, which is harmful if inhaled; flashpoint varies widely.
Fuel Oil	Fuel Oil 2; Road Diesel; Home Heating Oil; Low Sulfur Diesel (LSD); Ultra Low Sulfur Diesel(ULSD)	0	2	C	0	Long term, repeated exposure may cause skin cancer.
Gasoline	Unleaded Gasoline; Transmix	1	4	C	0	Long term, repeated exposure may cause cancer, blood, kidney and nervous system damage, and contains benzene.
Jet Fuel	Kerosene; Aviation Fuel; Jet-A; JP-5; JP-8; Aviation Gas	1	2	C	0	Long term, repeated exposure may cause cancer.

Health Hazard	**4 = Extremely Hazardous** **3 = Hazardous** **2 = Warning** **1 = Slightly Hazardous** **0 = No Unusual Hazard**	**Fire Hazard (Flash Point)**	**4 = Below 73° F, 22° C** **3 = Below 100° F, 37° C** **2 = Below 200° F, 93° C** **1 = Above 200° F, 93° C** **0 = Will not burn**
Special Hazard	**A = Asphyxiant** **C = Contains Carcinogen** **W = Reacts with Water** **Y = Radiation Hazard** **COR = Corrosive** **OX = Oxidizer** **H2S = Hydrogen Sulfide** **P = Under Pressure** **T = Hot Material**	**Reactivity Hazard**	**4 = May Detonate at Room Temperature** **3 = May Detonate with Heat or Shock** **2 = Violent Chemical Change with High Temperature and Pressure** **1 = Not Stable if Heated** **0 = Stable**

7.0 RESPONSE ZONE MAPS AND ASSOCIATED REFERENCE MATERIAL

7.1 Map Overview

The New York/Pennsylvania System Overview Maps, Big Flats Response Zone Area Map and multiple Pipeline Sensitivity Maps are presented in **APPENDIX E**.

The pipeline sensitivity maps indicate the locations of the worst case discharge, distance between each line section in the response zone, public drinking water intakes within 5 miles of any pipeline segment, and any potentially environmentally sensitive areas located within 1 mile of any pipeline segment.

The following maps are included in this section:

- HCA System Map New York
- HCA System Map Pennsylvania
- Big Flats Response Zone Area Map
- North Western Big Flats Area HCAs
- Northern Big Flats Area HCAs
- Central Big Flats Area HCAs
- Southern Big Flats Area HCAs

8.0 RESPONSE PLAN REVIEW AND UPDATE PROCEDURES

8.1 Facility Response Plan Review Guidelines

In accordance with 49 CFR Part 194.121, this Plan will be reviewed annually and modified to address new or different operating conditions or information included in the Plan. Upon review of the response plan for each five-year period, revisions will be submitted to PHMSA provided the changes to the current plan are needed. If revisions are not needed, a letter stating that the plan is still current will be submitted to PHMSA.

Company internal policy states that the Plan will be reviewed at least annually and modified as appropriate. In the event the Company experiences a Worst Case Discharge, the effectiveness of the plan will be evaluated and updated as necessary. If a new or different operating condition or information would substantially affect the implementation of the Plan, the Company will modify the Plan to address such a change and, within 30 days of making such a change, submit the change to PHMSA. Examples of changes in operating conditions that would cause a significant change to the Plan include the following:

CONDITIONS REQUIRING REVISIONS AND SUBMISSIONS

- Relocation or replacement of the transportation system in a way that substantially affects the information included in the Plan, such as a change to the Worst Case Discharge volume.
- A change in the type of oil handled, stored, or transferred that materially alters the required response resources.
- A change in key personnel (Qualified Individuals).
- A change in the name of the Oil Spill Removal Organization (OSRO).
- Any other changes that materially affect the implementation of the Plan.
- A change in the National Oil and Hazardous Substances Pollution Contingency Plan or Area Contingency Plan that has significant impact on the equipment appropriate for response activities.

All requests for changes must be made through the Area Manager and updated plans will be submitted to PHMSA by the Emergency Planning and Preparedness Group.

TABLE A.1 - DOT/PHMSA CROSS REFERENCE MATRIX

OPA 90 REQUIREMENTS (49 CFR 194)	LOCATION
Information Summary (Section 1)	
• For the core plan:	N/A
• Name and address of operator	SECTION 1.1
• For each Response Zone which contains one or more line sections that meet the criteria for determining significant and substantial harm (§194.103), listing and description of Response Zones, including county(s) and state(s)	TABLE 1.2
• For each Response Zone appendix:	N/A
• Information summary for core plan	SECTION 1.1
• QI names and telephone numbers, available on 24-hr basis	TABLE 1.1
• Description of Response Zone, including county(s) and state(s) in which a worst case discharge could cause substantial harm to the environment	TABLE 1.1, TABLE 1.2
• List of line sections contained in Response Zone, identified by milepost or survey station or other operator designation	TABLE 1.2
• Basis for operator's determination of significant and substantial harm	TABLE 1.2
• The type of oil and volume of the worst case discharge	TABLE 1.2, SECTION 6.0
• Certification that the operator has obtained, through contract or other approved means, the necessary private personnel and equipment to respond, to the maximum extent practicable, to a worst case discharge or threat of such discharge	SECTION 1.3
Notification Procedures (Section 2)	
• Notification requirements that apply in each area of operation of pipelines covered by the plan, including applicable state or local requirements	SECTION 2
• Checklist of notifications the operator or Qualified Individual is required to make under the response plan, listed in the order of priority	TABLE 2.2, TABLE 2.3
• Name of persons (individuals or organizations) to be notified of discharge, indicating whether notification is to be performed by operating personnel or other personnel	TABLE 2.2, TABLE 2.3
• Procedures for notifying Qualified Individuals	SECTION 2.1, TABLE 2.2
• Primary and secondary communication methods by which notifications can be made	TABLE 2.3

OPA 90 REQUIREMENTS (49 CFR 194)	LOCATION

• Information to be provided in the initial and each follow-up notification, including the following:
  • Name of pipeline
  • Time of discharge
  • Location of discharge
  • Name of oil recovered
  • Reason for discharge (e.g. material failure, excavation damage, corrosion)
  • Estimated volume of oil discharged
  • Weather conditions on scene
  • Actions taken or planned by persons on scene
	SECTION 2.2

Spill Detection and On-Scene Spill Mitigation Procedures (Section 3)	
• Methods of initial discharge detection	SECTION 3.1
• Procedures, listed in order of priority, that personnel are required to follow in responding to a pipeline emergency to mitigate or prevent any discharge from the pipeline	SECTION 3.2, TABLE 3.1

• List of equipment that may be needed in response activities based on land and navigable waters including:
  • Transfer hoses and pumps
  • Portable pumps and ancillary equipment
  • Facilities available to transport and receive oil from a leaking pipeline
  • Identification of the availability, location, and contact phone numbers to obtain equipment for response activities on a 24-hour basis
  • Identification of personnel and their location, telephone numbers, and responsibilities for use of equipment in response activities on a 24-hour basis
	SECTION 3.3, APPENDIX C

Response Activities (Section 4)	
• Responsibilities of, and actions to be taken by, operating personnel to initiate and supervise response actions pending the arrival of the Qualified Individual or other response resources identified in the response plan	SECTION 4.1, TABLE 4.1
• Qualified Individual's responsibilities and authority, including notification of the response resources identified in the response plan	SECTION 4.1, TABLE 4.1
• Procedures for coordinating the actions of the operator or Qualified Individual with the action of the OSC responsible for monitoring or directing those actions	TABLE 4.1
• Oil spill response organizations (OSRO) available through contract or other approved means, to respond to a worst case discharge to the maximum extent practicable	TABLE 2.5, APPENDIX C

OPA 90 REQUIREMENTS (49 CFR 194)	LOCATION

• For each organization identified under paragraph (d), a listing of:
  • Equipment and supplies available
  • Trained personnel necessary to continue operation of the equipment and staff the oil spill removal organization for the first seven days of the response
	APPENDIX C

List of Contacts (Section 5)	
• List of persons the Plan requires the operator to contact	TABLE 1.1, TABLE 2.1
• Qualified individuals for the operator areas of operation	TABLE 1.1
• Applicable insurance representatives or surveyors for the operator's areas of operation	TABLE 1.1
• Persons or organizations to notify for activation of response resources	TABLE 2.1, TABLE 2.2, TABLE 2.4
Training Procedures (Section 6)	
• Description of training procedures and programs of the operations	SECTION 5
Drill Procedures (Section 7)	
• Announced and unannounced drills	TABLE 5.2

• Types of drills and their frequencies; for example:
  • Manned pipeline emergency procedures and qualified individual notification drills conducted quarterly
  • Drills involving emergency actions by assigned operating or maintenance personnel and notification of qualified individual on pipeline facilities which are normally unmanned, conducted quarterly
  • Shore-based spill management team (SMT) tabletop drills conducted yearly
  • Oil spill removal organization field equipment deployment drills conducted yearly
  • A drill that exercises entire response plan for each Response Zone, would be conducted at least once every three years
	TABLE 5.2

Response Plan Review and Update Procedures (Section 8)	
• Procedures to meet §194.121	SECTION 8.1
• Procedures to review plan after a worst case discharge and to evaluate and record the plan's effectiveness	SECTION 8.1
Response Zone Appendices (Section 9)	
• Name and telephone number of the qualified individual	TABLE 1.1

• Notification procedures	SECTION 2
OPA 90 REQUIREMENTS (49 CFR 194)	**LOCATION**
• Spill detection and mitigation procedures	SECTION 3.0
• Name, address, and telephone number of oil spill response organizations	TABLE 2.5

• Response activities and response resources including—
  • Equipment and supplies necessary to meet §194.115, and
  • The trained personnel necessary to sustain operation of the equipment and to staff the oil spill removal organization and spill management team for the first 7 days of the response
	TABLE 2.5, APPENDIX C

• Names and telephone numbers of Federal, state and local agencies which the operator expects to assume pollution response responsibilities	TABLE 2.3, TABLE 2.4
• The worst case discharge volume	SECTION 6.0
• The method used to determine the worst case discharge volume, with calculations	SECTION 6.3

• A map that clearly shows:
  • Location of worst case discharge
  • Distance between each line section in the Response Zone:
  • Each potentially affected public drinking water intake, lake, river, and stream within a radius of five miles of the line section
  • Each potentially affected environmentally sensitive area within a radius of one mile of the line section
	APPENDIX E

• Piping diagram and plan-profile drawing of each line section; (may be kept separate from the response plan if the location is identified)	APPENDIX E

• For every oil transported by each pipeline in the response zone, emergency response data that:
  • Include name, description, physical and chemical characteristics, health and safety hazards, and initial spill handling and firefighting methods
  • Meet 29 CFR 1910.1200 or 49 CFR 172.602
	SECTION 6.4

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0047

EXPIRATION DATE: 01/31/2013

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

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date _____

No. _____ (DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline. Note: Certain low consequence accidents only require the information indicated in the shaded fields.*

PART A – KEY REPORT INFORMATION

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

*1. Operator's OPS-issued Operator Identification Number (OPID): /___/___/___/___/___/___/

*2. Name of Operator: _____

*3. Address of Operator:

*3.a _____ (Street Address)

*3.b _____ (City)

*3.c State: /___/___/

*3.d Zip Code: /___/___/___/___/___/ - /___/___/___/___/

*4. Local time *(24-hr clock)* and date of the Accident:

/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year

*5. Location of Accident:

Latitude: /___/___/ . /___/___/___/___/___/

Longitude: -/___/___/___/ . /___/___/___/___/___/

6. National Response Center Report Number (if applicable):

/___/___/___/___/___/___/___/

7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if applicable):

/___/___/___/___/ Hour /___/___/ Month /___/___/ Day /___/___/ Year

*8. Commodity released: *(select only one, based on predominant volume released)*

☐ Crude Oil

☐ Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions

- ○ Gasoline (non-Ethanol)
- ○ Diesel, Fuel Oil, Kerosene, Jet Fuel
- ○ Mixture of Refined Products (transmix or other mixture)
- ○ Other ⇨ Name: _____

☐ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions

- ○ Anhydrous Ammonia
- ○ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)
- ○ Other HVL ⇨ Name: _____

☐ CO_2 (Carbon Dioxide)

☐ Biofuel / Alternative Fuel (including ethanol blends)

- ○ Fuel Grade Ethanol
- ○ Ethanol Blend ⇨ % Ethanol: /___/___/
- ○ Biodiesel ⇨ Blend (e.g. B2, B20, B100): B/___/___/___/
- ○ Other ⇨ Name: _____

*9. Estimated volume of commodity released unintentionally: /___/___/___/,/___/___/___/./___/___/ Barrels

10. Estimated volume of intentional and/or controlled release/blowdown: /___/___/___/,/___/___/___/./___/___/ Barrels

*11. Estimated volume of commodity recovered: /___/___/___/,/___/___/___/./___/___/ Barrels

*12. Were there fatalities? ○ Yes ○ No

If Yes, specify the number in each category:

*12.a Operator employees /___/___/___/___/

*12.b Contractor employees working for the Operator /___/___/___/___/

*12.c Non-Operator emergency responders /___/___/___/___/

*12.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/

*12.e General public /___/___/___/___/

12.f Total fatalities (sum of above) /___/___/___/___/

*13. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No

If Yes, specify the number in each category:

*13.a Operator employees /___/___/___/___/

*13.b Contractor employees working for the Operator /___/___/___/___/

*13.c Non-Operator emergency responders /___/___/___/___/

*13.d Workers working on the right-of-way, but NOT associated with this Operator /___/___/___/___/

*13.e General public /___/___/___/___/

13.f Total injuries (sum of above) /___/___/___/___/

14. Was the pipeline/facility shut down due to the Accident?

○ Yes ○ No ⇨ Explain: _____

If Yes, complete Questions 14.a and 14.b: *(use local time, 24-hr clock)*

14.a Local time and date of shutdown /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year)

14.b Local time pipeline/facility restarted /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year) ○ Still shut down* *(*Supplemental Report required)*

*15. Did the commodity ignite? ○ Yes ○ No

*16. Did the commodity explode? ○ Yes ○ No

17. Number of general public evacuated: /___/___/___/,/___/___/___/

18. Time sequence: *(use local time, 24-hour clock)*

18.a Local time Operator identified Accident /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year)

18.b Local time Operator resources arrived on site /___/___/___/___/ (Hour) /___/___/ (Month) /___/___/ (Day) /___/___/ (Year)

PART B – ADDITIONAL LOCATION INFORMATION

*1. Was the origin of the Accident onshore?
O Yes *(Complete Questions 2-12)* O No *(Complete Questions 13-15)*

If **Onshore**:

*2. State: /__/__/

*3. Zip Code: /__/__/__/__/__/ - /__/__/__/__/

4._____ City 5_____ County or Parish

6. Operator-designated location: *(select only one)*
☐ Milepost/Valve Station *(specify in shaded area below)*
☐ Survey Station No. *(specify in shaded area below)*

/ / / / / / / / / / / / / /

7. Pipeline/Facility name:

8. Segment name/ID:

*9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)? O Yes O No

*10. Location of Accident: *(select only one)*
☐ Totally contained on Operator-controlled property
☐ Originated on Operator-controlled property, but then flowed or migrated off the property
☐ Pipeline right-of-way

*11. Area of Accident (as found): *(select only one)*
☐ Tank, including attached appurtenances
☐ Underground ⇨ Specify: O Under soil
O Under a building O Under pavement
O Exposed due to excavation
O In underground enclosed space (e.g., vault)
O Other _____
Depth-of-Cover (in): /__/./__/__/__/
☐ Aboveground ⇨ Specify:
O Typical aboveground facility piping or appurtenance
O Overhead crossing
O In or spanning an open ditch
O Inside a building O Inside other enclosed space
O Other _____
☐ Transition Area ⇨ Specify: O Soil/air interface O Wall sleeve O Pipe support or other close contact area
O Other _____

*12. Did Accident occur in a crossing?: O Yes O No
If Yes, specify type below:
☐ Bridge crossing ⇨ Specify: O Cased O Uncased
☐ Railroad crossing ⇨ *(select all that apply)*
O Cased O Uncased O Bored/drilled
☐ Road crossing ⇨ *(select all that apply)*
O Cased O Uncased O Bored/drilled
☐ Water crossing
⇨ Specify: O Cased O Uncased
Name of body of water, if commonly known:
_____
Approx. water depth (ft) at the point of the Accident:
/__/./__/__/__/
(select only one of the following)
O Shoreline/Bank crossing
O Below water, pipe in bored/drilled crossing
O Below water, pipe buried below bottom (NOT in bored/drilled crossing)
O Below water, pipe on or above bottom

If **Offshore**:

*13. Approximate water depth (ft.) at the point of the Accident:
/__/__/./__/__/__/

*14. Origin of Accident:
☐ In State waters
⇨ Specify: State: /__/__/
Area: _____
Block/Tract #: /__/__/__/__/__/
Nearest County/Parish: _____
☐ On the Outer Continental Shelf (OCS)
⇨ Specify: Area: _____
Block #: /__/__/__/__/__/

*15. Area of Accident: *(select only one)*
☐ Shoreline/Bank crossing or shore approach
☐ Below water, pipe buried or jetted below seabed
☐ Below water, pipe on or above seabed
☐ Splash Zone of riser
☐ Portion of riser outside of Splash Zone, including riser bend
☐ Platform

PART C – ADDITIONAL FACILITY INFORMATION

*1. Is the pipeline or facility:
- ☐ Interstate
- ☐ Intrastate

*2. Part of system involved in Accident: *(select only one)*
- ☐ Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances ⇨ ○ Atmospheric or Low Pressure ○ Pressurized
- ☐ Onshore Terminal/Tank Farm Equipment and Piping
- ☐ Onshore Equipment and Piping Associated with Belowground Storage
- ☐ Onshore Pump/Meter Station Equipment and Piping
- ☐ Onshore Pipeline, Including Valve Sites
- ☐ Offshore Platform/Deepwater Port, Including Platform-mounted Equipment and Piping
- ☐ Offshore Pipeline, Including Riser and Riser Bend

*3. Item involved in Accident: *(select only one)*

☐ Pipe ⇨ Specify: ○ Pipe Body ○ Pipe Seam

3.a Nominal diameter of pipe (in): /__/__/./__/__/__/

3.b Wall thickness (in): /__/./__/__/__/

3.c SMYS (Specified Minimum Yield Strength) of pipe (psi): /__/__/__/,/__/__/__/

3.d Pipe specification: _____

3.e Pipe Seam ⇨ Specify:
○ Longitudinal ERW - High Frequency ○ Single SAW ○ Flash Welded
○ Longitudinal ERW - Low Frequency ○ DSAW ○ Continuous Welded
○ Longitudinal ERW – Unknown Frequency ○ Furnace Butt Welded
○ Spiral Welded ERW ○ Spiral Welded SAW ○ Spiral Welded DSAW
○ Lap Welded ○ Seamless ○ Other _____

3.f Pipe manufacturer: _____

3.g Year of manufacture: /__/__/__/__/

3.h Pipeline coating type at point of Accident
⇨ Specify:
○ Fusion Bonded Epoxy ○ Coal Tar ○ Asphalt ○ Polyolefin
○ Extruded Polyethylene ○ Field Applied Epoxy ○ Cold Applied Tape ○ Paint
○ Composite ○ None ○ Other _____

☐ Weld, including heat-affected zone ⇨ Specify: ○ Pipe Girth Weld ○ Other Butt Weld ○ Fillet Weld ○ Other_____

☐ Valve ○ Mainline ⇨ Specify: ○ Butterfly ○ Check ○ Gate ○ Plug ○ Ball ○ Globe
○ Other _____

3.i Mainline valve manufacturer: _____

3.j Year of manufacture: /__/__/__/__/

○ Relief Valve
○ Auxiliary or Other Valve

☐ Pump
☐ Meter/Prover
☐ Scraper/Pig Trap
☐ Sump/Separator
☐ Repair Sleeve or Clamp
☐ Hot Tap Equipment
☐ Stopple Fitting
☐ Flange
☐ Relief Line
☐ Auxiliary Piping (e.g. drain lines)
☐ Tubing
☐ Instrumentation

☐ Tank/Vessel ⇨ Specify: ○ Single Bottom System ○ Double Bottom System ○ Tank Shell ○ Chime
○ Roof/Roof Seal ○ Roof Drain System ○ Mixer ○ Pressure Vessel Head or Wall
○ Appurtenance ○ Other

☐ Other _____

4. Year item involved in Accident was installed: /__/__/__/__/

*5. Material involved in Accident: *(select only one)*

☐ Carbon Steel

☐ Material other than Carbon Steel ⇨ Specify: _____

*6. Type of Accident involved: *(select only one)*

☐ Mechanical Puncture ⇨ Approx. size: /__/__/__/__/./__/in. (axial) by /__/__/__/__/./__/in. (circumferential)

☐ Leak ⇨ Select Type: ○ Pinhole ○ Crack ○ Connection Failure ○ Seal or Packing ○ Other

☐ Rupture ⇨ Select Orientation: ○ Circumferential ○ Longitudinal ○ Other _____

Approx. size: /__/__/__/__/./__/ in. (widest opening) by /__/__/__/__/__/./__/in. (length circumferentially or axially)

☐ Overfill or Overflow

☐ Other ⇨ Describe: _____

PART D – ADDITIONAL CONSEQUENCE INFORMATION

1. Wildlife impact: ○ Yes ○ No

1.a If Yes, specify all that apply:

☐ Fish/aquatic
☐ Birds
☐ Terrestrial

*2. Soil contamination: ○ Yes ○ No

3. Long term impact assessment performed or planned: ○ Yes ○ No

4. Anticipated remediation: ○ Yes ○ No (not needed)

4.a If Yes, specify all that apply:

☐ Surface water ☐ Groundwater ☐ Soil ☐ Vegetation ☐ Wildlife

*5. Water contamination: ○ Yes ⇨ *(Complete 5.a – 5.c below)* ○ No

*5.a Specify all that apply:

☐ Ocean/Seawater
☐ Surface
☐ Groundwater
☐ Drinking water ⇨ *(Select one or both)* ○ Private Well ○ Public Water Intake

*5.b Estimated amount released in or reaching water: /___/___/___/,/___/___/___/./___/___/ Barrels

*5.c 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? ○ Yes ○ No

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

7.a If Yes, specify HCA type(s): *(select all that apply)*

☐ Commercially Navigable Waterway
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
○ Yes ○ No

☐ High Population Area
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
○ Yes ○ No

☐ Other Populated Area
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
○ Yes ○ No

☐ 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?
○ Yes ○ No

☐ Unusually Sensitive Area (USA) – Ecological
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?
○ Yes ○ No

*8. Estimated cost to Operator:

8.a Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	$ /___/___/___/,/___/___/___/,/___/___/___/
8.b Estimated cost of commodity lost	$ /___/___/___/,/___/___/___/,/___/___/___/
8.c Estimated cost of Operator's property damage & repairs	$ /___/___/___/,/___/___/___/,/___/___/___/
8.d Estimated cost of Operator's emergency response	$ /___/___/___/,/___/___/___/,/___/___/___/
8.e Estimated cost of Operator's environmental remediation	$ /___/___/___/,/___/___/___/,/___/___/___/
8.f Estimated other costs	$ /___/___/___/,/___/___/___/,/___/___/___/
Describe	
8.g Estimated total costs (sum of above)	$ /___/___/___/,/___/___/___/,/___/___/___/

PART E – ADDITIONAL OPERATING INFORMATION

*1. Estimated pressure at the point and time of the Accident (psig): /___/___/,/___/___/___/

*2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig): /___/___/,/___/___/___/

*3. Describe the pressure on the system or facility relating to the Accident: *(select only one)*

- ☐ Pressure did not exceed MOP
- ☐ Pressure exceeded MOP, but did not exceed 110% of MOP
- ☐ Pressure exceeded 110% of 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?

- ☐ No
- ☐ Yes ⇨ (*Complete 4.a and 4.b below)*

*4.a Did the pressure exceed this established pressure restriction? ○ Yes ○ No

*4.b Was this pressure restriction mandated by PHMSA or the State? ○ PHMSA ○ State ○ Not mandated

*5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?

- ☐ No
- ☐ Yes ⇨ (*Complete 5.a – 5.f below)*

5.a Type of upstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled

5.b Type of downstream valve used to initially isolate release source: ○ Manual ○ Automatic ○ Remotely Controlled ○ Check Valve

5.c Length of segment initially isolated between valves (ft): /___/___/___/,/___/___/___/

5.d Is the pipeline configured to accommodate internal inspection tools?

- ☐ Yes
- ☐ No ⇨ Which physical features limit tool accommodation? *(select all that apply)*
  - ○ Changes in line pipe diameter
  - ○ Presence of unsuitable mainline valves
  - ○ Tight or mitered pipe bends
  - ○ Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)
  - ○ Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)
  - ○ Other ⇨ Describe:_____

5.e For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?

- ☐ No
- ☐ Yes ⇨ Which operational factors complicate execution? *(select all that apply)*
  - ○ Excessive debris or scale, wax, or other wall build-up
  - ○ Low operating pressure(s)
  - ○ Low flow or absence of flow
  - ○ Incompatible commodity
  - ○ Other ⇨ Describe:_____

5.f Function of pipeline system: *(select only one)*

- ☐ > 20% SMYS Regulated Trunkline/Transmission
- ☐ ≤ 20% SMYS Regulated Trunkline/Transmission
- ☐ ≤ 20% SMYS "Unregulated" Trunkline/Transmission
- ☐ > 20% SMYS Regulated Gathering
- ☐ ≤ 20% SMYS Regulated Gathering
- ☐ ≤ 20% SMYS "Unregulated" Gathering

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

☐ No

☐ Yes ⇨ 6.a Was it operating at the time of the Accident? ○ Yes ○ No

6.b Was it fully functional at the time of the Accident? ○ Yes ○ No

6.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident? ○ Yes ○ No

6.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? ○ Yes ○ No

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

☐ No

☐ Yes ⇨ 7.a Was it operating at the time of the Accident? ○ Yes ○ No

7.b Was it fully functional at the time of the Accident? ○ Yes ○ No

7.c Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident? ○ Yes ○ No

7.d Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? ○ Yes ○ No

*8. How was the Accident initially identified for the Operator? *(select only one)*

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

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

○ Operator employee ○ Contractor working for the Operator

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

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

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

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

_____
_____
_____

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

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

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

_____
_____
_____

○ Investigation identified no control room issues
○ Investigation identified no controller issues
○ Investigation identified incorrect controller action or controller error
○ Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
○ Investigation identified incorrect procedures
○ Investigation identified incorrect control room equipment operation
○ Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
○ Investigation identified areas other than those above ⇨ Descr be: _____

_____
_____
_____

PART F – DRUG & ALCOHOL TESTING INFORMATION	

*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?

O No

O Yes ⇨ *1.a Specify how many were tested: /___/___/

*1.b 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 regulations?

O No

O Yes ⇨ *2.a Specify how many were tested: /___/___/

*2.b Specify how many failed: /___/___/

PART G – APPARENT CAUSE	***Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).***

G1 - Corrosion Failure – *only one **sub-cause** can be picked from shaded left-hand column

☐ External Corrosion

*1. Results of visual examination:
- ○ Localized Pitting ○ General Corrosion
- ○ Other _____

*2. Type of corrosion: *(select all that apply)*
- ○ Galvanic ○ Atmospheric ○ Stray Current ○ Microbiological ○ Selective Seam
- ○ Other _____

*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 _____

*4. Was the failed item buried under the ground?
- ○ Yes ⇨ *4.a Was failed item considered to be under cathodic protection at the time of the Accident?
  - ○ Yes ⇨ Year protection started: /__/__/__/__/
  - ○ No

  *4.b Was shielding, tenting, or disbonding of coating evident at the point of the Accident?
  - ○ Yes ○ No

  *4.c Has one or more Cathodic Protection Survey been conducted at the point of the Accident?
  - ○ Yes, CP Annual Survey ⇨ Most recent year conducted: /__/__/__/__/
  - ○ Yes, Close Interval Survey ⇨ Most recent year conducted: /__/__/__/__/
  - ○ Yes, Other CP Survey ⇨ Most recent year conducted: /__/__/__/__/
  - ○ No
- ○ No ⇨ 4.d Was the failed item externally coated or painted? ○ Yes ○ No

*5. Was there observable damage to the coating or paint in the vicinity of the corrosion?
- ○ Yes ○ No

☐ Internal Corrosion

*6. Results of visual examination:
- ○ Localized Pitting ○ General Corrosion ○ Not cut open
- ○ Other _____

*7. Cause of corrosion: *(select all that apply)*
- ○ Corrosive Commodity ○ Water drop-out/Acid ○ Microbiological ○ Erosion
- ○ Other _____

*8. The cause(s) of corrosion selected in Question 7 is based on the following: *(select all that apply)*
- ○ Field examination ○ Determined by metallurgical analysis
- ○ Other _____

*9. Location of corrosion: *(select all that apply)*
- ○ Low point in pipe ○ E bow ○ Other_____

*10. Was the commodity treated with corrosion inhibitors or biocides? ○ Yes ○ No

11. Was the interior coated or lined with protective coating? ○ Yes ○ No

12. Were cleaning/dewatering pigs (or other operations) routinely utilized?
- ○ Not applicable - Not mainline pipe ○ Yes ○ No

13. Were corrosion coupons routinely utilized?
- ○ Not applicable - Not mainline pipe ○ Yes ○ No

Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Tank/Vessel.

14. List the year of the most recent inspections:
- 14.a API Std 653 Out-of-Service Inspection /__/__/__/__/__/ ○ No Out-of-Service Inspection completed
- 14.b API Std 653 In-Service Inspection /__/__/__/__/__/ ○ No In-Service Inspection completed

Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.

15. Has one or more internal inspection tool collected data at the point of the Accident?
O Yes O No

15.a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

- O Magnetic Flux Leakage Tool /__/__/__/__/
- O Ultrasonic /__/__/__/__/
- O Geometry /__/__/__/__/
- O Caliper /__/__/__/__/
- O Crack /__/__/__/__/
- O Hard Spot /__/__/__/__/
- O Combination Tool /__/__/__/__/
- O Transverse Field/Triaxial /__/__/__/__/
- O Other _____ /__/__/__/__/

16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?
O Yes ⇨ Most recent year tested: /__/__/__/__/ Test pressure (psig): /__/__/__/__/__/
O No

17. Has one or more Direct Assessment been conducted on this segment?
O Yes, and an investigative dig was conducted at the point of the Accident ⇨ Most recent year conducted: /__/__/__/__/
O Yes, but the point of the Accident was not identified as a dig site ⇨ Most recent year conducted: /__/__/__/__/
O No

18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?
O Yes O No

18.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

- O Radiography /__/__/__/__/
- O Guided Wave Ultrasonic /__/__/__/__/
- O Handheld Ultrasonic Tool /__/__/__/__/
- O Wet Magnetic Particle Test /__/__/__/__/
- O Dry Magnetic Particle Test /__/__/__/__/
- O Other _____ /__/__/__/__/

G2 - Natural Force Damage - *only one **sub-cause** can be picked from shaded left-hand column

☐ **Earth Movement, NOT due to Heavy Rains/Floods**	1. Specify: O Earthquake O Subsidence O Landslide O Other _____
☐ **Heavy Rains/Floods**	2. Specify: O Washout/Scouring O Flotation O Mudslide O Other _____
☐ **Lightning**	3. Specify: O Direct hit O Secondary impact such as resulting nearby fires
☐ **Temperature**	4. Specify: O Thermal Stress O Frost Heave O Frozen Components O Other _____
☐ **High Winds**	
☐ **Other Natural Force Damage**	*5. Describe: _____

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

*6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event? O Yes O No

*6.a If Yes, specify: (*select all that apply*) O Hurricane O Tropical Storm O Tornado O Other _____

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

☐ **Excavation Damage by Operator (First Party)**	
☐ **Excavation Damage by Operator's Contractor (Second Party)**	
☐ **Excavation Damage by Third Party**	
☐ **Previous Damage due to Excavation Activity**	**Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.**

1. Has one or more internal inspection tool collected data at the point of the Accident?
O Yes O No

1.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

- O Magnetic Flux Leakage /__/__/__/__/
- O Ultrasonic /__/__/__/__/
- O Geometry /__/__/__/__/
- O Caliper /__/__/__/__/
- O Crack /__/__/__/__/
- O Hard Spot /__/__/__/__/
- O Combination Tool /__/__/__/__/
- O Transverse Field/Triaxial /__/__/__/__/
- O Other _____ /__/__/__/__/

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

3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?

- O Yes ⇨ Most recent year tested: /__/__/__/__/
  Test pressure (psig): /__/__/,/__/__/__/
- O No

4. Has one or more Direct Assessment been conducted on the pipeline segment?

- O Yes, and an investigative dig was conducted at the point of the Accident
  ⇨ Most recent year conducted: /__/__/__/__/
- O Yes, but the point of the Accident was not identified as a dig site
  ⇨ Most recent year conducted: /__/__/__/__/
- O No

5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?
O Yes O No

5.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

- O Radiography /__/__/__/__/
- O Guided Wave Ultrasonic /__/__/__/__/
- O Handheld Ultrasonic Tool /__/__/__/__/
- O Wet Magnetic Particle Test /__/__/__/__/
- O Dry Magnetic Particle Test /__/__/__/__/
- O Other _____ /__/__/__/__/

Complete the following if Excavation Damage by Third Party is selected as the sub-cause.

6. Did the Operator get prior notification of the excavation activity? O Yes O No

*6.a If Yes, Notification received from: *(select all that apply)* O One-Call System O Excavator O Contractor O Landowner

Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.

7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? ○Yes ○ No

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

☐ Public ⇨ Specify: ○ City Street ○ State Highway ○ County Road ○ Interstate Highway ○ Other

☐ Private ⇨ Specify: ○ Private Landowner ○ Private Business ○ Private Easement

☐ Pipeline Property/Easement
☐ Power/Transmission Line
☐ Railroad
☐ Dedicated Public Utility Easement
☐ Federal Land
☐ Data not collected
☐ Unknown/Other

*9. Type of excavator: *(select only one)*

○ Contractor ○ County ○ Developer ○ Farmer ○ Municipality ○ Occupant
○ Railroad ○ State ○ Utility ○ Data not collected ○ Unknown/Other

*10. Type of excavation equipment: *(select only one)*

○ Auger ○ Backhoe/Trackhoe ○ Boring ○ Drilling ○ Directional Drilling
○ Explosives ○ Farm Equipment ○ Grader/Scraper ○ Hand Tools ○ Milling Equipment
○ Probing Device ○ Trencher ○ Vacuum Equipment ○ Data not collected ○ Unknown/Other

*11. Type of work performed: *(select only one)*

○ Agriculture ○ Cable TV ○ Curb/Sidewalk ○ Building Construction ○ Building Demolition
○ Drainage ○ Driveway ○ Electric ○ Engineering/Surveying ○ Fencing
○ Grading ○ Irrigation ○ Landscaping ○ Liquid Pipeline ○ Milling
○ Natural Gas ○ Pole ○ Public Transit Authority ○ Railroad Maintenance ○ Road Work
○ Sewer (Sanitary/Storm) ○ Site Development ○ Steam ○ Storm Drain/Culvert ○ Street Light
○ Telecommunications ○ Traffic Signal ○ Traffic Sign ○ Water ○ Waterway Improvement
○ Data not collected ○ Unknown/Other

*12. Was the One-Call Center notified? ○ Yes ○ No

*12.a If Yes, specify ticket number: / / / / / / / / / / / / / / / / / /

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

*13. Type of Locator: ○ Utility Owner ○ Contract Locator ○ Data not collected ○ Unknown/Other

*14. Were facility locate marks vis ble in the area of excavation? ○ No ○ Yes ○ Data not collected ○ Unknown/Other

*15. Were facilities marked correctly? ○ No ○ Yes ○ Data not collected ○ Unknown/Other

*16. Did the damage cause an interruption in service? ○ No ○ Yes ○ Data not collected ○ Unknown/Other

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

(This CGA-DIRT section continued on next page with Question 17.)

*17. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well)*:

☐ One-Call Notification Practices Not Sufficient: *(select only one)*

- ○ No notification made to the One-Call Center
- ○ Notification to One-Call Center made, but not sufficient
- ○ Wrong information provided

☐ Locating Practices Not Sufficient: *(select only one)*

- ○ Facility could not be found/located
- ○ Facility marking or location not sufficient
- ○ Facility was not located or marked
- ○ Incorrect facility records/maps

☐ Excavation Practices Not Sufficient: *(select only one)*

- ○ Excavation practices not sufficient (other)
- ○ Failure to maintain clearance
- ○ Failure to maintain the marks
- ○ Failure to support exposed facilities
- ○ Failure to use hand tools where required
- ○ Failure to verify location by test-hole (pot-holing)
- ○ Improper backfilling

☐ One-Call Notification Center Error

☐ Abandoned Facility

☐ Deteriorated Facility

☐ Previous Damage

☐ Data Not Collected

☐ Other / None of the Above *(explain)*_____

_____

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

☐ **Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident**	
☐ **Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation**	1. Vehicle/Equipment operated by: *(select only one)* O Operator O Operator's Contractor O Third Party
☐ **Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring**	2. Select one or more of the following IF an extreme weather event was a factor: O Hurricane O Tropical Storm O Tornado O Heavy Rains/Flood O Other _____
☐ **Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation**	
☐ **Electrical Arcing from Other Equipment or Facility**	
☐ **Previous Mechanical Damage NOT Related to Excavation**	**Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.** 3. Has one or more internal inspection tool collected data at the point of the Accident? O Yes O No 3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: O Magnetic Flux Leakage /__/__/__/__/ O Ultrasonic /__/__/__/__/ O Geometry /__/__/__/__/ O Caliper /__/__/__/__/ O Crack /__/__/__/__/ O Hard Spot /__/__/__/__/ O Combination Tool /__/__/__/__/ O Transverse Field/Triaxial /__/__/__/__/ O Other _____ /__/__/__/__/ 4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No 5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? O Yes ⇨ Most recent year tested: /__/__/__/__/ Test pressure (psig): /__/__/,/__/__/__/ O No 6. Has one or more Direct Assessment been conducted on the pipeline segment? O Yes, and an investigative dig was conducted at the point of the Accident ⇨ Most recent year conducted: /__/__/__/__/ O Yes, but the point of the Accident was not identified as a dig site ⇨ Most recent year conducted: /__/__/__/__/ O No *(This section continued on next page with Question 7.)*

	7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? O Yes O No 7.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: O Radiography / / / / / O Guided Wave Ultrasonic / / / / / O Handheld Ultrasonic Tool / / / / / O Wet Magnetic Particle Test / / / / / O Dry Magnetic Particle Test / / / / / O Other _____ / / / / /
☐ **Intentional Damage**	8. Specify: O Vandalism O Terrorism O Theft of transported commodity O Theft of equipment O Other _____
☐ **Other Outside Force Damage**	*9. Descr be: _____

G5 - Material Failure of Pipe or Weld

Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."

*Only one **sub-cause** can be picked from shaded left-hand column

1. The sub-cause selected below is based on the following: *(select all that apply)*

☐ Field Examination ☐ Determined by Metallurgical Analysis ☐ Other Analysis_____

☐ Sub-cause is Tentative or Suspected; Still Under Investigation *(Supplemental Report required)*

☐ **Construction-, Installation-, or Fabrication-related**

☐ **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:
- ○ Mechanically-induced prior to installation (such as during transport of pipe)
- ○ Mechanical Vibration
- ○ Pressure-related
- ○ Thermal
- ○ Other _____

☐ Mechanical Stress

☐ Other _____

☐ **Environmental Cracking-related**

3. Specify: ○ Stress Corrosion Cracking ○ Sulfide Stress Cracking ○ Hydrogen Stress Cracking ○ Other _____

Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.

*4. Additional factors: *(select all that apply)* ○ Dent ○ Gouge ○ Pipe Bend ○ Arc Burn ○ Crack ○ Lack of Fusion ○ Lamination ○ Buckle ○ Wrinkle ○ Misalignment ○ Burnt Steel ○ Other _____

*5. Has one or more internal inspection tool collected data at the point of the Accident? ○ Yes ○ No

*5.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:

- ○ Magnetic Flux Leakage Tool /__/__/__/__/
- ○ Ultrasonic /__/__/__/__/
- ○ Geometry /__/__/__/__/
- ○ Caliper /__/__/__/__/
- ○ Crack /__/__/__/__/
- ○ Hard Spot /__/__/__/__/
- ○ Combination Tool /__/__/__/__/
- ○ Transverse Field/Triaxial /__/__/__/__/
- ○ Other _____ /__/__/__/__/

*6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?

○ Yes ⇨ Most recent year tested: /__/__/__/__/ Test pressure (psig): /__/__/,/__/__/__/

○ No

*7. Has one or more Direct Assessment been conducted on the pipeline segment?

○ Yes, and an investigative dig was conducted at the point of the Accident ⇨ Most recent year conducted: /__/__/__/__/

○ Yes, but the point of the Accident was not identified as a dig site ⇨ Most recent year conducted: /__/__/__/__/

○ No

*8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?

○ Yes ○ No

*8.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:

- ○ Radiography /__/__/__/__/
- ○ Guided Wave Ultrasonic /__/__/__/__/
- ○ Handheld Ultrasonic Tool /__/__/__/__/
- ○ Wet Magnetic Particle Test /__/__/__/__/
- ○ Dry Magnetic Particle Test /__/__/__/__/
- ○ Other _____ /__/__/__/__/

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

☐ **Malfunction of Control/Relief Equipment**	1. Specify: *(select all that apply)* ○ Control Valve ○ Instrumentation ○ SCADA ○ Communications ○ Block Valve ○ Check Valve ○ Relief Valve ○ Power Failure ○ Stopple/Control Fitting ○ ESD System Failure ○ Other _____
☐ **Pump or Pump-related Equipment**	2. Specify: ○ Seal/Packing Failure ○ Body Failure ○ Crack in Body ○ Appurtenance Failure ○ Other _____
☐ **Threaded Connection/Coupling Failure**	3. Specify: ○ Pipe Nipple ○ Valve Threads ○ Mechanical Coupling ○ Threaded Pipe Collar ○ Threaded Fitting ○ Other _____
☐ **Non-threaded Connection Failure**	4. Specify: ○ O-Ring ○ Gasket ○ Seal (NOT pump seal) or Packing ○ Other _____
☐ **Defective or Loose Tubing or Fitting**	
☐ **Failure of Equipment Body (except Pump), Tank Plate, or other Material**	
☐ **Other Equipment Failure**	*5. Describe: _____ _____

Complete the following if any Equipment Failure sub-cause is selected.

*6. Additional factors that contributed to the equipment failure: *(select all that apply)*

- ○ Excessive v bration
- ○ Overpressurization
- ○ No support or loss of support
- ○ Manufacturing defect
- ○ Loss of electricity
- ○ Improper installation
- ○ Mismatched items (different manufacturer for tubing and tubing fittings)
- ○ Dissimilar metals
- ○ Breakdown of soft goods due to compatibility issues with transported commodity
- ○ Valve vault or valve can contributed to the release
- ○ Alarm/status failure
- ○ Misalignment
- ○ Thermal stress
- ○ Other _____

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

☐ **Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage**	
☐ **Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow**	1. Specify: ○ Valve misalignment ○ Incorrect reference data/calculation ○ Miscommunication ○ Inadequate monitoring ○ Other _____
☐ **Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure**	
☐ **Pipeline or Equipment Overpressured**	
☐ **Equipment Not Installed Properly**	
☐ **Wrong Equipment Specified or Installed**	
☐ **Other Incorrect Operation**	*2. Describe: _____

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

*3. Was this Accident related to: *(select all that apply)*
- ○ Inadequate procedure
- ○ No procedure established
- ○ Failure to follow procedure
- ○ Other: _____

*4. What category type was the activity that caused the Accident:
- ○ Construction
- ○ Commissioning
- ○ Decommissioning
- ○ Right-of-Way activities
- ○ Routine maintenance
- ○ Other maintenance
- ○ Normal operating conditions
- ○ Non-routine operating conditions (abnormal operations or emergencies)

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

*5.a If Yes, were the individuals performing the task(s) qualified for the task(s)?
- ○ Yes, they were qualified for the task(s)
- ○ No, but they were performing the task(s) under the direction and observation of a qualified individual
- ○ No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

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

☐ **Miscellaneous**	*1. Describe: _____ _____
☐ **Unknown**	*2. Specify: ○ Investigation complete, cause of Accident unknown ○ Still under investigation, cause of Accident to be determined* *(*Supplemental Report required)*

PART H – NARRATIVE DESCRIPTION OF THE ACCIDENT *(Attach additional sheets as necessary)*

***PART I – PREPARER AND AUTHORIZED SIGNATURE**

*Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Authorized Signature

*Date

Au horized Signature Telephone Number

*Authorized Signature's Name (type or print)

Authorized Signature's Title (type or print)

Au horized Signature's E-mail Address

New York

Oil				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Report within 2 hours all petroleum spills UNLESS they meet the following criteria: -The spill is known to be less than 5 gallons; -The spill is contained and under the control of the spiller; -The spill has not and will not reach state waters or any land; -The spill is cleaned up within 2 hours of discovery	**New York Department of Environmental Conservation - Bureau of Spill Prevention and Response** (518) 457-7362 (24-hour, Outside NY) (800) 457-7362 (24-hour, Inside NY) *****For "nonroutine" incidents involving spills of 5 gallons or greater of oil, also contact:** **New York Division of Mineral Resources** (518) 402-8056 (Bureau of Oil and Gas Regulation) (518) 402-8076 (Central Office) (518) 402-8060 (Fax, Albany Office)	1)Name and phone number of person making notification and relationship to entity responsible for discharge; 2)Time and date of discharge; 3)Probable source of discharge; 4)Location, both geographic and body of water; 5)Type of petroleum discharged; 6)Possible health or fire hazards; 7)Amount of petroleum discharged; 8)All actions being taken or that will be taken to clean up and remove the discharge; 9)Personnel presently on the scene; 10)Other government agencies which have been or will be notified	A written report may be REQUESTED or REQUIRED by the DEC. Call the notification numbers to inquire if a written follow-up report is required, and if so, the content of the report. See Appendix for Mailing Addresses	New York Codes, Rules and Regulations: NYCRR 6.613.8, NYCRR 17.32

Pipeline				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
All SXL pipelines located in the state of New York fall under the dual jurisdiction of DOT/PHMSA and the State of New York Department of Public Service and spill reporting is made to both agencies. The facility/operations personnel responsible for managing a response shall consult with the area DOT Compliance representative for determination of level of reporting required and responsibility for that reporting.	**National Response Center** (800) 424-8802 **New York State Department of Public Service Commission]** (518) 474-7080	The facility/operations personnel responsible for managing a response shall consult with the area DOT Compliance representative for determination of level of reporting required and responsibility for that reporting.		

New York

Tank Leaks				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Report Within 2 Hours the results of any inventory record, test, or inspection that shows that a facility tank is leaking	**New York Department of Environmental Conservation - Bureau of Spill Prevention and Response** (518) 457-7362 (24-hour, Outside NY) (800) 457-7362 (24-hour, Inside NY)	1)Name and phone number of person making notification and relationship to entity responsible for discharge; 2)Time and date of discharge; 3)Probable source of discharge; 4)Location, both geographic and body of water; 5)Type of petroleum discharged; 6)Possible health or fire hazards; 7)Amount of petroleum discharged; 8)All actions being taken or that will be taken to clean up and remove the discharge; 9)Personnel presently on the scene; 10)Other government agencies which have been or will be notified	A written report may be REQUESTED or REQUIRED by the DEC. Call the notification numbers to inquire if a written follow-up report is required, and if so, the content of the report. See Appendix for Mailing Addresses	New York Codes, Rules and Regulations: NYCRR 6.613.8

Facility-Specific Requirements - Rochester Terminal				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
The Department **must be notified** of all leaks, spills and discharges **immediately, but in no case later than two hours after the discharge.**	**New York Department of Environmental Conservation - Bureau of Spill Prevention and Response** (518) 457-7362 (24-hour, Outside NY) (800) 457-7362 (24-hour, Inside NY)		A written report may be REQUESTED or REQUIRED by the DEC. Call the notification numbers to inquire if a written follow-up report is required, and if so, the content of the report. See Appendix for Mailing Addresses	Rochester Terminal MOSF #8-1140 General Condition for Major Oil Storage Facility License

New York

Facility-Specific Requirements - Tonawanda Terminal				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
The Department **must be notified** of all leaks, spills and discharges **immediately, but in no case later than two hours after the discharge.**	**New York Department of Environmental Conservation - Bureau of Spill Prevention and Response** (518) 457-7362 (24-hour, Outside NY) (800) 457-7362 (24-hour, Inside NY)		A written report may be REQUESTED or REQUIRED by the DEC. Call the notification numbers to inquire if a written follow-up report is required, and if so, the content of the report. See Appendix for Mailing Addresses	Tonawanda Terminal MOSF #9-1120 General Condition for Major Oil Storage Facility License

Hazardous Waste				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Immediately report any releases that could threaten human health or the environment outside the facility, or when the release has reached surface water	**National Response Center** (800) 424-8802 **New York Department of Environmental Conservation - Division of Spills Management** (518) 457-7362 (24-hour, Outside NY) (800) 457-7362 (24-hour, Inside NY)	1)Name and telephone number of reporter; 2)Name and address of facility; 3)Time and type of incident; 4)Name and quantity of materials involved, and the estimated quantity and disposition of any recovered materials; 5)The extent of injuries, if any; 6)Possible hazards to human health or the environment, outside the facility	**For Large Quantity Generators ONLY:** A written report of the incident must be submitted to the DEC **within 15 days**, addressing the items from the telephone notification, and additionally describing the quantity and disposition of any recovered material. See Appendix for Mailing Addresses	New York Codes, Rules and Regulations: NYCRR 6:372.2(a)(8)(ii)(e), NYCRR 6:373.3.4(g)(4)(ii)

Appendix B

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: DEC Water Contact _____ ***DEC Region:*** _____

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ___ *Anticipated Noncompliance* ___ *Bypass/Overflow* ___ *Other*

SECTION 2

SPDES #: NY-_____ **Facility:** _____

Date of noncompliance: ___/___/___ **Location (Outfall, Treatment Unit, or Pump Station):** _____

Description of noncompliance(s) and cause(s): _____

Has event ceased? (Yes) (No) **If so, when?** _____ **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: ___/___/___, ___:___ (AM) (PM) **End date, time of event:** ___/___/___, ___:___ (AM) (PM)

Date, time oral notification made to DEC? ___/___/___, ___:___ (AM) (PM) **DEC Official contacted:** _____

Immediate corrective actions: _____

Preventive (long term) corrective actions: _____

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ **Was prior DEC authorization received for this event?** (Yes) (No)

DEC Official contacted: _____ **Date of DEC approval:** ___/___/___

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: _____ **Title:** _____ **Date:** ___/___/___

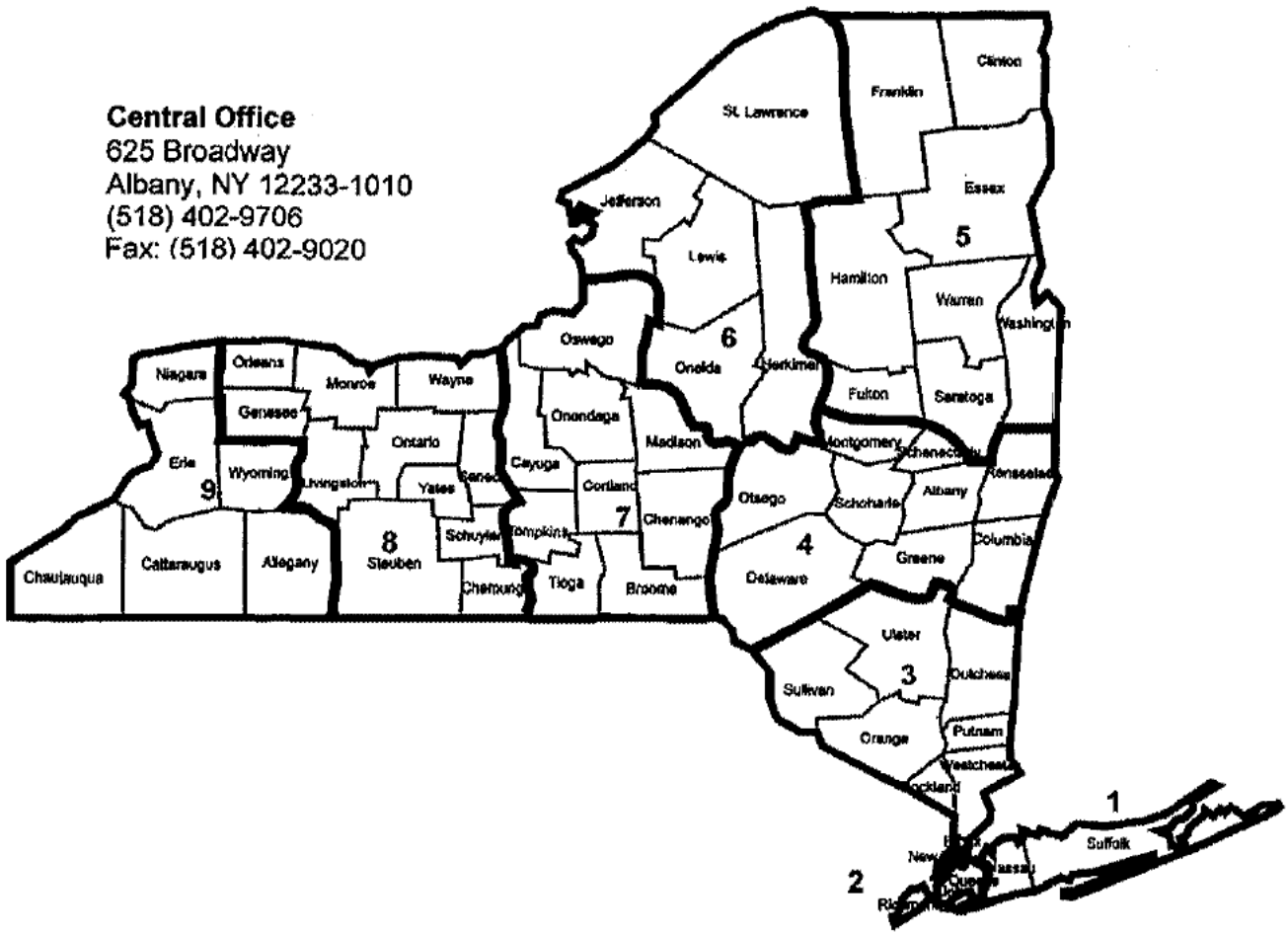
Phone #: (___) ___-_____ **Fax #:** (___) ___-_____

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

X _____

Signature of Principal Executive Officer or Authorized Agent

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
REGIONAL OFFICES



Central Office
625 Broadway
Albany, NY 12233-1010
(518) 402-9706
Fax: (518) 402-9020

Region 1
SUNY Campus
Building 40
Stony Brook, NY 11790
(631) 444-0345
Fax: (631) 444-0349

Region 2
1 Hunter's Point Plaza
47-40 21st Street
Long Island City, NY 11101
(718) 482-4949

Region 3
21 South Putt Corners Road
New Paltz, NY 12561-1696
(845) 256-3003
Fax: (845) 255-3042

Region 4
1150 North Westcott Road
Schenectady, NY 12306
(518) 357-2068
Fax: (518) 357-2087

Region 5
1115 NYS Route 86
P.O. Box 296
Ray Brook, NY 12977
(518) 897-1200

Region 6
State Office Building
317 Washington Street
Watertown, NY 13601-3787
(315) 785-2239
Fax: (315) 785-2242

Region 7
615 Erie Boulevard West
Syracuse, NY 13204-2400
(315) 426-7403
Fax: (315) 426-7408

Region 8
6274 East Avon-Lima Road
Avon, NY 14414-9519
(585) 226-2466
Fax: (585) 226-9485

Region 9
270 Michigan Avenue
Buffalo, NY 14203-2999
(716) 851-7000

Pennsylvania

Oil				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Immediately Report any petroleum discharges of **5 gallons or more** into waters of the commonwealth or onto lands from which it might flow or drain into waters of the commonwealth (waters of the commonwealth include surface and underground water) *****If possible, provide notification Within 2 Hours to known downstream water users who could be potentially affected. If this cannot be completed, request that the County Emergency Management Agency complete this task*****	**Pennsylvania Department of Environmental Protection - Regional Office:** ****See appendix for Regional Assignments, and Contact Info**** *****In the event that no contact with the regional office is made, the answering service in Harrisburg [(717) 787-5027; (800) 541-2050 Statewide] will receive calls 24 hours daily, including weekends and holidays**	**In the verbal notice, provide the following information:** 1)The regulated substance involved; 2)The quantity of regulated substance involved; 3)When and where the release occurred; 4)The affected environmental media; 5)Relevant, available information concerning impacts to water supplies, buildings, or to sewer or other utility lines; 6)Interim remedial actions planned, initiated or completed	**Within 15 days after the incident**, a written report must be submitted to: 1) The Operations Chief of the Water Quality Management Program at the appropriate regional office; 2)Each municipality in which the reportable release occurred; 3) Each municipality where the release has impacted environmental media or water supplies, buildings, or sewer or other utility lines. **Address the items from the telephone notification in the written report.** See Appendix for Mailing Addresses	Pennsylvania Code: 25 PA§91.33, 25 PA§245.305

Pennsylvania

Tank Leaks (the following does NOT apply to pipeline tanks)					
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Mailing Address for Follow-Up Reports**	**Citation**
A reportable release is a quantity (or unknown quantity) of a regulated substance released to or posing an immediate threat to surface water, groundwater, bedrock, soil, or sediment. **<u>The following 2 scenarios are exceptions to a reportable release:</u>** #1 >25 gallons of petroleum to an aboveground surface: If the owner or operator has control over the release, the release is contained, and within 24 hours the total volume of the release is recovered or removed. #2 A release to the interstitial space of a double-walled AST or UST: If the owner or operator has control over the release, the release is contained, and within 24 hours the total volume of the release is recovered or removed. <u>Report Immediately but Within 2 Hours</u> any reportable tank release as defined above *****If possible, provide notification <u>Within 2 Hours</u> to known downstream water users who could be potentially affected. If this cannot be completed, request that the County Emergency Management Agency complete this task.***** <u>Immediately Report</u> Any Reportable Releases from Storage Tank Facilities Storing >21,000 Gallons of Regulated Substances	**Local Fire Authority** (if fire, explosion, or safety hazards exist at the site) **Pennsylvania Department of Environmental Protection - Regional Office:** ****See appendix for Regional Assignments, and Contact Info**** *****In the event that no contact with the regional office is made, the answering service in Harrisburg [(717) 787-5027; (800) 541-2050 Statewide] will receive calls 24 hours daily, including weekends and holidays** In addition to contacting the local fire authority and appropriate regional office listed above, also contact: **County Emergency Management Agency** **-Pennsylvania Emergency Management Agency (PEMA)** (717) 651-2001	**In the verbal notice, provide the following information:** 1) The regulated substance involved; 2)The quantity of the regulated substance involved; 3)When and where the release occurred; 4)The extent of contamination of surface water, groundwater, soil, or sediment 5)Interim remedial actions planned, initiated, or completed	**<u>Within 15 days after the incident</u>,** a written report must be submitted to: 1) The Operations Chief of the Water Quality Management Program at the appropriate regional office; 2)Each municipality in which the reportable release occurred; 3) Each municipality where the release has impacted environmental media or water supplies, buildings, or sewer or other utility lines. **Address the items from the telephone notification in the written report.**	See appendix for PADEP Regional Assignments, and Contact Info **Pennsylvania Emergency Management Agency (PEMA)** 2605 Interstate Drive Harrisburg, PA 17110-9364	Pennsylvania Code: 25 PA§245.305

Pennsylvania

Facility-Specific Requirements - Icedale Pump Station & Storage Facility					
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Mailing Address for Follow-Up Reports**	**Citation**
Immediately Report any release of **gasoline** that is not under control, not completely contained, and not completely recovered or removed, **within 2 hours after the confirmation of a reportable release.** A release is defined as, but not limited to: (1) More than twenty-five (25) gallons to a contaminated area, structure or facility around an above ground storage tank, or (2) More than five (5) gallons to a synthetic surface, such as asphalt or concrete. (3) A release of more than one (1) gallon to surface soils.	**Pennsylvania Department of Environmental Protection - Regional Office:** **Region I (Southeast PA):** (484) 250-5900	The report shall describe, to the extent information is available: (1) the quantity of substance involved, (2) date and time the release occurred, (3) interim remedial action planned, initiated, and/or completed.	A written report may be REQUESTED or REQUIRED by the PADEP. Call the notification numbers to inquire if a written follow-up report is required and if so, the content of the report and mailing address.	**PADEP** **Southeast Regional Office** **Regional Air Program Manager** 2 East Main Street Norristown, PA 19401	Icedale Pump Station Synthetic Minor Permit #15-00046 Section C, Requirement #018
Facility-Specific Requirements - Malvern Terminal					
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Mailing Address for Follow-Up Reports**	**Citation**
Immediately Report any release of **gasoline** that is not under control, not completely contained, and not completely recovered or removed, **within 2 hours after the confirmation of a reportable release.** A release is defined as, but not limited to: a) More than twenty-five (25) gallons to a contaminated area, structure or facility around an above ground storage tank, or b) More that five (5) gallons to a synthetic surface, such as asphalt or concrete.	**Pennsylvania Department of Environmental Protection - Regional Office:** **Region I (Southeast PA):** (484) 250-5900	The report shall describe, to the extent information is available: (1) the quantity of substance involved, (2) date and time the release occurred, (3) interim remedial action planned, initiated, and/or completed.	A written report may be REQUESTED or REQUIRED by the PADEP. Call the notification numbers to inquire if a written follow-up report is required and if so, the content of the report and mailing address.	**PADEP** **Southeast Regional Office** **Regional Air Program Manager** 2 East Main Street Norristown, PA 19401	Malvern TVOP 15-00043: Section C IV. Recordkeeping Requirements (condition #017) (PA code 127.441 Section C V. Reporting Requirements (condition # 024) (25 PA code 127.441)

Pennsylvania

Facility-Specific Requirements - Marcus Hook #2 Tank Farm					
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Mailing Address for Follow-Up Reports**	**Citation**
Immediately Report any release of **gasoline** that is not under control, not completely contained, and not completely recovered or removed, **within 2 hours after the confirmation of a reportable release.** A release is defined as, but not limited to: (1) More than twenty-five (25) gallons to a contaminated area, structure or facility around an above ground storage tank, or (2) More than five (5) gallons to a synthetic surface, such as asphalt or concrete. (3) A release of more than one (1) gallon to surface soils.	**Pennsylvania Department of Environmental Protection - Regional Office:** **Region I (Southeast PA):** (484) 250-5900	The report shall describe, to the extent information is available: (1) the quantity of substance involved, (2) date and time the release occurred, (3) interim remedial action planned, initiated, and/or completed.	A written report may be REQUESTED or REQUIRED by the PADEP. Call the notification numbers to inquire if a written follow-up report is required and if so, the content of the report and mailing address.	**PADEP** **Southeast Regional Office** **Regional Air Program Manager** 2 East Main Street Norristown, PA 19401	MHTF Title V Permit #23-00044 Section C, Requirement #010 MHTF Title V Permit #23-00044 Section C, Requirement #014

Facility-Specific Requirements - Twin Oaks Terminal					
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Mailing Address for Follow-Up Reports**	**Citation**
Immediately Report any release of **gasoline** that is not under control, not completely contained, and not completely recovered or removed, **within 2 hours after the confirmation of a reportable release.** A release is defined as, but not limited to: a) More than twenty-five (25) gallons to a contaminated area, structure or facility around an above ground storage tank, or b) More that five (5) gallons to a synthetic surface, such as asphalt or concrete.	**Pennsylvania Department of Environmental Protection - Regional Office:** **Region I (Southeast PA):** (484) 250-5900	The report shall describe, to the extent information is available: (1) the quantity of substance involved, (2) date and time the release occurred, (3) interim remedial action planned, initiated, and/or completed.	A written report may be REQUESTED or REQUIRED by the PADEP. Call the notification numbers to inquire if a written follow-up report is required and if so, the content of the report and mailing address.	**PADEP** **Southeast Regional Office** **Regional Air Program Manager** 2 East Main Street Norristown, PA 19401	Twin Oaks TVOP 23-00045 Section C IV. Recordkeeping Requirements (condition #013) (PA code 127.441 Section C V. Reporting Requirements (condition # 018) (25 PA code 127.441)

Pennsylvania

Hazardous Waste				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Immediately Report any releases that could threaten human health or the environment outside the facility, or when the release has reached surface water, or when the amount spilled or discharged exceeds the federal RQ or 10 gallons (whichever is less)	**Pennsylvania Department of Environmental Protection** (800) 541-2050 (See regional contact numbers in appendix)	The verbal notice shall include the following: 1)The name of the person reporting the spill; 2)The name and EPA ID number of the generator; 3)The telephone number where the person reporting the spill can be reached; 4)The date, time, and location of the spill; 5)A brief description of the incident; 6)For each material involved in the spill, report the shipping name, hazard class and U.N. number, and the estimated quantity of material spilled; 7)The extent of contamination of land, water, or air, if known.	**Within 15 days after the incident**, a written report must be submitted to the PADEP by the generator. The written report should be titled "Hazardous Waste Spill Report," and provide the following information: 1)Name, address, EPA ID number of generator, and the date, time and location of incident; 2)Brief description of the circumstances causing the incident; 3)Description of each of the wastes spilled or discharged in the incident, and the estimated quantity spills or discharged (by weight or volume); 4)A legible copy of the manifest document, if applicable; 5)Description of a contamination of land, water, or air that has occurred due to the incident; 6)Description of the actions the generator intends to take to prevent future occurrences. See Appendix for Mailing Addresses	Pennsylvania Code: 25 PA§262a.10, incorporating requirements of 40 CFR Part 262; 25 PA§262a.43

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

2550-FM-BWM0082 12/2005
BUREAU OF WASTE MANAGEMENT

NOTIFICATION OF REPORTABLE RELEASE *(Owners and Operators)*

☐ Initial
☐ Follow-Up

NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

NOTIFICATION OF REPORTABLE RELEASE *(Owners and Operators)*

The Storage Tank Program's Corrective Action Process (CAP) regulations establish release reporting requirements for owners and operators of storage tanks and storage tank facilities.

Subsection 245.305(a) of the regulations requires owners or operators to notify the appropriate regional office of the Department as soon as practicable, but no later than 24 hours, after the confirmation of a reportable release.

Subsection 245.305(d) requires owners or operators to provide an initial written notification to the Department, each municipality in which the reportable release occurred, and each municipality where that release has impacted environmental media or water supplies, buildings, or sewer or other utility lines, within 15 days of the notice required by Subsection 245.305(a).

Subsection 245.305(e) requires owners or operators to provide follow-up written notification to the Department and to each impacted municipality of new impacts to environmental media or water supplies, buildings, or sewer or other utility lines discovered after the initial written notification required by subsection 245.305(d). Written notification is to be made within 15 days of the discovery of the new impact.

This form may be used to comply with Subsection 245.305(d) and (e).

OWNERS AND OPERATORS (O/O)
INDICATE IF THIS IS AN INITIAL OR FOLLOW-UP NOTIFICATION BY MARKING THE APPROPRIATE BOX FOUND IN THE TOP RIGHT-HAND CORNER OF THIS FORM. PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIB, IV, V, VII and VIII.

NOTIFICATION OF CONTAMINATION *(Certified Installers and Inspectors)*

The Storage Tank Program's Certification regulations establish standards of performance for certified installers and inspectors of storage tanks and storage tank facilities.

Subsection 245.132(a)(4) of the regulations requires certified installers and inspectors to report to the Department a release of a regulated substance or confirmed or suspected contamination of soil, surface or groundwater from regulated substances observed while performing services as a certified installer or inspector.

This form may be used to comply with Subsection 245.132(a)(4). Subsection 245.132(a)(4) requires submission of the form within 48 hours of observing suspected or confirmed contamination. Where there is a reportable release, the form may be submitted jointly by the owner, operator, certified installer and certified inspector. In this instance, the form must be received by the appropriate regional office within 15 days of the notice required by Subsection 245.305(a).

CERTIFIED INSTALLERS AND INSPECTORS (I/I)
PLEASE COMPLETE ALL INFORMATION IN SECTIONS I, II, IIIA, IIIC, VI, VII and VIII.

INSTRUCTIONS

I. **FACILITY INFORMATION** - Record the name, I.D. number and physical location (not P.O. Box) of the facility at which a reportable release has been confirmed or at which suspected or confirmed contamination has been observed. Include the name and phone number of a person to contact at the facility.

II. **OWNER/OPERATOR INFORMATION** - Record the name, business address and phone number of the owner of the facility identified in Section I. Also, record the name and phone number of the operator of the facility.

III. **REGULATED SUBSTANCE INFORMATION** - Indicate to the best of your knowledge: A) the type of product or products involved; B) the quantity of product or products released; and C) whether the contamination is suspected or confirmed.

IV. **REPORTABLE RELEASE INFORMATION** - Record the date of confirmation of the reportable release, e.g., "9/18/01"; the date and regional office notified; and the date the local municipality(ies) [provide name of municipality(ies)] was/were sent a copy of this form. Indicate to the best of your knowledge the source/cause of the release, how the release was discovered and the environmental media affected and impacts.

V. **INTERIM REMEDIALACTIONS** - Indicate the interim remedial actions planned, initiated or completed.

VI. **SUSPECTED/CONFIRMED CONTAMINATION INFORMATION** - Record the date of observation of the suspected or confirmed contamination, e.g., "11/24/01". Indicate to the best of your knowledge the indications of a suspected release or extent of confirmed contamination resulting from the release of the regulated substance.

VII. **ADDITIONAL INFORMATION** - Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include in this section specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Use additional 8½" x 11" sheets of paper, if necessary.

VIII. **CERTIFICATION** - Please print your name, and provide your signature and date of signature. If a certified installer/inspector, provide certification number and company certification number.

IX. **ATTACHMENT** - If a certified installer/inspector, provide a copy of failed valid tightness test(s), if applicable.

PLEASE SEND COMPLETED ORIGINAL FORM TO:
PA Department of Environmental Protection
Environmental Cleanup Program
Storage Tank Section
(and the appropriate address below, depending on where the FACILITY is located)

Southeast Region	Northeast Region	Southcentral Region	Northcentral Region	Southwest Region	Northwest Region
2 East Main Street Norristown, PA 19401 PHONE: 484-250-5900 FAX: 484-250-5943	2 Public Square Wilkes-Barre, PA 18711-0790 PHONE: 570-826-2511 FAX: 570-820-4907	909 Elmerton Avenue Harrisburg, PA 17110 PHONE: 877-333-1904 FAX: 717-705-4930	208 W Third Street, Suite 101 Williamsport, PA 17701 PHONE: 570-321-6525/327-3696 FAX: 570-327-3420	400 Waterfront Drive Pittsburgh, PA 15222 PHONE: 412-442-4091/4000 FAX: 412-442-4328	230 Chestnut Street Meadville, PA 16335-3481 PHONE: 814-332-6945 800-373-3398 FAX: 814-332-6121
Counties Bucks, Chester, Delaware, Montgomery, Philadelphia	**Counties** Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming	**Counties** Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York	**Counties** Bradford, Cameron, Centre, Clinton, Clearfield, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union	**Counties** Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland	**Counties** Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren

2540-FM-BWM0082 10/2005 FACILITY I.D. NUMBER ___-_____

I. FACILITY INFORMATION (Both O/O and I/I)

Facility Name | Facility I.D. Number

Street Address (P.O. Box not acceptable)

City | State PA | Zip Code

County | Municipality

Contact Person | Phone Number ( ) -

II. OWNER/OPERATOR INFORMATION (Both O/O and I/I)

Owner Name

Address

City | State | Zip Code

Phone Number ( ) -

Operator Name | Phone Number ( ) -

III. REGULATED SUBSTANCE INFORMATION

A. Type of Product(s) Involved (Mark All That Apply ☒): Both O/O and I/I		B. Quantity (Gallons) of Product(s) Released: O/O Only	C. Contamination Suspected [S] or Confirmed [C] (Mark All That Apply ☒): I/I Only	
Leaded Gasoline	☐		[S]	[C]
Unleaded Gasoline	☐		[S]	[C]
Aviation Gasoline	☐		[S]	[C]
Kerosene	☐		[S]	[C]
Jet Fuel	☐		[S]	[C]
Diesel Fuel	☐		[S]	[C]
New Motor Oil	☐		[S]	[C]
Used Motor Oil	☐		[S]	[C]
Fuel Oil No. 1	☐		[S]	[C]
Fuel Oil No. 2	☐		[S]	[C]
Fuel Oil No. 4	☐		[S]	[C]
Fuel Oil No. 5	☐		[S]	[C]
Fuel Oil No. 6	☐		[S]	[C]
Other (Specify) _____	☐		[S]	[C]
Unknown	☐		[S]	[C]

IV. REPORTABLE RELEASE INFORMATION (O/O Only)

Date Reportable Release was Confirmed: ___ / ___ / ___ (m / d / y)

Date Owner/Operator Verbally Notified Appropriate Regional Office of Reportable Release and Office Notified:
Date: ___ / ___ / ___ (m / d / y) Office _____

Date Owner/Operator Sent Copy of this Written Notification to Local Municipality(ies) and Name of Municipality(ies) Notified:
Date: ___ / ___ / ___ (m / d / y) Municipality _____
Date: ___ / ___ / ___ (m / d / y) Municipality _____

Source/Cause (Mark All That Apply ☒):		How Discovered (Mark All That Apply ☒):		Environmental Media Affected and Impacts (Mark All That Apply ☒):	
Tank (DEP Assigned Nos. _____)	☐	During Closure	☐	Soil	☐
Piping System (Aboveground Regulated)	☐	Lining Installation	☐	Sediment	☐
Piping System (Underground Regulated)	☐	Routine Leak Detection	☐	Surface Water	☐
Piping System (Non-Regulated)	☐	Third Party Inspection	☐	Ground Water	☐
Dispenser/Dispensing Equipment	☐	Tightness Testing Activities	☐	Bedrock	☐
Spill Catchment Basin	☐	Visible Product or Odor Reports	☐	Water Supplies	☐
Accident/Act of God	☐	Water in Tank	☐	Vapors/Product in Buildings	☐
Containment/Sump Failure	☐	Construction	☐	Vapors/Product in Sewer/Utility Lines	☐
Faulty Installation	☐	Upgrade/Repair	☐	Ecological Receptors	☐
Corrosion	☐	Supply Well Sample Results	☐		
Mechanical Failure	☐	Monitoring Well Sample Results	☐		
Spill During Delivery	☐	Property Transfer	☐		
Overfill at Delivery	☐	Other (Specify) _____	☐		
Vehicle Gas Tank Overfill	☐	Unknown	☐		
Product Delivery Hose Rupture	☐				
Other (Specify) _____	☐				
Unknown	☐				

2550-FM-BWM0082 10/2005 FACILITY I.D. NUMBER ____ - _____

V. INTERIM REMEDIAL ACTIONS (O/O Only)

(Mark All That Apply ☒):

	Planned	Initiated	Completed	Not Applicable
Regulated Substance Removed from Storage Tanks	☐	☐	☐	☐
Fire, Explosion and Safety Hazards Mitigated	☐	☐	☐	☐
Contaminated Soil Excavated	☐	☐	☐	☐
Free Product Recovered	☐	☐	☐	☐
Water Supplies Identified and Sampled	☐	☐	☐	☐
Temporary Water Supplies Provided	☐	☐	☐	☐
Other (Specify)	☐	☐	☐	☐

VI. SUSPECTED / CONFIRMED CONTAMINATION INFORMATION (I/I Only)

Date of Observation of Suspected/Confirmed Contamination: ___ / ___ / _____ (m / d / y)

Indication of Suspected Contamination (Mark All That Apply ☒):

- Unusual Level of Vapors ☐
- Erratic Behavior of Product Dispensing Equipment ☐
- Release Detection Results Indicate a Release ☐
- Discovery of Holes in the Storage Tank ☐
- Other (Specify) _____ ☐

Extent of Confirmed Contamination (Mark All That Apply ☒):

- Product Stained or Product Saturated Soil or Backfill ☐
- Ponded Product ☐
- Free Product or Sheen on Ponded Water ☐
- Free Product or Sheen on the Ground Water Surface ☐
- Free Product or Sheen on Surface Water ☐
- Other (Specify) _____ ☐

VII. ADDITIONAL INFORMATION (Both O/O and I/I)

Provide any additional, relevant, available information concerning the reportable release or suspected or confirmed contamination. Include specific details or problems about the release. For example, if the piping was the source of the release and the cause was corrosion of a metal connector or flexible connector, it is important to include that information here. Provide DEP assigned and owner/operator assigned tank number(s), where applicable. Use additional 8½" x 11" sheets of paper, if necessary.

2550-FM-BWM0082 10/2005 FACILITY I.D. NUMBER ___ - _____

VIII. CERTIFICATION (Both O/O and I/I)

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the owner or operator of the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ / / _____
Signature of Owner or Operator Date

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified installer who performed tank handling activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ / / _____
Signature of Certified Installer Date

_____ _____
Installer Certification Number Company Certification Number

I, _____, hereby certify, under penalty of law as provided in 18 Pa.
(Print Name)

C.S.A. §4904 (relating to unsworn falsification to authorities) that I am the certified inspector who performed inspection activities at the above referenced storage tank facility and that the information provided by me in this notification is true, accurate and complete to the best of my knowledge and belief.

_____ / / _____
Signature of Certified Inspector Date

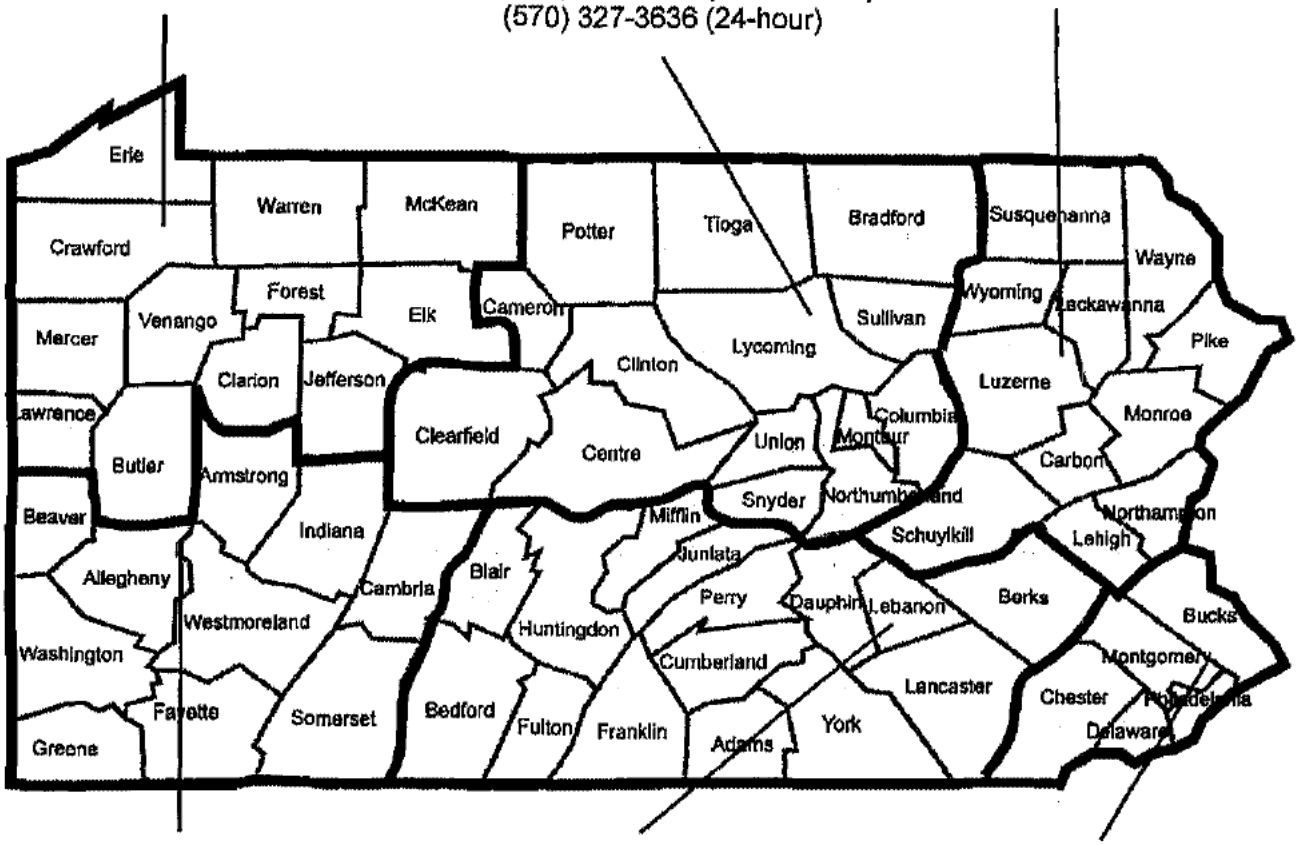
_____ _____
Inspector Certification Number Company Certification Number

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGIONAL OFFICES

Region VI
Northwest
230 Chestnut Street
Meadville, PA 16335-3481
(814) 332-6945
(800) 373-3398 (After Hours)

Region IV
Northcentral
208 West 3rd Street
Suite 101
Williamsport, PA 17701-6448
(570) 327-3695 (Work Hours)
(570) 327-3636 (24-hour)

Region II
Northeast
2 Public Square
Wilkes-Barre, PA 18711-0790
(570) 826-2511 (24-hour)



Region V
Southwest
400 Waterfront Drive
Pittsburgh, PA 15222-4745
(412) 442-4000 (24-hour)

Region III
Southcentral
909 Elmerton Avenue
Harrisburg, PA 17110
(717) 705-4704 (Work Hours)
(877) 333-1904 (24-hour)

Region I
Southeast
2 East Main Street
Norristown, PA 19401
(484) 250-5900

Notes:

1. In the event no contact with the regional office is made, the answering service in Harrisburg will receive calls 24 hours a day, including weekends and holidays. Telephone (800) 541-2050 (in-state) or (717) 787-5027.

2. The Northwest and Southcentral Regions' telephone numbers may be recordings that direct the spill reporter to other numbers. Be ready to write down numbers prior to calling.

CleanVenture

Responsive Environmental Management

February 3, 2012

Dear OSRO Customer:

The intent of this letter and applicable attachments is to certify that Clean Venture Inc. has fulfilled it's training and required drills in regards to OSRO compliance for **2011**.These requirements have been satisfied through Drills and actual Emergency Response Deployments. Clean Venture Inc. (CVI) is a Coast Guard certified Oil Spill Removal Organization. In the Philadelphia Captain of the Port Zone, CVI holds a level MMPD-WCD3 classification for Rivers and Canals Environments. This rating can be found on the USCG web site. CVI is the Primary Response OSRO for various Philadelphia area organizations such as Sun Co. Inc. (Philadelphia and Marcus Hook and Eagle Point Refineries), Sunoco Logistics - Pipeline Co., Valero Oil Corp. and EXELON Corp.

PRE-PLANNING ACTIVITIES As the Primary OSRO, CVI participates in the pre-planning activities required for effective Oil Spill Response. CVI has participated in various customer drills ranging from small tabletop drills to full-scale equipment deployments .CVI also participates in various inter-agency pre-planning activities such as the Phila. Area Committee and the NJDEP Coastal Inlet Booming Project. These inter-agency activities include representatives from the USCG, the EPA, NOAA, USACOE, DOI/ USF&WS, and various other State and Local authorities.

RAPID RESPONSE CVI maintains 24-hr.on the water operations for planned projects as well as emergency situations. CVI has boom deployment boats docked on the Big Timber creek in Westville, NJ and additional deployment boats on trailers at our facility in Camden, NJ. CVI has a 24-hr. On-call Spill Team ready to respond to any Oil or Chemical Emergency. A **one-hour** initial response is available throughout the Phila. COTP zone. Additional containment and recovery equipment is available from our Camden, NJ facility. If necessary our Elizabeth, NJ and Baltimore, MD facilities will provide back-up personnel equipment and materials. All

response times are within the
required tier timelines as evidenced by our Coast Guard certification.
CVI presently utilizes outboard powered deployment boats in the 18' to 25' range,
18" American Marine Boom is utilized for containment and Vacuum truck mounted
skimmer heads are utilized for recovery. A more detailed list of available equipment
and materials is enclosed in the attached documents.

Once containment is accomplished CVI will maintain around the clock operations as
needed to insure a speedy clean up and to prevent any further discharges.

CVI is respected throughout the Marine Response Community as a dependable and
effective service provider. CVI has a good track record with the USCG, the PADEP,
the NJDEP and the DBRC.

Sincerely,

Patrick McGovern Operations Manager

Enclosures: COTP OSRO Listing CVI Equip/Personnel Site Listing OSRO Prep Certification

Printed: January 13, 03 at 08:27:30

OSRO 0046 - Clean Venture, Inc.
Environmental Area Classification Detailed Amounts Per Rating Category

COTP/ACC Name: BALTIMORE
Operating Area: River Canal

Classification Level: MMPD

	Facility					Vessel				
					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	41,600	**41,600**	10,300	35,000	45,300	41,600	**41,600**
Available Containment Boom (ft)	10,300	35,000	45,300	3,700	**3,700**	10,300	35,000	45,300	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD1

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	41,600	**41,600**	10,300	35,000	45,300	41,600	**41,600**
Available Containment Boom (ft)	10,300	35,000	45,300	3,700	**3,700**	10,300	35,000	45,300	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD2

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	36,800	**36,800**	10,300	35,000	45,300	35,900	**35,900**
Available Containment Boom (ft)	10,300	35,000	45,300	8,500	**8,500**	10,300	35,000	45,300	9,400	**9,400**
Required Containment Boom (ft)			**8,500**					**9,400**		
EDRC (bbls)	17,208	18,102	35,310	35,310	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

Classification Level: WCD3

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	35,900	**35,900**	10,300	35,000	45,300	35,900	**35,900**
Available Containment Boom (ft)	10,300	35,000	45,300	9,400	**9,400**	10,300	35,000	45,300	9,400	**9,400**
Required Containment Boom (ft)			**9,400**					**9,400**		
EDRC (bbls)	17,208	27,153	44,361	44,361	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

The amounts displayed under Actual Totals for Containment Boom represents the calculated amount required based on the number of skimming systems used + 1000 feet
The adjusted Containment Boom Amount can be limited based on available Boom - The adjusted EDRC may be based on a Containment Boom Limit or TSC amount
Protective Boom + Containment Boom cannot be less than the Available Boom Total

Printed: January 13, 03 at 08:27:30

OSRO 0046 - Clean Venture, Inc.
Environmental Area Classification Detailed Amounts Per Rating Category

COTP/ACC Name: NEW YORK
Operating Area: River Canal

Classification Level: MMPD

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	8,800	25,000	33,800	30,100	**30,100**	10,300	35,000	45,300	41,600	**41,600**
Available Containment Boom (ft)	8,800	25,000	33,800	3,700	**3,700**	10,300	35,000	45,300	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,225**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,808	1,642	8,450	8,450	**8,450**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD1

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	41,600	**41,600**	10,300	35,000	45,300	41,600	**41,600**
Available Containment Boom (ft)	8,800	25,000	33,800	3,700	**3,700**	10,300	35,000	45,300	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,225**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,808	1,642	8,450	8,450	**8,450**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD2

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	37,700	**37,700**	10,300	35,000	45,300	36,800	**36,800**
Available Containment Boom (ft)	10,300	35,000	45,300	7,600	**7,600**	10,300	35,000	45,300	8,500	**8,500**
Required Containment Boom (ft)			**7,600**					**8,500**		
EDRC (bbls)	17,208	9,051	26,259	26,259	**12,261**	17,208	18,102	35,310	35,310	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

Classification Level: WCD3

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	35,900	**35,900**	10,300	35,000	45,300	35,900	**35,900**
Available Containment Boom (ft)	10,300	35,000	45,300	9,400	**9,400**	10,300	35,000	45,300	9,400	**9,400**
Required Containment Boom (ft)			**9,400**					**9,400**		
EDRC (bbls)	17,208	27,153	44,361	44,361	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

The amounts displayed under Actual Totals for Containment Boom represents the calculated amount required based on the number of skimming systems used + 1000 feet
The adjusted Containment Boom Amount can be limited based on available Boom - The adjusted EDRC may be based on a Containment Boom Limit or TSC amount
Protective Boom + Containment Boom cannot be less than the Available Boom Total

Printed: January 13, 03 at 08:27:30

OSRO 0046 - Clean Venture, Inc.
Environmental Area Classification Detailed Amounts Per Rating Category

COTP/ACC Name: PHILADELPHIA
Operating Area: River Canal

Classification Level: MMPD

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	25,000	35,300	31,600	**31,600**	10,300	35,000	45,300	41,600	**41,600**
Available Containment Boom (ft)	10,300	25,000	35,300	3,700	**3,700**	10,300	35,000	45,300	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD1

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	41,600	**41,600**	10,300	35,000	45,300	41,600	**41,600**
Available Containment Boom (ft)	10,300	25,000	35,300	3,700	**3,700**	10,300	35,000	45,300	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD2

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	37,700	**37,700**	10,300	35,000	45,300	36,800	**36,800**
Available Containment Boom (ft)	10,300	35,000	45,300	7,600	**7,600**	10,300	35,000	45,300	8,500	**8,500**
Required Containment Boom (ft)			**7,600**					**8,500**		
EDRC (bbls)	17,208	9,051	26,259	26,259	**12,261**	17,208	18,102	35,310	35,310	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

Classification Level: WCD3

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,300	35,000	45,300	35,900	**35,900**	10,300	35,000	45,300	35,900	**35,900**
Available Containment Boom (ft)	10,300	35,000	45,300	9,400	**9,400**	10,300	35,000	45,300	9,400	**9,400**
Required Containment Boom (ft)			**9,400**					**9,400**		
EDRC (bbls)	17,208	27,153	44,361	44,361	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

The amounts displayed under Actual Totals for Containment Boom represents the calculated amount required based on the number of skimming systems used + 1000 feet
The adjusted Containment Boom Amount can be limited based on available Boom - The adjusted EDRC may be based on a Containment Boom Limit or TSC amount
Protective Boom + Containment Boom cannot be less than the Available Boom Total

Printed: January 13, 03 at 08:27:39

OSRO 0046 - Clean Venture, Inc.
Environmental Area Classification Detailed Amounts Per Rating Category

COTP/ACC Name: BALTIMORE
Operating Area: Inland

Classification Level: MMPD

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	41,000	51,900	48,200	**48,200**	10,900	41,000	51,900	48,200	**48,200**
Available Containment Boom (ft)	10,900	41,000	51,900	3,700	**3,700**	10,900	41,000	51,900	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD1

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	41,000	51,900	48,200	**48,200**	10,900	41,000	51,900	48,200	**48,200**
Available Containment Boom (ft)	10,900	41,000	51,900	3,700	**3,700**	10,900	41,000	51,900	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD2

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	51,000	61,900	53,400	**53,400**	10,900	51,000	61,900	52,500	**52,500**
Available Containment Boom (ft)	10,900	51,000	61,900	8,500	**8,500**	10,900	51,000	61,900	9,400	**9,400**
Required Containment Boom (ft)			**8,500**					**9,400**		
EDRC (bbls)	17,208	18,102	35,310	35,310	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

Classification Level: WCD3

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	51,000	61,900	52,500	**52,500**	10,900	51,000	61,900	52,500	**52,500**
Available Containment Boom (ft)	10,900	51,000	61,900	9,400	**9,400**	10,900	51,000	61,900	9,400	**9,400**
Required Containment Boom (ft)			**9,400**					**9,400**		
EDRC (bbls)	17,208	27,153	44,361	44,361	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

The amounts displayed under Actual Totals for Containment Boom represents the calculated amount required based on the number of skimming systems used + 1000 feet
The adjusted Containment Boom Amount can be limited based on available Boom - The adjusted EDRC may be based on a Containment Boom Limit or TSC amount
Protective Boom + Containment Boom cannot be less than the Available Boom Total

Printed: January 13, 03 at 08:27:39

OSRO 0046 - Clean Venture, Inc.
Environmental Area Classification Detailed Amounts Per Rating Category

COTP/ACC Name: NEW YORK
Operating Area: Inland

Classification Level: MMPD

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	8,800	31,000	39,800	36,100	**36,100**	10,900	41,000	51,900	48,200	**48,200**
Available Containment Boom (ft)	8,800	31,000	39,800	3,700	**3,700**	10,900	41,000	51,900	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,225**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,808	1,642	8,450	8,450	**8,450**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD1

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	41,000	51,900	48,200	**48,200**	10,900	41,000	51,900	48,200	**48,200**
Available Containment Boom (ft)	8,800	31,000	39,800	3,700	**3,700**	10,900	41,000	51,900	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,225**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,808	1,642	8,450	8,450	**8,450**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD2

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	41,000	51,900	44,300	**44,300**	10,900	41,000	51,900	43,400	**43,400**
Available Containment Boom (ft)	10,900	41,000	51,900	7,600	**7,600**	10,900	41,000	51,900	8,500	**8,500**
Required Containment Boom (ft)			**7,600**					**8,500**		
EDRC (bbls)	17,208	9,051	26,259	26,259	**12,261**	17,208	18,102	35,310	35,310	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

Classification Level: WCD3

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	51,000	61,900	52,500	**52,500**	10,900	51,000	61,900	52,500	**52,500**
Available Containment Boom (ft)	10,900	51,000	61,900	9,400	**9,400**	10,900	51,000	61,900	9,400	**9,400**
Required Containment Boom (ft)			**9,400**					**9,400**		
EDRC (bbls)	17,208	27,153	44,361	44,361	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

The amounts displayed under Actual Totals for Containment Boom represents the calculated amount required based on the number of skimming systems used + 1000 feet
The adjusted Containment Boom Amount can be limited based on available Boom - The adjusted EDRC may be based on a Containment Boom Limit or TSC amount
Protective Boom + Containment Boom cannot be less than the Available Boom Total

Printed: January 13, 03 at 08:27:39

OSRO 0046 - Clean Venture, Inc.
Environmental Area Classification Detailed Amounts Per Rating Category

COTP/ACC Name: PHILADELPHIA
Operating Area: Inland

Classification Level: MMPD

	Facility				Totals	Vessel				Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	31,000	41,900	38,200	**38,200**	10,900	41,000	51,900	48,200	**48,200**
Available Containment Boom (ft)	10,900	31,000	41,900	3,700	**3,700**	10,900	41,000	51,900	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD1

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	41,000	51,900	48,200	**48,200**	10,900	41,000	51,900	48,200	**48,200**
Available Containment Boom (ft)	10,900	31,000	41,900	3,700	**3,700**	10,900	41,000	51,900	3,700	**3,700**
Required Containment Boom (ft)			**3,700**					**3,700**		
EDRC (bbls)	10,108	9,051	19,159	19,159	**4,248**	10,108	9,051	19,159	19,159	**4,248**
TSC (bbls)	6,854	1,642	8,496	8,496	**8,496**	6,854	1,642	8,496	8,496	**8,496**

Classification Level: WCD2

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	41,000	51,900	44,300	**44,300**	10,900	41,000	51,900	43,400	**43,400**
Available Containment Boom (ft)	10,900	41,000	51,900	7,600	**7,600**	10,900	41,000	51,900	8,500	**8,500**
Required Containment Boom (ft)			**7,600**					**8,500**		
EDRC (bbls)	17,208	9,051	26,259	26,259	**12,261**	17,208	18,102	35,310	35,310	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

Classification Level: WCD3

					Totals					Totals
	Own	COAM	Actual	Adjust #1	Final	Own	COAM	Actual	Adjust #1	Final
Available Protective Boom (ft)	10,900	51,000	61,900	52,500	**52,500**	10,900	51,000	61,900	52,500	**52,500**
Available Containment Boom (ft)	10,900	51,000	61,900	9,400	**9,400**	10,900	51,000	61,900	9,400	**9,400**
Required Containment Boom (ft)			**9,400**					**9,400**		
EDRC (bbls)	17,208	27,153	44,361	44,361	**12,261**	17,208	27,153	44,361	44,361	**12,261**
TSC (bbls)	11,587	12,935	24,522	24,522	**24,522**	11,587	12,935	24,522	24,522	**24,522**

The amounts displayed under Actual Totals for Containment Boom represents the calculated amount required based on the number of skimming systems used + 1000 feet
The adjusted Containment Boom Amount can be limited based on available Boom - The adjusted EDRC may be based on a Containment Boom Limit or TSC amount
Protective Boom + Containment Boom cannot be less than the Available Boom Total

CVI
LOCATION OF EQUIPMENT AND PERSONNEL RESOURCES (1/12)

Elizabeth NJ –CVI Operations Branch, Corporate Office

.
Field Personnel - 70 .
Vacuum Trucks (3000gl.-5500gl) – 10 and 7 Vactors – 8 Combo/Jet Vacs .
Oil Containment Boom – 4000' (20" AMI) .
Work/Boom Deployment Boats (18'-30') – 6 (all towable)
(< 18") - 3

Elizabeth NJ– CCI Temporary Storage Disposal Fac.,

Field Personnel –21
Emergency Tank Capacity- 82,500 gallon

Elizabeth NJ– Transportation Branch,

Field Personnel – 9
Emergency Tank Capacity- (Vacuum Boxes 20 Roll-offs 60)
Vacuum Trucks (5000gl.-5500gl)-3
Roll-off Movers 7

Clayton NJ – Operations Branch

.
Field Personnel - 35 .
Vacuum Trucks (3000gl.-5500gl) – 5 and 3-Vactor .
Vacuum type skimmer heads – 4 .
DESMI TERMINATOR Skimmer 502 GPM – 2 .
Oil Containment Boom – 5000'(20" AMI) and (600'x 43" "CAROLINA"Ocean Boom) 1000-Swamp Boom (12" AMI) .
Work/Boom Deployment Boats (18'-26') – 8 (all towable)
(< 18") – 4

Baltimore MD – Operations Branch

.
Field Personnel - 35 .
Vacuum Trucks (3000gl.-5500gl) – 7 and 3 Vactors .
Oil Containment Boom – 2500'(20" AMI) .
Work/Boom Deployment Boats (18'-30') – 1
(< 18") - 3

Salisbury MD– Clean Venture (TPH) Operations Branch

.
Field Personnel – 10 .
Vacuum Trucks (3000gl.-5500gl) – 3 and 2 Vactor .
Oil Containment Boom – TBD .
Work/Boom Deployment Boats (16'-30') – 1

Lewisberry PA – Operations / TSDF,/ Transportation Branch

.
Field Personnel – 12 .
Emergency Tank Capacity- 45, 000 gallons +Vacuum Boxes 2 Roll-offs 10
Vacuum Trucks (3000gl.-5500gl) - 2
Roll Off Movers 2

MA – General Chemical TSDF, Operations Branch

Field Personnel – 10 .
Vacuum Trucks (3000gl.-5500gl) – 4 and 1 Vactor .
Oil Containment Boom – 1000' .
Work/Boom Deployment Boats (16'-30') – 1

Note: All locations provide 24 hour Emergency Response for Oil and Hazardous Materials. In addition to the above listed equipment, all facilities maintain a complete inventory of materials and equipment to support response to any type of Environmental Incident. Portable Temporary Storage, Material Handling, Construction, Excavation and Transportation equipment is available at all facilities.

Please also note that CVI's TSDF's provide the added value of pre-approved final disposal outlets. These pre-approvals greatly expedite the process of moving multiple loads of bulk solids and liquid wastes during both Emergency and Planned operations.

Clean Venture, Inc.

Date: March 2, 2011

OSRO Customer

RE: OIL SPILL RESPONSE CONTRACTOR EQUIPMENT CERTIFICATION FORM COMPLIANCE YEAR 2011

Dear: Sir

In response to your request for documentation that Clean Venture, Inc., as an Oil Spill Removal Organization (OSRO), has deployed a representative sample of equipment in your operating environment, enclosed please find our certification.

I hope you find our submittal satisfactory.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Thank you.

Sincerely,

Patrick S. McGovern

Patrick S. McGovern
Operations Manager

OIL SPILL RESPONSE CERTIFICATION FORM (PREP GUIDELINE – EQUIPMENT DEPLOYMENT EXERCISE)

COMPLIANCE YEAR 2011

Name of Oil Spill Removal Organization (OSRO):

Clean Venture, Inc.

	Exercise Dates	*Location of Exercise*	***Drill** or Actual Response*	*Duration of Exercise*
	March 2, 2011	*Sunoco Chemicals Frankford Plant - Dock*	*Drill- 400 Gallons Cumene Discharge*	*1 DAY*

(1) Equipment deployed was:

_ *Facility-Owned*
__ *Oil spill removal organization – owned. If so, which OSRO? CVI*
_x_ *Both*

(2) List type and amount of all equipment (e.g. boom and skimmers) deployed and number of support personnel employed:

18-26 FOOT DEPLOYMENT BOATS -1 1-5K Gallon Vacuum Truck
2000 FOOT 18" HARBOR BOOM /2 X 20# ANCHOR SYSTEMS
1-Skimmer Unit MISC. SORBENTS and Equipment Trailer
MARINE RESPONSE PERSONNEL (10 persons)

(3) Describe goals of the equipment deployment and list any Area Contingency Plan strategies tested.
MOBILIZED EQUIPMENT AND PERSONNEL TO RESPOND TO CUMENE DISCHARGE ON THE DELAWARE RIVER. DISCHARGE WAS A RESULT OF THE FAILURE OF DOCK PIPING. IMPLEMENTED AREA PROTECTIVE BOOMING STRATEGY, PLACED AND MAINTAINED APPROXIMATELY 1000 FEET OF BOOM IN AFFECTED AREAS. MANNED AND OPERATED BOOM DEPLOYMENT BOATS AND VACUUM TRUCK WITH SKIMMER. MONITORED FOR HAZARDOUS ATMOSPHERE, CONCIDERED THE USE OF AIR GEAR DURING MARINE

RESPONSE

(4) *For deployment of facility-owned equipment, was the amount of equipment deployed at lest the amount necessary to respond to your facility's average most probable spill?*
Yes_N/A___ No ____

(5) *For deployment of OSRO-owned equipment, was a representative sample (at least 1000 feet of boom type) deployed?*

Yes_X__ No ____

(6) *Was the equipment deployed in its intended operating environment?*

Yes _X__ No ___

(6) *Are all facility personnel that are responsible for response operations involved in a comprehensive training program?*
Yes.

(7) *If yes, please describe the program.*
Clean Venture, Inc, employees are members of our in-house training program. All field personnel are 40-hour OSHA HAZWOPER trained as per section 29 CFR 1910.120. Employees also receive annual 8-hour refresher training and fit testing. Supervisors receive 8-hour OSHA Supervisor training. Specialized employees receive Confined Space Entry, CPR, First Aid, Fork-lift Safety and DOT HM 215 training.

(8) *Are all pollution equipment involved in a comprehensive maintenance program?*
Yes

(9) *If yes, please describe the program.*
All equipment is decontaminated at the end of a response. In addition, all equipment is inspected prior to being deployed. In addition, all Clean Venture, Inc. equipment is subject to quarterly maintenance checks.

(10) *Was the equipment deployed by personnel responsible for its deployment in the event of an actual spill?*

Yes __X_ No ____

(11) *Identify which of the 15 core components of your response plan were executed during this particular exercise:*

ALL COMPONENTS (1 THRU !5) WERE CONCIDERED AND EXECUTED WHERE NEEDED

(12) *Attach a description of lesson(s) learned and person(s) responsible for follow up of corrective measures*

A) *FACILITY SECURITY NEEDS TO CONCIDERED BY ALL PERSONNEL, SECURITY MUST BE INFORMED PRIOR TO ANY WATERBORNE ACTIVITIES BEING CONDUCTED IN THE VICINITY OF THE FACILITY. RESPONSE PERSONNEL NEED TO BE FAMILIAR WITH THE USE OF SUPPLIED AIR ON BOATS. STORAGE OF SORBENT BOOMS ON DOCK WOULD AID FACILITY PERSONEL WITH INITIAL RESPONSE.*

B) *Consider assigning a person to Dock gate during clean-up to aid in access to dock*

C) *Contractor to survey alternate routes to facility and alternate launch facilities*

I certify that the deployment entailed above shows that we as an Oil Spill Response Organization meet the criteria and requirements under the National Preparedness for Response Exercise Program (PREP) under OPA 90' for the year 20011.

Patrick S. McGovern

Certifying Signature
Patrick S. McGovern
Operations Manager

March 2, 2011
Date

Clean Venture, Inc.

Date: July 7, 2011

OSRO Customer

RE: OIL SPILL RESPONSE CONTRACTOR EQUIPMENT CERTIFICATION FORM COMPLIANCE YEAR 2011

Dear: Sir

In response to your request for documentation that Clean Venture, Inc., as an Oil Spill Removal Organization (OSRO), has deployed a representative sample of equipment in your operating environment, enclosed please find our certification.

I hope you find our submittal satisfactory.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Thank you.

Sincerely,

Patrick S. McGovern

Patrick S. McGovern
Operations Manager

OIL SPILL RESPONSE CERTIFICATION FORM (PREP GUIDELINE – EQUIPMENT DEPLOYMENT EXERCISE)

COMPLIANCE YEAR 2011

Name of Oil Spill Removal Organization (OSRO):

Clean Venture, Inc.

	Exercise Dates	*Location of Exercise*	***Drill** or Actual Response*	*Duration of Exercise*
	June 29, 2011	*NuStar Asphalt Co.* 121 BBLS Crude at Dock	**CG-Government Initiated UNANNOUNCED Oil Spill Response Drill**	*1 DAY*

(1) Equipment deployed was:

_ *Facility-Owned*
__ *Oil spill removal organization – owned. If so, which OSRO? CVI*
_x_ *Both*

(2) List type and amount of all equipment (e.g. boom and skimmers) deployed and number of support personnel employed:

18-26 FOOT DEPLOYMENT BOATS -1 1-5K Gallon Vacuum Truck
1000 FOOT 18" HARBOR BOOM /2 X 20# ANCHOR SYSTEMS
1-Skimmer Unit MISC. SORBENTS and Equipment Trailer
MARINE RESPONSE PERSONNEL (5 persons)

(3) Describe goals of the equipment deployment and list any Area Contingency Plan strategies tested.
MOBILIZED EQUIPMENT AND PERSONNEL TO RESPOND TO CRUDE OIL DISCHARGE ON THE DELAWARE RIVER. DISCHARGE WAS A RESULT OF EQUIPMENT FAILURE AT DOCK. IMPLEMENTED AREA PROTECTIVE BOOMING STRATEGY, PLACED AND MAINTAINED APPROXIMATELY 1000 FEET OF BOOM IN AFFECTED AREAS. MANNED AND OPERATED BOOM DEPLOYMENT BOAT

AND VACUUM TRUCK WITH SKIMMER. MONITORED FOR HAZARDOUS ATMOSPHERE.

(4) *For deployment of facility-owned equipment, was the amount of equipment deployed at least the amount necessary to respond to your facility's average most probable spill?*
Yes_N/A___ No ____

(5) *For deployment of OSRO-owned equipment, was a representative sample (at least 1000 feet of boom type) deployed?*

Yes_X__ No ____

(6) *Was the equipment deployed in its intended operating environment?*

Yes _X__ No ___

(6) *Are all facility personnel that are responsible for response operations involved in a comprehensive training program?*
Yes.

(7) *If yes, please describe the program.*
Clean Venture, Inc, employees are members of our in-house training program. All field personnel are 40-hour OSHA HAZWOPER trained as per section 29 CFR 1910.120. Employees also receive annual 8-hour refresher training and fit testing. Supervisors receive 8-hour OSHA Supervisor training. Specialized employees receive Confined Space Entry, CPR, First Aid, Fork-lift Safety and DOT HM 215 training.

(8) *Are all pollution equipment involved in a comprehensive maintenance program?*
Yes

(9) *If yes, please describe the program.*
All equipment is decontaminated at the end of a response. In addition, all equipment is inspected prior to being deployed. In addition, all Clean Venture, Inc. equipment is subject to quarterly maintenance checks.

(10) *Was the equipment deployed by personnel responsible for its deployment in the event of an actual spill?*

Yes __X_ No ____

(11) *Identify which of the 15 core components of your response plan were executed during this particular exercise:*

ALL COMPONENTS (1 THRU !5) WERE CONCIDERED AND EXECUTED WHERE NEEDED

(12) Attach a description of lesson(s) learned and person(s) responsible for follow up of corrective measures

A) FACILITY SECURITY NEEDS TO CONCIDERED BY ALL PERSONNEL, SECURITY MUST BE INFORMED PRIOR TO ANY WATERBORNE ACTIVITIES BEING CONDUCTED IN THE VICINITY OF THE FACILITY.

B) Contractor to consider effectiveness of bring boom by water from alternate launch facilities

I certify that the deployment entailed above shows that we as an Oil Spill Response Organization meet the criteria and requirements under the National Preparedness for Response Exercise Program (PREP) under OPA 90' for the year 2011.

Certifying Signature
Patrick S. McGovern
Operations Manager

July 7,2011
Date

APPENDIX D

EMERGENCY MANAGEMENT TEAM JOB DESCRIPTIONS AND GUIDELINES

The following job descriptions and guidelines are intended to be used as a tool to assist EMT members in their particular positions within the Incident Command System (ICS):

- Incident Commander
- Public Information Officer
- Liaison Officer
- Safety Officer
- Operations Section Chief
- Staging Group Leader
- Repair Group Leader
- Containment Group Leader
- Planning Section Chief
- Environmental Group Leader
- Situation Group Leader
- Logistics Section Chief
- Communications Group Leader
- Security/Medical Group Leader
- Supply/Ground Support Group Leader
- Finance Section Chief
- Accounting Group Leader
- Claims Group Leader
- Legal Group Leader
- Business Resumption Section Chief
- Repair Coordinator

INCIDENT COMMANDER

The Incident Commander (IC) manages all activities related to an emergency response and acts as Qualified Individual (QI). As such, the Incident Commander needs to be familiar with the contents of the Facility Response Plan (FRP), Oil Spill Response Plan (OSRP), Emergency Response Action Plan (ERAP), and the Spill Prevention Control and Countermeasure Plan (SPCC). The Incident Commander (IC) must also be familiar with the operation of the Incident Command System (ICS) and the Unified Command Structure (UCS).

The primary goal of this system is to establish and maintain control of the emergency response. If the emergency involves a multi-jurisdictional response (Federal and State), the Unified Command Structure (UCS) should be established. **Realize that the Federal On-Scene Coordinator (FOSC) does have the authority to override the Incident Commander and assume control of the response**. Every effort should be made to establish a collaborative relationship to manage the incident site with the appropriate responding agencies.

As soon as possible but not later than one (1) week following an incident, the Incident Commander shall conduct a critique of the response and follow-up of action items. Participants shall include Operations Control personnel, Company supervisors, and employees and outside agencies involved in the response.

Responsibilities:

- Maintain Activity Log.
- Establish Incident Command/Unified Command Post.
- Activate necessary section(s) of the Incident Command System (ICS) to deal with the emergency. Fill out the appropriate section(s) of the Incident Command organization chart and post it at the Incident Command Center.
- Develop goals and objectives for response.
- Work with Safety Officer and Planning Section Chief to develop a Site Safety Plan (SSP).
- Approve, authorize, and distribute Incident Action Plan (IAP) and SSP.
- Conduct planning meetings and briefings with the section chiefs.
- As Qualified Individual coordinate actions with Federal On-Scene Coordinator (FOSC) and State On-Scene Coordinator (SOSC).
- In a multi-jurisdictional response, ensure all agencies are represented in the ICS.
- Coordinate /approve media information releases with the FOSC, SOSC, and Public Information Officer (PIO).
- Keep management informed of developments and progress.
- Authorize demobilization of resources as they are no longer needed.
- Complete Standard Incident Debriefing Form

PUBLIC INFORMATION OFFICER

The Public Information Officer (PIO) provides critical contact between the media/public and the emergency responders. The PIO is responsible for developing and releasing information about the incident to the news media, incident personnel, appropriate agencies and public. When the response is multi-jurisdictional (involves the federal and state agencies), the PIO must coordinate gathering and releasing information with these agencies.

The PIO needs to communicate that the Company is conducting an effective response to the emergency. The PIO is responsible for communicating the needs and concerns of the public to the Incident Commander (IC).

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from IC.
- Participate in all planning meetings and briefings.
- Obtain outside information that may be useful to incident planning.
- Develop goals and objectives regarding public information.
- Arrange for necessary workspace, materials, telephones and staffing for Public Information Center (PIC).
- Establish a PIC, ensuring all appropriate agencies participate.
- Provide a single point of media contact for the IC.
- Coordinate media access to the response site as approved by the IC.
- Obtain approval for release of information from the IC.
- Arrange for meetings between media and emergency responders.
- Maintain list of all media present.
- Participate in Post Incident Review.

LIAISON OFFICER

If a Unified Command Structure is not established, a Liaison Officer is appointed as the point of contact for personnel assigned to the incident from assisting or cooperating agencies.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Incident Commander (IC).
- Participate in planning meetings and briefings.
- Identify and maintain communications link with agency representatives, assisting, and coordinating agencies.
- Identify current or potential inter-organizational issues and advise IC as appropriate.
- Coordinate with Legal Group Leader and Public Information Officer (PIO) regarding information and documents released to government agencies.
- Participate in Post Incident Review

SAFETY OFFICER

The Safety Officer is responsible for assessing and monitoring hazardous and unsafe situations at the emergency response site(s). The Safety Officer must develop measures that assure the safety of the public and response personnel. This involves maintaining an awareness of active and developing situations, ensuring the preparation and implementation of the Site Safety Plan (SSP) and assessing safety issues related to the Incident Action Plans (IAP).

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Incident Commander (IC).
- Develop, implement, and disseminate SSP with IC and section chiefs.
- Participate in planning meetings and briefings.
- Establish safety staff if necessary.
- Identify emergency contact numbers. Fill out emergency contact chart and post in the Incident Command Center.
- Conduct safety briefings with all emergency responders.
- Investigate accidents that have occurred during emergency response.
- Ensure proper hazard zones are established.
- Ensure all emergency responders have appropriate level of training.
- Ensure proper Personal Protective Equipment (PPE) is available and used.
- Advise Security/Medical Group Leader concerning PPE requirements.
- Ensure emergency alarms/warning systems are in place as needed.
- Participate in Post Incident Review

OPERATIONS SECTION CHIEF

The Operations Section Chief is responsible for the management of all operations applicable to the field response and site restoration activities. Operations directs field activities based on the Incident Action Plan (IAP) and Site Safety Plan (SSP).

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Incident Commander (IC).
- Participate in Incident Command planning meetings and briefings.
- Conduct planning meetings and briefings for Operations Section.
- Develop operations portion of IAP.
- Supervise the implementation of the IAP.
- Make or approve expedient changes to the IAP.
- Request resources needed to implement IAP.
- Approve list of resources to be released.
- Ensure safe tactical operations.
- Establish a staging area for personnel and equipment.
- Confirm first responder actions.
- Confirm the completion of rescue/evacuation and administering of first aid.
- Confirm site perimeters have been established.
- Coordinate activities of public safety responders, contractors, and mutual assistance organizations.
- Participate in Post Incident Review

STAGING GROUP LEADER

The Staging Group Leader is responsible for managing all activities within the staging area(s). The Staging Group Leader will collect, organize, and allocate resources to the various response locations as directed by Operations Section Chief.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Operations Section Chief.
- Participate in Operations' planning meetings and briefings.
- Advise Operations Section Chief of equipment location and operational status.
- Periodically advise Operations Section Chief on inventory status of consumable items (sorbent pads, sorbent boom, etc.).
- Coordinate with Logistics Section Chief regarding inbound equipment, personnel, and supplies.
- Participate in development of Operations' portion of Incident Action Plan (IAP).
- Establish check-in function and inventory control as appropriate.
- Allocate personnel/equipment to site(s) as requested.
- Establish and maintain boundaries of staging area(s).
- Demobilize/relocate staging area as needed.
- Post signs for identification and traffic control.
- Participate in Post Incident Review

REPAIR GROUP LEADER

The Repair Group Leader is responsible for supervising the repair and restoration of pipeline facilities.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Operations Section Chief.
- Periodically advise Operations Section Chief on status of restoration activities.
- Conduct frequent hazard assessments and coordinate safety needs with Operations Section Chief and Safety Officer.
- Participate in Operations' planning meetings and briefings.
- Participate in development of Operations' portion of Incident Action Plan (IAP).
- Conduct facility restoration activities in accordance with Company procedures, Site Safety Plan (SSP) and IAP.
- Determine and request additional materials, equipment, and personnel as needed.
- Ensure all equipment is decontaminated prior to being released.
- Participate in Post Incident Review

CONTAINMENT GROUP LEADER

The Containment Group Leader is responsible for supervising the containment and recovery of spilled product and contaminated environmental media both on land and on water.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Operations Section Chief.
- Participate in Operations' planning meetings and briefings.
- Participate in development of Operations' portion of Incident Action Plan (IAP).
- Conduct activities in accordance with the IAP.
- Assess overall situation for containment and recovery needs and supervise group activities.
- Periodically advise the Operations Section Chief on the status of containment and recovery actions.
- Ensure hazard zones are established and maintained.
- Ensure adequate communication equipment for the containment group response.
- Determine and request additional resources as needed.
- Participate in Post Incident Review

PLANNING SECTION CHIEF

The Planning Section Chief is responsible for collecting, evaluating, and disseminating information related to the current and future events of the response effort. The Planning Section Chief must understand the current situation; predict the future course of events; predict future needs; develop response and cleanup strategies; and review the incident once complete.

The Planning Section Chief must coordinate activities with the Incident Commander (IC) and other Section Chiefs to ensure that current and future needs are appropriately handled.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from the IC.
- Establish and maintain communication with IC and other Section Chiefs.
- Advise IC on any significant changes of incident status.
- Conduct planning meetings and briefings for Planning section.
- Coordinate and provide input to the preparation of the Incident Action Plan (IAP).
- Participate in Incident Command planning meetings and briefings.
- In a multi-jurisdictional response, ensure that all agencies are represented in the Planning Section.
- Coordinate future needs for the emergency response.
- Determine response personnel needs.
- Determine personnel needs and request personnel for Planning section.
- Assign technical specialists (archaeologists, historians, biologists, etc.) where needed.
- Collect and analyze information on the situation.
- Assemble information on alternative response and cleanup strategies.
- Ensure situation status unit has a current organization chart of the Incident Command Organization.
- Provide periodic spill movement/migration prediction.
- Participate in Post Incident Review

ENVIRONMENTAL GROUP LEADER

The Environmental Group Leader is responsible for ensuring that all areas impacted by the release are identified and cleaned up following company and regulatory standards. The Environmental Group Leader supports Planning and Operations to minimize and document the environmental impact of the release.

The Environmental Group Leader must plan for future site considerations such as long-term remediation and alternative response strategies in unusually sensitive areas. In a Unified Command Structure (UCS), representatives from the federal and state responding agencies will be included in this group.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from the Planning Section Chief.
- Participate in Planning section meetings and briefings.
- Participate in development of Planning's portion of Incident Action Plan (IAP).
- Coordinate environmental activities with responding regulatory agencies.
- Periodically advise the Planning Section Chief on status of group activities.
- Request additional personnel/specialists to support response effort.
- Determine environmental group resource needs.
- Identify and develop a prioritized list of natural, cultural, and economic (NCE) resources at risk.
- Initiate and coordinate Natural Resources Damage Assessment (NRDA) activities.
- Develop a management plan for recovered contaminated media and ensure coordination with Containment Group Leader.
- Ensure proper management of injured/oiled wildlife.
- Determine alternative cleanup strategies for response.
- Participate in Post Incident Review

SITUATION GROUP LEADER

The Situation Group Leader is responsible for the collection, evaluation, display, and dissemination of all information related to the emergency response effort. The Situation Group Leader must establish and maintain communications with all portions of the Incident Command and the response site in order to collect the information. The Situation Group Leader also attempts to predict spill movement/migration and identifies areas that may be impacted by the emergency.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from the Planning Section Chief.
- Participate in Planning section meetings and briefings.
- Participate in development of Planning's portion of Incident Action Plan (IAP).
- Maintain a master list of response resources ordered, in staging and in use.
- Collect and display current status of requested response resources.
- Collect and display current status of resources, current spill location, personnel, and weather.
- Analyze current information to determine spill trajectory and potential impacts.
- Disseminate information concerning the situation status upon request from the emergency responders.
- Provide photographic services and maps.
- Establish periodic reconnaissance of impacted area to support information needs.
- Collect information on the status of the implementation of Incident Action Plans. Display this information in the Incident Command Center.
- Participate in Post Incident Review

LOGISTICS SECTION CHIEF

The Logistics Section Chief is responsible for procuring facilities, services, and material in support of the emergency response effort.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from the Incident Commander (IC).
- Participate in Incident Command planning meetings and briefings.
- Conduct planning meetings and briefings for Logistics section.
- Participate in the preparation of the Incident Action Plan (IAP).
- Identify service and support requirements for planned operations.
- Identify sources of supply for identified and potential needs.
- Advise IC on current service and support requirements.
- Procure needed materials, equipment and services from sources by means consistent with the timing requirements of the IAP and Operations.
- Ensure all purchases are documented.
- Participate in Post Incident Review

COMMUNICATIONS GROUP LEADER

The Communications Group Leader is responsible for ensuring that the Incident Command and emergency responders have reliable and effective means of communication. This may involve activation of multiple types of communications equipment and coordination among multiple responding agencies and contractors.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Logistics Section Chief.
- Periodically advise Logistics Section Chief on status of communications group.
- Participate in Logistics section planning meetings and briefings.
- Participate in development of Logistics' portion of Incident Action Plan (IAP).
- Establish an Incident Command communications center.
- Ensure Incident Commander (IC) has communications compatible with other response agencies.
- Identify all communications circuits/equipment used by emergency responders and keep a chart updated with this information.
- Determine the type and amount of communications required to support the response effort (computer, radio, telephone, fax, etc.).
- Ensure timely establishment of adequate communications equipment and systems.
- Advise Logistics Section Chief on communications capabilities/limitations.
- Establish an equipment inventory control system for communications gear.
- Ensure all equipment is tested and repaired.
- Participate in Post Incident Review

SECURITY/MEDICAL GROUP LEADER

The Security/Medical Group Leader is responsible for developing a plan to deal with medical emergencies, obtaining medical aid and transportation for emergency response personnel, and preparation of reports and records.

The Security/Medical Group Leader is responsible for providing safeguards needed to protect personnel and property from loss or damage. The Security/Medical Group Leader also controls access to the emergency site and Incident Command Center.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Logistics Section Chief.
- Periodically advise Logistics Section Chief on the status of security and medical problems.
- Participate in Logistics meetings and briefings.
- Participate in development of Logistics' portion of Incident Action Plan (IAP).
- Determine and develop security/medical support plan needs.
- Request medical or security personnel, as needed.
- Work with Safety Officer to identify/coordinate local emergency medical services.
- Coordinate with Safety Officer and Operations Section Chief to establish the Site Safety Plan (SSP) with site boundaries, hazard zones, escape routes, staging areas, Command Center and Personal Protective Equipment (PPE) requirements.
- Coordinate/develop an identification system in order to control access to the incident site.
- Participate in Post Incident Review

SUPPLY/GROUND SUPPORT GROUP LEADER

The Supply/Ground Support Group Leader is responsible for procurement and the disposition of personnel, equipment, and supplies; receiving and storing all supplies for the incident; maintaining an inventory of supplies; and servicing non-expendable supplies and equipment. The Supply/Ground Support Group Leader supports the following: transportation of personnel; supplies, food, equipment; and fueling, service, maintenance and repair of vehicles and equipment.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Logistics Section Chief.
- Periodically advise Logistics Section Chief on status of supply/ground support group.
- Participate in Logistics meetings and briefings.
- Participate in development of Logistics' portion of Incident Action Plan (IAP).
- Communicate with Staging Group Leader concerning material, equipment and personnel that are inbound and the approximate time of arrival.
- Coordinate with other Section Chiefs to ascertain the priority of needed materials, equipment and services.
- Coordinate with Finance Section Chief to establish accounts, purchase orders, AFEs and procedures as necessary.
- Establish an inventory control system for materials and equipment.
- Maintain roads, when necessary.
- Participate in Post Incident Review

FINANCE SECTION CHIEF

The Finance Section Chief is responsible for accounting, legal, right-of-way and risk management functions that support the emergency response effort. In this role, the primary responsibility is supporting the Command Staff and Logistics Section matters pertaining to expenses during and following the emergency response.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Incident Commander (IC).
- Participate in Incident Command planning meetings and briefings.
- Conduct planning meetings and briefings for Finance section.
- Participate in preparation of the Incident Action Plan (IAP).
- Participate in planning meetings.
- Participate in Unified Command System (UCS) as incident warrants.
- Request assistance of corporate accounting, legal, right-of-way or risk management as needed.
- Assist with contracting administration.
- Participate in Post Incident Review

ACCOUNTING GROUP LEADER

The Accounting Group Leader is responsible for accumulating and dispensing funding during an emergency response. All charges directly attributed to the incident should be accounted for in the proper charge areas.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Finance Section Chief.
- Periodically advise Finance Section Chief.
- Participate in Finance planning meetings and briefings.
- Participate in development of Finance's portion of Incident Action Plan (IAP).
- Make recommendations for cost savings to Finance and Logistics Section Chiefs.
- Establish accounts as necessary to support the Logistics section.
- Ensure all invoices are documented, verified, and paid accordingly.
- Involve corporate accounting group for assistance as necessary.
- Participate in Post Incident Review

CLAIMS GROUP LEADER

The Claims Group Leader is responsible for managing all risk management and right-of-way issues at, during, and following an emergency response. It is important that all claims are investigated and handled expediently.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Finance Section Chief.
- Participate in Finance planning meetings and briefings.
- Participate in development of Finance's portion of Incident Action Plan (IAP).
- Periodically inform affected parties of status of emergency response.
- Review and authorize payment of all claims.
- Provide needs of evacuated persons or groups.
- Purchase or acquire property.
- Inform and update necessary insurance groups and underwriters.
- Involve corporate Risk Management or Land, Records, and Claims as needed.
- Participate in Post Incident Review

LEGAL GROUP LEADER

The Legal Group Leader is responsible for advising the Incident Command Staff and Section Chiefs on all matters that may involve legal issues.

Responsibilities:

- Maintain Activity Log.
- Obtain briefing from Finance Section Chief.
- Periodically advise Finance Section Chief of status.
- Participate in Finance planning meetings and briefings.
- Participate in development of Finance's portion of Incident Action Plan (IAP).
- Conduct investigations per Incident Commander's (IC) request.
- Provide skilled negotiators.
- Communicate to all affected emergency response personnel if work product is declared "Attorney-Client Privilege. "
- Participate in Post Incident Review

BUSINESS RESUMPTION SECTION CHIEF

The Business Resumption Section Chief is responsible for managing and directing activities of the repair crews and contractors.

Responsibilities:

- Establish and direct the repairs activities.
- Ensure that all work is done in a manner to ensure the safety of all employees and the public.
- Establish and direct any required staging activities.
- Participate in Post Incident Review

REPAIR COORDINATOR

The Repair Coordinator is responsible for the timely, efficient, and safe repair of the damaged pipeline segment so that loss of service will be as brief as possible without compromising safety or integrity of repair. Ensure that temporary and/or permanent repair of the affected asset is done in accordance with approved methods.

Responsibilities:

- Determine extent and cause of damage.
- Obtain necessary materials, personnel and equipment to repair damage.
- Plan and execute repairs.
- Verify that repairs are complete and sound using proven test methods (x-ray, hydrostatic test or other accepted methods) and in compliance with DOT requirements.
- Supervise completion of repair by the use of proper back-fill materials and techniques.
- Return the ROW to acceptable condition.
- Inform the Incident Commander when pipeline is ready for return to service.
- Coordinate activities with HES and DOT representatives.
- Participate in Post Incident Review

Maps have been redacted in accordance with the FOIA Exemption 7(F).