Sunoco Logistics

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Sunoco Pipeline L.P.
Facility Response Plan
PHMSA Sequence Number 970
Great Lakes Region - Inkster Response Zone

Sunoco Partners Pipeline, L.P.
1818 Market Street, Suite 1500
Philadelphia, PA 19103
Revised September 2013

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 (HES&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 Appendix E	Appendix E
2	6-25-2012	Update HCA mapping, add OSRO: E.Q. Industrial Service, Inc.	Appendix E, Table 2.3
3	2-12-2013	Update personnel	
4	8-6-2013	Update personnel, update product listing and Spill Mitigation Procedures.	p. 2, 8. Tables 1.2 and 3.2
5	9-13-2013	Amend plan according to PHMSA review letter	Sections 1.1 3.2, 4.1, 4.4, 6.1, 7.1, Table 2-3, Appendix E

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 Great Lakes District - Inkster 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**.

This plan should be supplemented and used in conjunction with the Western Great Lakes Area Contingency Plan (ACP) as is appropriate.

1.2 Response Zone Information Summary

The information summary for the Great Lakes District - Inkster Response Zone is presented below:

TABLE 1-1 – GREAT LAKES DISTRICT - INKSTER RESPONSE ZONE INFORMATION 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. 7155 Inkster Road Taylor, MI 48180
Qualified Individuals:	Kirk Greenlee Director of Pipeline Operations 313-292-9839Office 313-215-2314 Mobile	
	Dave Chalson Vice President Operations Unified Command Representative 215-339-1331 (Office) 215-620-0287 (Mobile)	
	Frank Cote Maintenance Supervisor (313) 292-1943 (Office) (313)348-4099 (Mobile)	
	Matt Studer Operations Manager 216-912-1349 – Office 330-603-3131 - Mobile	
Pipeline Description:	The Sunoco Pipeline L.P. Inkster Pipeline System transports petroleum products in the areas shown in the maps included with this plan.	
Response Zone:	The response zone is the entire Inkster Pipeline System. The Response Zone has the potential for "significant and substantial harm" and has the potential for a "worst case discharge"	
Area Contingency Plan:	Western Great Lakes Area Contingency Plan	

TABLE 1-2 – DESCRIPTION OF LINE SEGMENTS/STATIONS

REFINED PETROLEUM ASSETS

Line Segments	(b) (7)(F)	Counties/State	Product
		(St. Clair MI, Macomb MI, Oakland OH, Wayne OH, Monroe MI, Lucas OH)	Crude
		(Wayne OH)	Refined Petroleum Products
		(Wayne OH)	Refined Petroleum Products
		(Wayne OH)	Refined Petroleum Products
		(Lucas OH, Monroe MI, Wayne OH)	Refined Petroleum Products
		(Lucas OH, Monroe MI, Wayne OH)	Refined Petroleum Products
		(Monroe MI)	Crude
		(Lucas OH)	Refined Petroleum Products
		(Lucas OH)	Refined Petroleum Products
		(Hancock OH, Wood OH)	Refined Petroleum Products
		(Huron OH, Seneca OH,	Refined

	Fostoria - Norwalk	Wood OH)	Petroleum Products
	(b) (7)(F) [redacted]	(Lucas OH)	Refined Petroleum Products
		(Lucas OH)	Refined Petroleum Products
		(Lucas OH)	Crude
		(Wayne OH)	Refined Petroleum Products
		(Lucas OH)	Refined Petroleum Products
Facilities	**Name**	**Facility Type**	**# of tanks**
	Marysville	Facility	6 tanks
	Utica	PS	N/A
	Wayne	PS	N/A
	Samaria	Facility	N/A

LPG ASSETS

Line Segments	(b) (7)(F)	Counties/State	Refined Petroleum Products
		(Lucas OH, Wood OH)	Ethane
		(Lucas OH, Monroe MI, Wayne OH)	Ethane
		(Wayne OH, Oakland MI, Macomb MI, St. Clair MI, Lambton county Ontario Cananda)	Ethane

Facilities	Description	County/State	# of Tanks
	(b) (7)(F)	Seneca OH	N/A
		Wood OH	N/A
		Lucas OH	N/A
		Monroe MI	N/A
		Wayne MI	N/A
		Oakland MI	N/A
		Macomb MI	N/A

(b) (7)(F)

(b) (7)(F)

[redacted]

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

(b) (7)(F)

[redacted]

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

	• 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

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.

Furthermore, Sunoco Pipeline, L.P. response plan is consistent with the National Contingency Plan (NCP) and each applicable Area Contingency Plan (ACP).

Frank Cote
Operations Supervisor
SUNOCO LOGISTICS PARTNERS, 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:

- 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**
Kirk Greenlee Great Lakes Region, Director of Pipeline Maintenance	313-292-9839Office 313-215-2314 Mobile	2-4 hours
Frank Cote Maintenance Supervisor	313- 292-1943 (Office) 313-348-4099 (Mobile)	2-4 hours

TABLE 2-2 – CONTACT INFORMATION

EMERGENCY RESPONSE PERSONNEL CONTACT INFORMATION			
Name/Title	**Contact Information**	**Response Time**	**Responsibilities During Response Action**
Kirk Greenlee District Supervisor **Qualified Individual**	313-292-9839 Office 313-215-2314 Mobile	2-4 hours	Incident Commander
Gus Borkland HES&S Manager **Qualified Individual**	215-977-6136 Office 215-620-5934 Cell	6-8 hours	Operations
Dave Chalson Vice President **Qualified Individual**	215-339-1331 Office 215-620-0287 Cell	6-8 hours	Operations/Planning
Troy Clayton Operations Supervisor **Qualified Individual**	(419) 691-5722 ext 223 (Office) (b) (6) (419) 304-0376 *(Mobile)	2-4 hours	Planning
Ryan Kiley Health & Safety Manager **Qualified Individual**	215-937-6283 (Office) 267-229-4502 *(Mobile)	6-8 hours	Logistics
Ron O'Toole Emergency Response Manager **Qualified Individual**	412-784-3472 Office 412-760-3520 Cell	2-4 hours	Environmental Liaison
Al Kravatz DOT Compliance Coordinator	610-859-5755 Office 215-779-3001 Cell	6-8 hours	Regulatory Liaison

TABLE 2-3 – REGULATORY AGENCY CONTACT INFORMATION

Note: The National Response Centers will be notified by the operator at the earliest practicable moment following the discovery of a hazardous liquid release.

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 (202) 267-2675	
National Response Center (USCG)	1-800-424-8802	
State Agencies		
Michigan Department of Environmental Quality (DEQ), State Emergency Response Committee	(800) 292-4705 (Outside MI & 24-hr) (517) 373-7660 (Within MI)	**Report within 24 hours** any release of oil. *****EXEMPTIONS***** **1) <1000 gallons of any polluting material into a secondary containment structure if:** a) recovery is initiated within 24 hours of discovery; b) recovery completed within 72 hours after discovery, and; c) no polluting materials are released to any public sewer system, surface waters, or groundwaters of the state. **2) <55 gallons of oil to the ground surface, if:** a) recovery is completed within 24 hours of discovery, and; b) oil is not released to any public sewer system, surface waters or groundwaters of the state. **3) <55 gallons of oil to the surface waters of the state, if:** a) effective recovery measures are implemented in response to the spill/leak/discharge immediately

		upon detection.
U.S. Department of Transportation Office of Pipeline Safety, Washington, DC	(800) 424-8802 (202) 267-2675	
USCG OSROs		
E.Q. Industrial Services Inc. 2701 North I-94 Service Drive Ypsilanti, MI 48195	(734)-646-8287 (734) – 340-4060 (Fax)	
BBU Environmental Services P.O. Box 2541 2206 Horns Mill Road SE Lancaster, OH	(800) 837-8064 (24 hour Emergency) (740) 681-9902 (740) 681-1389 (Fax) bbu@rrohio.com	
Clean Harbors Environmental Services 6400 Sterling Drive North Sterling Heights, MI 48312	(800) 645-8265 (24-hrs.)	
Marine Pollution Control Corporation8631 West Jefferson Detroit, MI	(313) 849-2333 (24 hour Emergency) (313) 849-1623 (Fax) info@marinepollutioncontrol.com	
National Response Corporation 3500 Sunrise Highway, Suite T103 Great River, NY 11739 Great River , NY	(631) 224-9141 (631) 224-9082 (Fax) iocdo@nrcc.com	
Excavation Contractors		
Holly Construction Contract #200146	(734) 397-0400	
RL Coolsaet Contract #260096	(734) 946-9300	
Service Providers		
C&W Tank Cleaning Company, Inc.50 North Lallendorf Road	(419) 691-1995 (419) 691-1997 (fax) cwtankcleaning@sbcglobal net	
EQ Industrial Services, Inc.	(734) 547-2500	
GES - Groundwater Environmental Services Contract #280156	(610) 458-1077	
M L Chartier Contract #270117	(586) 725-8373	
NOMMAD - Northern Ohio & Michigan Mutual Aid District	(419) 213-6527	
PSC Industrial Services Contract #290024	(419) 467-9848	
Wildlife Rehabilitation		
International Bird Rescue, Berkeley, CA Research Center, Galveston	(510) 841-9086 (409) 740-4728	
Tri-State Bird Rescue Research Center, Newark, DE	(302) 737-7241 (800) 710-0695	

TABLE 2-4 – EMERGENCY SERVICES CONTACT INFORMATION

EMERGENCY SERVICES BY COUNTY	
Organization	**Phone Number**
Monroe County, MI Police LEPC	 911 734-240-3135
Wayne, MI Police LEPC	 911 734-942-5289
Oakland, MI Police LEPC	 911 248-858-5371
Macomb, MI Police LEPC	 911 586-469-5270
St. Clair, MI Police LEPC	 911 810-989-6327
Lambton County Ontario, Canada Police Emergency Management	 911 866-324-6912
Wood, OH Police LEPC	 911 419-354-9269
Huron, MI Police LEPC	 911 989-269-6421
Seneca, OH Police LEPC	 911 513-825-8518

TABLE 2-5 - CONTRACTOR CONTACT INFORMATION

CONTRACTOR INFORMATION	
Organization	**Phone Number**
USCG Classified OSRO's	
Progressive Environmental Service (Eagle/SWS)	(877)742-4215 (678) 835-0392
Oil Mop LLC	(800) 645-6671 (504) 394-6110
Garner Environmental Services, Inc.	(800) 424-1716 (281) 930-1200
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)

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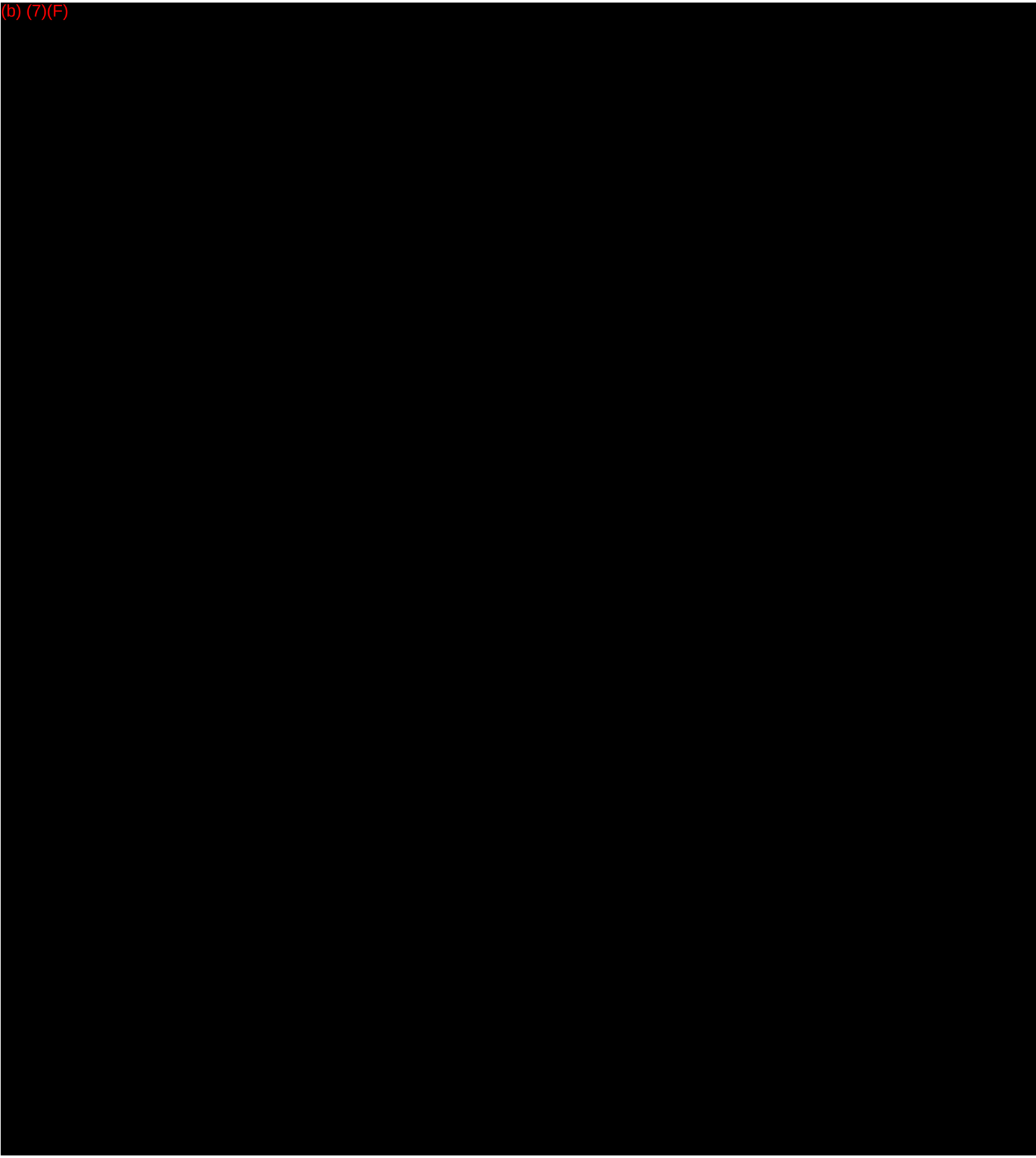
(b) (7)(F)

(b) (7)(F)



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 area 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.

If the use of alternative response strategies are identified for use such as in-situ burning or dispersants as identified in the Western Great Lakes Area Contingency Plan, Sunoco Logistics will seek approval and permission from the Regional Response Team in conjunction with the US EPA, PADEP and or the USCG as appropriate. An example of 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. 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. Closest Local OSRO
2. Second closest OSRO
3. National OSRO

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 Actions. In the event of a spill, actions will be taken to protect personnel and public safety as well as the environment. The checklist provided below is an example of some of the activities conducted during a spill. Table 4-1 is an example of a Spill Response 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). Remotely controlled motor operated valves will be closed by the Operations Center as soon as a leak is detected.		
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 (as necessary). Liaison Officer will maintain contact with notified regulatory agencies.		
Ensure the 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 job descriptions in **APPENDIX D**)		

This plan should be supplemented and used in conjunction with the Western Great Lakes Area Contingency Plan (ACP) as is appropriate.

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.

An example of 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 spill 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 spill 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:**

    - Intretation 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 Response Personnel team has been created and organized to plan for and manage emergencies. The team is composed of Company personnel from offices within the Area. Additional personnel from outlying offices can be used (if needed). The team 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 will handle all communications with the media and the public. Job descriptions for each member are provided in **APPENDIX D**. The team will train by participating in exercises as noted in **SECTION 6.**

Activation of the team 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 team. If the situation requires more resources, he may request additional personnel or management support. This request is made to the Qualified Individual (QI). Depending on the situation, the QI may then assume the role of Incident Commander. The QI would then call out the other team members. The activation procedure is provided in **APPENDIX D**.

The Western Great Lakes ACP should be used to assist the activities and planning of the Emergency Management Team

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, following the Sunoco Logistics "PREP Training & Record Guide, EPP-101.

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

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

#
/ł˝°-łł1: _____ #

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 there 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

5.4 Training Program

Training requirements are presented in Table 5-4, below:

TABLE 5-4 – 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 • A record of Personnel Response Training will be maintained.will be recorded.

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	• Will follow EPP-101
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.

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.

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. The Western Great Lakes ACP should be used to facilitate strategies used in the event of a Worst Case Discharge.

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 release 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 tank failure 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)
(b) (7)(F)	

6.3 Worst Case Discharge Volume Calculations

The worst case tank volume is calculated as follows:

Largest Tank X Credit for Containment Tank Standards = Tank Standards Credit

The Company has implemented all of the spill prevention measures listed on the previous page, except tertiary containment. Therefore, the percent reduction allowed for credit equals 50% and the worst case discharge volume is 50% of the total volume.

(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:

- Crude Oil
- Finished Petroleum Products
- LPG products (ethane)

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.
Ethane	Ethane	1	4	A, P	0	Easily ignited and will form explosive mixtures with air; may cause dizziness or asphyxiation; toxic if inhaled at high concentrations; skin contact with gas or liquid may cause burns; fire may produce irritating or toxic gases

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 Response Zone Map and multiple Pipeline Sensitivity Maps are presented in **APPENDIX E**. The District Overview map includes the entire Inkster Response Zone and illustrates the eighteen (18) Pipeline Sensitivity Map locations.

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:

- Inkster District Overview Map

A Pipeline Map Feature Index Table, **TABLE E.1**, is presented following the maps. The Pipeline Map Feature Index Table provides an explanation of potentially sensitive areas that are numerically coded on the Pipeline Sensitivity Maps.

The Western Great Lakes ACP is available on-line and should be used in conjunction with the aforementioned maps as appropriate.

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.

APPENDIX A

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

APPENDIX B

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)* ○ Operator ○ Operator's Contractor ○ 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: ○ Hurricane ○ Tropical Storm ○ Tornado ○ Heavy Rains/Flood ○ 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? ○ Yes ○ No 3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: ○ Magnetic Flux Leakage /__/__/__/__/ ○ Ultrasonic /__/__/__/__/ ○ Geometry /__/__/__/__/ ○ Caliper /__/__/__/__/ ○ Crack /__/__/__/__/ ○ Hard Spot /__/__/__/__/ ○ Combination Tool /__/__/__/__/ ○ Transverse Field/Triaxial /__/__/__/__/ ○ Other _____ /__/__/__/__/ 4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? ○ Yes ○ No 5. 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 6. 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 *(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

OHIO ENVIRONMENTAL PROTECTION AGENCY
DISTRICT OFFICES

Northwest District
347 North Dunbridge Road
Bowling Green, OH 43402
(419) 352-8461

Northeast District
2110 East Aurora Road
Twinsburg, OH 44087
(330) 963-1200

Southwest District
401 East Fifth Street
Dayton, OH 45402
(937) 285-6357

Central Ohio Unit
122 South Front Street
Columbus, OH 43215
(614) 728-3778

Southeast District
2195 Front Street
Logan, OH 43138
(740) 385-8501

Ohio Local Emergency Planning Committee Information and Emergency Coordinators by County

NOTE: This list contains the 24-hour emergency telephone numbers of LEPC Emergency Coordinators (as of 10/1/00). These numbers are to be used only to report reportable spills/releases to local officials. In the majority of cases, the 24-hour number is a dispatching number (eg..Sheriff's Dept./Fire Dept./ Police). Please do not call the 24-hour emergency number for general program questions or issues. This is only an emergency incident reporting telephone number.

NOTE: Questions about annual chemical inventory reports or filing fees should be directed to the information coordinator of your planning district (see below) or a state representative of the SERC (614-644-2260) or 1-888-644-2260 (toll free).

ADAMS COUNTY LEPC

INFORMATION COORDINATOR
Paul Howelett
Adams Cnty. EMA Dir.
116 W. Mulberry St.
West Union, OH 45693
(937) 544-6123

EMERGENCY COORDINATOR
Paul Howelett
Adams Cnty. EMA Dir.
116. W. Mulberry St.
W. Union, OH 45693
(937) 544-6123 (DAY)
(937) 544-2314 (24-HR)

ALLEN COUNTY LEPC

INFORMATION COORDINATOR
Russell Decker
Allen Cnty. EMA Director
P. O. Box 1243/333 N. Main St.
Lima, OH 45802
(419) 993-1404

EMERGENCY COORDINATOR
Russell Decker
Allen Cnty. EMA Director
P. O. Box 1243/333 N. Main St.
Lima, OH 45802
(419) 993-1404 (DAY)
(419) 227-3535 (24-HR)

ASHLAND COUNTY LEPC

INFORMATION COORDINATOR
Mike Wolfson
Ashland Cnty. Regional Planning
110 Cottage St.
Ashland, OH 44805
(419) 282-4262

EMERGENCY COORDINATOR
Mark Burgess
Ashland City Fire Chief
274 Cleveland Ave.
Ashland, OH 44805
(419) 289-6511 (DAY)
(419) 289-2911 (24-HR)

ASHTABULA COUNTY LEPC

INFORMATION COORDINATOR
Dannette Ingersoll
Ashtabula Cnty. EMA Secretary
25 W. Jefferson St.
Jefferson, OH 44047
(440) 576-9148

EMERGENCY COORDINATOR
Gary Bolender
Ashtabula Cnty. EMA
25 W. Jefferson St.
Jefferson, OH 44047
(440) 576-9148 (DAY)
(440) 576-0055 (24-HR)

ATHENS COUNTY LEPC

INFORMATION COORDINATOR
L.D. Bentley
Athens Cnty. EMA
13 W. Washington St.
Athens, OH 45701-2433
(740) 592-3247

EMERGENCY COORDINATOR
L.D. Bentley
Athens Cnty. EMA
13 W. Washington St.
Athens, OH 45701-2433
(740) 592-3274 (DAY)
(740) 592-3274 (24-HR)

AUGLAIZE COUNTY LEPC

INFORMATION COORDINATOR
James Ashman
Auglaize Cnty. Info. Coord.
201 S. Willipie-Suite G-8
Wapakoneta, OH 45895
(419) 738-9637

EMERGENCY COORDINATOR
Dennis Mallory
Auglaize Cnty. LEPC
201 S. Willipie-Suite G-8
Wapakoneta, OH 45895
(419) 738-9637 (DAY)
(419) 738-9637 (24-HR)

BELMONT COUNTY LEPC

INFORMATION COORDINATOR
Richard Quinlin
Belmont Cnty. EMA Dir.
68329 Bannock Rd.
St. Clairsville, OH 43950
(740) 695-5984

EMERGENCY COORDINATOR
Richard Quinlin
Belmont Cnty. EMA Dir.
68329 Bannock Rd.
St. Clairsville, OH 43950
(740) 695-5984 (DAY)
(740) 699-0425 (24-HR)

BROWN COUNTY LEPC

INFORMATION COORDINATOR
Jane Cahall
Brown Cnty. EMA Director
800 Mt. Orab Pike
Georgetown, OH 45121
(937) 378-5100

EMERGENCY COORDINATOR
Jane Cahall
Brown Cnty. EMA Director
800 Mt. Orab Pike
Georgetown, OH 45121
(937) 378-5100 (DAY)
(937) 378-4155 (24-HR)

BUTLER COUNTY LEPC

INFORMATION COORDINATOR
William Turner
Butler Cnty. EMA Dir.
315 High St., 6th Floor
Hamilton, OH 45011
(513) 785-5810

EMERGENCY COORDINATOR
William Turner
Butler Cnty. EMA Dir.
315 High St., 6th Floor
Hamilton, OH 45011
(513) 785-5810 (DAY)
(513) 785-5810 (24-HR)

CARROLL COUNTY LEPC

INFORMATION COORDINATOR
Ralph Lloyd
Carroll Cnty. EMA Dir.
43 Second St. SE
Carrollton, OH 44615
(330) 627-0003

EMERGENCY COORDINATOR
Ralph Lloyd
Carroll Cnty. EMA Dir.
43 Second St. SE
Carrollton, OH 44615
(330) 627-0003 (DAY)
(330) 627-2141 (24-HR)

CHAMPAIGN COUNTY LEPC

INFORMATION COORDINATOR
Jim McIntosh
Urbana Fire Chief
107 E. Market St.
Urbana, OH 43078
(937) 653-3509

EMERGENCY COORDINATOR
Jim McIntosh
Urbana Fire Chief
107 E. Market St.
Urbana, OH 43078
(937) 653-3509 (DAY)
(937) 652-2131 (24-HR)

CLARK COUNTY LEPC

INFORMATION COORDINATOR
Robert Hupp
Clark Cnty. EMA Dir.
4075 Laybourne Rd.
Springfield, OH 45505
(937) 328-4586

EMERGENCY COORDINATOR
Keith Nawman
Clark Cnty. Haz. Mat. Coord.
350 N. Fountain Ave.
Springfield, OH 45504
(937) 324-7607 (DAY)
(937) 324-7615 (24-HR)

CLERMONT COUNTY LEPC

INFORMATION COORDINATOR
Laurie Schlueter
Clermont Cnty. Info. Coord.
2279 Clermont Center Rd.
Batavia, OH 45103
(513) 732-7661

EMERGENCY COORDINATOR
Beth Nevel
Clermont Cnty. Emergency Coord.
2279 Clermont Center Rd.
Batavia, OH 45103
(513) 732-7661 (DAY)
(513) 732-2231 (24-HR)

CLINTON COUNTY LEPC

INFORMATION COORDINATOR
Shawn Pandorf
Clinton Cnty. EMA
53 E. Main St.
Wilmington, OH 45177
(937) 382-6673

EMERGENCY COORDINATOR
Shawn Pandorf
Clinton Cnty. EMA
53 E. Main St.
Wilmington, OH 45177
(937) 382-6673 (DAY)
(937) 382-3543 (24-HR)

COLUMBIANA COUNTY LEPC

INFORMATION COORDINATOR
Susan Bennett
Columbiana Cnty. Info. Coord.
8473 County Home Rd.
P. O. Box 404
Lisbon, OH 44432
(330) 424-0861

EMERGENCY COORDINATOR
Jay Carter
Columbiana Cnty. EMA Dir.
7301 Lisbon-Canfield Rd.
P. O. Box 414
Lisbon, OH 44432
(330) 424-9725 (DAY)
(330) 424-7255 (24-HR)

COSHOCTON COUNTY LEPC

INFORMATION COORDINATOR
Jean Honabarger
Coshocton Cnty. EMA Dir.
724 S. 7th St.
Coshocton, OH 43812
(740) 622-1984

EMERGENCY COORDINATOR
Jean Honabarger
Coshocton Cnty. EMA Dir.
724 S. 7th St.
Coshocton, OH 43812
(740) 622-1984 (DAY)
(740) 622-2411 (24-HR)

CRAWFORD COUNTY LEPC

INFORMATION COORDINATOR
Dave Weir
Crawford Cnty. LEPC
112 E. Mansfield St.
P. O. Box 1226
Bucyrus, OH 44820
(419) 468-8569

EMERGENCY COORDINATOR
Kristine Strauch
Crawford Cnty. EMA Dir.
112 E. Mansfield St.
P. O. Box 1226
Bucyrus, OH 44820
(419) 562-6009 (DAY)
(419) 562-7906 (24-HR)

CUYAHOGA COUNTY LEPC

INFORMATION COORDINATOR
Michael Kalstrom
Cuyahoga Cnty. Info. Coord.
1255 Euclid Ave./Suite 102
Cleveland, OH 44115-1807
(216) 443-7597

EMERGENCY COORDINATOR
Murray A. Withrow
Cuyahoga Cnty. EMA
1255 Euclid Ave./Suite 102
Cleveland, OH 44115-1807
(216) 443-3196 (DAY)
(216) 771-1365 (24-HR)

DARKE COUNTY LEPC

INFORMATION COORDINATOR
June Thompson
Darke Cnty. EMA Dir.
5185 County Home Rd.
Greenville, OH 45331
(937) 548-1444

EMERGENCY COORDINATOR
June Thompson
Darke Cnty. EMA Dir.
5185 County Home Rd.
Greenville, OH 45331
(937) 548-1444 (DAY)
(937) 548-2020 (24 HR)

DEFIANCE COUNTY LEPC

INFORMATION COORDINATOR
Karrie Bergman
Defiance Cnty. LEPC
22491 Mill St.
Defiance, OH 43512
(419) 782-1130

EMERGENCY COORDINATOR
Mark Hopper
Defiance Cnty. Public Safety
22491 Mill St.
Defiance, OH 43512
(419) 782-1130 (DAY)
(419) 784-1155 (24-HR)

DELAWARE COUNTY LEPC

INFORMATION COORDINATOR
Larry Fisher
Delaware Cnty. EMA
10 Court St.
Delaware, OH 43015
(740) 833-2163

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FAYETTE COUNTY LEPC

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FRANKLIN COUNTY LEPC

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FULTON COUNTY LEPC

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GALLIA COUNTY LEPC

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GEAUGA COUNTY LEPC

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HAMILTON COUNTY LEPC

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MONTGOMERY/GREENE COUNTY LEPC

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MORROW COUNTY LEPC

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MUSKINGUM COUNTY LEPC

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NOBLE COUNTY LEPC

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PAULDING COUNTY LEPC

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PERRY COUNTY LEPC

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106 S. Market St.
McArthur, OH 45651
(740) 596-3524 (DAY)
(740) 352-2748 (24-HR)

WARREN COUNTY LEPC

INFORMATION COORDINATOR
Frank Young
Warren Cnty. EMA
500 Justice Dr.
Lebanon, OH 45036
(513) 695-1315

EMERGENCY COORDINATOR
Paul Deane
Warren Cnty. LEPC
500 Justice Dr.
Lebanon, OH 45036
(513) 933-1315 (DAY)
(513) 932-4080 (24-HR)

WASHINGTON COUNTY LEPC

INFORMATION COORDINATOR
Dennis Cavilier
Washington Cnty. EMA Dir.
205 Putnam St.
Marietta, OH 45750
(740) 373-5613

EMERGENCY COORDINATOR
Dennis Cavilier
Washington Cnty. EMA
205 Putnam St.
Marietta, OH 45750
(740) 373-5613 (DAY)
(740) 373-2833 (24-HR)

WAYNE COUNTY LEPC

INFORMATION COORDINATOR
John Wise
Wayne Cnty. EMA Dir.
201 W. North St.
Wooster, OH 44691
(330) 262-9817
EMERGENCY COORDINATOR
John Wise
Wayne Cnty. EMA
201 W. North St.
Wooster, OH 44691
(330) 262-9817 (DAY)
(330) 287-5700 (24-HR)

WILLIAMS COUNTY LEPC

INFORMATION COORDINATOR
Bruce Siders
Williams Cnty. LEPC
304 W. High St.
Bryan, OH 43506
(419) 636-4232

EMERGENCY COORDINATOR
Bruce Siders
Williams Cnty. LEPC
304 W. High St.
Bryan, OH 43506
(419) 636-4232 (DAY)
(419) 636-1151 (24-HR)

WOOD COUNTY LEPC

INFORMATION COORDINATOR
Lisa Kern
Wood County EMA
One Courthouse Square
Bowling Green, OH 43402
(419) 354-9269

EMERGENCY COORDINATOR
Jonathan E. Larson
Wood Cnty. EMA Dir.
One Courthouse Square
Bowling Green, OH 43402
(419) 354-9269 (DAY)
(800) 516-0448 (24-HR)

WYANDOT COUNTY LEPC

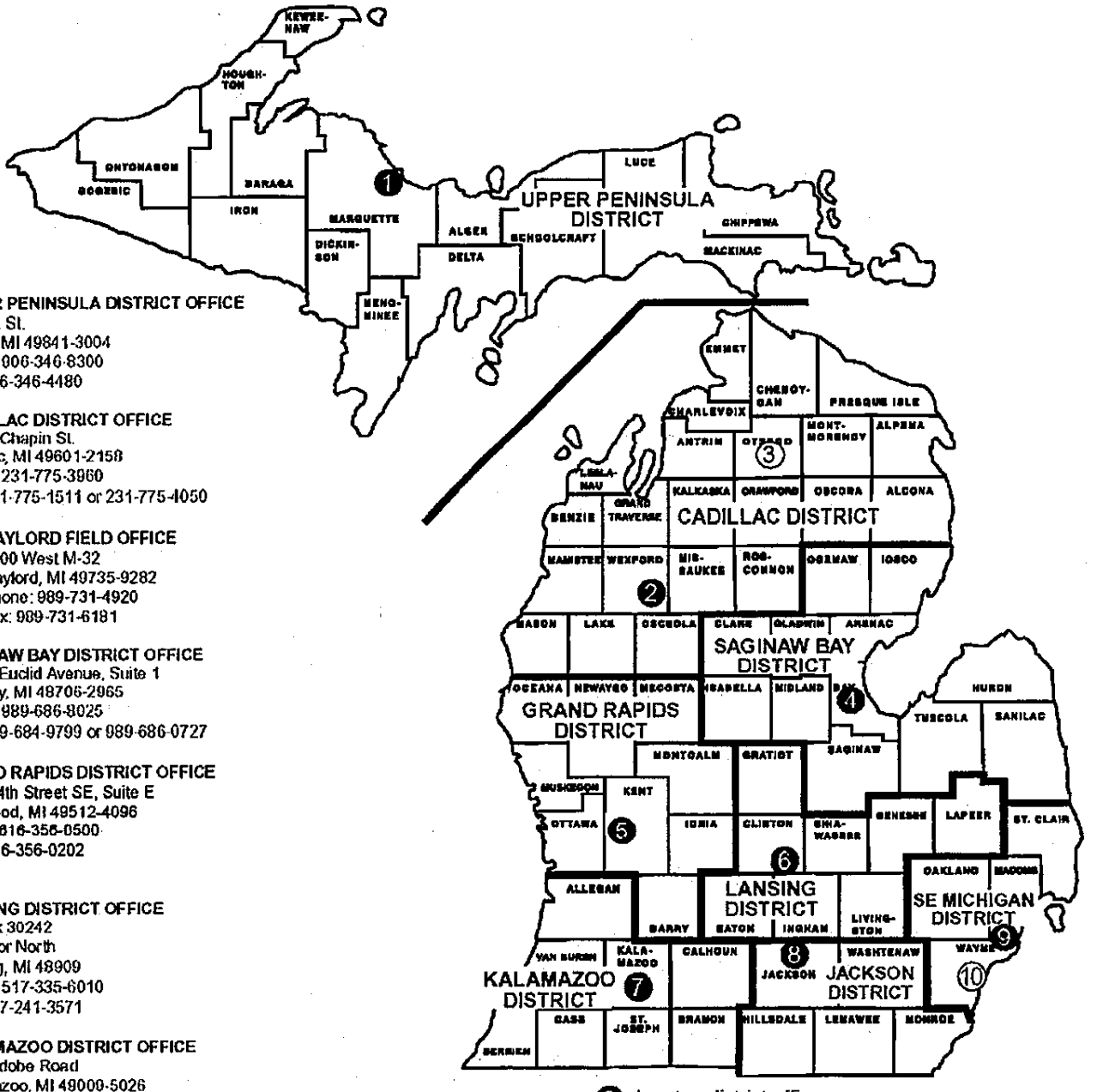
INFORMATION COORDINATOR
Cyrus W. Dille
Wyandot Cnty. EMA Dir.
125 E. Wyandot Ave.
Upper Sandusky, OH 43351
(419) 294-6406

EMERGENCY COORDINATOR
Michael R. Hetzel
Wyandot Cnty. Sheriff
125 E. Wyandot Ave.
Upper Sandusky, OH 43351
(419) 294-2362 (DAY)
(419) 294-2362 (24-HR)

Revised October 2000

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

DISTRICT AND FIELD OFFICE LOCATIONS



9 denotes district office
10 denotes field office

1 UPPER PENINSULA DISTRICT OFFICE
420 5th St.
Gwinn, MI 49841-3004
Phone: 906-346-8300
Fax: 906-346-4480

2 CADILLAC DISTRICT OFFICE
120 W. Chapin St.
Cadillac, MI 49601-2158
Phone: 231-775-3960
Fax: 231-775-1511 or 231-775-4050

3 GAYLORD FIELD OFFICE
2100 West M-32
Gaylord, MI 49735-9282
Phone: 989-731-4920
Fax: 989-731-6181

4 SAGINAW BAY DISTRICT OFFICE
503 N. Euclid Avenue, Suite 1
Bay City, MI 48706-2965
Phone: 989-686-8025
Fax: 989-684-9799 or 989-686-0727

5 GRAND RAPIDS DISTRICT OFFICE
4460 44th Street SE, Suite E
Kentwood, MI 49512-4096
Phone 616-356-0500
Fax: 616-356-0202

6 LANSING DISTRICT OFFICE
PO Box 30242
4th Floor North
Lansing, MI 48909
Phone. 517-335-6010
Fax: 517-241-3571

7 KALAMAZOO DISTRICT OFFICE
7953 Adobe Road
Kalamazoo, MI 49009-5026
Phone: 269-567-3500
Fax: 269-567-9440

8 JACKSON DISTRICT OFFICE
301 E. Louis Glick Highway
Jackson, MI 49201-1556
Phone: 517-780-7690
Fax: 517-780-7855

9 SOUTHEAST MICHIGAN DISTRICT OFFICE
27700 Donald Ct.
Warren, MI 48092-2793
Phone: 586-753-3700
Fax: 596-753-3831

10 DETROIT FIELD OFFICE
Cadillac Place
3058 W. Grand Blvd., Suite.2-300
Detroit, MI 48202-6058
Phone: 313-456-4700
Fax: 313-456-4692 or 313-456-4662

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

SPILL OR RELEASE REPORT

NOTE: Some regulations require a specific form to use and procedures to follow when reporting a release. Those forms and procedures **MUST** be used and followed if reporting under those regulations. This report form is to aid persons reporting releases under regulations that do not require a specific form. This report form is not required to be used. **To report a release, some regulations require a facility to call the PEAS Hotline at 800-292-4706, or DEQ District Office that oversees the county where it occurred, and other regulating agencies and provide the following information. A follow-up written report may be required. Keep a copy of this report as documentation that the release was reported. If you prefer to submit this report electronically by FAX or e-mail, contact the regulating agency for the correct telephone number or e-mail address.** See the DEQ website on Spill/Release Reporting for more reporting information.

Please print or type all information.

NAME AND TITLE OF PERSON SUBMITTING WRITTEN REPORT

TELEPHONE NUMBER (provide area code)

NAME OF BUSINESS

STREET ADDRESS

CITY | STATE | ZIP CODE

BUSINESS TELEPHONE NUMBER (provide area code)

RELEASE LOCATION (provide address if different than business, if known, and give directions to the spill location. Include nearest highway, town, road intersection, etc.)

SITE IDENTIFICATION NUMBER AND OTHER IDENTIFYING NUMBERS (if applicable)

COUNTY | TOWNSHIP | TIER/RANGE/SECTION (if known)

RELEASE DATA. Complete all applicable categories. Check all the boxes that apply to the release. Provide the best available information regarding the release and its impacts. Attach additional pages if necessary.

DATE & TIME OF RELEASE (if known)
__/__/__ ____am/pm

DATE & TIME OF DISCOVERY
__/__/__ ____am/pm

DURATION OF RELEASE (if known)
____ days
____ hours
____ minutes

TYPE OF INCIDENT
- ☐ Explosion
- ☐ Fire
- ☐ Leaking container
- ☐ Loading/unloading release
- ☐ Pipe/valve leak or rupture
- ☐ Vehicle accident
- ☐ Other ____

MATERIAL RELEASED (Chemical or trade name)
☐ CHECK HERE IF ADDITIONAL MATERIALS LISTED ON ATTACHED PAGE.

CAS NUMBER or HAZARDOUS WASTE CODE

ESTIMATED QUANTITY RELEASED (indicate unit e.g. lbs, gals, cu ft or yds)

PHYSICAL STATE RELEASED (indicate if solid, liquid, or gas)

FACTORS CONTRIBUTING TO RELEASE
- ☐ Equipment failure
- ☐ Operator error
- ☐ Faulty process design
- ☐ Training deficiencies
- ☐ Unusual weather conditions
- ☐ Other ____

SOURCE OF LOSS
- ☐ Container
- ☐ Railroad car
- ☐ Pipeline
- ☐ Ship
- ☐ Tank
- ☐ Tanker
- ☐ Truck
- ☐ Other ____

TYPE OF MATERIAL RELEASED
- ☐ Agricultural: manure, pesticide, fertilizer
- ☐ Chemicals
- ☐ Flammable or combustible liquid
- ☐ Hazardous waste
- ☐ Liquid industrial waste
- ☐ Oil/petroleum products or waste
- ☐ Salt
- ☐ Sewage
- ☐ Other____
- ☐ Unknown

MATERIAL LISTED ON or DEFINED BY
- ☐ CAA Section 112(r) list (40 CFR Part 68)
- ☐ CERCLA Table 302.4 (40 CFR Part 302)
- ☐ EPCRA Extremely Hazardous Substance (40 CFR Part 355)
- ☐ Michigan Critical Materials Register or permit
- ☐ NREPA Part 31, Part 5 Rules polluting material
- ☐ NREPA Part 111 or RCRA hazardous waste
- ☐ NREPA Part 121 liquid industrial waste
- ☐ Other list ____
- ☐ Unknown

IMMEDIATE ACTIONS TAKEN
- ☐ Containment
- ☐ Dilution
- ☐ Evacuation
- ☐ Hazard removal
- ☐ Neutralization
- ☐ System shut down
- ☐ Diversion of release to treatment
- ☐ Decontamination of persons or equipment
- ☐ Monitoring
- ☐ Other ____

RELEASE REACHED

Distance from spill location to surface water, in feet____

- ☐ Surface waters (include name of river, lake, drain involved) ____
- ☐ Drain connected to sanitary sewer (include name of wastewater treatment plant and/or street drain, if known) ____
- ☐ Drain connected to storm sewer (include name of drain or water body it discharges into, if known) ____
- ☐ Groundwater (indicate if it is a known or suspected drinking water source and include name of aquifer, if known) ____
- ☐ Soils (include type e.g. clay, sand, loam, etc.) ____
- ☐ Ambient Air

THIS IS A MASTER COPY. PLEASE MAKE COPIES AS NEEDED.

EXTENT OF INJURIES, IF ANY	WAS ANYONE HOSPITALIZED?	TOTAL NUMBER OF INJURIES TREATED ON-SITE:
	☐ Yes NUMBER HOSPITALIZED:___ ☐ No	

DESCRIBE THE INCIDENT, THE TYPE OF EQUIPMENT INVOLVED IN THE RELEASE, HOW THE VOLUME OF LOSS WAS DETERMINED, ALONG WITH ANY RESULTING ENVIRONMENTAL DAMAGE CAUSED BY THE RELEASE. IDENTIFY WHO IMMEDIATELY RESPONDED TO THE INCIDENT (own employees or contractor — include cleanup company name, contact person, and telephone number). ALSO IDENTIFY WHO DID FURTHER CLEANUP ACTIVITIES, IF PERFORMED OR KNOWN WHEN REPORT SUBMITTED

☐ CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

ESTIMATED QUANTITY OF ANY RECOVERED MATERIALS AND A DESCRIPTION OF HOW THOSE MATERIALS WERE MANAGED (Include disposal method if applicable)

☐ CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

ASSESSMENT OF ACTUAL OR POTENTIAL HAZARDS TO HUMAN HEALTH (Include known acute or immediate and chronic or delayed effects, and where appropriate, advice regarding medical attention necessary for exposed individuals.)

☐ CHECK HERE IF DESCRIPTION OR ADDITIONAL COMMENTS ARE INCLUDED ON ATTACHED PAGE

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOTIFIED:

INITIAL CONTACT BY: ☐ Telephone ☐ Fax ☐ Email ☐ Other

DATE/TIME INITIAL CONTACT:_____

☐ PEAS: 800-292-4706 Log Number Assigned _____

☐ DEQ District or Field Office

- ☐ Baraga
- ☐ Bay City
- ☐ Cadillac
- ☐ Crystal Falls
- ☐ Detroit
- ☐ Gaylord
- ☐ Grand Rapids
- ☐ Gwinn
- ☐ Jackson
- ☐ Kalamazoo
- ☐ Lansing
- ☐ Newberry
- ☐ Warren
- ☐ Wyoming

DEQ Office locations are subject to change

Divisions or Offices Contacted:

- ☐ Air Quality
- ☐ Land & Water Management
- ☐ Office Geological Survey
- ☐ Remediation and Redevelopment
- ☐ Waste and Hazardous Materials
- ☐ Water Bureau

NAME AND TITLE OF PERSON MAKING INITIAL REPORT:

DEQ STAFF CONTACTED & PHONE NUMBER:

OTHER ENTITIES NOTIFIED:

	Date:	Time:
☐ National Response Center (NRC): 800-424-8802		
☐ US Coast Guard Office: ☐ Detroit ☐ Grand Haven ☐ Sault Ste. Marie		
☐ US Department of Transportation		
☐ US Environmental Protection Agency		
☐ 911 (or primary public safety answering point)		
☐ Local Fire Department		
☐ Local Police and/or State Police		
☐ Local Emergency Planning Committee		
☐ State Emergency Response Commission via MI SARA Title III Program		
☐ Wastewater Treatment Plant Authority		
☐ Hazmat Team		
☐ Local Health Department		
☐ Department of Labor & Economic Growth MIOSHA		
☐ Department of Labor & Economic Growth Fire Safety		
☐ Michigan Department of Agriculture: 800-405-0101		
☐ Other _____		

PERSON CONTACTED & PHONE NUMBER:

DATE WRITTEN REPORT SUBMITTED	SIGNATURE OF PERSON SUBMITTING WRITTEN REPORT

THIS IS A MASTER COPY. PLEASE MAKE COPIES AS NEEDED.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – OFFICE OF GEOLOGICAL SURVEY

DEQ

REPORT OF LOSS OR SPILL

By authority of Part 615 of Act 451 PA 1994, as amended.
Non-submission and/or falsification of this information may result in fines and/or imprisonment.
All losses of hydrocarbon brine, or other polluting materials must be reported by the permittee.
This notification shall be made in accordance with reporting instructions detailed on the reverse.

PART 1

Permittee name & address	Phone	Revised report ☐ Yes ☐ No

Site, lease, or well name	Permit No.	P.E.A.S. contacted? (if yes, state log #) ☐ Yes _____ ☐ No

Date of this report	County	Township	Town (N/S)	Range (E/W)	Section	Fractions ____¼ ____¼ ____¼

Date and time of loss or spill	Date and time of discovery	Who to contact about loss or spill details

During what type of activity (choose best response)			Area affected by the loss or spill (choose best response)		Distance to surface water
☐ Loading/Unloading	☐ Drilling Brine	☐ Disposal	☐ At wellhead	☐ Contained on site	_____ feet
☐ Production	☐ Plugging	☐ Well completion	☐ Inside diked area	☐ Migrated off site	

Source of loss or spill (i.e. flowline, brine tank, stuffing box, etc. - attach additional information as needed)

Type and volume of fluids lost or spilled (report volume in barrels)

☐ Brine _____ ☐ Oil _____ ☐ Condensate _____ ☐ Other (identify) _____

How was volume determined?

How was problem corrected (i.e. repaired valve, replaced tank, etc., attach additional information as needed)

How was loss or spill cleaned up or current status of cleanup (i.e. removed oily soils, vacuumed fluids, hydrogeological investigation underway, etc.)

Who did cleanup (company name, contact person)

PART 2

Provide directions and distance to well or a surveyed location nearest the loss or spill - (attach additional information as needed)

Potential/existing environmental impacts (attach additional information as needed)

Surface water

Groundwater

Soils

Air

Location of residential water wells within a half (½) mile of the loss

PART 3

Name of person making the original report		Date

Name of person in Department of Environmental Quality contacted	Time called	Date

Signature of authorized representative	Date

Mail this form to the appropriate Office of Geological Survey office. Please see reverse for mailing instructions.

EQP 7233 (rev. 8/2004)

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – WASTE AND HAZARDOUS MATERIALS DIVISION
PO BOX 30241, LANSING, MI 48909-7741, Phone 517-335-2690, Fax 517-335-2245, E-mail DEQ-STD-TANKS@state.mi.us

RELEASE REPORT: ☐ SUSPECTED ☐ CONFIRMED

THIS INFORMATION IS REQUIRED UNDER 1994 PA 451, AS AMENDED (Act 451). FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ACT MAY RESULT IN A MISDEMEANOR AND/OR CIVIL PENALTIES NOT TO EXCEED $5000 PER DAY, PER TANK.

INSTRUCTIONS: This form applies to releases of petroleum and hazardous substances from underground storage tanks regulated under Part 211, Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (PA 451).

The owner or operator must report suspected and confirmed releases to the Waste And Hazardous Materials Division (WHMD) within 24 hours of discovery. The report may be made by a consultant on behalf of the owner/operator. Phone **1-800-MICHUST**, FAX this form to 517-335-2245, or submit the web form from the WHMD web site www.state.mi.us/std. All information on this form must be provided regardless of whether the release is reported by telephone, FAX, or web form. For further information see Page 2.

WHMD USE ONLY	
FACILITY NUMBER	ENTRY DATE
UPGRADE/CANCEL DATE	INCIDENT NUMBER
DATE REPORTED	TIME REPORTED ☐ AM ☐ PM
REPORTED BY: ☐ PHONE ☐ FAX ☐ VOICE MAIL ☐ E-MAIL ☐ REGULAR MAIL	
Signature	

PERSON REPORTING RELEASE	COMPANY (IF NOT OWNER/OPERATOR)	TELEPHONE NUMBER: ( )
TANK REMOVAL CONTRACTOR	CONTRACTOR CONTACT	CONTRACTOR TELEPHONE NUMBER: ( )

I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS			
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.)			FACILITY NAME OR COMPANY SITE IDENTIFIER			
STREET ADDRESS			STREET ADDRESS (P O Box Not Acceptable)			
CITY	STATE	ZIP CODE	CITY	COUNTY	STATE MI	ZIP CODE
TELEPHONE NUMBER ( )			TELEPHONE NUMBER ( )			
DATE RELEASE DISCOVERED: TIME RELEASE DISCOVERED: ☐ AM ☐ PM			CONTACT PERSON FOR LOCATION			

TANK NUMBER[1] (if known)					
SIZE OF TANK (gallons)					
SUBSTANCE RELEASED					
CAUSE OF RELEASE (Check all that apply)	☐ Tank ☐ Piping ☐ Spill Protection ☐ Overfill Protection ☐ Dispenser ☐ Unknown ☐ Other (provide details in comments)	☐ Tank ☐ Piping ☐ Spill Protection ☐ Overfill Protection ☐ Dispenser ☐ Unknown ☐ Other (provide details in comments)	☐ Tank ☐ Piping ☐ Spill Protection ☐ Overfill Protection ☐ Dispenser ☐ Unknown ☐ Other (provide details in comments)	☐ Tank ☐ Piping ☐ Spill Protection ☐ Overfill Protection ☐ Dispenser ☐ Unknown ☐ Other (provide details in comments)	☐ Tank ☐ Piping ☐ Spill Protection ☐ Overfill Protection ☐ Dispenser ☐ Unknown ☐ Other (provide details in comments)
HOW WAS LEAK DETECTED (Check all that apply)	☐ Tank Removal ☐ Inventory Records ☐ Repairs ☐ Stained Soil ☐ Petroleum Odors ☐ Analytical Data ☐ Free Product and/or Oil Sheen in Groundwater	☐ Tank Removal ☐ Inventory Records ☐ Repairs ☐ Stained Soil ☐ Petroleum Odors ☐ Analytical Data ☐ Free Product and/or Oil Sheen in Groundwater	☐ Tank Removal ☐ Inventory Records ☐ Repairs ☐ Stained Soil ☐ Petroleum Odors ☐ Analytical Data ☐ Free Product and/or Oil Sheen in Groundwater	☐ Tank Removal ☐ Inventory Records ☐ Repairs ☐ Stained Soil ☐ Petroleum Odors ☐ Analytical Data ☐ Free Product and/or Oil Sheen in Groundwater	☐ Tank Removal ☐ Inventory Records ☐ Repairs ☐ Stained Soil ☐ Petroleum Odors ☐ Analytical Data ☐ Free Product and/or Oil Sheen in Groundwater

COMMENTS (attach additional sheets if necessary):

DISTRIBUTION: WHMD, FACILITY FILE, DISTRICT OFFICE, OWNER

[1] Copy this page for additional tanks if needed.

Michigan

Oil				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Report within 24 hours any release of oil. *****EXEMPTIONS***** **1) <1000 gallons of any polluting material into a secondary containment structure if:** a) recovery is initiated within 24 hours of discovery; b) recovery completed within 72 hours after discovery, and; c) no polluting materials are released to any public sewer system, surface waters, or groundwaters of the state. **2) <55 gallons of oil to the ground surface, if:** a) recovery is completed within 24 hours of discovery, and; b) oil is not released to any public sewer system, surface waters or groundwaters of the state. **3) <55 gallons of oil to the surface waters of the state, if:** a) effective recovery measures are implemented in response to the spill/leak/discharge immediately upon detection. **Report Promptly but Within 8 Hours:** a) >42 gallon loss/spill of brine, crude oil, oil/gas field waste b) <42 gallon loss/spill of brine, crude oil, oil/gas field waste that has contacted surface waters, groundwater, or other environmentally sensitive areas; OR is not completely contained and cleaned up within 48 hours. *****EXEMPT FROM REPORTING: <42 gallon loss/spill of brine, crude oil, oil/gas field waste that occurred while an authorized representative of the permittee was on-site; AND the loss or spill is completely contained and cleaned up within 1 hour*****	**National Response Center** (see page 6 for when to report to NRC) (800) 424-8802 **911** (If human health/safety is threatened) **State Police - Operations Division** (If human health/safety is threatened) (517) 336-6604 **Michigan Department of Environmental Quality - Pollution Emergency Alert System** (800) 292-4706 (24-hour, In State) (517) 373-7660 (24-hour, Out of State)	1)Name and telephone of person making notification; 2)Name, address, or permittee; 3)Date, time of loss or spill; 4)Date, time that loss or spill was discovered; 5)Date, time that cleanup commenced; 6)Location of the loss or spill (including well name, quarter-quarter-quarter section, section number, township, and county; 7)Material lost or spilled; 8)Volume of the loss or spill, and the volume recovered; 9)Cleanup or recovery measures taken; 10)Cause of the loss or spill; 11)Whether the loss or spill contacted surface waters, groundwater, or other environmentally sensitive resources; 12)The approx. air temperature, wind direction, wind velocity and precipitation conditions at the time of the loss or spill	Complete all parts of the Michigan Oil Spill Form within 10 days from the time of the loss or discovery of spill. See Appendix for Mailing Addresses	Michigan Administrative Code, Department of Environmental Quality, Rules 324.1008, 324:2002, 324.2007
Complete Written Report Only: <42 gallon loss or discovery of spill of brine, crude oil, oil/gas field waste that has not contacted surface waters, groundwater, or other environmentally sensitive areas; AND is completely contained and cleaned up within 48 hours:	**N/A**	**N/A**	Complete parts 1 and 3 of the Michigan Oil Spill Form within 10 days from the time of the loss or discovery of spill. See Appendix for Mailing Addresses	

Michigan

Tank Leaks				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Report within 24 hours any petroleum or hazardous material tank that spills or overfills into groundwater, surface water or subsurface soils	**911** (if human health/safety is threatened) **State Police - Operations Division** (if human health/safety is threatened) (517) 336-6604 **Michigan Department of Environmental Quality - Storage Tank Division** (517) 373-8168	1)Name of person making notification; 2)Date and time the release was discovered and when reported; 3)Location of the release (include facility name, address, county and township); 4)Owner or operator name and mailing address; 5)Name of contact person and telephone number; 6)Release information, including the type of construction of the tank, tank capacity, substance released, and site conditions that led owner/operator to believe a release has occurred	A written report IS REQUIRED by the DEQ. Call the notification numbers to inquire about the content of the report. See Appendix for Mailing Addresses	Michigan Administrative Code, Department of State Police, Rules 29.2129, 29.2131, 29.2137, modifying requirements of 40 CFR 280, Subpart E

Facility-Specific Requirements - River Rouge Terminal				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
The permitee shall **immediately report** any release of polluting material which occurs to the surface waters or groundwaters of the state, unless the permittee has determined that the release is not in excess of the following threshold reporting quantities: a) Oil to the surface of the ground above 50 pounds; b) Oil to the waters of the state in any quantity that causes unnatural turbidity, color visible sheens, oil films, foams, solids, or deposits in the receiving water body	**Michigan Department of Environmental Quality** (517) 373-1329 (Calls during Working Hours) (800) 292-4706 (24-hour, In State) (517) 373-7660 (24-hour, Out of State)		Within ten (10) days of the release, the permittee shall submit to the Department a full written explanation as to the cause of the release, the discovery of the release, response (clean-up and/or recovery) measures taken, and preventative measures taken or a schedule for completion of measures to be taken to prevent reoccurrence of similar release. See Appendix for Mailing Addresses	River Rouge NPDES General Permit #MIG080000, COC #MIG081067 Section C, Requirement 7

Michigan

Hazardous Waste				
When to Report	**Notification Numbers**	**What to Report**	**Written Follow-Up Reports**	**Citation**
Immediately report hazardous waste spills to any media that are a threat to human health or safety	**911** **State Police - Operations Division** (517) 336-6604	1)Name and telephone of person making notification; 2)Name, address, telephone number, EPA ID number of generator; 3)Date, time, type of incident; 4)Name and quantity of the material(s) involved and released; 5)Extent of injuries, if any; 6)Estimated quantity and disposition of any recovered materials; 7)An assessment of actual or potential hazards to human health or the environment; 8)The immediate response action taken	A written report of the incident must be submitted to the MDE **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	Michigan Administrative Code, Department of Environmental Quality, Rule 299.9306
Immediately report hazardous waste spills that could threaten human health outside the facility or if the generator knows that the spill has reached surface or ground water	**National Response Center** (800) 424-8802 **Michigan Department of Environmental Quality** (800) 292-4706 (24-hour, In State) (517) 373-7660 (24-hour, Out of State)			

APPENDIX C

February, 2012
PREP Credit Report

Dear Client:

Please find attached the - ***NRC 2011 Annual Preparedness for Response Exercise Program (PREP) Equipment Deployment Summary Report*** (Attachment A) for review and retention with an accompanying Letter of Attestation (Attachment B). This report documents OSRO equipment deployment exercise information in compliance with the National Preparedness for Response Exercise Program (PREP) Guidelines for reportable and evaluated on-water equipment deployments during exercises, training and actual spill responses. It provides information necessary for your OSRO equipment deployment credit for the 2011 calendar year.

This report documents deployment of the various types of skimming systems and boom that NRC owns or controls for classification purposes. It includes equipment aboard our Oil Spill Response Vessels (OSRVs) and at Independent Contractor Network (ICN) facilities dispersed throughout the various Captain of the Ports (COTP) areas. The information categories include:

ICN/OSRV - Each response facility and OSRV that comprise the NRC's response network. We also indicate the USCG OSRO classification ID next to their names.

LOCATION - The geographical location (city/state) of the ICN facility or vessel home port.

COTP-MSO REGION - The COTP-MSO or EPA Region in which the response equipment and facility personnel are based.

SKIMMING EQUIPMENT - Each type of skimmer in the NRC owned or controlled equipment inventory. A numeric figure in the columns for each type of skimmer indicates the number of times that personnel at a particular facility or OSRV have activated and deployed this type of skimming system in the water.

BOOM EQUIPMENT - The type and amount of boom deployed by personnel assigned to a particular facility and vessel.

Each ICN Participant facility and OSRV, of which there are over one hundred and thirty, has an active file that feeds data to the Summary Report. In 2011, the following environmental service companies joined or left the ICN, or experienced a company name change as noted (updated accordingly):

Company Name	Status
Bosarge Diving	**Joined**
Mackinac Environmental Technology	**Joined**
Pacific Commercial Services	**Joined**
PAL Environmental Services	**Joined**
Teksolv, Inc.	**Joined**
Sea Tow Palm Beach	**Joined**
Shaw Group	**Deleted**
Global Petroleum	**Deleted**
Premier Electronics	**Deleted**
Renner	**Deleted**
RMR, Inc.	**Deleted**
Zaccor	**Deleted**
Industrial Cleanup, Inc.	**Deleted**
Bellon Environmental	**Now d/b/a SET Environmental, Inc.**
Symcore	**Now d/b/a Intracoastal**
Northstar Marine	**Now d/b/a Northstar Marine Environmental Services**
Coteau Environmental	**Now d/b/a Prairie Consulting Group**
Southeast Response & Remediation	**Now d/b/a SR&R Environmental**

ICN facility equipment deployment records are held at each facility and at NRC Headquarters in Great River, NY. OSRV equipment deployment records are maintained on board the vessels and both at NRC Headquarters and in the NRC Houston Marine Department office. These internal historical records identify each equipment deployment occurrence by:

- NRC Control No.
- Date of deployment
- Event description - actual spill incident, equipment training or exercise
- Type of environment - sheltered , protected or unsheltered
- Type of skimming system deployed
- Type and quantity of boom deployed

If you have any questions regarding this report, contact Charles Comerford at 631-224-9141. Please ensure individuals responsible for the PREP program in your organization receive this report. If you would like additional copies they are located on our Web site, which is www.nrcc.com under the client access portion. Widest dissemination of this document is encouraged.

Sincerely,

Steven A. Candito
President
National Response Corporation

NATIONAL RESPONSE CORPORATION

Regional Breakdown

Northeast Region
General Manager: John Hielscher
3500 Sunrise Highway - Suite T-103, Great River, NY 11739
(631)224-9141 Ext 142
States Covered:
Indiana, Michigan, Ohio, New York, Pennsylvania, Maryland, Delaware, New Jersey, Connecticut, Vermont, Massachusetts, Rhode Island, New Hampshire, Maine, West Virginia, Virginia

South Region
General Manager: Ray McCoy
818 Town & Country Blvd. - Suite 200, Houston, TX 77024
(281)606-4848
States Covered:
Texas, Louisiana, Arkansas, Oklahoma, Kansas, Nebraska, Colorado, New Mexico, Mississippi, Alabama

Southeast Region
General Manager: Jason DeSantis
104 River Lane, Ormond Beach, FL 32176
(386)441-7719
States Covered:
Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Missouri, Illinois, Iowa, Minnesota, Wisconsin

West Coast Regional Breakdown (NRCES)
Pacific Northwest Region
PNW General Manager: Jim Riedel
1630 10th Ave., South – Suite 150, Seattle, WA 98108
(206)607-3000
States Covered: Washington, Oregon, Idaho, Montana, Wyoming, Hawaii, North Dakota, South Dakota

West Region
VP/General Manager: Todd Roloff
1805 Ferry Point Road, Alameda, CA 94501
(510)749-1390
States Covered: California, Nevada, Utah, Arizona

NATIONAL RESPONSE CORPORATION

Regional Breakdown

Caribbean Region
General Manager: David Aviles
P.O. Box 9022750, San Juan, PR 00902
(787)789-2000
Islands Covered: Puerto Rico, St. Thomas, St. Croix, St. Lucia, Aruba

Virgin Islands
Regional Manager: Joe Schilling
8A Williams Fredriksted, St. Croix, West Virgin Islands 00840
Islands Covered: St. Croix (Hovensa)

Aruba
Regional Manager: James Haeghaert
Bungalow 251, First Ave., Seroe Colorado, San Nicholas, Aruba
Island Covered: Aruba

NATIONAL RESPONSE CORPORATION

2011 ANNUAL EQUIPMENT DEPLOYMENT SUMMARY

NRC Northeast Region

COTP Zone or EPA Region	Contractor Name and OSRO #	Deployment Location	NRC Equipment Storage Site	Boom 6" - 18"	Boom 19" - 42"	Skimmer Drum	Skimmer Floating Suction	Skimmer Oleophilic Belt	Skimmer Oleophilic Disc / Brush	Skimmer Oleophilic Rope Mop
COTP Northern New England	NRC - 0016	Searsport, ME	Bangor, ME	1,000'		1			1	
COTP Northern New England	NRC - 0016	Fore River So. Portland, ME	NRC Reliant So. Portland, ME		1,000'		1	1		
COTP Pittsburgh	NRC - 0016	Allegheny River Pittsburgh, PA	Pittsburgh, PA				1			
COTP New York	NRC - 0016	Lower NY Harbor, Gravesend Bay, NY	NRC Guardian Staten Island, NY		1,000'			1		
COTP Hampton Roads	NRC - 0016	Chesapeake River, VA	Norfolk, VA	2,000'		1			1	
COTP Northern New England	NRC - 0016	Penobscot River, Bucksport, ME	Bangor, ME	1,000'					1	
COTP Buffalo	NRC - 0016	Lake Ontario, Oswego Harbor, NY	Oswego, NY	1,000'		1				
COTP New York	MEG - 0020	Newburgh, NY	N/A	1,200'		1				
COTP Delaware Bay	MEG - 0020	Maurice River, NJ	N/A	6,000'			1			
COTP Northern New England	MEG - 0020	Lake Champlain, NY	N/A	1,100'					1	
COTP Baltimore	MEG - 0020	Baltimore, MD	N/A	1,000'					1	
COTP New York	MEG - 0020	West Haverstraw, NY	N/A	1,800'					1	

NATIONAL RESPONSE CORPORATION

2011 ANNUAL EQUIPMENT DEPLOYMENT SUMMARY

NRC Southeast Region

COTP Zone or EPA Region	Contractor Name and OSRO #	Deployment Location	NRC Equipment Storage Site	Boom 6" - 18"	Boom 19" - 42"	Skimmer Drum	Skimmer Floating Suction	Skimmer Oleophilic Belt	Skimmer Oleophilic Disc / Brush	Skimmer Oleophilic Rope Mop
COTP Miami	NRC - 0016	Miami Harbor, Miami, FL	NRC Liberty Miami, FL		2,000'	1			1	
COTP Key West	NRC - 0016	Key West Harbor, Key West, FL	Key West, FL	2,000'			2			
COTP Upper Mississippi	NRC - 0016	Merrimac River, St. Louis, MO	Fenton, MO	4,000'			1		1	
COTP Ohio Valley	NRC - 0016	Paducah, KY	Paducah, KY Duluth, MN	3,100'					1	
COTP Ohio Valley	USES - 0038	Nashville, TN	N/A	1,000'						
COTP Lower Missippi	USES - 0038	Little Rock, AR	N/A	1,000'		1				
COTP Ohio Valley	USES - 0038	Nashville, TN	N/A	1,000'						
COTP Jacksonville	CBI - 0048	Port Canaveral, FL	N/A	1,000'						
COTP Miami	CBI - 0048	Port Everglades, FL	N/A	1,000'		1			1	
COTP Tampa	DES - 0037	Port of Tampa, FL	N/A	1,600'						
COTP Tampa	DES - 0037	Tampa Bay, FL	N/A	2,200'						

NATIONAL RESPONSE CORPORATION

2011 ANNUAL EQUIPMENT DEPLOYMENT SUMMARY

NRC Southern Region

COTP Zone or EPA Region	Contractor Name and OSRO #	Deployment Location	NRC Equipment Storage Site	Boom 6" - 18"	Boom 19" - 42"	Skimmer Drum	Skimmer Floating Suction	Skimmer Oleophilic Belt	Skimmer Oleophilic Disc / Brush	Skimmer Oleophilic Rope Mop
COTP Corpus Christi	NRC - 0016	Corpus Christi, TX	Corpus Christi, TX						1	2
COTP Corpus Christi	NRC - 0016	Corpus Christi, TX	Corpus Christi, TX							2
COTP Corpus Christi	NRC - 0016	Corpus Christi, TX	NRC Valiant, Corpus Christi, TX		1,600					
COTP Houston / Galveston	NRC - 0016	Gulf of Mexico Galveston, TX	NRC Admiral, Galveston, TX		1,900'					
COTP Houston / Galveston	NRC - 0016	Galveston Harbor Galveston, TX	NRC Admiral, Galveston, TX					1		
COTP Houston / Galveston	NRC - 0016	Galveston Harbor Galveston, TX	NRC Admiral, Galveston, TX					1		
COTP Houston / Galveston	NRC - 0016	Galveston Harbor Galveston, TX	NRC Admiral, Galveston, TX					1		
COTP Morgan City	NRC - 0016	Morgan City, LA	NRC Energy, Morgan City, LA				1	1	2	2
COTP Morgan City	NRC - 0016	Morgan City, LA	NRC Energy, Morgan City, LA		2,000'		1			
COTP Lower Mississippi	NRC - 0016	Harbor Bayou La Batre, MS	NRC Defender, Bayou La Batre, MS		1,000'					
COTP Lower Mississippi	NRC - 0016	Harbor Bayou La Batre, MS	NRC Defender, Bayou La Batre, MS				1	1		
COTP Mobile	USES - 0038	Birmingham, AL	N/A	1,100'		1				
COTP Mobile	USES - 0038	Mobile, AL	N/A	2,000'		2				
COTP New Orleans	USES - 0038	Venice, LA	N/A	2,000'		1				
COTP Lower Missippi	USES - 0038	Little Rock, AR	N/A	1,000'		1				
COTP Lower Missippi	ACME - 0010	Little Wewoka Creek	N/A	1,100'		4				
COTP Corpus Christi	MES - 0072	Ingelside, TX	N/A	1,000'						

NATIONAL RESPONSE CORPORATION

2011 ANNUAL EQUIPMENT DEPLOYMENT SUMMARY

NRC Western Region

COTP Zone or EPA Region	Contractor Name and OSRO #	Deployment Location	NRC Equipment Storage Site	Boom 6"-18"	Boom 19"-42"	Skimmer Drum	Skimmer Floating Suction	Skimmer Oleophilic Belt	Skimmer Oleophilic Disc / Brush	Skimmer Oleophilic Rope Mop
COTP San Diego	NRC - 0016	San Diego Harbor, San Diego, CA	San Diego, CA	2,000'			1			
COTP San Diego	NRC - 0016	San Diego Harbor, San Diego, CA	San Diego, CA				1			
COTP Los Angeles	NRC - 0016	Port of Los Angeles, Los Angeles, CA	Los Angeles, CA		1,200'					
COTP Los Angeles	NRC - 0016	Port of Long Beach, Long Beach, CA	Long Beach, CA						2	
COTP Los Angeles	NRC - 0016	Port of Los Angeles, Los Angeles, CA	Los Angeles, CA		1,500'	1	1	1	1	
COTP Los Angeles	NRC - 0016	Port of Los Angeles, Los Angeles, CA	Los Angeles, CA		3,000'					
COTP Los Angeles	NRC - 0016	Port of Los Angeles, Los Angeles, CA	Los Angeles, CA		1,200'					
COTP San Francisco	NRC - 0016	Humboldt Bay, CA	San Francisco, CA		1,100'					
COTP San Francisco	NRC - 0016	Humboldt Bay, CA	San Francisco, CA		3,500'					
COTP San Francisco	NRC - 0016	Humboldt Bay, CA	San Francisco, CA		1,000'					
COTP San Francisco	NRC - 0016	Crissy Field, San Francisco, CA	Alameda, CA		2,700'			1		
COTP San Francisco	NRC - 0016	Pier 92, San Fransisco Bay, CA	Alameda, CA		1,000'		1			
COTP San Francisco	NRC - 0016	San Francisco Bay, CA	Alameda & Richmond		8,900'			1		
COTP San Francisco	NRC - 0016	Richmond Dock, Richmond, CA	Alameda, CA		3,700'	1				

NATIONAL RESPONSE CORPORATION

2011 ANNUAL EQUIPMENT DEPLOYMENT SUMMARY

NRC Northwest Region

COTP Zone or EPA Region	Contractor Name and OSRO #	Deployment Location	NRC Equipment Storage Site	Boom 6" - 18"	Boom 19" - 42"	Skimmer Drum	Skimmer Floating Suction	Skimmer Oleophilic Belt	Skimmer Oleophilic Disc / Brush	Skimmer Oleophilic Rope Mop
COTP Puget Sound	NRC - 0016	Ferndale, WA	NRC Columbia, Ferndale, WA						2	
COTP Puget Sound	NRC - 0016	Columbia River, WA	Neah Bay, WA		4,000'			2	1	
COTP Puget Sound	NRC - 0016	Forks, WA	Neah Bay, WA				1		1	
COTP Portland	NRC - 0016	Grays Harbor, WA	Ferndale, WA						1	
COTP Puget Sound	NRC - 0016	Neah Bay Straits	NRC Cape Flattery Neah Bay, WA						1	
COTP Puget Sound	NRC - 0016	Seattle, WA	Seattle, WA		1,000'			2		
COTP Puget Sound	NRC - 0016	Ferndale, WA	NRC Columbia, Ferndale, WA	1,200'						
COTP Puget Sound	NRC - 0016	Ferndale, WA	NRC Columbia, Ferndale, WA		1,000'					
COTP Puget Sound	NRC - 0016	Ferndale, WA	NRC Columbia, Ferndale, WA		1,000'					
COTP Puget Sound	NRC - 0016	Ferndale, WA	NRC Columbia, Ferndale, WA		1,300'					

NATIONAL RESPONSE CORPORATION

2011 ANNUAL EQUIPMENT DEPLOYMENT SUMMARY

NRC Caribbean Region

COTP Zone or EPA Region	Contractor Name and OSRO #	Deployment Location	NRC Equipment Storage Site	Boom 6" - 18"	Boom 19" - 42"	Skimmer Drum	Skimmer Floating Suction	Skimmer Oleophilic Belt	Skimmer Oleophilic Disc / Brush	Skimmer Oleophilic Rope Mop
COTP San Juan	NRC - 0016	Guayanilla Bay, PR	San Juan, PR						1	
COTP San Juan	NRC - 0016	Guayanilla Bay, PR	San Juan, PR			1	1		1	1
COTP San Juan	NRC - 0016	Guayanilla Bay, PR	San Juan, PR	1,000'					1	
N/A	NRC - 0016	Aruba	NRC Sentry, Aruba		1,000'					

ATTESTATION

I, Steven A. Candito, President of National Response Corporation (NRC), an Oil Spill Removal Organization (OSRO) with full OSRO classifications in all Captain of the Port Zones, for all operating environments within our Area of Service do hereby attest, based upon the information provided to me by the members of the NRC Independent Contractor Network, each of whom are responsible for similar attestations to their own clients under the National Preparedness for Response Exercise Program and based on my own personal knowledge, that boom and skimming systems, more than adequate to satisfy the OSRO field equipment deployment drill requirements of OPA '90 have been deployed on your behalf in the United States East Coast, Gulf Coast, West Coast, Inland River and Caribbean Regions within the most recent calendar year. Further that NRC-owned equipment is inspected and maintained under a formal preventive maintenance program. Personnel training requirements are met through a formal equipment deployment-training program. The personnel who deployed the equipment demonstrated their ability to successfully deploy and operate the equipment and the equipment was in good working order. Further, records of these deployments are maintained at our headquarters in Great River, New York, USA.

Date: 17 February 2012

Steven A. Candito
President
National Response Corporation

Attachment B

APPENDIX D

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 following an incident, a critique will be conducted of the response with follow-up action items assigned as appropriate. Participants may include Operations and Control personnel, company supervisors, 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

APPENDIX E

Inkster Response Zone

Sunoco Logistics

Centerline

Response Zone Boundary

NOT TO SCALE.

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