



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

1200 New Jersey Avenue SE  
Washington DC 20590

# 2012 Natural Gas State Program Evaluation

for

NEW YORK PUBLIC SERVICE COMMISSION

## Document Legend

### PART:

- O -- Representative Date and Title Information
- A -- Progress Report and Program Documentation Review
- B -- Program Inspection Procedures
- C -- Program Performance
- D -- Compliance Activities
- E -- Incident Investigations
- F -- Damage Prevention
- G -- Field Inspections
- H -- Interstate Agent State (If Applicable)
- I -- 60106 Agreement State (If Applicable)



2012 Natural Gas State Program Evaluation -- CY 2012  
Natural Gas

**State Agency:** New York

**Agency Status:**

**Date of Visit:** 06/18/2013 - 06/20/2013

**Agency Representative:** Kevin Speicher, Chief, Safety Section

**PHMSA Representative:** Jim Anderson, State Evaluator

**Commission Chairman to whom follow up letter is to be sent:**

**Name/Title:** Audrey Zibelman, Chair

**Agency:** New York Public Service Commission

**Address:** Three Empire State Plaza

**City/State/Zip:** Albany, New York 12223

**Rating:**

**60105(a):** Yes **60106(a):** No **Interstate Agent:** Yes

---

**INSTRUCTIONS:**

Complete this evaluation in accordance with the Procedures for Evaluating State Pipeline Safety Program. The evaluation should generally reflect state program performance during CY 2012 (not the status of performance at the time of the evaluation). All items for which criteria have not been established should be answered based on the PHMSA representative's judgment. A deficiency in any one part of a multiple part question should be scored as needs improvement. Determine the answer to the question then select the appropriate point value. If a state receives less than the maximum points, include a brief explanation in the space provided for general comments/regional observations. If a question is not applicable to a state, select NA. Please ensure all responses are COMPLETE and ACCURATE, and OBJECTIVELY reflect state program performance. Increasing emphasis is being placed on performance. This evaluation together with selected factors reported in the state's annual progress report attachments provide the basis for determining the state's pipeline safety grant allocation.

---

**Field Inspection (PART G):**

The field inspection form used will allow different areas of emphasis to be considered for each question. Question 13 is provided for scoring field observation areas. In completing PART G, the PHMSA representative should include a written summary which thoroughly documents the inspection.

**Scoring Summary**

**PARTS**

**Possible Points    Points Scored**

A    Progress Report and Program Documentation Review  
B    Program Inspection Procedures  
C    Program Performance  
D    Compliance Activities  
E    Incident Investigations  
F    Damage Prevention  
G    Field Inspections  
H    Interstate Agent State (If Applicable)  
I    60106 Agreement State (If Applicable)

10                    9  
15                    14  
45                    42.5  
15                    15  
9                     9  
8                     8  
11                    11  
7                     7  
0                     0

**TOTALS**

**120                    115.5**

**State Rating .....**

**96.3**

---

## PART A - Progress Report and Program Documentation Review

Points(MAX) Score

- |   |                                                                                                                                                       |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1 | Accuracy of Jurisdictional Authority and Operator/Inspection Units Data - Progress Report Attachment 1 (A1a)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

No issues with Attachment 1.

- |   |                                                                                                                      |   |   |
|---|----------------------------------------------------------------------------------------------------------------------|---|---|
| 2 | Review of Inspection Days for accuracy - Progress Report Attachment 2 (A1b)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|----------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

No issues with Attachment 2.

- |   |                                                                                                                                                          |   |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 3 | Accuracy verification of Operators and Operators Inspection Units in State - Progress Report Attachment 3 (A1c)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

No issues with Attachment 3.

- |   |                                                                                                                                                              |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 4 | Were all federally reportable incident reports listed and information correct? - Progress Report Attachment 4 (A1d)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

No issues, National Grid later updated to \$50,000.

- |   |                                                                                                                              |   |     |
|---|------------------------------------------------------------------------------------------------------------------------------|---|-----|
| 5 | Accuracy verification of Compliance Activities - Progress Report Attachment 5 (A1e)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 0.5 |
|---|------------------------------------------------------------------------------------------------------------------------------|---|-----|

Evaluator Notes:

Needs Improvement. Carried over probable violations from 2011 to 2012 Progress Report different numbers.

- |   |                                                                                                                                             |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 6 | Were pipeline program files well-organized and accessible? - Progress Report Attachment 6 (A1f, A4)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Files are kept on a server and accessible to all staff.

- |   |                                                                                                                                                  |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 7 | Was employee listing and completed training accurate and complete? - Progress Report Attachment 7 (A1g)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

All staff has completed TQ training or within time frame to complete training.

- |   |                                                                                                                                         |   |     |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|---|-----|
| 8 | Verification of Part 192,193,198,199 Rules and Amendments - Progress Report Attachment 8 (A1h)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 0.5 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|---|-----|

Evaluator Notes:

Not all amendments completed within time constraints.

- |   |                                                                                                                                                                               |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 9 | List of Planned Performance - Did state describe accomplishments on Progress Report in detail - Progress Report Attachment 10 (H1-3)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:  
Yes. No issues.

---

**10** General Comments:  
Info Only = No Points  
Evaluator Notes:

---

Info OnlyInfo Only

Total points scored for this section: 9  
Total possible points for this section: 10



## PART B - Program Inspection Procedures

Points(MAX) Score

- |          |                                                                    |   |   |
|----------|--------------------------------------------------------------------|---|---|
| <b>1</b> | Standard Inspections (B1a)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----------|--------------------------------------------------------------------|---|---|

Evaluator Notes:

Chapter 4 of the inspection manual states a 5 year inspection cycle for standard inspections.

- |          |                                                                                 |   |     |
|----------|---------------------------------------------------------------------------------|---|-----|
| <b>2</b> | IMP Inspections (including DIMP) (B1b)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 0.5 |
|----------|---------------------------------------------------------------------------------|---|-----|

Evaluator Notes:

Needs improvement. Chapter 4.7.3 addresses IMP. There is no time frame set for reviewing IMP plans. DIMP inspections to be placed in Inspection Manual update.

- |          |                                                               |   |   |
|----------|---------------------------------------------------------------|---|---|
| <b>3</b> | OQ Inspections (B1c)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|---------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Section 4.7.2 of the Staff Guidance Manual. This procedure addresses plan reviews, the responsible party for inputting the audit results, field assessments, violations noted, and guidance for any issues/situations which requires clarification.

- |          |                                                                              |   |   |
|----------|------------------------------------------------------------------------------|---|---|
| <b>4</b> | Damage Prevention Inspections (B1d)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Section 8 of the Staff Guidance Manual. This procedure provides guidance for performing field investigations, the citation forms used, routing and final dispensation of Part 753 citations, notifications for probable violations, and investigative hearings.

- |          |                                                                          |   |     |
|----------|--------------------------------------------------------------------------|---|-----|
| <b>5</b> | On-Site Operator Training (B1e)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 0.5 |
|----------|--------------------------------------------------------------------------|---|-----|

Evaluator Notes:

Needs improvement. Not addressed in current manual, but will be in update.

- |          |                                                                         |   |   |
|----------|-------------------------------------------------------------------------|---|---|
| <b>6</b> | Construction Inspections (B1f)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|-------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Section 6 of the Staff Guidance Manual. This procedure provides guidance for performing reviews of construction plans, gathering lines, pipelines operating over 125-psig, pipelines operating at less than 125-psig, pressure upgrading, and ILI inspections.

- |          |                                                                                |   |   |
|----------|--------------------------------------------------------------------------------|---|---|
| <b>7</b> | Incident/Accident Investigations (B1g)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----------|--------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Section 9 of the Staff Guidance Manual. This procedure provides guidance for coordinating federal and state procedures, cooperating with other federal agencies, media contact, notifications for both, business and non-business hours, emergency notification updates, confidentiality notices, internal notifications, field reports, reports to the commission, and consumer complaint investigations.

- |          |                                                                                                                                                                                             |   |   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>8</b> | Does inspection plan address inspection priorities of each operator, and if necessary each unit, based on the following elements? (B2a-d, G1,2,4)<br>Yes = 6 No = 0 Needs Improvement = 1-5 | 6 | 6 |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

a. Length of time since last inspection

Yes ☒ No ☐ Needs Improvement ☐

b. Operating history of operator/unit and/or location (includes leakage, incident and compliance activities)

Yes ☒ No ☐ Needs Improvement ☐

- |                                                                                                                                                                                                              |                                      |                          |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|-----------------------------------------|
| c. Type of activity being undertaken by operators (i.e. construction)                                                                                                                                        | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| d. Locations of operators inspection units being inspected - (HCA's, Geographic areas, Population Density, etc)                                                                                              | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| e. Process to identify high-risk inspection units that includes all threats - (Excavation Damage, Corrosion, Natural Forces, Outside Forces, Material and Welds, Equipment, Operators and any Other Factors) | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| f. Are inspection units broken down appropriately?                                                                                                                                                           | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |

Evaluator Notes:

Yes. 5 year plan With 2013 Record Stat Sheet. This plan depicts the high, medium, and low risk functions broken down on a 5 year audit basis. The high risk functions are audited yearly, the medium risk functions every other year, and the low risk functions on a 5 year basis. Have printed Stat Sheet.

Staff Guidance Manual, which states that "the Five Year Audit Schedule may be modified by the Supervising engineer at any time. If, for example, serious deficiencies are found during the audit of a particular function, and that function is scheduled for audit every other year, the schedule maybe modified to audit that function annually, or at least the next year, to check for compliance."

**9** General Comments:

Info Only Info Only

Info Only = No Points

Evaluator Notes:

Total points scored for this section: 14  
Total possible points for this section: 15



**PART C - Program Performance****Points(MAX) Score**

- 1** Was ratio of Total Inspection person-days to total person days acceptable? (Director of State Programs may modify with just cause) Chapter 4.3 (A12) 5 5  
Yes = 5 No = 0

A. Total Inspection Person Days (Attachment 2):  
4128.00

B. Total Inspection Person Days Charged to the Program (220 X Inspection Person Years) (Attachment 7):  
220 X 22.11 = 4864.02

Ratio: A / B  
4128.00 / 4864.02 = 0.85

If Ratio >= 0.38 Then Points = 5, If Ratio < 0.38 Then Points = 0  
Points = 5

Evaluator Notes:

Yes. Ratio of .85 exceeds the required ratio of .38.

- 2** Has each inspector and program manager fulfilled the T Q Training Requirements? (See Guidelines for requirements) Chapter 4.4 (A8-A11, G19) 5 5  
Yes = 5 No = 0 Needs Improvement = 1-4

- |    |                                                                                                              |                                      |                          |                                         |
|----|--------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|-----------------------------------------|
| a. | Completion of Required OQ Training before conducting inspection as lead?                                     | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| b. | Completion of Required DIMP*/IMP Training before conducting inspection as lead? *Effective Evaluation CY2013 | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| c. | Root Cause Training by at least one inspector/program manager                                                | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| d. | Note any outside training completed                                                                          | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |

Evaluator Notes:

All staff completed training or within time frame.

- 3** Did state records and discussions with state pipeline safety program manager indicate adequate knowledge of PHMSA program and regulations? Chapter 4.1,8.1 (A5) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Yes. Kevin Speicher has 18 years in the program.

- 4** Did state respond to Chairman's letter on previous evaluation within 60 days and correct or address any noted deficiencies? (If necessary) Chapter 8.1 (A6-7) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Yes. Letter to Chair was dated December 26, 2012 and response letter was dated February 14, 2013.

- 5** Did State hold PHMSA TQ Seminar in Past 3 Years? Chapter 8.5 (A3) 2 2  
Yes = 2 No = 0

Evaluator Notes:

Yes. Held in Saratoga Springs in October 2010. Will hold again in September 2013.

- 6** Did state inspect all types of operators and inspection units in accordance with time intervals established in written procedures? Chapter 5.1 (B3) 5 5  
Yes = 5 No = 0 Needs Improvement = 1-4

Evaluator Notes:

Yes.

- 7 Did inspection form(s) cover all applicable code requirements addressed on Federal Inspection form(s)? Did State complete all applicable portions of inspection forms? Chapter 5.1 (B4-5) 2 1  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Could not verify when reviewing inspections. Revamping inspection forms to be all inclusive.

- 8 Did the state review operator procedures for determining if exposed cast iron pipe was examined for evidence of graphitization and if necessary remedial action was taken? (NTSB) Chapter 5.1 (B7) 1 0.5  
Yes = 1 No = 0

Evaluator Notes:

Yes, but not system wide.

- 9 Did the state review operator procedures for surveillance of cast iron pipelines, including appropriate action resulting from tracking circumferential cracking failures, study of leakage history, or other unusual operating maintenance condition? (Note: See GPTC Appendix G-18 for guidance) (NTSB) Chapter 5.1 (B8) 1 1  
Yes = 1 No = 0

Evaluator Notes:

Yes. In National Grid Upstate East inspection letter.

- 10 Did the state review operator emergency response procedures for leaks caused by excavation damage near buildings and determine whether the procedures adequately address the possibility of multiple leaks and underground migration of gas into nearby buildings Refer to 4/12/01 letter from PHMSA in response to NTSB recommendation P-00-20 and P-00-21? (NTSB) Chapter 5.1 (B9) 1 NA  
Yes = 1 No = 0

Evaluator Notes:

Not in 2012 inspection schedule, but was done in 2010 and 2011.

- 11 Did the state review operator records of previous accidents and failures including reported third party damage and leak response to ensure appropriate operator response as required by 192.617? Chapter 5.1 (B10,E5) 1 1  
Yes = 1 No = 0

Evaluator Notes:

Yes. All incident and accident notifications received are reviewed and documented in the 'INL' access database.

- 12 Has the state reviewed Operator Annual reports, along with Incident/Accident reports, for accuracy and analyzed data for trends and operator issues? Data Initiative (G6-9,G16) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Yes. Review incorporated in with the Performance Measures published in June 2013.

- 13 Did state input all applicable OQ, IMP inspection results into federal database in a timely manner? This includes replies to Operator notifications into IMDB database. Chapter 5.1 (G10-12) 2 1  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Needs improvement. OQ - yes, IMP - no.

- 14 Has state confirmed intrastate transmission operators have submitted information into NPMS database along with changes made after original submission? (G14) 1 1  
Yes = 1 No = 0 Needs Improvement = .5



Evaluator Notes:

Yes. NYS periodically reviews that intrastate operators have submitted information into NPMS database, along with any changes.

- 
- |           |                                                                                                                                                                                                                                                        |   |   |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>15</b> | Is the state verifying operators are conducting drug and alcohol tests as required by regulations? This should include verifying positive tests are responded to in accordance with program. 49 CFR 199 (I1-3)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. 15 conducted in 2012.

- 
- |           |                                                                                                                                                                                                                                                                                                                                        |   |   |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>16</b> | Is state verifying operators OQ programs are up to date? This should include verification of any plan updates and that persons performing covered tasks (including contractors) are properly qualified and requalified at intervals determined in the operators plan. 49 CFR 192 Part N (I4-7)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. 2 in 2012 and has spreadsheet to track reviews.

- 
- |           |                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>17</b> | Is state verifying operator's gas transmission integrity management programs (IMP) are up to date? This should include a previous review of IMP plan, along with monitoring progress on operator tests and remedial actions. In addition, the review should take in to account program review and updates of operators plan(s). 49 CFR 192 Subpart O (I8-12)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Conducted several as stated in Interstate Agreement and 6 intrastate operators.

- 
- |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>18</b> | Is state verifying operator's gas distribution integrity management Programs (DIMP)? This should include a review of DIMP plans, along with monitoring progress. In addition, the review should take in to account program review and updates of operators plan(s). 49 CFR 192 Subpart P<br>DIMP ? First round of program inspections should be complete by December 2014<br><br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Currently being evaluated. Preliminary reports to be completed by CY 2014.

- 
- |           |                                                                                                                                                                                                                                                                                                                                                            |   |   |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>19</b> | Is state verifying operators Public Awareness programs are up to date and being followed. State should also verify operators have evaluated Public Awareness programs for effectiveness as described in RP1162. 49 CFR 192.616 (I13-16)<br>PAPEI Effectiveness Inspections should be complete by December 2013<br><br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Using federal information. Has a spreadsheet to keep track of reviewed operators.

- 
- |           |                                                                                                                                                                                                                                       |   |   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>20</b> | Does the state have a mechanism for communicating with stakeholders - other than state pipeline safety seminar? (This should include making enforcement cases available to public). (G20-21)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. A public website, [www.dps.ny.gov](http://www.dps.ny.gov). This website allows stakeholders the ability to search any and all of the commission documents, file a complaint, dispute a resolution, view press releases, view public notices, and view the session via webcast.

---

21	Did state execute appropriate follow-up actions to Safety Related Condition (SRC) Reports? Chapter 6.3 (B6) Yes = 1 No = 0 Needs Improvement = .5	1	1
----	------------------------------------------------------------------------------------------------------------------------------------------------------	---	---

Evaluator Notes:

Yes. 2 in 2012 and both closed.

---

22	Did the State ask Operators to identify any plastic pipe and components that has shown a record of defects/leaks and what those operators are doing to mitigate the safety concerns? (G13) Yes = 1 No = 0 Needs Improvement = .5	1	1
----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	---

Evaluator Notes:

Yes, through PPDC.

---

23	Did the state participate in/respond to surveys or information requests from NAPSRS or PHMSA? (H4) Yes = 1 No = 0 Needs Improvement = .5	1	1
----	---------------------------------------------------------------------------------------------------------------------------------------------	---	---

Evaluator Notes:

Yes. NY actively participates in NAPSRS Survey Requests.

---

24	General Comments: Info Only = No Points	Info Only	Info Only
----	--------------------------------------------	-----------	-----------

Evaluator Notes:

---

Total points scored for this section: 42.5  
Total possible points for this section: 45



## PART D - Compliance Activities

Points(MAX) Score

- |          |                                                                                                                                                                                                         |                                      |                                                                  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|
| <b>1</b> | Does the state have written procedures to identify steps to be taken from the discovery to resolution of a probable violation? Chapter 5.1 (B12-14, B16, B1h)<br>Yes = 4 No = 0 Needs Improvement = 1-3 | 4                                    | 4                                                                |
| a.       | Procedures to notify an operator (company officer) when a noncompliance is identified                                                                                                                   | Yes <input checked="" type="radio"/> | No <input type="radio"/> Needs Improvement <input type="radio"/> |
| b.       | Procedures to routinely review progress of compliance actions to prevent delays or breakdowns                                                                                                           | Yes <input checked="" type="radio"/> | No <input type="radio"/> Needs Improvement <input type="radio"/> |

Evaluator Notes:

In process of updating. Current procedures state sending correspondence to company executive. Will use company officer in update.

- |          |                                                                                                                                                                                                                                                                                    |                                      |                                                                  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|
| <b>2</b> | Did the state follow compliance procedures (from discovery to resolution) and adequately document all probable violations, including what resolution or further course of action is needed to gain compliance? Chapter 5.1 (B11,B18,B19)<br>Yes = 4 No = 0 Needs Improvement = 1-3 | 4                                    | 4                                                                |
| a.       | Were compliance actions sent to company officer or manager/board member if municipal/government system?                                                                                                                                                                            | Yes <input checked="" type="radio"/> | No <input type="radio"/> Needs Improvement <input type="radio"/> |
| b.       | Were probable violations documented?                                                                                                                                                                                                                                               | Yes <input checked="" type="radio"/> | No <input type="radio"/> Needs Improvement <input type="radio"/> |
| c.       | Were probable violations resolved?                                                                                                                                                                                                                                                 | Yes <input checked="" type="radio"/> | No <input type="radio"/> Needs Improvement <input type="radio"/> |
| d.       | Was the progress of probable violations routinely reviewed?                                                                                                                                                                                                                        | Yes <input checked="" type="radio"/> | No <input type="radio"/> Needs Improvement <input type="radio"/> |

Evaluator Notes:

Yes.

- |          |                                                                                                                              |   |   |
|----------|------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>3</b> | Did the state issue compliance actions for all probable violations discovered? (B15)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----------|------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                              |   |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>4</b> | Did compliance actions give reasonable due process to all parties? Including "show cause" hearing if necessary. (B17, B20)<br>Yes = 2 No = 0 | 2 | 2 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                                                                                                                                                                                 |   |   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>5</b> | Is the program manager familiar with state process for imposing civil penalties? Were civil penalties considered for repeat violations (with severity consideration) or violations resulting in incidents/accidents? (describe any actions taken) (B27)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Issued penalties for damage prevention law violations.

- |          |                                                                                                                                                   |   |   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>6</b> | Can the State demonstrate it is using their enforcement fining authority for pipeline safety violations?<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. In 2012 collected 4 penalties for \$4000 for Damage Prevention violations.

- |          |                                            |           |           |
|----------|--------------------------------------------|-----------|-----------|
| <b>7</b> | General Comments:<br>Info Only = No Points | Info Only | Info Only |
|----------|--------------------------------------------|-----------|-----------|

Evaluator Notes:

---

Total points scored for this section: 15  
Total possible points for this section: 15



## PART E - Incident Investigations

Points(MAX) Score

- 1 Does state have adequate mechanism to receive and respond to operator reports of incidents, including after-hours reports? And did state keep adequate records of Incident/Accident notifications received? Chapter 6 (A2,D1-3) 2 2

Yes = 2 No = 0 Needs Improvement = 1

- a. Acknowledgement of MOU between NTSB and PHMSA (Appendix D) Yes ☒ No ☐ Needs Improvement ☐
- b. Acknowledgement of Federal/State Cooperation in case of incident/accident (Appendix E) Yes ☒ No ☐ Needs Improvement ☐

Evaluator Notes:

Yes. Operators received call list as stated in Section 9.32 of procedures manual.

- 2 If onsite investigation was not made, did state obtain sufficient information from the operator and/or by other means to determine the facts to support the decision to not go on-site? Chapter 6 (D4) 1 1

Yes = 1 No = 0 Needs Improvement = .5

Evaluator Notes:

Yes.

- 3 Were all incidents investigated, thoroughly documented, and with conclusions and recommendations? (D5) 3 3

Yes = 3 No = 0 Needs Improvement = 1-2

- a. Observations and document review Yes ☒ No ☐ Needs Improvement ☐
- b. Contributing Factors Yes ☒ No ☐ Needs Improvement ☐
- c. Recommendations to prevent recurrences when appropriate Yes ☒ No ☐ Needs Improvement ☐

Evaluator Notes:

Yes. All information is collected and is in program data base.

- 4 Did the state initiate compliance action for violations found during any incident/accident investigation? (D6) 1 1

Yes = 1 No = 0

Evaluator Notes:

Yes. Damage Prevention violations found. Sited 1 operator and 1 excavator for violations.

- 5 Did the state assist region office by taking appropriate follow-up actions related to the operator incident reports to ensure accuracy and final report has been received by PHMSA? (validate report data from operators concerning incidents/accidents and investigate discrepancies) Chapter 6 (D7) 1 1

Yes = 1 No = 0 Needs Improvement = .5

Evaluator Notes:

Yes. Contact person in PHMSA Eastern Region office is Mike Yazenboski.

- 6 Does state share lessons learned from incidents/accidents? (sharing information, such as: at NAPS Region meetings, state seminars, etc) (G15) 1 1

Yes = 1 No = 0

Evaluator Notes:

Yes.

- 7 General Comments: Info OnlyInfo Only  
Info Only = No Points

Evaluator Notes:

---

Total points scored for this section: 9  
Total possible points for this section: 9



## PART F - Damage Prevention

Points(MAX) Score

- |   |                                                                                                                                                                                                                                                                                                     |   |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1 | Has the state reviewed directional drilling/boring procedures of each pipeline operator or its contractor to determine if they include actions to protect their facilities from the dangers posed by drilling and other trench less technologies? NTSB (E1)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Reviewed each time change is made by operator.

- |   |                                                                                                                                                                                                                                                                          |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 2 | Did the state inspector check to assure the pipeline operator is following its written procedures pertaining to notification of excavation, marking, positive response and the availability and use of the one call system? (E2)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. During construction inspections.

- |   |                                                                                                                                                                                                                                                                                 |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 3 | Did the state encourage and promote practices for reducing damages to all underground facilities to its regulated companies? (i.e. such as promoting/adopting the CGA Best Practices encouraging adoption of the 9 Elements, etc.) (E3)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |   |                                                                                                                                                                                                                                                                                                    |   |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 4 | Has the agency or another organization within the state collected data and evaluated trends on the number of pipeline damages per 1,000 locate requests? (This can include DIRT and other data shared and reviewed by the pipeline safety program) (E4,G5)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. This is in the NYPSC's pipeline safety's annual performance measures. Last issued May 13, 2013.

- |   |                                            |  |                    |
|---|--------------------------------------------|--|--------------------|
| 5 | General Comments:<br>Info Only = No Points |  | Info OnlyInfo Only |
|---|--------------------------------------------|--|--------------------|

Evaluator Notes:

Total points scored for this section: 8  
Total possible points for this section: 8

# PART G - Field Inspections

Points(MAX) Score

1 Operator, Inspector, Location, Date and PHMSA Representative Info Only Info Only  
Info Only = No Points

Name of Operator Inspected:

Rochester Gas & Electric

Name of State Inspector(s) Observed:

Kristi Fogle

Location of Inspection:

Rochester, NY

Date of Inspection:

10-24-2013

Name of PHMSA Representative:

Jim Anderson

Evaluator Notes:

2 Was the operator or operator's representative notified and/or given the opportunity to be present during inspection? (F2) 1 1  
Yes = 1 No = 0

Evaluator Notes:

Yes.

3 Did the inspector use an appropriate inspection form/checklist and was the form/checklist used as a guide for the inspection? (New regulations shall be incorporated) (F3) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Yes.

4 Did the inspector thoroughly document results of the inspection? (F4) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Yes.

5 Did the inspector check to see if the operator had necessary equipment during inspection to conduct tasks viewed? (Maps,pyrometer,soap spray,CGI,etc.) (F5) 1 1  
Yes = 1 No = 0

Evaluator Notes:

Yes.

6 Did the inspector adequately review the following during the field portion of the state evaluation? (check all that apply on list) (F7) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

a. Procedures

☒

b. Records

☒

c. Field Activities

☒

d. Other (please comment)

☐

Evaluator Notes:

Yes.

7 Did the inspector have adequate knowledge of the pipeline safety program and regulations? (Evaluator will document reasons if unacceptable) (F8) 2 2



Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Yes.

- |   |                                                                                                                                                                                            |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 8 | Did the inspector conduct an exit interview? (If inspection is not totally complete the interview should be based on areas covered during time of field evaluation) (F9)<br>Yes = 1 No = 0 | 1 | 1 |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |   |                                                                                                                                                 |   |    |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 9 | During the exit interview, did the inspector identify probable violations found during the inspections? (if applicable) (F10)<br>Yes = 1 No = 0 | 1 | NA |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

Yes.

- |    |                                                                                                                                                                                                                                                                                            |           |           |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| 10 | General Comments: What did the inspector observe in the field? (Narrative description of field observations and how inspector performed) Best Practices to Share with Other States - (Field - could be from operator visited or state inspector practices) Other.<br>Info Only = No Points | Info Only | Info Only |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|

- |    |                                   |                                     |  |
|----|-----------------------------------|-------------------------------------|--|
| a. | Abandonment                       | <input type="checkbox"/>            |  |
| b. | Abnormal Operations               | <input type="checkbox"/>            |  |
| c. | Break-Out Tanks                   | <input type="checkbox"/>            |  |
| d. | Compressor or Pump Stations       | <input type="checkbox"/>            |  |
| e. | Change in Class Location          | <input type="checkbox"/>            |  |
| f. | Casings                           | <input type="checkbox"/>            |  |
| g. | Cathodic Protection               | <input type="checkbox"/>            |  |
| h. | Cast-iron Replacement             | <input type="checkbox"/>            |  |
| i. | Damage Prevention                 | <input type="checkbox"/>            |  |
| j. | Deactivation                      | <input type="checkbox"/>            |  |
| k. | Emergency Procedures              | <input type="checkbox"/>            |  |
| l. | Inspection of Right-of-Way        | <input type="checkbox"/>            |  |
| m. | Line Markers                      | <input type="checkbox"/>            |  |
| n. | Liaison with Public Officials     | <input type="checkbox"/>            |  |
| o. | Leak Surveys                      | <input type="checkbox"/>            |  |
| p. | MOP                               | <input type="checkbox"/>            |  |
| q. | MAOP                              | <input type="checkbox"/>            |  |
| r. | Moving Pipe                       | <input type="checkbox"/>            |  |
| s. | New Construction                  | <input type="checkbox"/>            |  |
| t. | Navigable Waterway Crossings      | <input type="checkbox"/>            |  |
| u. | Odorization                       | <input type="checkbox"/>            |  |
| v. | Overpressure Safety Devices       | <input checked="" type="checkbox"/> |  |
| w. | Plastic Pipe Installation         | <input type="checkbox"/>            |  |
| x. | Public Education                  | <input type="checkbox"/>            |  |
| y. | Purging                           | <input type="checkbox"/>            |  |
| z. | Prevention of Accidental Ignition | <input type="checkbox"/>            |  |
| A. | Repairs                           | <input type="checkbox"/>            |  |
| B. | Signs                             | <input type="checkbox"/>            |  |
| C. | Tapping                           | <input type="checkbox"/>            |  |
| D. | Valve Maintenance                 | <input type="checkbox"/>            |  |
| E. | Vault Maintenance                 | <input checked="" type="checkbox"/> |  |
| F. | Welding                           | <input type="checkbox"/>            |  |

- G. OQ - Operator Qualification
- H. Compliance Follow-up
- I. Atmospheric Corrosion
- J. Other

☐  
☐  
☐  
☐

Evaluator Notes:

---

Total points scored for this section: 11  
Total possible points for this section: 11



**PART H - Interstate Agent State (If Applicable)****Points(MAX)    Score**

- |          |                                                                                                         |   |   |
|----------|---------------------------------------------------------------------------------------------------------|---|---|
| <b>1</b> | Did the state use the current federal inspection form(s)? (C1)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|---------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes. Uses IA form.

- |          |                                                                                                                                                                        |   |   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>2</b> | Are results documented demonstrating inspection units were reviewed in accordance with "PHMSA directed inspection plan"? (C2)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                                                             |   |   |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>3</b> | Did the state submit documentation of the inspections within 60 days as stated in its latest Interstate Agent Agreement form? (C3)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                                                                                                                                                                                                |   |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>4</b> | Were probable violations identified by state referred to PHMSA for compliance? (NOTE: PHMSA representative has discretion to delete question or adjust points, as appropriate, based on number of probable violations; any change requires written explanation.) (C4)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                                                                  |   |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>5</b> | Did the state immediately report to PHMSA conditions which may pose an imminent safety hazard to the public or to the environment? (C5)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                           |   |   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>6</b> | Did the state give written notice to PHMSA within 60 days of all probable violations found? (C6)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                                                                                                                                          |   |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <b>7</b> | Did the state initially submit documentation to support compliance action by PHMSA on probable violations? (C7)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes.

- |          |                                            |           |           |
|----------|--------------------------------------------|-----------|-----------|
| <b>8</b> | General Comments:<br>Info Only = No Points | Info Only | Info Only |
|----------|--------------------------------------------|-----------|-----------|

Evaluator Notes:

Total points scored for this section: 7  
Total possible points for this section: 7

**PART I - 60106 Agreement State (If Applicable)****Points(MAX)    Score**

- |          |                                                                                                          |   |    |
|----------|----------------------------------------------------------------------------------------------------------|---|----|
| <b>1</b> | Did the state use the current federal inspection form(s)? (B21)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | NA |
|----------|----------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                              |   |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <b>2</b> | Are results documented demonstrating inspection units were reviewed in accordance with state inspection plan? (B22)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | NA |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                                                                                                                                                                     |   |    |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <b>3</b> | Were any probable violations identified by state referred to PHMSA for compliance? (NOTE: PHMSA representative has discretion to delete question or adjust points, as appropriate, based on number of probable violations; any change requires written explanation.) (B23)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | NA |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                                   |   |    |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <b>4</b> | Did the state immediately report to PHMSA conditions which may pose an imminent safety hazard to the public or to the environment? (B24)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | NA |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                            |   |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <b>5</b> | Did the state give written notice to PHMSA within 60 days of all probable violations found? (B25)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | NA |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                    |   |    |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <b>6</b> | Did the state initially submit adequate documentation to support compliance action by PHMSA on probable violations? (B26)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | NA |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                            |           |           |
|----------|--------------------------------------------|-----------|-----------|
| <b>7</b> | General Comments:<br>Info Only = No Points | Info Only | Info Only |
|----------|--------------------------------------------|-----------|-----------|

Evaluator Notes:

Total points scored for this section: 0  
Total possible points for this section: 0