



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

ILLINOIS COMMERCE 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:** Illinois

**Agency Status:**

**Date of Visit:** 06/11/2013 - 06/26/2013

**Agency Representative:** Darin Burk, Program Manager

**PHMSA Representative:** Rex Evans

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

**Name/Title:** Doug Scott, Chairman

**Agency:** Illinois Commerce Commission

**Address:** 525 East Capitol Avenue

**City/State/Zip:** Springfield, IL 62701

**Rating:**

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

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**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.

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**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**

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)

**Possible Points    Points Scored**

10	10
15	15
46	45
15	15
9	9
8	8
11	11
0	0
0	0

**TOTALS**

**114                    113**

**State Rating .....**

**99.1**

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## 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:

Information in files appears correct as to what is on 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, reviewed inspector spreadsheet listing to confirm

- |   |                                                                                                                                                          |   |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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, Atmos inspection unit was doubled due to sale of properties. No issues

- |   |                                                                                                                                                              |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

Information correct, nothing met reportable requirements in CY2012

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

Evaluator Notes:

Information reviewed appears correct. Transitioning to new database, should make sure information is reliable

- |   |                                                                                                                                             |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

All documentation was in paper files and very well organized and easily accessible

- |   |                                                                                                                                                  |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

Information transitioned over from TQ appeared correct.

- |   |                                                                                                                                         |   |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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 | 1 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

No issues, Biennially updated

- |   |                                                                                                                                                                               |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:  
No issues

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

Info OnlyInfo Only

Evaluator Notes:  
No issues

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



## PART B - Program Inspection Procedures

Points(MAX) Score

<b>1</b>	<b>Standard Inspections (B1a)</b> Yes = 2 No = 0 Needs Improvement = 1	<b>2</b>	<b>2</b>
Evaluator Notes: Pages 10-14 in procedures			
<b>2</b>	<b>IMP Inspections (including DIMP) (B1b)</b> Yes = 1 No = 0 Needs Improvement = .5	<b>1</b>	<b>1</b>
Evaluator Notes: page 17 procedures			
<b>3</b>	<b>OQ Inspections (B1c)</b> Yes = 1 No = 0 Needs Improvement = .5	<b>1</b>	<b>1</b>
Evaluator Notes: page 16 procedures			
<b>4</b>	<b>Damage Prevention Inspections (B1d)</b> Yes = 1 No = 0 Needs Improvement = .5	<b>1</b>	<b>1</b>
Evaluator Notes: Page 17 procedures			
<b>5</b>	<b>On-Site Operator Training (B1e)</b> Yes = 1 No = 0 Needs Improvement = .5	<b>1</b>	<b>1</b>
Evaluator Notes: page 17 procedures			
<b>6</b>	<b>Construction Inspections (B1f)</b> Yes = 1 No = 0 Needs Improvement = .5	<b>1</b>	<b>1</b>
Evaluator Notes: page 14 procedures			
<b>7</b>	<b>Incident/Accident Investigations (B1g)</b> Yes = 2 No = 0 Needs Improvement = 1	<b>2</b>	<b>2</b>
Evaluator Notes: Pages 21-24 procedures			
<b>8</b>	<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)</b> Yes = 6 No = 0 Needs Improvement = 1-5	<b>6</b>	<b>6</b>
a.	Length of time since last inspection	Yes <input checked="" type="radio"/>	No <input type="radio"/> Needs Improvement <input type="radio"/>
b.	Operating history of operator/unit and/or location (includes leakage, incident and compliance activities)	Yes <input checked="" type="radio"/>	No <input type="radio"/> Needs Improvement <input type="radio"/>
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:

largely relies upon inspection priority sheets. Information based on previous histories. Recommend review to ensure adequate inspection time is spent at each operator.

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9 General Comments:

Info Only = No Points

Info OnlyInfo Only

Evaluator Notes:

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Total points scored for this section: 15  
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):  
702.00

B. Total Inspection Person Days Charged to the Program (220 X Inspection Person Years) (Attachment 7):  
220 X 8.58 = 1888.33

Ratio: A / B  
702.00 / 1888.33 = 0.37

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

Evaluator Notes:

They actually had 6.58 inspection person years \*220 or 1447. 702/1447 = .48. Full points no issues.

- 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:

inspection records reviewed indicates all lead inspectors have completed necessary training. no issues

- 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:

No issues. 24 years experience

- 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:

No issues, letter send 12-27-12, response 2-14-13. No substantial issues needing changes existed in letter.

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

Evaluator Notes:

Seminar conducted July 2012

- 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 4  
Yes = 5 No = 0 Needs Improvement = 1-4

Evaluator Notes:

One point loss, had not inspected US Steel in Granite City. There are pending jurisdictional issues with this operator lacking follow up and no inspections conducted

- |   |                                                                                                                                                                                                                                   |   |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

inspection forms appeared thorough with no issues.

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- |   |                                                                                                                                                                                                                      |   |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 1 No = 0 | 1 | 1 |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes, covered in inspection form ILPS#3, page 3

- 
- |   |                                                                                                                                                                                                                                                                                                                                             |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 1 No = 0 | 1 | 1 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes, this is covered on inspection form. ILPS#3, page 3

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- |    |                                                                                                                                                                                                                                                                                                                                                                                                        |   |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 1 No = 0 | 1 | 1 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes, covered on OM Inspection Form, ILPS#7, page 5

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- |    |                                                                                                                                                                                                                                         |   |   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 1 No = 0 | 1 | 1 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes, this is covered on inspection form ILPS #3

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- |    |                                                                                                                                                                                                                         |   |   |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes, annual reports and incident reports reviewed for accuracy. No issues

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- |    |                                                                                                                                                                                                                                      |   |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

Evaluator Notes:

Yes, reviewed databases and inspection forms are uploaded. Recommend making sure review for any gaps.

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



Evaluator Notes:

Yes, letter is sent to operators and NPMS submissions appear sufficient

- 
- |           |                                                                                                                                                                                                                                                        |   |   |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <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, inspections are being completed and appear thorough

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- |           |                                                                                                                                                                                                                                                                                                                                        |   |   |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <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, verified operators plans are being updated and appear uploaded to database. No issues.

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- |           |                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <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:

This information appears to be up to date. Remedial actions are reviewed. Recommend review of all IMP activities to ensure thoroughness.

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- |           |                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <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:

No issues. DIMP plans are being reviewed and on schedule

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- |           |                                                                                                                                                                                                                                                                                                                                                            |   |   |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <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:

PAPEI inspections are being conducted and appear on schedule.

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- |           |                                                                                                                                                                                                                                       |   |   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| <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:

Website appears thorough with necessary links and transparency capability is good

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
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Evaluator Notes:

Yes, file reviewed appears that information is follow-up appropriately

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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
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Evaluator Notes:

This appears to be covered in ILPS#3, page 2

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

No issues

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24	General Comments: Info Only = No Points	Info Only	Info Only
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Evaluator Notes:

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Total points scored for this section: 45  
Total possible points for this section: 46



## PART D - Compliance Activities

Points(MAX) Score

- 1** 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) 4 4  
Yes = 4 No = 0 Needs Improvement = 1-3
- a. Procedures to notify an operator (company officer) when a noncompliance is identified Yes ☒ No ☐ Needs Improvement ☐
- b. Procedures to routinely review progress of compliance actions to prevent delays or breakdowns Yes ☒ No ☐ Needs Improvement ☐

Evaluator Notes:

No issues. Pages 18-20 of procedures.

- 2** 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) 4 4  
Yes = 4 No = 0 Needs Improvement = 1-3
- a. Were compliance actions sent to company officer or manager/board member if municipal/government system? Yes ☒ No ☐ Needs Improvement ☐
- b. Were probable violations documented? Yes ☒ No ☐ Needs Improvement ☐
- c. Were probable violations resolved? Yes ☒ No ☐ Needs Improvement ☐
- d. Was the progress of probable violations routinely reviewed? Yes ☒ No ☐ Needs Improvement ☐

Evaluator Notes:

Very thorough documentation and regular review documentation. No issues

- 3** Did the state issue compliance actions for all probable violations discovered? (B15) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Information reviewed appears to have covered compliance actions for issues discovered.

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

Evaluator Notes:

Yes, process is thorough and due process has no issues.

- 5** 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) 2 2  
Yes = 2 No = 0 Needs Improvement = 1

Evaluator Notes:

Very familiar, civil penalties considered on all issues. No problems.

- 6** Can the State demonstrate it is using their enforcement fining authority for pipeline safety violations? 1 1  
Yes = 1 No = 0 Needs Improvement = .5

Evaluator Notes:

Yes, fines have been issued. Also has bill pending that will allow agency to issue penalties at program level with due process levels of enforcement

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

Evaluator Notes:

No issues. Enforcement process is vigorous and exemplary.

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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:

no issues. after hours report process

- 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, no issues

- 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:

No issues. All incidents have been documented thoroughly and appropriate dispensation is made

- 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, although no incidents in this period. Previous period incident violations have been initiated and some in this period. No issues.

- 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, reviewed email correspondence with region. No issues

- 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:

information always shared are NAPS activities.

- 7 General Comments: Info Only Info Only

Info Only = No Points

Evaluator Notes:

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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:

Yes, this is reviewed during inspections. ILPS#7 inspection form.

- |   |                                                                                                                                                                                                                                                                          |   |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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, this is reviewed with operator. Checklist ILPS#3, page 5. No issues.

- |   |                                                                                                                                                                                                                                                                                 |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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, this is reviewed with operator. Checklist ILPS#3, page 5. No issues.

- |   |                                                                                                                                                                                                                                                                                                    |   |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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 reviewed with operator. Checklist ILPS#3, page 5. No issues.

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

Name of Operator Inspected:

Nicor Gas Company

Name of State Inspector(s) Observed:

Charles Gribbins

Location of Inspection:

Villa Park, IL, Naperville, IL,

Date of Inspection:

June 11-13, 2013

Name of PHMSA Representative:

Rex Evans

Evaluator Notes:

June 11, 2013- Viewed installation of steel main being constructed along highway 59 in Naperville, IL

June 12, 2013 - Comprehensive Field inspection.

400 block addison, villa park. Installed 1959, 2" steel;500 block wisconsin and wildwood and oakland, villa park, I'll

June 13, 2013

Reg station annual maintenance inspection at 90 N finley in Glen Ellyn, IL

- |   |                                                                                                                           |   |   |
|---|---------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

Operator was present and with various QA personnel

- |   |                                                                                                                                                                            |   |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

no issues

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

Evaluator Notes:

No issues

- |   |                                                                                                                                                             |   |   |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

No issues

- |   |                                                                                                                                         |   |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 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:

Inspector conducted thorough review and no issues identified

7	Did the inspector have adequate knowledge of the pipeline safety program and regulations? (Evaluator will document reasons if unacceptable) (F8) Yes = 2 No = 0 Needs Improvement = 1	2	2
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Evaluator Notes:

Yes, no issues

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) Yes = 1 No = 0	1	1
---	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	---

Evaluator Notes:

Yes, thorough review of items reviewed.

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

Evaluator Notes:

N/A

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. 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 checked="" type="checkbox"/> |
| m. | Line Markers                      | <input type="checkbox"/>            |
| n. | Liaison with Public Officials     | <input type="checkbox"/>            |
| o. | Leak Surveys                      | <input checked="" 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 checked="" type="checkbox"/> |
| D. | Valve Maintenance           | <input type="checkbox"/>            |
| E. | Vault Maintenance           | <input type="checkbox"/>            |
| F. | Welding                     | <input checked="" type="checkbox"/> |
| G. | OQ - Operator Qualification | <input checked="" type="checkbox"/> |
| H. | Compliance Follow-up        | <input type="checkbox"/>            |
| I. | Atmospheric Corrosion       | <input type="checkbox"/>            |
| J. | Other                       | <input type="checkbox"/>            |

Evaluator Notes:

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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 | NA |
|----------|---------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                        |   |    |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <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 | NA |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                             |   |    |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <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 | NA |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                                                                                                                                                                |   |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <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 | NA |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                                                  |   |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <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 | NA |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                           |   |    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <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 | NA |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

- |          |                                                                                                                                                          |   |    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| <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 | NA |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|

Evaluator Notes:

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

Evaluator Notes:

Not applicable

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

**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:

Not applicable

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