



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

1200 New Jersey Avenue SE  
Washington DC 20590

## 2013 Hazardous Liquid State Program Evaluation

for

MN Office of Pipeline Safety

### 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 -- Accident Investigations
- F -- Damage Prevention
- G -- Field Inspections
- H -- Interstate Agent State (if applicable)
- I -- 60106 Agreement State (if applicable)

2013 Hazardous Liquid State Program Evaluation -- CY 2013  
Hazardous Liquid

**State Agency:** Minnesota

**Agency Status:**

**Date of Visit:** 06/16/2014 - 06/27/2014

**Agency Representative:** Jon Wolfgram

**PHMSA Representative:** Leonard W. Steiner

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

**Name/Title:** Ramona L. Dohlman, Commissioner

**Agency:** Minnesota Department of Public Safety

**Address:** 445 Minnesota Street, Suite 145

**City/State/Zip:** Saint Paul, Minnesota 55101-5155

**Rating:**

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

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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 2013 (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.

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**Scoring Summary**

| <b>PARTS</b>              |  | <b>Possible Points</b> | <b>Points Scored</b> |
|---------------------------|--|------------------------|----------------------|
| A                         | Progress Report and Program Documentation Review | 10                     | 10                   |
| B                         | Program Inspection Procedures                    | 15                     | 15                   |
| C                         | Program Performance                              | 43                     | 40.5                 |
| D                         | Compliance Activities                            | 15                     | 15                   |
| E                         | Accident Investigations                          | 9                      | 9                    |
| F                         | Damage Prevention                                | 8                      | 8                    |
| G                         | Field Inspections                                | 12                     | 12                   |
| H                         | Interstate Agent State (if applicable)           | 6                      | 6                    |
| I                         | 60106 Agreement State (if applicable)            | 0                      | 0                    |
| <b>TOTALS</b>             |  | <b>118</b>             | <b>115.5</b>         |
| <b>State Rating .....</b> |  |                        | <b>97.9</b>          |

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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:

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

Evaluator Notes:

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

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

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

Evaluator Notes:

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

Files are stored electronically and were readily 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:

|   |   |   |   |
|---|---|---|---|
| 8 | Verification of Part 195,198,199 Rules and Amendments - Progress Report Attachment 8 (A1h)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|---|---|---|---|

Evaluator Notes:

Automatic adoption of amendments.

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

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**10** General Comments:

Info Only = No Points

Info OnlyInfo Only

Evaluator Notes:

The Progrss Report was accurate and complete.

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

Evaluator Notes:

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

Evaluator Notes:

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

Evaluator Notes:

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

Evaluator Notes:

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

Evaluator Notes:

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

Evaluator Notes:

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

Evaluator Notes:

|          |  |          |          |
|----------|--|----------|----------|
| <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><br>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 area, 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:

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|  |                       |           |           |
|--|-----------------------|-----------|-----------|
| 9  | General Comments:     | Info Only | Info Only |
|  | Info Only = No Points |           |           |
| Evaluator Notes:                         |                       |           |           |
| Each type of inspection has a procedure. |                       |           |           |

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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? 5 3  
Yes = 5 No = 0

A. Total Inspection Person Days (Attachment 2):  
145.53

B. Total Inspection Person Days Charged to the Program (220 X Inspection Person Years) (Attachment 7):  
 $220 \times 1.94 = 425.70$

Ratio: A / B  
 $145.53 / 425.70 = 0.34$

If Ratio  $\geq 0.38$  Then Points = 5, If Ratio  $< 0.38$  Then Points = 0  
Points = 0

Evaluator Notes:

Less than .38, Interstate liquid pipeline inspections are starting to be assigned on a priority of inspection by the Central Region, OPS. The required operators were inspected, however, the total number of liquid inspectors did use enough time for inspections.

- 2** Has each inspector and program 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 IMP Training before conducting inspection as lead | Yes <input checked="" type="radio"/> | No <input type="radio"/> | Needs Improvement <input type="radio"/> |
| c. | Root Cause Training by at least one inspector/prgram 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:

Two inspectors attend locating training, 1 inspector attended leadership training.

- 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:

- 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:

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

Evaluator Notes:

- 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:

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

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|   |   |   |   |
|---|---|---|---|
| 8 | Did the state review operator procedures for determining areas of active corrosion on liquid lines in sufficient detail? (NOTE: PHMSA representative to describe state criteria for determining areas of active corrosion) (B7)<br>Yes = 1 No = 0 | 1 | 1 |
|---|---|---|---|

Evaluator Notes:

All active corrosion has had cathodic protection added

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|   |  |   |   |
|---|--|---|---|
| 9 | Did the state adequately review for compliance operator procedures for abandoning pipeline facilities and analyzing pipeline accidents to determine their causes? (NOTE: PHMSA representative to describe state criteria for determining compliance with abandoning pipeline facilities and analyzing pipeline accidents to determine their causes) (B8)<br>Yes = 1 No = 0 | 1 | 1 |
|---|--|---|---|

Evaluator Notes:

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|    |   |   |   |
|----|---|---|---|
| 10 | Is the state aware of environmentally sensitive areas traversed by or adjacent to hazardous liquid pipelines? (reference Part 195, review of NPMS) (B9)<br>Yes = 1 No = 0 | 1 | 1 |
|----|---|---|---|

Evaluator Notes:

Yes. Minnesota maintains maps of pipelines and sensitive areas.

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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 195.402(c)(5)? (B10,E5)<br>Yes = 1 No = 0 | 1 | 1 |
|----|---|---|---|

Evaluator Notes:

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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 (G5-8,G15)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----|---|---|---|

Evaluator Notes:

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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 (G9-12)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|----|---|---|---|

Evaluator Notes:

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|    |  |   |   |
|----|--|---|---|
| 14 | Has state confirmed intrastate operators have submitted information into NPMS database along with changes made after original submission? (G13)<br>Yes = 1 No = 0 Needs Improvement = .5 | 1 | 1 |
|----|--|---|---|

Evaluator Notes:



|   |  |   |     |
|---|--|---|-----|
| <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:  |  |   |     |
| <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 195 Part G (I4-7)<br>Yes = 2 No = 0 Needs Improvement = 1   | 2 | 2   |
| Evaluator Notes:<br>Yes   |  |   |     |
| <b>17</b>   | Is state verifying operator's hazardous liquid integrity management (L IMP) Programs are up to date? This should include a previous review of LIMP 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 195.452 Appendix C (C8-12)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2   |
| Evaluator Notes:  |  |   |     |
| <b>18</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 195.440 (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:<br>Yes, completed  |  |   |     |
| <b>19</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). (G19-20)<br>Yes = 1 No = 0 Needs Improvement = .5  | 1 | 1   |
| Evaluator Notes:<br>Minnesota uses newsletters, and website.  |  |   |     |
| <b>20</b>   | Did state execute appropriate follow-up actions to Safety Related Condition (SRC) Reports? Chapter 6.3 (B6)<br>Yes = 1 No = 0 Needs Improvement = .5   | 1 | 0.5 |
| Evaluator Notes:<br>Minnesota fails to shows they had regular communications with the Central Region every 30 days. |  |   |     |
| <b>21</b>   | Did the state participate in/respond to surveys or information requests from NAPS or PHMSA? (H4)<br>Yes = 1 No = 0 Needs Improvement = .5  | 1 | 1   |
| Evaluator Notes:  |  |   |     |

- 22** If the State has issued any waivers/special permits for any operator, has the state verified conditions of those waivers/special permits are being met? This should include having the operator amend procedures where appropriate. Info OnlyInfo Only  
Info Only = No Points

Evaluator Notes:

No waivers were issued in CY2013

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- 23** General Comments: Info OnlyInfo Only  
Info Only = No Points

Evaluator Notes:

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Total points scored for this section: 40.5  
Total possible points for this section: 43

**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 some steps the computer may generate a letter.

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

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

No probable violations were discovered, however, 6 open cases from previous year.

- |          |  |   |   |
|----------|--|---|---|
| <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, no show cause hearing were needed.

- |          |   |   |   |
|----------|---|---|---|
| <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 | 2 | 2 |
|----------|---|---|---|

Evaluator Notes:

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

- |          |  |
|----------|--|
| <b>7</b> | General Comments:<br>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 E - Accident Investigations

Points(MAX) Score

- 1 Does state have adequate mechanism to receive and respond to operator reports of accidents, 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:

Minnesota uses a "Duty Officer" system for receiving notifications.

- 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, and have a procedure to determine when to go to an accident.

- 3 Were all accidents 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 where appropriate Yes ☒ No ☐ Needs Improvement ☐

Evaluator Notes:

- 4 Did the state initiate compliance action for violations found during any incident/accident investigation? (D6) 1 1  
Yes = 1 No = 0

Evaluator Notes:

Initiated action, only interstate pipelines had accidents.

- 5 Did the state assist region office by taking appropriate follow-up actions related to the operator accident 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:

Assisted the Region, only interstate pipelines were involved in accidents.

- 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:

- 7 General Comments:  
Info Only = No Points

Info OnlyInfo Only

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? (E1)<br>Yes = 2 No = 0 Needs Improvement = 1 | 2 | 2 |
|---|--|---|---|

Evaluator Notes:

They have a question on inspectio forms.

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

Inspected the locate requests an operator receives and the response to requests.

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

- |   |  |   |   |
|---|--|---|---|
| 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, Minnesota uses data from annual reports and Minnesota One-Call.

- |   |  |           |           |
|---|--|-----------|-----------|
| 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<br>Info Only = No Points<br>Name of Operator Inspected:<br>Koch Pipeline Company, L.P.<br>Name of State Inspector(s) Observed:<br>Todd Stansbury<br>Location of Inspection:<br>Minneapolis. Minnesota Metro area<br>Date of Inspection:<br>June 26, 2014<br>Name of PHMSA Representative:<br>Leonard Steiner<br>Evaluator Notes:<br>Also Attending was Jon Wolfgram, Supervisor | Info Only  | Info Only |
| 2 | Was the operator or operator's representative notified and/or given the opportunity to be present during inspection? (F2)<br>Yes = 1 No = 0<br>Evaluator Notes:  | 1  | 1         |
| 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)<br>Yes = 2 No = 0 Needs Improvement = 1<br>Evaluator Notes:   | 2  | 2         |
| 4 | Did the inspector thoroughly document results of the inspection? (F4)<br>Yes = 2 No = 0 Needs Improvement = 1<br>Evaluator Notes:  | 2  | 2         |
| 5 | Did the inspector check to see if the operator had necessary equipment during inspection to conduct tasks viewed? (Maps, valve keys, half cells, etc) (F5)<br>Yes = 1 No = 0<br>Evaluator Notes:<br>Yes, Primary tools: half-cell, digit multimeter, valve wrenches.   | 1  | 1         |
| 6 | Did the inspector adequately review the following during the field portion of the state evaluation? (check all that apply on list) (F7)<br>Yes = 2 No = 0 Needs Improvement = 1<br>a. Procedures<br>b. Records<br>c. Field Activities<br>d. Other (please comment)   | 2<br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | 2         |
| 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:

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- |          |  |   |   |
|----------|--|---|---|
| <b>8</b> | 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:

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

Evaluator Notes:

No probable violatons were discovered. Several items were noted that the operator should review to ensure compliance.

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|-----------|---|-----------|-----------|
| <b>10</b> | 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 checked="" type="checkbox"/> |
| g. | Cathodic Protection               | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> |
| u. | Odorization                       | <input type="checkbox"/>            |
| v. | Overpressure Safety Devices       | <input 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 checked="" 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 | <input type="checkbox"/> |
| H. | Compliance Follow-up        | <input type="checkbox"/> |
| I. | Atmospheric Corrosion       | <input type="checkbox"/> |
| J. | Other                       | <input type="checkbox"/> |

Evaluator Notes:

On June 26, 2014, I observed Todd Stansbury, a Minnesota pipeline safety inspector conducting the facility portion of a standard inspection. Jan Wolfgram, Minnesota Program Manager accompanied this inspection. The pipeline inspected was a product pipeline from a refinery to the Minneapolis- St. Paul airport. Mr. Stansbury had notified the operator of the date and time of the inspection. He met company personnel at a designated location and confirmed the tools and route he would inspect. Mr. Stansbury was knowledgeable of the regulations and their application. While inspecting, Mr. Stansbury was thorough in his inspection. Mr. Stansbury conducted the inspection in a courteous and professional manner.

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Total points scored for this section: 12  
Total possible points for this section: 12

**PART H - Interstate Agent State (if applicable)****Points(MAX)    Score**

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

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

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

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

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

No imminent safety hazards were discovered.

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

No probable violations were discovered in CY2013.

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

No probable violations were discovered.

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

Evaluator Notes:

The interstate results were verified by inspectors in the Central Region.

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Total points scored for this section: 6  
Total possible points for this section: 6

**PART I - 60106 Agreement State (if applicable)****Points(MAX)    Score**

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

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

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

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

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

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

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

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