



INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date **Nov 17, 2009**

No. **20090123 -- 6841**
(DOT Use Only)

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A - GENERAL REPORT INFORMATION

Check one or more boxes as appropriate:

Operator Name and Address

Original Report Supplemental Report Final Report

- a. Operator's 5-digit Identification Number (when known) / 15007 /
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) / _____ /
- c. Name of Operator PACIFIC GAS & ELECTRIC CO
- d. Operator street address 375 NORTH WIGET LANE
- e. Operator address WALNUT CREEK CONTRA COSTA CA 94598
City, County or Parrish, State and Zip Code

2. Time and date of the incident

/ 1200 / / 11 / / 11 / / 2009
hr. month day year

3. Location of incident

- a. Redacted
- b. Nearest street or road SAN FRANCISCO SAN FRANCISCO
City and County or Parrish
- c. CA 94101
State and Zip Code
- d. Mile Post/Valve Station Redact
- e. Survey Station No. _____
- f. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)
- g. Class location description
Onshore: * Class 1 * Class 2 * Class 3 * Class 4
Offshore: * Class 1 (complete rest of this item)
Area _____ Block # _____
State / _____ / or Outer Continental Shelf
- h. Incident on Federal Land other than Outer Continental Shelf
* Yes * No
- i. Is pipeline Interstate * Yes * No

4. Type of leak or rupture

- * Leak: * Pinhole * Connection Failure (complete sec. F5)
* Puncture, diameter (inches) _____
- * Rupture: * Circumferential - Separation
* Longitudinal - Tear/Crack, length (inches) _____
Propagation Length, total, both sides (feet) _____
- * N/A
- * Other: **STRUCK BY CROSS BORING**

5. Consequences (check and complete all that apply)

- a. Fatality Total number of people: / 0 /
Employees: / 0 / General Public: / 0 /
Non-employee Contractors: / 0 /
- b. Injury requiring inpatient hospitalization Total number of people: / 0 /
Employees: / 0 / General Public: / 0 /
Non-employee Contractors: / 0 /
- c. Property damage/loss (estimated) Total \$ 50000
Gas loss \$ 0 Operator damage \$ 50000
Public/private property damage \$ 0
- d. Release Occurred in a 'High Consequence Area'
- e. Gas ignited - No explosion f. Explosion
- g. Evacuation (general public only) / 0 / people
Reason for Evacuation:
* Emergency worker or public official ordered, precautionary
* Threat to the public * Company policy

6. Elapsed time until area was made safe:

/ 5 / hr. / 20 / min.

7. Telephone Report

/ 923326 / / 11 / / 12 / / 2009
NRC Report Number month day year

8. a. Estimated pressure at point and time of incident:

145 PSIG

b. Max. allowable operating pressure (MAOP): 275 PSIG

c. MAOP established by 49 CFR section:

- 192.619 (a)(1) 192.619 (a)(2) 192.619 (a)(3)
- 192.619 (a)(4) 192.619 (c)

d. Did an overpressurization occur relating to the incident? * Yes * No

PART B - PREPARER AND AUTHORIZED SIGNATURE

Redacted
(type or print) Preparer's Name and Title

Redacted
Area Code and Telephone Number

Redacted
Preparer's E-mail Address

Redacted
Area Code and Facsimile Number

Authorized Signature (type or print) Name and Title

Date Area Code and Telephone Number

PART C - ORIGIN OF THE INCIDENT

- 1. Incident occurred on
 - * Transmission System
 - * Gathering System
 - * Transmission Line of Distribution System
- 2. Failure occurred on
 - * Body of pipe
 - * Pipe Seam
 - * Joint
 - * Component
 - * Other: _____
- 3. Material involved (pipe, fitting, or other component)
 - * Steel
 - * Plastic (If plastic, complete all items that apply in a-c)
Plastic failure was: a. ductile b. brittle c. joint failure
 - * Material other than plastic or steel: _____
- 4. Part of system involved in incident
 - * Pipeline
 - * Regulator/Metering System
 - * Compressor Station
 - * Other: _____
- 5. Year the pipe or component which failed was installed: / **1951** /

PART D - MATERIAL SPECIFICATION (if applicable)

- 1. Nominal pipe size (NPS) / **20** / in.
- 2. Wall thickness / _____ / in.
- 3. Specification _____ SMYS / _____ /
- 4. Seam type _____
- 5. Valve type _____
- 6. Pipe or valve manufactured by _____ in year / _____ /

PART E - ENVIRONMENT

- 1. Area of incident
 - * In open ditch
 - * Under pavement
 - * Above ground
 - * Under ground
 - * Under water
 - * Inside/under building
 - * Other: _____
- 2. Depth of cover: **82** inches

PART F - APPARENT CAUSE

Important: There are 25 numbered causes in this section. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

F1 - CORROSION

- If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a - e.
- 1. * External Corrosion
 - a. Pipe Coating
 - * Bare
 - * Coated
 - b. Visual Examination
 - * Localized Pitting
 - * General Corrosion
 - * Other: _____
 - c. Cause of Corrosion
 - * Galvanic
 - * Stray Current
 - * Improper Cathodic Protection
 - * Microbiological
 - * Stress Corrosion Cracking
 - * Other: _____
 - d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
* No * Yes Year Protection Started: _____ /
 - e. Was pipe previously damaged in the area of corrosion?
* No * Yes How long prior to incident: _____ / years _____ / months
 - 2. * Internal Corrosion

F2 - NATURAL FORCES

- 3. * Earth Movement => * Earthquake * Subsidence * Landslide * Other: _____
- 4. * Lightning
- 5. * Heavy Rains/Floods => * Washouts * Flotation * Mudslide * Scouring * Other: _____
- 6. * Temperature => * Thermal stress * Frost heave * Frozen components * Other: _____
- 7. * High Winds

F3 - EXCAVATION

- 8. * Operator Excavation Damage (including their contractors) / Not Third Party
- 9. * Third Party Excavation Damage (complete a-d)
 - a. Excavator group
 - * General Public
 - * Government
 - * Excavator other than Operator/subcontractor
 - b. Type: * Road Work * Pipeline * Water * Electric * Sewer * Phone/Cable * Landowner * Railroad
* Other: **FIBER OPTIC CABLE INSTA**
 - c. Did operator get prior notification of excavation activity?
* No * Yes Date received: / **10** / mo. / **23** / day / **2009** / yr.
Notification received from: * One Call System * Excavator * Contractor * Landowner
 - d. Was pipeline marked?
* No * Yes (If Yes, check applicable items i - iv)
 - i. Temporary markings: * Flags * Stakes * Paint
 - ii. Permanent markings: * Yes * No
 - iii. Marks were (check one) * Accurate * Not Accurate
 - iv. Were marks made within required time? * Yes * No

F4 - OTHER OUTSIDE FORCE DAMAGE

- 10. * Fire/Explosion as primary cause of failure => Fire/Explosion cause: * Man made * Natural
- 11. * Car, truck or other vehicle not relating to excavation activity damaging pipe
- 12. * Rupture of Previously Damaged Pipe
- 13. * Vandalism

F5 – MATERIAL AND WELDS

Material

- 14. * Body of Pipe => * Dent * Gouge * Wrinkle Bend * Arc Burn * Other: _____
- 15. * Component => * Valve * Fitting * Vessel * Extruded Outlet * Other: _____
- 16. * Joint => * Gasket * O-Ring * Threads * Other: _____

Weld

- 17. * Butt => * Pipe * Fabrication * Other: _____
- 18. * Fillet => * Branch * Hot Tap * Fitting * Repair Sleeve * Other: _____
- 19. * Pipe Seam => * LF ERW * DSAW * Seamless * Flash Weld * Other: _____
- * HF ERW * SAW * Spiral * Other: _____

Complete a-g if you indicate **any** cause in part F5.



a. Type of failure:

- * Construction Defect => * Poor Workmanship * Procedure not followed * Poor Construction Procedures
- * Material Defect

b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? * Yes * No

c. Was part which leaked pressure tested before incident occurred? * Yes, complete d-g * No

d. Date of test: / ____ / mo. / ____ / day / ____ / yr.

e. Test medium: * Water * Natural Gas * Inert Gas * Other: _____

f. Time held at test pressure: / ____ / hr.

g. Estimated test pressure at point of incident: _____ PSIG

F6 – EQUIPMENT AND OPERATIONS

- 20. * Malfunction of Control/Relief Equipment => * Valve * Instrumentation * Pressure Regulator * Other: _____
- 21. * Threads Stripped, Broken Pipe Coupling => * Nipples * Valve Threads * Mechanical Couplings * Other: _____
- 22. * Ruptured or Leaking Seal/Pump Packing

23. * Incorrect Operation

a. Type: * Inadequate Procedures * Inadequate Safety Practices * Failure to Follow Procedures * Other: _____

b. Number of employees involved who failed post-incident drug test: / ____ / Alcohol test: / ____ /

c. Were most senior employee(s) involved qualified? * Yes * No d. Hours on duty: / ____ /

F7 – OTHER

- 24. * Miscellaneous, describe: _____
- 25. * Unknown
- * Investigation Complete * Still Under Investigation (submit a supplemental report when investigation is complete)

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT (Attach additional sheets as necessary)

ON 11/11/09 AT APPROXIMATELY 1200 HOURS A 3RD PARTY CONTRACTOR STRUCK AND PUNCTURED LINE 101, A 20-INCH STEEL GAS TRANSMISSION PIPELINE CAUSING GAS TO BE RELEASED. THE CONTRACTOR WAS CONDUCTING HORIZONTAL BORING OPERATIONS TO INSTALL FIBER OPTIC CABLES. THE AREA WAS PROPERLY DELINEATED AND CORRECTLY MARKED AND LOCATED UNDER USA TICKET 0331801. THE CONTRACTOR DID NOT USE APPROPRIATE EXCAVATION PRACTICES WHILE BORING. THE INCIDENT RESULTED IN LOSS OF SERVICE FOR SIX CUSTOMERS. SAN FRANCISCO FIRE DEPARTMENT AND HIGHWAY PATROL WERE ON SCENE. PG&E CREWS WERE ON SCENE AT 1240 HOURS ON 11/11/09. MAJOR MEDIA WAS PRESENT. THERE WERE NO FATALITIES OR INJURIES AS A RESULT OF THIS INCIDENT. THIS INCIDENT BECAME REPORTABLE WHEN THE DAMAGES TO THE PIPELINE EXCEEDED \$50,000.