


Redacted

copy (Manny)

 CORRECTIVE WORK FORM GAS DISTRIBUTION	PR NOTIFICATION #:	NOTIFICATION #:
		ORDER #:

CREW: _____

1. PROBLEM DESCRIPTION: VALVE EXCEEDS TORQUE SPECS, PLEASE REPLACE VALVE

2. STREET ADDRESS: Redacted 3. CITY: Berkeley

4. STATION NAME/NO OR CPA No: K-35 5. TECH ID/BADGE No: _____ 6. PLAT MAP No: 5, D, 9

7. COMMENTS (LONG TEXT):
 PERMIT REQUIRED ESTIMATING REQUIRED

8. HOW WORK WAS IDENTIFIED:

<input type="checkbox"/> CLEARANCE REQUIRED	<input type="checkbox"/> CUSTOMER/3 RD PARTY CALL-IN	<input type="checkbox"/> LEAK SURVEY	<input type="checkbox"/> PG&E AUDIT
<input type="checkbox"/> CORRECTIVE MAINTENANCE	<input type="checkbox"/> GENERATED FROM IGIS	<input type="checkbox"/> MAJOR EVENT	<input checked="" type="checkbox"/> PREVENTATIVE MAINTENANCE
<input type="checkbox"/> CPUC AUDIT	<input type="checkbox"/> INOPERABLE EQUIPMENT	<input type="checkbox"/> MATERIAL PROBLEM REPORT	

9. GC NOTIFICATION (GAS DIST - CORRECTIVE) CD NOTIFICATION (DAMAGE CLAIMS) SO NOTIFICATION (SYSTEM OPERATIONS) GR NOTIFICATION (GAS DIST - PROJECT)

10. PRIORITY: A B E F A B E F A B G B

A = IMMEDIATE / SAFETY EMERGENCY URGENT COMPLIANCE
 B = URGENT COMPLIANCE
 E = SCHEDULE COMPLIANCE - YR 0
 F = SCHEDULE COMPLIANCE - YR 1+

11. WORK TYPE CODE (GC):

<input type="checkbox"/> 312-Overbuild IR	<input type="checkbox"/> 566-Steel Main Eval	<input type="checkbox"/> 578-Below GrndSvs Leak	<input type="checkbox"/> 609-Mtr/Reg > 1000 CFH	<input type="checkbox"/> 768-Gas Main
<input type="checkbox"/> 359-Overbuild Med	<input type="checkbox"/> 570-MPP Protects Est	<input type="checkbox"/> 594-Smart Meter	<input type="checkbox"/> 610-Mtr/Reg <= 1000 CFH	<input type="checkbox"/> 770-Gas Service
<input type="checkbox"/> 387-Overbuild No Access	<input type="checkbox"/> 571-Svc Valve Est	<input type="checkbox"/> 600-Corros Main Rep	<input type="checkbox"/> 611-Major Emergency	<input type="checkbox"/> 786-CD Gas Mtr <= 1000 CFH
<input type="checkbox"/> 411-NonRecurring Proj	<input type="checkbox"/> 572-Svc Valve	<input type="checkbox"/> 601-Corros Svc Rep	<input type="checkbox"/> 618-Spec Leak Survey	<input type="checkbox"/> (SO & GR)
<input type="checkbox"/> 556-Above Ground Leak	<input type="checkbox"/> 574-Reg Station	<input type="checkbox"/> 602-Corros Reg Stat Rep	<input type="checkbox"/> 635-CD Main Dlg-In	
<input type="checkbox"/> 565-Steel Svc Eval	<input checked="" type="checkbox"/> 576-Mainline Valve	<input type="checkbox"/> 603-MPP Protects	<input type="checkbox"/> 636-CD Service Dlg-In	
	<input type="checkbox"/> 577-Mainline Leak	<input type="checkbox"/> 604-MMP Svc Valve	<input type="checkbox"/> 619-MPP Inspections	

12. CREW CLASS: GD, CNMNY 13. DURATION NEEDED: 40 MIN/H

14. REPORTED BY (LAN ID): Redacted 15. EST. MATERIAL COST: \$

16. REQUIRED START DATE: 11/21/11 17. REQUIRED END DATE: 11/21/11

18. WORK COMPLETED BY (TECH INSPECT BY) LAN ID: _____ 19. WORK COMPLETED ON (TECH INSPECT ON) DATE: / / 20. ACTUAL LABOR-HOURS:

21. FACILITY REPORT REVIEWED: YES NO 22. ASSET REGISTRY UPDATE REQUIRED: YES NO

RELIEF VALVE CAPACITY CHECK: Q1 Yes No Q2 Yes No Q3 Yes No Q4 Yes No UNKNOWN

23. SUPERVISOR

Task: REVW Work Reviewed/Approved by Supervisor (LAN ID): _____ Reviewed/Comp. Date: / /

LOCAL HEADQUARTER CLERK

24. PLANT SECTION/COUNTY: 001 25. LOCATION/DIVISION: EST BAL 26. MAIN WORK CENTER: Richmond

27. FUNCTIONAL LOCATION: GD.

28. SAP EQUIPMENT #: K-35

27. REPAIR CODES - CREW			OBJECT		
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Heater	<input type="checkbox"/> Recip Compr - IC			
<input type="checkbox"/> Air Switch	<input type="checkbox"/> HPR Type Regulator Station	<input type="checkbox"/> Recip Compr - Turb			
<input type="checkbox"/> Alcohol Pot	<input type="checkbox"/> Insertion meter	<input type="checkbox"/> Regenerator			
<input type="checkbox"/> Battery	<input type="checkbox"/> Leak Repair	<input type="checkbox"/> Relay			
<input type="checkbox"/> Centr Compr - Meter	<input type="checkbox"/> Leak Survey	<input type="checkbox"/> Relief			
<input type="checkbox"/> Centr Compr - Turb	<input type="checkbox"/> LP System Relief Station	<input type="checkbox"/> RTU			
<input type="checkbox"/> Chart	<input type="checkbox"/> Meter - Annubar	<input type="checkbox"/> Sampler			
<input type="checkbox"/> Chromatograph	<input type="checkbox"/> Meter - Diaphragm	<input type="checkbox"/> Scada			
<input type="checkbox"/> Control Valve	<input type="checkbox"/> Meter - Elect, Corr	<input type="checkbox"/> Scrubber			
<input type="checkbox"/> Controller	<input type="checkbox"/> Meter - Flow Computer	<input type="checkbox"/> Separator			
<input type="checkbox"/> Cooler	<input type="checkbox"/> Meter - Orifico	<input type="checkbox"/> Span			
<input type="checkbox"/> Crane	<input type="checkbox"/> Meter - Rotary	<input type="checkbox"/> Station			
<input type="checkbox"/> Dehydrator	<input type="checkbox"/> Meter - Turbine	<input type="checkbox"/> Sulfur Analyzer			
<input type="checkbox"/> Detector	<input type="checkbox"/> Meter - Ultrasonic	<input type="checkbox"/> Switch			
<input type="checkbox"/> District Regulator Station	<input type="checkbox"/> Motor	<input type="checkbox"/> Tank			
<input type="checkbox"/> Drip	<input type="checkbox"/> Motor Control Center	<input type="checkbox"/> Thermal Oxidizer			
<input type="checkbox"/> Dryer	<input type="checkbox"/> Odorizer	<input type="checkbox"/> Thermocouple			
<input type="checkbox"/> Evaporator	<input type="checkbox"/> Over Speed Trip	<input type="checkbox"/> Tower			
<input type="checkbox"/> Fan	<input type="checkbox"/> Pilot	<input type="checkbox"/> Transducer			
<input type="checkbox"/> Flow Recorder	<input type="checkbox"/> Pipe	<input type="checkbox"/> Transmitter			
<input type="checkbox"/> Gas Filler	<input type="checkbox"/> PLC	<input checked="" type="checkbox"/> Valve			
<input type="checkbox"/> Gas Regulator	<input type="checkbox"/> Pond	<input type="checkbox"/> Valve - Downhole Safety			
<input type="checkbox"/> Gauge	<input type="checkbox"/> Power Supply	<input type="checkbox"/> Valve - Uphole Safety			
<input type="checkbox"/> Generator	<input type="checkbox"/> Pump	<input type="checkbox"/> Variable Freq Drive			
<input type="checkbox"/> Heat Exchanger	<input type="checkbox"/> Receiver	<input type="checkbox"/> Vault			
28. DAMAGE		29. CAUSE		30. ACTIVITY	
<input type="checkbox"/> 3rd Prty Claim	<input type="checkbox"/> 3 rd Party Damage	<input type="checkbox"/> Gas Construction	<input type="checkbox"/> Adjustment		
<input type="checkbox"/> 3rd Prty Damage	<input type="checkbox"/> Bad Boot or Seat	<input type="checkbox"/> Gouging	<input type="checkbox"/> Add Cover		
<input type="checkbox"/> Atmosph. Corrosion	<input type="checkbox"/> Bad Circuit Board	<input type="checkbox"/> Inactivity	<input type="checkbox"/> Add Oil		
<input type="checkbox"/> Bad Diff Test	<input type="checkbox"/> Bad Coating	<input type="checkbox"/> Land Slide	<input type="checkbox"/> Calibrate		
<input type="checkbox"/> Bad Output	<input type="checkbox"/> Bad Connections	<input type="checkbox"/> Lightening	<input type="checkbox"/> Change Meter		
<input type="checkbox"/> Bad Reading	<input type="checkbox"/> Bad Filter	<input type="checkbox"/> Liquids	<input type="checkbox"/> Clean		
<input type="checkbox"/> Bad Recording	<input type="checkbox"/> Bad Hinges	<input type="checkbox"/> Loose Fitting	<input type="checkbox"/> Clean & Paint		
<input type="checkbox"/> Broken Stop	<input type="checkbox"/> Bad Mech Fitting	<input type="checkbox"/> Mech Malfunction	<input type="checkbox"/> Cleared Interference		
<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Bad Pilot	<input type="checkbox"/> Meter Contact	<input type="checkbox"/> Cut and Re-thread		
<input type="checkbox"/> Broken/Damaged Pipeline Marker	<input type="checkbox"/> Bad Plate	<input type="checkbox"/> No Ink	<input type="checkbox"/> Grease & Operate		
<input type="checkbox"/> Can't Operate	<input type="checkbox"/> Bad ReIstate	<input type="checkbox"/> No Lock up	<input type="checkbox"/> Install Non-Slip Coating		
<input type="checkbox"/> Cannot Locate	<input type="checkbox"/> Bad Wrap	<input type="checkbox"/> No Power	<input type="checkbox"/> Install Temp Clamp		
<input type="checkbox"/> Debrls	<input type="checkbox"/> Blown Fuse	<input type="checkbox"/> No Test Lead	<input type="checkbox"/> Other		
<input type="checkbox"/> Exposed	<input type="checkbox"/> Broken Lid	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Patch		
<input type="checkbox"/> High Differential	<input type="checkbox"/> Broken Read Dial	<input type="checkbox"/> Out of Range	<input type="checkbox"/> Raise Frame & Cover		
<input type="checkbox"/> Idle Facility	<input type="checkbox"/> Broken Stallo Line	<input type="checkbox"/> Over Pressured	<input type="checkbox"/> Re-Calibrate		
<input type="checkbox"/> Interference	<input type="checkbox"/> Broken Wire	<input type="checkbox"/> Perforation Seal	<input type="checkbox"/> Remove		
<input type="checkbox"/> Internal Corrosion	<input type="checkbox"/> Cracked Body	<input type="checkbox"/> Rectifier	<input type="checkbox"/> Repair		
<input type="checkbox"/> Leak	<input type="checkbox"/> Dead Battery	<input type="checkbox"/> Rectifier (Reset/Repl Fuse)	<input checked="" type="checkbox"/> Replace		
<input type="checkbox"/> Missing Pipeline Marker	<input type="checkbox"/> Dig In	<input type="checkbox"/> Rust or Pitting	<input type="checkbox"/> Re-Read		
<input type="checkbox"/> No Display	<input type="checkbox"/> Dirty Element	<input type="checkbox"/> Spring	<input type="checkbox"/> Re-Seal		
<input type="checkbox"/> No Power	<input type="checkbox"/> Electrical Ground	<input type="checkbox"/> Street Resurfacing	<input type="checkbox"/> Reset		
<input type="checkbox"/> No Reading	<input type="checkbox"/> Fall Translt. Joint	<input type="checkbox"/> Sulfur	<input type="checkbox"/> Re-Wrap		
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Failed Diff Test	<input type="checkbox"/> Uninsulated Meter Set	<input type="checkbox"/> Send in for Calibration		
<input type="checkbox"/> Out of Range	<input type="checkbox"/> Fire/Heat Damage	<input type="checkbox"/> Valve Operator	<input type="checkbox"/> Tighten		
<input type="checkbox"/> Paved Over	<input type="checkbox"/> Freezing	<input type="checkbox"/> Weather			
<input type="checkbox"/> Press Problem	<input checked="" type="checkbox"/> Frozen/Hard Turn				
<input type="checkbox"/> Unsafe Condition					
<input type="checkbox"/> Water					



Pacific Gas and
Electric Company

VALVE MAINTENANCE RECORD FORM Line / Station Name: UKN

(Make all entries in black or blue permanent ink) Valve Number: K-35

SERVICE HISTORY (see notes)

DATE MM/DD/YY	INITIAL LAN ID	VERIFY VALVE NUMBER Y/N	INSPECT Y/N	LUBE (if req'd) Y/N or N/A	OPERATE		VALVE POSITION As Found As Left	REPAIRS REQUIRED (If any)	ACTION TAKEN (If required)	REPAIRED DATE MM/DD/YY INITIAL - LAN ID	REVIEWED DATE MM/DD/YY INITIAL - LAN ID
					Y/N	F/P					
10-27-09	Redacted	Y	Y	Y	Y		OPEN				Redacted
					D		OPEN				
11/15/10		Y	Y	Y	Y	P		O			
10/30/11		Y	Y	Y	Y		OPEN	VALVE EXCEEDS TORQUE SPECS NEEDS to be Replaced SMITHED COLLECTIVE.			

NOTES: 1) Use Y/N for yes/no to indicate item performed and completed. 2) "LUBE" pertains to lubrication of the ball or plug. 3) "OPERATE" means to partially operate as a minimum. 4) Use F/P to indicate Full or Partial Operation. 5) Valve positions = C (closed), O (open), T (throttling)

K-35

SB GT&S_0504731