


Redacted

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 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:** *5,0,9*

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 **PRIORITY:** A B E F **PRIORITY:** A B G **PRIORITY:** B

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

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

A = IMMEDIATE / SAFETY EMERGENCY B = URGENT COMPLIANCE G = PLANNED INTERNAL WORK

B = URGENT COMPLIANCE

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

CREW CLASS: **DURATION NEEDED:** 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:** / /

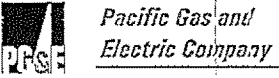
LOCAL HEADQUARTER CLERK

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 - Orifice	<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"/> Adjustment
<input type="checkbox"/> 3rd Prty Damage	<input type="checkbox"/> Bad Boot or Seat	<input type="checkbox"/> Add Cover
<input type="checkbox"/> Atmosph. Corrosion	<input type="checkbox"/> Bad Circuit Board	<input type="checkbox"/> Add Oil
<input type="checkbox"/> Bad Diff Test	<input type="checkbox"/> Bad Coating	<input type="checkbox"/> Calibrate
<input type="checkbox"/> Bad Output	<input type="checkbox"/> Bad Connections	<input type="checkbox"/> Change Meter
<input type="checkbox"/> Bad Reading	<input type="checkbox"/> Bad Filter	<input type="checkbox"/> Clean
<input type="checkbox"/> Bad Recording	<input type="checkbox"/> Bad Hinges	<input type="checkbox"/> Clean & Paint
<input type="checkbox"/> Broken Stop	<input type="checkbox"/> Bad Mech Fitting	<input type="checkbox"/> Cleared Interference
<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Bad Pilot	<input type="checkbox"/> Cut and Re-thread
<input type="checkbox"/> Broken/Damaged Pipeline Marker	<input type="checkbox"/> Bad Plate	<input type="checkbox"/> Grease & Operate
<input type="checkbox"/> Can't Operate	<input type="checkbox"/> Bad Relstate	<input type="checkbox"/> Install Non-Slip Coating
<input type="checkbox"/> Cannot Locate	<input type="checkbox"/> Bad Wrap	<input type="checkbox"/> Install Temp Clamp
<input type="checkbox"/> Debris	<input type="checkbox"/> Blown Fuse	<input type="checkbox"/> Other
<input type="checkbox"/> Exposed	<input type="checkbox"/> Broken Lid	<input type="checkbox"/> Patch
<input type="checkbox"/> High Differential	<input type="checkbox"/> Broken Read Dial	<input type="checkbox"/> Raise Frame & Cover
<input type="checkbox"/> Idle Facility	<input type="checkbox"/> Broken Static Line	<input type="checkbox"/> Re-Calibrate
<input type="checkbox"/> Interference	<input type="checkbox"/> Broken Wire	<input type="checkbox"/> Remove
<input type="checkbox"/> Internal Corrosion	<input type="checkbox"/> Cracked Body	<input type="checkbox"/> Repair
<input type="checkbox"/> Leak	<input type="checkbox"/> Dead Battery	<input checked="" type="checkbox"/> Replace
<input type="checkbox"/> Missing Pipeline Marker	<input type="checkbox"/> Dig In	<input type="checkbox"/> Re-Read
<input type="checkbox"/> No Display	<input type="checkbox"/> Dirty Element	<input type="checkbox"/> Re-Seal
<input type="checkbox"/> No Power	<input type="checkbox"/> Electrical Ground	<input type="checkbox"/> Reset
<input type="checkbox"/> No Reading	<input type="checkbox"/> Fail Transl. Joint	<input type="checkbox"/> Re-Wrap
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Failed Diff Test	<input type="checkbox"/> Send in for Calibration
<input type="checkbox"/> Out of Range	<input type="checkbox"/> Fire/Heat Damage	<input type="checkbox"/> Tighten
<input type="checkbox"/> Paved Over	<input type="checkbox"/> Freezing	
<input type="checkbox"/> Press Problem	<input checked="" type="checkbox"/> Frozen/Hard Turn	
<input type="checkbox"/> Unsafe Condition		
<input type="checkbox"/> Water		



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

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