



**Pacific Gas and
Electric
Company**

VALVE MAINTENANCE RECORD FORM

(Make all entries in black or blue permanent ink)

DIVISION East Bay DISTRICT Bay VALVE NO. J-22
 LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. -
 LINE/STATION NAME DISTRIBUTION LINE 60^{psig} MAP TRANSMISSION: EMERGENCY OTHER
 OPER. OR WALL MAP - OPER. DIAG. OR PLAT 5-B-2 BLK. 57 DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 3" MAKE/MODEL NORDSTROM TYPE PLUG PRESS RATING - SERIAL NO. - USE Emergency
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT 1033 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL N/A High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Manual
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

COMMENTS _____

* Manual gearbox filled with oil? YES NO N/A
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease NO N/A
 NO N/A

Wrench (Key) Size: 4 Quarter Turn Multi-Turn (Gate Valve or Plug / Ball Valve w/Gear box) Number of Turns:

** Enter Service History on next page.



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VALVE MAINTENANCE RECORD FORM

(Make all entries in black or blue permanent ink)

DIVISION East Bay DISTRICT Bay VALVE NO. K-42

LOCATION (SKETCH ON BACK IF REQUIRED) Redacted SAP WM NO. _____

LINE/STATION NAME UKN TRANSMISSION: EMERGENCY OTHER

OPER. OR WALL MAP 5 OPER. DIAG. OR PLAT E-4 BLK. 41 DISTRIBUTION: STATION CRITICAL MAIN

VALVE DATA

SIZE 3" ^{3/4} MAKE/MODEL UKN TYPE PLUG PRESS RATING UKN SERIAL NO. UKN USE ZONE
Ball, Plug, Gate PSIG MLV, BTU, Zone, Station, etc.

RECOMMENDED LUBRICANT/SEALANT 1033 LUBE/INSPECT FREQ. Annual Gearbox Breather (Bettis) Installed? YES NO NA
Brand/Type or NA Annual, Monthly, Other

RECOMMENDED STEM PACKING MATERIAL N/A High-Head Extension Vent Installed? YES NO NA
Brand/Type or NA

ACTUATOR TYPE Manual
Manual Lever, Exposed Gearing (no gearbox), Enclosed Gearing*, Power Actuated

COMMENTS " NORMALLY OPEN "

* Manual gearbox filled with oil? YES NO N/A
 90 Wt to 140 Wt Oil NO
 Grand Slam Grease NO N/A
 NO N/A

Wrench (Key) Size: 4 Quarter Turn Multi-Turn (Gate Valve or Plug / Ball Valve w/Gear box) Number of Turns: _____

** Enter Service History on next page.



Pacific Gas and
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VALVE MAINTENANCE RECORD FORM

Line / Station Name: Redacted

(Make all entries in black or blue permanent ink)

Valve Number: **K-42**

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 Y/N F/P	VALVE POSITION		REPAIRS REQUIRED (if any)	ACTION TAKEN (if required)	REPAIRED DATE MM/DD/YY INITIAL - LAN ID	REVIEWED DATE MM/DD/YY INITIAL - LAN ID
						As Found	As Left				
10-23-12	Redacted	Y	Y	Y	Y P	OPEN	OPEN				Redacted

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)



**Gas Valve Maintenance Record Form
GENERAL INFORMATION**

Utility Procedure: TD-4430P-04-F01
Publication Date: 09/25/2013
Rev: 00

- See Gas Utility Job Aid TD-4430P-04-JA01, "Gas Valve Maintenance Record Form—General Information Instructions" for help completing form.
- This form must be retained for as long as the valve remains in service.
- Fill out this form completely. (DO NOT LEAVE EMPTY BLANKS OR WRITE "UNKNOWN")

Division Eat Bay North District Bay Valve No. ZV-5

Location (Sketch On Back If Required) Yes Sap WM No. UKN

Line/Station Name Distribution

Oper. Or Wall Map 5 Oper. Diag. Or Plat E4 Blk. 1

<input type="checkbox"/> Emergency	<input type="checkbox"/> Transmission	<input type="checkbox"/> Station	<input checked="" type="checkbox"/> Distribution
<input type="checkbox"/> Other	<input type="checkbox"/> Critical Main		

VALVE DATA

Size 3" Make/Model Plastic / Poly Valve Type Ball Press Rating 140 Serial No. UKN Use Zone
(Ball, Plug, Gate) (psig) (MLV, Btu, Zone, Station)

Recommended Lubricant/Sealant NA Lube Yes No Inspect Freq. NA Gearbox Breather (Bettis) Installed?
(Brand/Type Or NA) (Annual, Monthly, Other) Yes No NA

Recommended Stem Packing Material NA High-Head Ext. Vent Installed?
(Brand/Type Or NA) Yes No NA

Actuator Type Manual Normal Valve Position Open
(Manual Lever, Exposed Gearing (No Gearbox), Enclosed Gearing*, Power Actuated)

Manual Gearbox Filled With Oil or Grease?	<input type="checkbox"/> Yes
	<input type="checkbox"/> 90 Wt To 140 Wt Oil
	<input type="checkbox"/> Val-Tex GGS Grease
	<input type="checkbox"/> No
Drained?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Comments _____



Gas Valve Maintenance Record Form
SERVICE HISTORY

See Gas Utility Job Aid TD-4430P-04-JA02, "Gas Valve Maintenance Record Form—Service History Instructions" for help completing form.

Line / Station Name: Distribution Main

Valve Number: ZV-5

Date MM/DD/YYYY	Initial	Verify Valve Number Y/N	Inspect Y/N	Lube ² (If Req'd)	Operate ³ Y/N F/P ⁴	Valve Position ⁵	Repairs Required (If Any)	Action Taken (If Required)	Repaired Date MM/DD/YYYY	Reviewed Date MM/DD/YYYY
	LAN ID			Y/N Or NA		As Found			Initial – LAN ID	Initial – LAN ID
						As Left				
2/5/2013	—	N	N	NA	N		Newly Installed By GC Per [Redacted] & [Redacted]			Redacted
9-27-13	Redacted	Y	Y	N/A	Y F	OPEN OPEN				
	—									
	—									
	—									

- NOTES:**
- 1) "LUBE" pertains to lubrication of the ball or plug. "If required" refers to the need to lubricate all plug valves and all ball valves having power actuation. Gate valves do not require lubrication.
 - 2) "OPERATE" means to partially operate as a minimum.
 - 3) Review Material Safety Data Sheet (MSDS) at <http://www.pge.msds.com> for each valve lubricant or flushing agent used.

- LEGEND:**
- Use Y/N for yes/no to indicate item performed and completed.
 - Use F/P to indicate Full or Partial Operation.
 - Valve position = C (closed), O (open), T (throttling)