

CALIFORNIA PUBLIC UTILITIES COMMISSION

Report of Gas Leak or Interruption*

CPUC File No. 420 **INITIAL**

Part I: CPUC CONTACT INFORMATION

Utility Name: Pacific Gas & Electric Co.	CPUC Contact: Name _____	CPUC Website _____	Recorder <input type="checkbox"/>	FAX <input type="checkbox"/>
Contact Person: <u>Redacted</u>	Date: <u>12/10/13</u>	Time: (24hr) <u>10:13</u>		
6111 Bollinger Canyon, San Ramon	CPUC Information Request: <input type="checkbox"/> Written Report <input type="checkbox"/> Sketch/Photo <input type="checkbox"/>	FD Report <input type="checkbox"/>		
<u>Redacted</u>	DOT Notified - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DOT Report Number: _____			

Part II: INCIDENT DETAILS

<u>Incident Location</u>	<u>Incident Time</u>	<u>Reported to the Utility</u>
City/County: <u>Oakland/Alameda</u>	Date: <u>12/10/13</u>	<u>12/10/13</u> Time: (24hr) <u>08:39</u>
Address/Location: <u>Golf Links Rd. & Fontaine St.</u>	Time: (24hr) <u>08:00 (est.)</u>	Reported by: <u>Oakland Fire Department</u>

Reason(s) for Reporting (check all that apply)

<u>Gas leak associated with:</u>	<u>Emergency action required:</u>
Death <input type="checkbox"/> Injury <input type="checkbox"/> \$\$Damage <input type="checkbox"/> Media Coverage <input checked="" type="checkbox"/> Traffic Rerouted <input checked="" type="checkbox"/> Area Blocked Off <input checked="" type="checkbox"/> Building Evacuated <input checked="" type="checkbox"/> Service Interruption <input type="checkbox"/> Operator Judgment <input type="checkbox"/> Other Emergency actions (describe) _____ Transmission Line Test Failure <input type="checkbox"/> Required Transmission Line Shutdown <input type="checkbox"/> Release of Gas > 3 MMCF <input type="checkbox"/>	

Incident Cause Dig In Fire/Explosion Construction Defect Material Failure Corrosion Vehicle Impact Suicide

UNKNOWN - MORE INFORMATION TO FOLLOW Other (describe) _____

Escaping Gas Involvement (check all that apply) Leak Only Fire Explosion None

Summary (Briefly describe the incident and the probable cause): At approximately 0839 hours on December 10, 2013, PG&E was notified of a gas fire at 8530 Golf Links Road in Oakland. Personnel arrived on site at 0844 hours. The source of the leak appears to be a severed 4-inch steel elbow. The elbow has been retained and an analysis of the elbow will be conducted. The cause of the crack in the elbow and subsequent fire is still undetermined and an investigation is underway to determine the cause. The gas flow was shut in at 1135 hours. There are no injuries or fatalities and damages are less than \$50,000. This is reportable due to the presence of major Bay Area media on site.

<u>Gas Equipment Affected</u> (check all that apply)	<u>Specification of Failed Equipment</u>	<u>Injuries and Fatalities</u>
Main <input checked="" type="checkbox"/> Regulator <input type="checkbox"/> Meter <input type="checkbox"/> Valve <input type="checkbox"/> Material _____ Service Line <input type="checkbox"/> Controls <input type="checkbox"/> Service Riser <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Cast Iron <input type="checkbox"/> None <input checked="" type="checkbox"/> Customer Facility <input type="checkbox"/> Transmission Line <input type="checkbox"/> Plastic <input type="checkbox"/> Copper <input type="checkbox"/> Injuries _____ Fatalities _____ Other _____ Pipe Size <u>4</u> in Operating _____ Other: _____ (describe) MAOP <u>54</u> psig Pressure <u>48</u> psig		Company: (0) (0) Other: (0) (0)

<u>Dig In Information</u>	<u>Estimated Damage</u>
USA notification required: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Excavator: _____	Damage to gas facilities: \$(0)
USA notified: Yes <input type="checkbox"/> No <input type="checkbox"/> Excavator Contact Person: _____	Other damage involving gas: \$(0)
Facilities properly marked: Yes <input type="checkbox"/> No <input type="checkbox"/> Phone: _____	Total: \$(0)

<u>Recovery from Incident</u>	<u>Public Agencies on Scene</u>	<u>Customer Outage</u>
FCo Personnel on Scene	Media <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/>	Customers out of service (19)
Gas flow stopped	Fire <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/>	Customer-hours outage (200)
Service restored		

Part III: CPUC INVESTIGATION

Is further investigation warranted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature of CPUC Engineer _____
Date incident investigated: _____	Field report attached? Yes <input type="checkbox"/> No <input type="checkbox"/> CPUC Inspector: _____