Pacific Gas and Electric Company

Leak Survey, Inspection and Repair Report for Unscheduled Repair or Response

Accident Report #: _____

USA Ticket #: _____

Valid on: _____

INITIAL LEAK REPORT

LEAK NUMBER: [___-_____-1] RC NUMBER: [_____] RESPONSE DATE: ___/___/___ TIME: ___:___ M

ADDRESS: _____ DATE FOUND: ___/___/___ GRADE: [_____]

READING: _____ LOC: _____ OPERATOR: _____ REPORTED BY*: _____

WM: [_____] PLAT: [____] BLOCK: [____] SURFACE OVER LEAK **: _____ CITY: _____ DISTRICT NO: [__]

FED'L LAND? [___] (Y/N) CATH. PROT.? [___] (Y/N) YEAR INST: [___] SYSTEM PRESS: _____ CPA#: [_____]

REPAIR REPORT

LOCATION: _____

WORK DONE/REMARKS _____

REPAIRED BY: _____ DATE: _____

JOB CODE: [_] C–Capital [_] M–Maintenance

LINE SIZE: [_] [_] . [_] [_] inches

MATERIAL: [_] I–Cast Iron or Ductile Iron, C–Copper, S–Steel or Wrought Iron, A–Aldyl A, T–TR 418, P–Plastic other than "A" or "T", O–Other

LINE USE: [_] D–Distribution Main, S–Service, T–Transmission Main, G–Gathering Main F–Distribution Feeder Main

FOR SERVICE ONLY – Aboveground? [_] Yes [_] No

Material of Main Connected to Service: [_] I–Cast Iron, S–Steel or P–Plastic

LEAK CAUSE: [__] CO–External Corrosion, DF–Damage by Outside Forces, DI–Digin, ED–Damage by Electrical Failure, CD–Construction Defects, MF–Material Failure, FR–Cast Iron Fractures, IC–Internal Corrosion, AC–Atmospheric Corrosion, OO–Other

LEAK SOURCE: [__] GW–Girth Weld, LW–Longitudinal Weld, OW–Other Welds, BP–Body of Pipe, VO–Valves, ST–Scraper Trap, TC–Tap Connection, DO–Drip, CC–Compressor Components, GC–Gas Cooler, PJ–Physical (Mechanical) Joint, FO–Fitting, BJ–Bell Joint, RO–Regulator, MO–Meter, OO–Other RS–Riser

TYPE REPAIR: [__] T–Temporary [__] P–Permanent

REPAIR CODE: [__] W–Weld Over Sleeve or Can, P–Patch Welded, C–Clamp, R–Replace Pipe, T–Tighten Cap or Bolt, B–Bell Joint Clamp, S–Bell Joint Seal, O–Other

FOR CAST IRON ONLY – NO. OF B.J. CLAMPS/SEALS/FRACTURES: [___]

MATERIAL FAILURE REPORT? [_] Yes [_] No

ANODE INSTALLED ON UNPROTECTED STEEL PIPING? [_] Yes [_] No

INSPECTION REPORT

FOR: [_] MAIN or [_] SERVICE

DATE: _____ REPORTED BY: _____

SIZE: _____ in. WALL THICK.: _____ in. MATERIAL: _____

COVER ON PIPE: _____ FT OF PIPE EXPOSED: _____ SPEC.: _____

COATING: [_] NONE (BARE) [_] DOUBLE WRAP [_] SINGLE WRAP [_] OTHER: _____

WRAP CONDITION: [_] Excellent [_] Fair [_] Poor

PIPE CONDITION:

EXTERNAL – RUST: [_] None [_] Light [_] Heavy

PITTING: [_] None [_] Light [_] Heavy

PIT DEPTH (MAX): _____

GRAPHITIZED (C.I.): [_] Yes [_] No

INTERNAL – INSPECTION: [_] Clean [_] Dirty [_] Oily

RUST: [_] None [_] Light [_] Heavy

PITTING: [_] None [_] Light [_] Heavy

PIT DEPTH (MAX): _____

SOIL TYPE: [_] Hard Rock [_] Soft Rock [_] Sandy Clay [_] Hard Clay [_] SAnd [_] OTher: _____

CAST IRON MAIN FRACTURE REPORT: (Cause or probable cause)

_____

_____

FOR CLEARING A TEMPORARY REPAIR:

TEMP. CLEARED BY: _____ DATE: _____

WORK DONE/REMARKS: _____

JOB CODE: [_] TYPE REPAIR: [_] REPAIR CODE: [_]

REVIEWED BY: _____ DATE: _____

Post Repair Recheck Req'd [_] Yes [_] No

Date: _____ Reading: _____ By: _____

Date: _____ Reading: _____ By: _____

*REP BY: Foot Survey, Call-In, Damaging Contractor or Outside Force, Public Service, Serviceman or Company Emp., Mobile Survey, Other

**SURFACE OVER LEAK: Concrete, Tar Compound, Unsurfaced, Other

LOCATION SKETCH OVER –>

62-4003 (Rev. 10/99)
Gas Distribution

GRADE 1 LEAK RESPONSE
(For Downgraded or Deleted Grade 1 Leaks)

LEAK NUMBER: ____ - ____ - 1 CREW LEADER: ____

ACTION TAKEN: ____ DATE: __/__/__ TIME: __:__ M BY: ____

RESPONSE: ☐ Downgrade Leak to Grade ____ ☐ Delete Leak

READINGS TAKEN DURING RESPONSE: (Other than initial reading)

	READING	INST*	LOCATION/REMARKS	TIME
1st:	____	____	____	__:__ M
2nd:	____	____	____	__:__ M
3rd:	____	____	____	__:__ M

FOR CONSTRUCTION SUPERVISOR'S USE:

Repair By: __/__/__ Perform Special Recheck on. __/__/__ Authorized By: ____ Date: __/__/__

SPECIAL PRE-REPAIR RECHECKS:

READING	INST*	GRADE	LOCATION/REMARKS	TIME	DATE	OPERATOR	ACTION/ FOLLOW-UP
____	____	____	____	__:__ M	__/__/__	____	____
____	____	____	____	__:__ M	__/__/__	____	____
____	____	____	____	__:__ M	__/__/__	____	____
____	____	____	____	__:__ M	__/__/__	____	____

*Instrument Type = H – hydrogen flame ionization OR C – combustible gas indicator

LOCATION SKETCH

(If any fittings are used, sketch must show location)

TEST AT 100–110 P.S.I. FOR A MINIMUM OF 5 MIN.
TESTED AT ____ PSIG ____ FOR MINUTES
BY ____ DATE ____

TYPE OF PLASTIC	MFG. DATE

WELDED BY:

WELDING INSPECTED PER PG&E GAS STANDARD D-40
BY ____ INSPECTOR