



Pacific Gas and Electric Company
**Leak Survey, Inspection and Repair Report
 for Unscheduled Repair or Response**

62-4050a (Rev. 10/89)
 Gas Distribution

Accident Report # _____

USA Ticket # _____

Valid on _____

INITIAL LEAK REPORT

LEAK NUMBER []- []- []- []- []- [] RC NUMBER []- []- []- []- []- [] RESPONSE DATE ____/____/____ TIME ____ M
 ADDRESS _____ DATE FOUND ____/____/____ GRADE* []
 READING _____ LOC _____ OPERATOR _____ REPORTED BY* _____
 WVE: [] 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
 1" SERIAL [] I-Cast Iron or Ductile Iron, C-Copper,
 S-Steel or Wrought Iron, A-Alloy A, I-TR 418
 B-Plastic other than "A" or "T" Q-Other
 LINE USE [] D-Distribution Main, S-Service
 I-Transmission Main, G-Gathering Main
 E-Distribution Feeder Main
 FOR SERVICE ONLY - Aboveground? [] Yes [] No
 Material of Main Connected to Service. [] I-Cast Iron, S-Steel or E-Plastic
 LEAK CAUSE [] CO-External Corrosion, DE-Damage by Outside Forces,
 DI-Dig-in, ED-Damage by Electrical Failure,
 CD-Construction Defects, ME-Material Failure,
 EB-Cast Iron Fractures, IC-Internal Corrosion,
 AC-Atmospheric Corrosion, OQ-Other
 LEAK SOURCE [] GW-Girth Weld, LW-Longitudinal Weld,
 OW-Other Welds, BP-Body of Pipe, VQ-Valves,
 SI-Scraper Trap, IC-Tap Connection, DQ-Drip,
 CC-Compressor Components, GC-Gas Cooler,
 PJ-Physical (Mechanical) Joint, EQ-Fitting,
 BJ-Bell Joint, BQ-Regulator, MQ-Meter, OQ-Other
 RS-Riser
 TYPE REPAIR [] I-Temporary [] P-Permanent
 REPAIR CODE [] W-Weld Over Sleeve or Cap, E-Patch Welded,
 C-Clamp B-Replace Pipe, I-Tighten Cap or Bolt,
 R-Bell Joint Clamp S-Bell Joint Seal, Q-Other
 1" 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: Front Survey, Call-In, Damaging Contractor or Outside Force, Public Service, Serviceman or Company Emp., Mobile Survey, Other
 **SURFACE OVER LEAK: General, Trim Compound, Unsurfaced, Other

LOCATION SKETCH OVER ->

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
st _____	_____	_____	_____ M
nd _____	_____	_____	_____ M
d _____	_____	_____	_____ M

OR 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
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WELDED BY _____ WELDING INSPECTED PER PG&E GAS STANDARD G-40 BY _____
