



LEAK SURVEY LOG

Form # M62-0812 (Revised 6/98)
Technical Services

PCC NUMBER

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REPORTED BY

REVIEWED BY _____

REVIEW DATE

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- CALL IN
- MOBILE SURVEY
- FOOT SURVEY
- OTHER EMPLOYEE

| DATE | | OPERATOR | INST TYPE ^a | MILES OF MAIN | # OF SERVICES |
|------|--|----------|------------------------|---------------|---------------|
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| LEAK NUMBER | DATE FOUND | TIME FOUND | ADDRESS/CITY | SOL ^b | LEAK LOC. WM/PLT | REC. LOC. WM/PLT | BLOCK | READING | G ^c | LOCATION REMARKS |
|-------------|------------|------------|--------------|------------------|------------------|------------------|-------|---------|----------------|------------------|
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a INSTRUMENT TYPE: Enter H - Hydrogen flame ionization or C - Combustible gas indicator
b SURFACE OVER LEAK: Enter C - Concrete, I - Tar Compound, U - Unsurfaced, or Q - Other
c GRADE: Enter Grade or * for Priority Grade 2
Refer to DCS/GTS Standard D-S0350/S4110.

LEAK SURVEY LOG INSTRUCTIONS

| Field | Required? | Instructions | | | | | | | | | | |
|---|------------------|---|---------------|---|-----|---|--|--|-----|---|---|--|
| PCC NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | Yes | Fill in the appropriate Provider Cost Center (PCC) number for the area in which the leak occurred. | | | | | |
| | | | | | | | | | | | | |
| REVIEWED BY _____ REVIEW DATE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | | | | | | Yes | ** The signature or initials of the gas construction supervisor or qualified management person who reviewed the leak grading criteria and documented the date of the review. |
| | | | | | | | | | | | | |
| REPORTED BY <input type="checkbox"/> CALL IN <input type="checkbox"/> MOBILE SURVEY <input type="checkbox"/> FOOT SURVEY <input type="checkbox"/> OTHER EMPLOYEE | Yes | Check one box to reflect how the leak indication was discovered. "Call In" is for leaks reported by customers or other non-PG&E personnel (for example, fire departments). "Mobile Survey" is for leaks discovered by conducting a leak survey using a vehicle (M-53.4). "Foot Survey" is for leaks discovered by walking. "Other Employee" is for leaks reported by a PG&E employee who is not conducting a scheduled leak survey. | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 50%;">DATE</th><th style="width: 50%;">OPERATOR</th></tr></thead><tbody><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></tbody></table> | DATE | OPERATOR | | | | | | | Yes | For each day the form is used to record leak indications, record the date, the operator's initials or LAN ID. | | |
| DATE | OPERATOR | | | | | | | | | | | |
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| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 33%;">INST TYPE*</th><th style="width: 33%;">MILES OF MAIN</th><th style="width: 33%;"># OF SERVICES</th></tr></thead><tbody><tr><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td></tr><tr><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td></tr></tbody></table> | INST TYPE* | MILES OF MAIN | # OF SERVICES | | | | | | | Yes | Record the Instrument Type that was used to record leak indication. See footnote 'a' on front of form for valid entries. Record the miles of main surveyed (to the tenth of the mile) and the number of services surveyed each day. | |
| INST TYPE* | MILES OF MAIN | # OF SERVICES | | | | | | | | | | |
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| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 33%;">LEAK NUMBER</th><th style="width: 33%;">DATE FOUND</th><th style="width: 33%;">TIME FOUND</th></tr></thead><tbody><tr><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td></tr></tbody></table> | LEAK NUMBER | DATE FOUND | TIME FOUND | | | | Yes | Record the leak number assigned by the Mapping Department, the date found and the time found (in 24-hour clock). | | | | |
| LEAK NUMBER | DATE FOUND | TIME FOUND | | | | | | | | | | |
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| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 100%;">ADDRESS/CITY</th></tr></thead><tbody><tr><td style="width: 100px; height: 20px;"></td></tr></tbody></table> | ADDRESS/CITY | | Yes | Record the nearest address of the building where the leak is located. Also record city or unincorporated area. If no address, write in description. | | | | | | | | |
| ADDRESS/CITY | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <table border="1" style="width: 50px; margin: auto;"><thead><tr><th style="width: 100%;">SOL^b</th></tr></thead><tbody><tr><td style="width: 50px; height: 20px;"></td></tr></tbody></table> | SOL ^b | | Yes | Record the surface over the leak as indicated in footnote 'b' on front of form. (C = Concrete, T = Tar Compound, U = Unsurfaced, O = Other). | | | | | | | | |
| SOL ^b | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 33%;">LEAK LOC. WM/PLT</th><th style="width: 33%;">REC. LOC. WM/PLT</th><th style="width: 33%;">BLOCK</th></tr></thead><tbody><tr><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td></tr></tbody></table> | LEAK LOC. WM/PLT | REC. LOC. WM/PLT | BLOCK | | | | Yes | Enter the leak Location Wall Map and Plat numbers, (the Plat on which the leaking gas facility exists). Enter the Recorded Wall Map and Plan and Block number of the Leak. | | | | |
| LEAK LOC. WM/PLT | REC. LOC. WM/PLT | BLOCK | | | | | | | | | | |
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| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 70%;">READING</th><th style="width: 30%;">G^c</th></tr></thead><tbody><tr><td style="width: 70px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></tbody></table> | READING | G ^c | | | Yes | Record the gas leak reading indication on the instrument and specify units (for example, 200 PPM, 40%LEL, or 10% GAS). Using the grading criteria specified in DCS/GTS Standard D-S0350/S4100. Grade the leak 1, 2*, 2, or 3. Refer to footnote 'c' on front of form. | | | | | | |
| READING | G ^c | | | | | | | | | | | |
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| <table border="1" style="width: 100%; text-align: center;"><thead><tr><th style="width: 100%;">LOCATION REMARKS</th></tr></thead><tbody><tr><td style="width: 100px; height: 20px;"></td></tr></tbody></table> | LOCATION REMARKS | | Yes | Record a more detailed description to pinpoint the leak indication (For example, "Leak Indication on service at curb," "In water meter box.") | | | | | | | | |
| LOCATION REMARKS | | | | | | | | | | | | |
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** Mapping is responsible for reviewing all data for completeness and accuracy.