



Leak Survey, Repair, Inspection, and Gas Quarterly Incident Report

..... **INITIAL LEAK DATA**

LEAK NUMBER YEAR SERIES SFX USA Ticket # Valid Date

DATE REPORTED TIME REPORTED PCC NUMBER

RESPONSE DATE RESPONSE TIME PAVED WALL TO WALL Yes No

Address/Location _____ City _____

Reading Location _____

REPORTED BY Call In Mobile Survey Foot Survey Other Employee SURFACE OVER LEAK Concrete Tar Compound Unsurfaced Other

	READINGS			INST ^a	GRADE ^b	DATE	TIME	OPERATOR	LOCATION REMARKS
	PPM	%LEL	%GAS						
Initial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PRIORITY 2 (2+) REQUESTED REPAIR DATE

..... **MAPPING DATA**

LEAK LOCATION MAP WM PLAT SYSTEM PRESSURE LP (< 10.5 "wc) SHP (≤ 25 psig)

RECORDED LOCATION MAP WM PLAT BLOCK HP (≤ 60 psig) TP (> 60 psig)

CATHODIC PROTECTION Yes No CPA NUMBER MOP (TP only)

TP Line # Mile Post Federal Land Yes No YEAR INST.

..... **PIPE DATA**

LEAK SOURCE

Bell Joint Physical/Mechanical Joint Plastic Tee Cap Regulator Riser Tap Connection Valves Unknown Other _____

Body of Pipe Drip Fitting Fusion Joint Girth Weld Longitudinal Weld Meter Other Welds

LEAK CAUSE

Atmospheric Corrosion Cast Iron Fracture Construction Defect Damage by Electrical Defect Damage by Natural Forces Damage by 3rd Party Digin External Corrosion Internal Corrosion Material Failure

Plastic Crack Failure Unknown Other _____

LINE MATERIAL

Aldyl A Cast/Ductile Iron Copper Other Plastic Steel/Wrought Iron TR 418 Other _____

LINE USE

Distribution Main Gathering Service Transmission

Line Above Ground Yes No Main Material Connected to Service Cast Iron Plastic Steel

Internal Liner Yes No Line Size

..... **REPAIR DATA**

REPAIR LOCATION _____ REPAIRED BY _____

REPAIR REMARKS _____ REPAIR DATE

PIPE-TO-SOIL (mV) REPAIR TIME

REPAIR CODE Abandon Mechanical Repair Fitting Soap and/or Tape Tighten Cap/Bolt Bell Joint Clamp Patch Weld Stainless Steel Clamp w/Anode Welded Sleeve/Can Bell Joint Seal Skinner Clamp Tee Fused over Defect Other _____

REPLACE CODE Replace Pipe (capital) Replace Pipe (maintenance: <100' for dist., <50' for trans.) REPLACED WITH Steel TR 418

Incident Report # : _____ Gas Quarterly Incident #: _____ Material Problem Report #: _____

FIELD REVIEW BY _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post Repair Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MAPPING REVIEW BY _____	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Posting Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

a Instrument Type: Enter H for Hydrogen Flame Ionization or C for Combustible Gas Indicator
b Enter Grade or enter 2+ for Priority Grade 2. Enter 0 (zero) if no leak is found.
Refer to DCS Standard D-S0350/GTS Standard S4110

..... **GENERAL INSPECTION DATA**

DATE -- INSPECTED BY _____

LINE MATERIAL	SOIL TYPE	SOIL RESIST (ohm-cm)	SURFACE OVER PIPE	FEET EXPOSED	<input type="text"/>
<input type="checkbox"/> Al-dyl-A	<input type="checkbox"/> Clay	For TP only	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Cast/Ductile Iron	<input type="checkbox"/> Rock	<input type="checkbox"/> 0 - 1,000	<input type="checkbox"/> Tar Compound	COVER ON PIPE	<input type="text"/> Inches
<input type="checkbox"/> Copper	<input type="checkbox"/> Sand	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> Unsurfaced		
<input type="checkbox"/> Other Plastic	<input type="checkbox"/> Loam	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> Other _____	INTERNAL LINER	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steel/Wrought Iron	<input type="checkbox"/> Wet	<input type="checkbox"/> 5,000 - 10,000		PAVED WALL TO WALL	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> TR 418	<input type="checkbox"/> Other _____	<input type="checkbox"/> >10,000		NEAR PUBLIC ASSEMBLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____					

..... **METALLIC PIPE CONDITION**

COATING TYPE Bare/None Paint Single Wrap Somatic Other _____ **COATING CONDITION** Excellent Good
 Epoxy Tape Double Wrap Plastic Coated Fair Poor

EXTERNAL INSPECTION

RUST None Light Heavy **MAX. PIT DEPTH (Req. for TP)** Inches **WALL THICKNESS MEASURED** Yes No
PITTING None Light Heavy **MAX. GOUGE DEPTH (Req. for TP)** Inches **GRAPHITIZED (Cast Iron)** Yes No
GOUGING None Light Heavy **NOM. WALL THICKNESS (Req. for TP)** Inches

INTERNAL INSPECTION

RUST None Light Heavy **MAX. PIT DEPTH (Req. for TP)** Inches
PITTING None Light Heavy

..... **PLASTIC PIPE CONDITION**

MANUFACTURER'S PIPE INFORMATION (LOCATED ON PIPE) _____ **LOCATING WIRE** Good Bad None
GOUGING Yes No **UNDER STRESS/BENT** Yes No **DISCOLORING TO GRAY** Yes No **CRACKING** Yes No **IN CONTACT WITH HARD OBJECTS** Yes No

..... **GAS QUARTERLY INCIDENT DATA**

DAMAGING PARTY _____ **ADDRESS** _____ **PHONE ()** _____
LEAK CAUSES CONTINUED Equipment Malfunction Structure Fire Vandalism Flood Vehicle
INJURED: EMPLOYEES ___ **OTHERS** ___ **DAMAGE \$** ___ **# CUSTOMERS INTERRUPTED** ___ **FIRE** Yes No **EXPLOSION** Yes No
FATAL: EMPLOYEES ___ **OTHERS** ___ **REPORTABLE** Yes No **USA CALLED** Yes No

..... **LOCATION SKETCH**

TEST AT 100-110 PSI FOR A MINIMUM OF 5 MIN. TESTED AT _____ PSI FOR _____ MINUTES BY _____ DATE _____ TEST QUALIFIES PIPE FOR 60 PSI MAOP
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(if any fittings are used, then text must show location)

BRAND OF PLASTIC	MFG. DATE
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WELDED BY: WELDING INSPECTED PER PG&E GAS STANDARD D-40 BY _____ INSPECTOR
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Comments _____