Pacific Gas and Electric Company

62-4060 (Rev. 1/00)
Gas Distribution and Technical Services
DCS/GTS S0350/S4110

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 ☐ Unsurfaced ☐ Tar Compound ☐ Other

	READINGS PPM	%LEL	%GAS	INST[a]	GRADE[b]	DATE	TIME	OPERATOR	LOCATION REMARKS
Initial									

PRIORITY 2 + REQUESTED REPAIR DATE _____ **(Repair required within 3 months)**

MAPPING DATA

Leak Location Map WM _____ PLAT _____

Recorded Location Map WM _____ PLAT _____ BLOCK _____

SYSTEM PRESSURE ☐ LP (< 10.5 "wc) ☐ SHP (≤ 25 psig) ☐ HP (≤ 60 psig) ☐ TP (> 60 psig)

Cathodic Protection ☐ Yes ☐ No **CPA Number** _____ **MOP** (TP only) _____ **Federal Land** ☐ Yes ☐ No

TP Line # _____ **Mile Post** _____ **Original Job #:** _____ **Year Inst.** _____

PIPE DATA

LEAK SOURCE
- ☐ Bell Joint
- ☐ Body of Pipe
- ☐ Drip
- ☐ Fitting
- ☐ Fusion Joint
- ☐ Girth Weld
- ☐ Longitudinal Weld
- ☐ Meter
- ☐ Other Welds
- ☐ Physical/Mechanical Joint
- ☐ Plastic Tee Cap
- ☐ Regulator
- ☐ Riser
- ☐ SS Fitting in Plastic System
- ☐ Tap Connection
- ☐ Valves
- ☐ Unknown
- ☐ Other_____

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
- ☐ Vehicle
- ☐ Unknown
- ☐ Other_____

LINE USE
- ☐ Distribution Main
- ☐ Gathering
- ☐ Service
- ☐ Transmission

LINE MATERIAL
- ☐ Aldyl A
- ☐ Cast/Ductile Iron
- ☐ Copper
- ☐ Other Plastic
- ☐ Steel/Wrought Iron
- ☐ TR 418
- ☐ Other_____

Line Above Ground ☐ Yes ☐ No

Internal Liner ☐ Yes ☐ No

Main Material Connected to Service ☐ Cast Iron ☐ Plastic ☐ Steel

Line Inserted ☐ Yes ☐ No

Line Size _____

Incident Report #: _____ **Material Problem Report #:** _____

REPAIR DATA

REPAIR LOCATION _____

REPAIR REMARKS _____

REPAIRED BY _____ **REPAIR DATE** _____ **REPAIR TIME** _____ **PIPE-TO-SOIL (mV)** _____

REPAIR CODE
- ☐ Abandon
- ☐ Bell Joint Clamp
- ☐ Bell Joint Seal
- ☐ BJ Permabond
- ☐ Mechanical Repair Fitting
- ☐ Patch Weld
- ☐ Service Entirely Replaced
- ☐ Service Partially Replaced
- ☐ Skinner Clamp
- ☐ Soap and/or Tape
- ☐ SS Clamp w/Anode
- ☐ Tee Fused over Defect
- ☐ Tighten Cap/Bolt
- ☐ Welded Sleeve/Can
- ☐ Other_____

MAIN REPLACEMENT CODE ☐ Capital ☐ Maintenance: <100' for dist., <50' for trans. **REPLACED WITH** ☐ Steel ☐ TR 418

FIELD REVIEW BY _____ **Date** _____ **Post Repair Check** ☐ Yes ☐ No **Date** _____

MAPPING REVIEW BY _____ **Date** _____ **Posting Required** ☐ Yes ☐ No

a Instrument Type: Enter H for Hydrogen Flame Ionization, C for Combustible Gas Indicator, or V for Visual.

b Enter Grade or enter 2+ for Priority Grade 2. Enter 0 (zero) if no leak is found.

Material Redacted GTR0047199

GENERAL INSPECTION DATA

DATE ☐☐-☐☐-☐☐ INSPECTED BY _____

FOR: ☐ Distribution Main ☐ Gathering ☐ Service ☐ Transmission

FEET EXPOSED ☐☐

COVER ON PIPE ☐☐☐ Inches

LINE MATERIAL
- ☐ Aldyl-A
- ☐ Cast/Ductile Iron
- ☐ Copper
- ☐ Other Plastic
- ☐ Steel/Wrought Iron
- ☐ TR 418
- ☐ Other _____

SOIL TYPE
- ☐ Clay
- ☐ Rock
- ☐ Sand
- ☐ Loam
- ☐ Wet
- ☐ Other_____

SOIL RESIST (ohm-cm) **For TP only**
- ☐ 0 - 1,000
- ☐ 1,000 - 2,000
- ☐ 2,000 - 5,000
- ☐ 5,000 - 10,000
- ☐ >10,000

SURFACE OVER PIPE
- ☐ Concrete
- ☐ Tar Compound
- ☐ Unsurfaced
- ☐ Other_____

Line Size ☐☐.☐☐

INTERNAL LINER ☐ Yes ☐ No
PAVED WALL TO WALL ☐ Yes ☐ No
NEAR PUBLIC ASSEMBLY ☐ Yes ☐ No

METALLIC PIPE CONDITION

COATING TYPE ☐ Bare/None ☐ Paint ☐ Single Wrap ☐ Somastic ☐ Tar ☐ Epoxy ☐ Tape ☐ Double Wrap ☐ Plastic Coated ☐ Other_____

COATING CONDITION ☐ Excellent ☐ Good ☐ Fair ☐ Poor

LONG SEAM ☐ DSAW ☐ ERW ☐ AO Smith ☐ Spiral ☐ SSAW ☐ SMLS ☐ LAP ☐ Flash

EXTERNAL INSPECTION

RUST ☐ None ☐ Light ☐ Heavy
PITTING ☐ None ☐ Light ☐ Heavy
GOUGING ☐ None ☐ Light ☐ Heavy

MAX. PIT DEPTH (Req. for TP) 0.☐☐☐ Inches
MAX. GOUGE DEPTH (Req. for TP) 0.☐☐☐ Inches
NOM. WALL THICKNESS (Req. for TP) ☐.☐☐☐ Inches

WALL THICKNESS MEASURED ☐ Yes ☐ No
GRAPHITIZED (Cast Iron) ☐ Yes ☐ No

INTERNAL INSPECTION

RUST ☐ None ☐ Light ☐ Heavy
PITTING ☐ None ☐ Light ☐ Heavy

MAX. PIT DEPTH (Req. for TP) 0.☐☐☐ Inches

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

 # INJURED: EMPLOYEES ____ OTHERS ____ DAMAGE $ _____ # CUSTOMERS INTERRUPTED ____ FIRE ☐ Yes ☐ No EXPLOSION ☐ Yes ☐ No

 # FATAL: EMPLOYEES ____ OTHERS ____ MISMARKED ☐ Yes ☐ No REPORTABLE ☐ Yes ☐ No USA CALLED ☐ Yes ☐ No

LOCATION SKETCH

REQUIRED IF SERVICE IS SEVERED:
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

(if any fittings are used, then text must show location)

BRAND OF PLASTIC	MFG. DATE

WELDED BY:

WELDING INSPECTED
PER PG&E GAS STANDARD D-40

BY _____
INSPECTOR

Comments _____

Material Redacted GTR0047200

Page One, Section One: *INITIAL LEAK DATA*

LEAK NUMBER YEAR – SERIES SFX – USA Ticket # Valid Date –

LEAK NUMBER	Required	Year: Year in which Leak was found.
	Required	Series: Sequential number assigned by program and administered by the Mapping department.
	Required	SFX: To be used to designate multiple Leak repairs at one location, i.e. 1, 2, 3, etc.
USA TICKET #	Required*	USA Ticket number as requested by PG&E field personnel as required prior to "Excavating" to repair Grade 2+, 2 & 3 Leaks.
VALID DATE	Required*	Date USA Ticket Number becomes valid and work may begin. This is normally two working days.

DATE REPORTED – – **TIME REPORTED** **PCC NUMBER**

DATE REPORTED	Required	Month, day and year the Leak was reported to PG&E. This could be the Call Center.
TIME REPORTED	Required	The time (in 24-hour clock) that the Leak was reported to PG&E.
PCC NUMBER	Not Required	Provider Cost Center for the area in which the Leak occurred.

RESPONSE DATE – – **RESPONSE TIME** **PAVED WALL TO WALL** ☐ Yes ☐ No

RESPONSE DATE	Required	The date PG&E responded to the Leak report.
RESPONSE TIME	Required	The time (in 24-hour clock) the PG&E employee arrives at the scene.
PAVED WALL TO WALL	Required*	Indicate if the Leak is on a gas facility under continuous paving that extends either from the center line of the thoroughfare to the building wall or from the main to the building wall.

Address/Location _____ City _____

ADDRESS/ LOCATION	Required*	The address closest to the Leak location including street name and suffix, such as avenue, street, etc., or adequate descriptions of the Leak location.
CITY	Required	The city, town, or area in which the Leak is located.

KEY: Required = Field is required.
Required* = Field is required under certain circumstances.
Not Required = Field is optional.

Material Redacted GTR0047201

Reading Location _____

READING LOCATION	Required	A descriptive location of the Leak reading such as "over Tee," "over service at curb."

REPORTED BY ☐ Call In ☐ Foot Survey ☐ Mobile Survey ☐ Other Employee

SURFACE OVER LEAK ☐ Concrete ☐ Tar Compound ☐ Unsurfaced ☐ Other

REPORTED BY	Required	Method by which the Leak was reported to PG&E: Call-in, Foot Survey, Mobile Survey or Other Employee.
SURFACE OVER LEAK	Required	The type of surface covering the leak: Concrete, Tar Compound, Unsurfaced or Other.

	READINGS			INST[a]	GRADE[b]	DATE	TIME	OPERATOR	LOCATION REMARKS
	PPM	%LEL	%GAS						
Initial						– –			
						– –			
						– –			
						– –			

READINGS	Required*	One of these three readings is required: PPM: The "Hydrogen Flame Ionization" surface reading in Parts Per Million. %LEL: The reading in percent of the lower explosive limit taken during the response. %GAS: The reading in percent of gas taken during the response.
INSTRUMENT	Required	Type of instrument that was used to take the reading on the Leak: H= Hydrogen Ionization Flame or C = Combustible Gas Indicator.
GRADE	Required	Indicate Leak Grade (1, 2+, 2 or 3) using DCS/GTS Standard D-S0350/S4110 criteria. If NO leak is found, enter a 0 in the Grade field to indicate zero leak found. A Grade 1 leak represents an existing or probable hazard to persons or property requiring immediate repair or continuous action until condition are no longer hazardous. A Priority Grade 2+ leak is one that is not hazardous to life or property at the time of detection, but requires prioritized scheduled repair based on probable future hazard. A Grade 2 leak is one that is not hazardous to life or property at the time of detection, but requires scheduled repair based on probable future hazard. A Grade 3 leak is one that is non-hazardous at the time of detection and can reasonably be expected to remain non-hazardous.
DATE	Required	The date the read was taken.
TIME	Required	The time (in 24-hour clock) the reading was taken.
OPERATOR	Required	The LAN ID or initials of the person who took the Leak readings.

Material Redacted

LOCATION REMARKS	Required	Verify or change location and add remarks as needed.

PRIORITY 2 (2+) REQUESTED REPAIR DATE ☐☐-☐☐-☐☐ **(Repair required within 3 months)**

PRIORITY 2 (2+) REQUESTED REPAIR DATE	Required*	The date by which the leak surveyor or qualified leak person recommends that the Priority Grade 2 leak be repaired. The date may not exceed 3 months from the date the Leak was found, as per DCS/GTS Standard D-S0350/S4110. Required on Priority Grade 2 leaks.

Page One, Section Two: *MAPPING DATA*

LEAK LOCATION MAP **WM** ☐☐☐☐ **PLAT** ☐☐☐

RECORDED LOCATION MAP **WM** ☐☐☐☐ **PLAT** ☐☐☐ **BLOCK** ☐☐☐☐

SYSTEM PRESSURE

☐ LP (< 10.5 "wc) ☐ SHP (≤ 25 psig) ☐ HP (≤ 60 psig) ☐ TP (> 60 psig)

WM	Not Required	The wall map on which the leak is located.
PLAT	Not Required	The plat map on which the leak is located.
SYSTEM PRESSURE	Required	The system pressure of the leaking gas facility: LP = Low Pressure (<10.5 "wc) SHP = Semi High Pressure (≤ 25 psig) HP = High Pressure (≤ 60 psig) TP = Transmission Pressure (> 60 psig)
WM	Required	The wall map on which the leak will be recorded.
PLAT	Required	The plat map on which the leak will be recorded.
BLOCK	Required	The block number on which the leak will be recorded.

Cathodic Protection ☐ Yes ☐ No **CPA Number** ☐☐☐☐☐☐ **MOP** (TP only) ☐☐☐☐ **Federal Land** ☐ Yes ☐ No

CATHODIC PROTECTION	Required	Indicate Yes if steel pipe is part of a Cathodic protection system. Enter Yes or No.
CPA NUMBER	Required	Assigned Cathodic Protection Area number to which the facility belongs (to be filled in only if Cathodic Protection Area is marked Yes).
MOP	Required*	Indicate maximum operating pressure in psig (pounds per square inch gauge). Required for Transmission Pressure (TP) only.
FEDERAL LAND	Required	Indicate if gas facility is located on Federal Land, in a National Park, Military Post or Native American Reservation.

Material Redacted GTR0047203

TP Line # ☐☐☐☐☐☐☐☐ Mile Post ☐☐☐☐.☐☐ Original Job #: _____ Year Inst. ☐☐☐☐

TP LINE #	Required*	The respective transmission line number. Required for Transmission Pressure (TP) only.
MILE POST	Not Required	Nearest mile post marker to leaking facility. If not available, to be calculated by mapping dept.
ORIGINAL JOB #	Not Required	Enter the original job number in the space provided.
YEAR INSTALLED	Required*	The year that the leaking main or service was installed.

Page One, Section Three: *PIPE DATA*

LEAK SOURCE
- ☐ Bell Joint
- ☐ Body of Pipe
- ☐ Drip
- ☐ Fitting
- ☐ Fusion Joint
- ☐ Girth Weld
- ☐ Longitudinal Weld
- ☐ Meter
- ☐ Other Welds
- ☐ Physical/Mechanical Joint
- ☐ Plastic Tee Cap
- ☐ Regulator
- ☐ Riser
- ☐ SS Fitting in Plastic System
- ☐ Tap Connection
- ☐ Valves
- ☐ Unknown
- ☐ Other_____

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 USE
- ☐ Distribution Main
- ☐ Gathering
- ☐ Service
- ☐ Transmission

LINE MATERIAL
- ☐ Aldyl A
- ☐ Cast/Ductile Iron
- ☐ Copper
- ☐ Other Plastic
- ☐ Steel/Wrought Iron
- ☐ TR 418
- ☐ Other_____

LEAK SOURCE	Required	The location on the gas facility that is leaking: Bell Joint, Body of Pipe, Drip, Fitting, Fusion Joint, Girth Weld, Longitudinal Weld, Meter, Other Welds, Physical/Mechanical Joint, Plastic Tee Cap, Regulator, Riser, SS Fitting in Plastic System, Tap Connection, Valves, Unknown, or Other.
LEAK CAUSE	Required*	This field is required unless the reported incident was not caused by an unintended escape of natural gas, in which case the field "Leak Cause Continued" in the Gas Quarterly Incident Data section may be used instead. Indicate the most evident cause of the gas leak, selecting from the following options: Atmospheric Corrosion: Corrosion leaks on aboveground gas-carrying facilities (e.g., leaking external corrosion pit on an aboveground gas service riser or on exposed section of main). Cast Iron Fracture: Cast iron fracture that has cracked on the body of the pipe. Do not use for cracked bell sealing material. Construction Defect: Leaks caused by improper construction technique (leaking welds, fusion joints, improper alignment, or hard impinging on pipe). Damage by Electrical Defect: Leaks caused by improper electrical grounds or shorts. Damage by Natural Forces: Leaks caused by weather or natural phenomenon (lightning, landslides. (Continued on next page)

Material Redacted GTR0047204

		Damage by 3rd Party: Leaks caused by damage by a third party that is not an immediate dig-in (e.g., previous gouging of underground pipe that is now starting to leak or a vehicle running into a gas facility). If over $1000 damage or a fire or an explosion resulted, fill out gas quarterly incident section on back of form. Digin: Leaks caused immediately by a dig-in by a third party. Fill out gas quarterly incident section on back of form. External Corrosion: For leaking corrosion pits that appear on the outside wall of a buried, steel, gas-carrying pipe. Do not include for hard object impinging on pipe -- use construction defect. Do not use for any leaks on copper pipe -- use material failure. Do include corrosion leaks caused by holidays in pipe wrapping. Internal Corrosion: For leaking corrosion pits that appear on the inside wall of a buried, metallic, gas-carrying pipe. Material Failure: Use for leaks caused by inherent material failures that are not listed above, such as Cast Iron bell sealing materials, poor quality steel, or any copper leaks such as at sweat joints. Material failures may also include inherent design problems with a fitting, such as a valve stem leak, compression joints, Aldyl-A tees, or screwed fittings. Do not include cracked Plastic Pipe failures (Use Plastic Crack Failure). Plastic Crack Failure: Use for leaks caused by cracks appearing in the body (not joints) of plastic pipe (Aldyl-A, TR418, or other types of plastic). Unknown: Use if leak source is not known specifically and assigned to one of the other leak causes. Example: leaking service pipe is repaired by inserting a new pipe without locating the specific leak cause should be marked "Unknown." Other: List any other leak cause that is not one of the above causes and may be important for the Company to start tracking.
LINE USE	Required	Type of gas facility: Distribution Main, Gathering, Service, or Transmission.
LINE MATERIAL	Required	Material that the leaking gas facility is made of: Aldyl A, Cast/Ductile Iron, Copper, Other Plastic, Steel/Wrought Iron, TR 418, or Other.

Material Redacted

Line Above Ground ☐ Yes ☐ No

Main Material Connected to Service ☐ Cast Iron ☐ Plastic ☐ Steel

Line Inserted ☐ Yes ☐ No

LINE ABOVE GROUND	Required	Indicate if line is above ground by checking "Yes" or "No".
MAIN MATERIAL CONNECTED TO SERVICE	Required	Material of main: Cast Iron, Plastic, or Steel.
LINE INSERTED	Required	Indicate if line was inserted or not.

Internal Liner ☐ Yes ☐ No

Line Size ☐☐.☐☐

Incident Report #:_____

Material Problem Report #:_____

INTERNAL LINER	Required	Indicate if gas facility has a liner on the inside of the pipe.
LINE SIZE	Required	Nominal pipe diameter in inches from picklist.
INCIDENT REPORT #	Required*	Incident Report Number assigned to digin/incident (Form #62-0719). Required for Damage by 3rd Party and all Digins by non-PG&E personnel.
MATERIAL PROBLEM REPORT #	Required*	The number assigned to the Material Problem Report from the Material Problem Reporting program. Required if leak cause is Material Failure or Plastic Crack Failure.

Page One, Section Four: *REPAIR DATA*

REPAIR LOCATION _____

REPAIR REMARKS _____

REPAIRED BY_____ **REPAIR DATE** ☐☐-☐☐-☐☐ **REPAIR TIME** ☐☐☐☐ **PIPE-TO-SOIL (mV)** ☐☐☐☐

REPAIR LOCATION	Required	Specific leak repair location (for example, "Leak repair on service 5' from property line").
REPAIR REMARKS	Not Required	Description of leak repair work.
REPAIRED BY	Required	The LAN ID or initials of the person who repaired the Leak.
REPAIR DATE	Required	The date the Leak was repaired.
REPAIR TIME	Required	The time (in 24-hour clock) the repair was completed.
PIPE-TO-SOIL	Required*	Indicate in milliVolts (mV) the pipe-to-soil reading. Required for any corrosion leak.

Material Redacted GTR0047206

REPAIR CODE

☐ Abandon	☐ Mechanical Repair Fitting	☐ Skinner Clamp	☐ Tighten Cap/Bolt
☐ Bell Joint Clamp	☐ Patch Weld	☐ Soap and/or Tape	☐ Welded Sleeve/Can
☐ Bell Joint Seal	☐ Service Entirely Replaced	☐ SS Clamp w/Anode	☐ Other_____
☐ BJ Permabond	☐ Service Partially Replaced	☐ Tee Fused over Defect	

REPAIR CODE	Required	The type of leak repair performed to fix leak: Abandon, Bell Joint Clamp, Bell Joint Seal, Bell Joint Permabond, Mechanical Repair Fitting, Patch Weld, Service Entirely Replaced, Service Partially Replaced, Skinner Clamp, Soap and/or Tape, SS Clamp w/Anode, Tee Fused over Defect, Tighten Cap/Bolt, Welded Sleeve/Can, or Other.

MAIN REPLACEMENT CODE ☐ Capital ☐ Maintenance: <100' for dist., <50' for trans. **REPLACED WITH** ☐ Steel ☐ TR 418

MAIN REPLACEMENT CODE	Required*	If main was replaced indicate whether it was replaced under Capital or Maintenance (< 100' for distribution or < 50' for transmission). Required if main replaced. Applies to mains only.
REPLACED WITH	Required*	If pipe was replaced, indicate new pipe material: Steel or TR 418. Required if pipe replaced.

FIELD REVIEW BY_____	**Date**	__-__-__	**Post Repair Check** ☐ Yes ☐ No	**Date**	__-__-__
MAPPING REVIEW BY_____	**Date**	__-__-__	**Posting Required** ☐ Yes ☐ No		

FIELD REVIEW BY	Required	The initials or signature of the gas construction supervisor or qualified management person who reviewed the work and documentation.
FIELD REVIEW DATE	Required	The date on which the work and documentation was reviewed by the construction supervisor of qualified management person.
POST REPAIR CHECK	Required	Indicate Yes if Leak repair needs to be checked. Indicate No if it does not need to be checked.
POST REPAIR CHECK DATE	Required*	Date leak repair should be checked by calibrated instruments. Required if 'Post Repair Check' is marked Yes.
MAPPING REVIEW BY	Required	The initials or signature of the qualified mapping person who reviewed the documentation.
MAPPING REVIEW DATE	Required	The date on which the documentation was reviewed by the qualified mapping person.
POSTING REQUIRED	Required	Indicate whether posting changes to maps are required according to Mapping Standard 410.21-1. Posting shall be complete within 30 days.

Material Redacted GTR0047207

Page Two, Section One: *GENERAL INSPECTION DATA*

DATE ☐☐-☐☐-☐☐ INSPECTED BY _____ **FOR:** ☐ Distribution Main ☐ Gathering ☐ Service ☐ Transmission

DATE	Required	The date of the pipe inspection.
INSPECTED BY	Required	The name of the person inspecting the pipe.
FOR:	Required	Check if inspection was done on Main, Gathering, Service or Transmission.

LINE MATERIAL
☐ Aldyl-A
☐ Cast/Ductile Iron
☐ Copper
☐ Other Plastic
☐ Steel/Wrought Iron
☐ TR 418
☐ Other _____

SOIL TYPE
☐ Clay
☐ Rock
☐ Sand
☐ Loam
☐ Wet
☐ Other_____

SOIL RESIST (ohm-cm)
For TP only
☐ 0 - 1,000
☐ 1,000 - 2,000
☐ 2,000 - 5,000
☐ 5,000 - 10,000
☐ >10,000

SURFACE OVER PIPE
☐ Concrete
☐ Tar Compound
☐ Unsurfaced
☐ Other_____

Line Size ☐☐.☐☐

FEET EXPOSED ☐☐

COVER ON PIPE ☐☐☐ Inches

INTERNAL LINER ☐ Yes ☐ No
PAVED WALL TO WALL ☐ Yes ☐ No
NEAR PUBLIC ASSEMBLY ☐ Yes ☐ No

LINE MATERIAL	Required	Check the appropriate box indicating the pipe material or check "other" and fill in the blank.
SOIL TYPE	Required	Check the appropriate box indicating the soil type or check "other" and fill in the blank.
SOIL RESIST	Required*	Check the appropriate box indicating the pipe-to-soil resistance reading. Required for Transmission only.
SURFACE OVER PIPE	Required	Check the appropriate box indicating the surface covering the inspection or check "other" and fill in the blank.
LINE SIZE	Required	Nominal pipe diameter in inches from picklist.
FEET EXPOSED	Required	The number of feet exposed on the inspected pipe.
COVER ON PIPE	Required	The amount of cover on the inspected pipe in inches.
INTERNAL LINER	Required	Check the appropriate box indicating if the pipe has an internal liner.
PAVED WALL TO WALL	Required	Check the appropriate box indicating if the pipe is under continuous paving from the main to the building wall.
NEAR PUBLIC ASSEMBLY	Required	Check the appropriate box to indicate if the pipe is near a school, hospital, church, daycare center, or building that is occupied by 20 or more persons, regularly occupied eight hours a day, five days a week.

Material Redacted GTR0047208

Page Two, Section Two: *METALLIC PIPE CONDITION*

COATING TYPE ☐ Bare/None ☐ Paint ☐ Single Wrap ☐ Somastic ☐ Tar **COATING CONDITION** ☐ Excellent ☐ Good
☐ Epoxy ☐ Tape ☐ Double Wrap ☐ Plastic Coated ☐ Other_____ ☐ Fair ☐ Poor

LONG SEAM ☐ DSAW ☐ ERW ☐ AO Smith ☐ Spiral ☐ SSAW ☐ SMLS ☐ LAP ☐ Flash

COATING TYPE	Required	The type of covering on pipe protecting it from corrosion. Check the appropriate box or check "other" and fill in the blank.
COATING CONDITION	Required	Determine if the coating, wrap, etc. is damaged and to what extent.
LONG SEAM	Required*	Indicate the type of seam running down the length of the pipe. Required for Transmission only.

EXTERNAL INSPECTION

RUST ☐ None ☐ Light ☐ Heavy **MAX. PIT DEPTH (Req. for TP)** 0 . Inches **WALL THICKNESS MEASURED** ☐ Yes ☐ No

PITTING ☐ None ☐ Light ☐ Heavy **MAX. GOUGE DEPTH (Req. for TP)** 0 . Inches **GRAPHITIZED (Cast Iron)** ☐ Yes ☐ No

GOUGING ☐ None ☐ Light ☐ Heavy **NOM. WALL THICKNESS (Req. for TP)** . Inches

RUST	Required*	Indicate the amount of corrosion (rust) on pipe. Required for Steel Pipe.
MAXIMUM PIT DEPTH	Required*	Depth of pit as measured. Required for Transmission.
WALL THICKNESS MEASURED	Required*	Thickness of pipe as measured in field. Required for Transmission.
PITTING	Required*	Indicate the amount of holes created by corrosion known as pitting. Required for Steel Pipe only.
MAXIMUM GOUGE DEPTH	Required*	Depth of gouge as measured. Required for Transmission only.
GRAPHITIZED	Required*	The cast iron pipe is discolored and deteriorated. Required for cast/docile iron only.
GOUGING	Required*	Has pipe been dug into or gouged by external forces? Required for Steel Pipe.
NOMINAL WALL THICKNESS	Required*	Thickness of pipe as required per specifications. Required for Transmission.

INTERNAL INSPECTION

RUST ☐ None ☐ Light ☐ Heavy **MAX. PIT DEPTH (Req. for TP)** 0 . Inches

PITTING ☐ None ☐ Light ☐ Heavy

RUST	Not Required	Has pipe rusted inside or corrosion has set in? To what extent?
MAXIMUM PIT DEPTH	Required*	Has the corrosion "pitted" pipe inside? To what extent? Required for Transmission.
PITTING	Required*	Has the corrosion "pitted" pipe inside? To what extent? Required for Transmission.

Material Redacted

Page Two, Section Three: *PLASTIC PIPE CONDITION*

MANUFACTURER'S PIPE INFORMATION (LOCATED ON PIPE) _____ **LOCATING WIRE** ☐ Good ☐ Bad ☐ None

MANUFACTURER'S PIPE INFORMATION	Not Required	Write in the complete cycle of manufacturer's pipe information printed on the pipe if available.
LOCATING WIRE	Required*	Check appropriate box indicating the condition of the insulated locating wire or check the "none" box if wire cannot be found. Required for Plastic.

GOUGING ☐ Yes ☐ No **UNDER STRESS/BENT** ☐ Yes ☐ No **DISCOLORING TO GRAY** ☐ Yes ☐ No **CRACKING** ☐ Yes ☐ No **IN CONTACT WITH HARD OBJECTS** ☐ Yes ☐ No

GOUGING	Required*	Check appropriate box indicating if the pipe is damaged with gouges. Required for Plastic.
UNDER STRESS/ BENT	Required*	Check appropriate box indicating if the pipe has tensile loading or is bent. Required for Plastic.
DISCOLORING TO GRAY	Required*	Check appropriate box indicating Aldyl-A pipe has abnormal discoloring. Required for Aldyl-A.
CRACKING	Required*	Check appropriate box indicating Aldyl-A pipe has abnormal discoloring. Required for Aldyl-A.
IN CONTACT WITH HARD OBJECTS	Required*	Check appropriate box indicating if the pipe is in contact with hard objects. Required for Plastic.

Page Two, Section Four: *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** ____ **MISMARKED** ☐ Yes ☐ No **REPORTABLE** ☐ Yes ☐ No **USA CALLED** ☐ Yes ☐ No

DAMAGING PARTY	Required *	Indicate name of person or business that damaged P&E gas facilities. Required if the leak causes a Digin or damage by electrical defect.
ADDRESS	Required *	Indicate address of person or business that damaged PG&E facilities. Include street address, city, state, and zip code. Required if the leak causes a Digin or damage by electrical defect.
PHONE	Required *	Indicate phone number of person or business that damaged PG&E gas facilities. Include area code. Required if the leak causes a Digin or damage by electrical defect.

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LEAK CAUSE CONTINUED	Not Required	This field may be used as an alternative to the "Leak Cause" field ONLY when the reported incident is not caused by the unintended escape of natural gas. Indicate the most evident cause of the incident, selecting from the following options: Equipment Malfunction: Incident caused by equipment not operating properly. Structure Fire: Incident caused by structure burning. Vandalism: Incident caused by 3rd party vandalizing of company equipment. Flood: Incident caused by flooding. Vehicle: Incident caused by motorized vehicle striking company facilities (i.e.- car hit meter).
# INJURED	Required *	Indicate number of PG&E employees who were injured as a result of the gas incident. Indicate number of persons other than PG&E employees who were injured as a result of the gas incident. Required if the leak cause is a Digin or Damage by Electrical Defect.
# FATAL	Required *	Indicate number of PG&E employees who were killed as a result of the gas incident. Indicate number of persons other than PG&E employees who were killed as a result of the gas incident. Required if the leak cause is a Digin or Damage by Electrical Defect.
DAMAGE $	Required *	Indicate amount of damage (repair cost) to PG&E and third-party facilities. Required if the leak cause is a Digin or Damage by Electrical Defect.
# CUSTOMERS INTERRUPTED	Required *	Indicate the number of PG&E gas customers that were interrupted as a result of the gas incident. Required if the leak causes a Digin or damage by electrical defect.
FIRE	Required *	Indicate if a fire resulted from the gas incident. Required if the leak causes a Digin or damage by electrical defect.
EXPLOSION	Required *	Indicate if a gas explosion resulted from the gas incident. Required if the leak causes a Digin or damage by electrical defect.
REPORTABLE	Required *	Indicate if a gas quarterly incident was also a reportable Incident per Gas Standard D-S0355. Required if the leak causes a Digin or damage by electrical defect.
USA CALLED	Required *	Indicate if Damaging Party contacted the Underground Service Alert. Required if the leak causes a Digin or damage by electrical defect.
MISMARKED	Required	Indicate if gas facility was NOT marked correctly by checking the Yes box; otherwise mark No.

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Page Two, Section Five: *LOCATION SKETCH*

REQUIRED IF SERVICE IS SEVERED: 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

(if any fittings are used, then text must show location)

BRAND OF PLASTIC	MFG. DATE

WELDED BY:
WELDING INSPECTED PER PG&E GAS STANDARD D-40 BY _____ INSPECTOR

Comments _____

TESTED AT___PSI	Not Required	Indicate the minimum test pressure in pounds per square inch gauge.
FOR___MINUTES	Not Required	PSI gauge for a minimum of five minutes.
BY____	Not Required	Initials of person who performed test.
TEST DATE	Not Required	Date that test was performed.
BRAND OF PLASTIC	Not Required	Write in the brand name of the plastic pipe installed as required in GS&S A-93.1.
MANUFACTURER'S DATE	Not Required	Write in the date that the installed plastic pipe was manufactured as required in GS&S A-93.1.
WELDED BY	Not Required	Name of the person who performed the weld.
WELDING INSPECTOR	Not Required	Name of the welding inspector.
INSPECTION COMMENTS	Not Required	Write in any Special conditions that were noted during the inspection.

Material Redacted