



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

INITIAL LEAK DATA

Leak Number, Date Reported, Response Date, USA Ticket #, Valid Date, Time Reported, PCC Number, Response (Arrival) Time, Paved Wall To Wall

Address/Location, City, Reading Location, REPORTED BY (Call-In, Mobile Survey, Foot Survey, Other Employee), SURFACE OVER LEAK (Concrete, Tar Compound, Unsurfaced, Other)

Table with columns: READINGS (PPM, %LEL, %OAS), INST, GRADE, DATE, TIME, OPERATOR, LOCATION REMARKS

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

MAPPING DATA

Leak Location Map, Recorded Location Map, Cathodic Protection, TP Line #, Mile Post, Original Job #, Year Inst, SYSTEM PRESSURE (LP, SHP, HP, TP)

PIPE DATA

LEAK SOURCE, LEAK CAUSE, LINE MATERIAL, LINE USE, Line Above Ground, Main Material Connected to Service, Internal Liner, Line Inserted, 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, (EXTERNAL CORROSION ONLY), REPLACED WITH

FIELD REVIEW BY, MAPPING REVIEW BY, Date, Post Repair Check, Posting Required

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

GENERAL INSPECTION DATA

DATE INSPECTED BY _____

FOR Distribution Main Gathering

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 _____

FEET EXPOSED

COVER ON PIPE Inches

INTERNAL LINER Yes No

PAVED WALL TO WALL Yes No

NEAR PUBLIC ASSEMBLY Yes No

Line Size

METALLIC PIPE CONDITION

COATING TYPE Bare/None Epoxy Paint Tape Single Wrap Double Wrap Somatic Plastic Tar Other _____

COATING CONDITION Excellent Good Fair Poor

LONG SEAM DSAW ERW AO Smith Spiral SSAW SMLS LAP Flash

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

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
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WELDED BY _____

WELDING INSPECTED PER PG&E GAS STANDARD D-40

BY _____ INSPECTOR

Comments _____

Page One, Section One: INITIAL LEAK DATA

LEAK NUMBER

YEAR	SERIES	SFX

 USA Ticket #

--	--	--	--	--	--	--	--

 Valid Date

--	--	--	--	--	--

LEAK NUMBER	Required	<u>Year</u> Year in which Leak was found
	Required	<u>Series</u> Sequential number assigned by program and administered by the Mapping department
	Required	<u>SFX</u> 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

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 RESPONSE TIME

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 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

Reading Location _____

READING LOCATION	Required	A descriptive location of the Leak reading such as "over Tee," "over service at curb "
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REPORTED BY Call in Mobile Survey **SURFACE OVER LEAK** Concrete Unsurfaced
 Foot Survey Other Employee Tar Compound 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

Initial	READINGS			INST*	GRADE	DATE	TIME	OPERATOR	LOCATION	REMARKS
	PPM	%LEL	%GAS							

READINGS	Required*	One of these three readings is required <u>PPM</u> The "Hydrogen Flame Ionization" surface reading in Parts Per Million <u>%LEL</u> The reading in percent of the lower explosive limit taken during the response <u>%GAS</u> 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 conditions 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

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 department
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

- | | | | | | |
|---|---|---|--|---|--|
| <p>LEAK SOURCE</p> <input type="checkbox"/> Bell Joint
<input type="checkbox"/> Body of Pipe
<input type="checkbox"/> Drip
<input type="checkbox"/> Fitting
<input type="checkbox"/> Fusion Joint
<input type="checkbox"/> Girth Weld
<input type="checkbox"/> Longitudinal Weld
<input type="checkbox"/> Meter
<input type="checkbox"/> Other Welds | <input type="checkbox"/> Physical/Mechanical Joint
<input type="checkbox"/> Plastic Tee Cap
<input type="checkbox"/> Regulator
<input type="checkbox"/> Riser
<input type="checkbox"/> SS Fitting in Plastic System
<input type="checkbox"/> Tap Connection
<input type="checkbox"/> Valves
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other | <p>LEAK CAUSE</p> <input type="checkbox"/> Atmospheric Corrosion
<input type="checkbox"/> Cast Iron Fracture
<input type="checkbox"/> Construction Defect
<input type="checkbox"/> Damage by Electrical Defect
<input type="checkbox"/> Damage by Natural Forces
<input type="checkbox"/> Damage by 3 rd Party
<input type="checkbox"/> Dig-In
<input type="checkbox"/> External Corrosion
<input type="checkbox"/> Internal Corrosion
<input type="checkbox"/> Material Failure | <input type="checkbox"/> Plastic Crack Failure
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other | <p>LINE MATERIAL</p> <input type="checkbox"/> Aldy/ A
<input type="checkbox"/> Cast/Ductile Iron
<input type="checkbox"/> Copper
<input type="checkbox"/> Other Plastic
<input type="checkbox"/> Steel/Wrought Iron
<input type="checkbox"/> TR 418
<input type="checkbox"/> Other | <p>LINE USE</p> <input type="checkbox"/> Distribution Main
<input type="checkbox"/> Gathering
<input type="checkbox"/> Service
<input type="checkbox"/> Transmission |
|---|---|---|--|---|--|

LEAK SOURCE	Required	The location on the gas facility that is leaking Bell Joint, Body of Pipe, Dnp, 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*	<p>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</p> <p><u>Atmospheric Corrosion</u> Corrosion leaks on aboveground gas-carrying facilities (e.g., leaking external corrosion pit on an aboveground gas service user or on exposed section of main)</p> <p><u>Cast Iron Fracture</u> Cast iron fracture that has cracked on the body of the pipe Do not use for cracked bell sealing material</p> <p><u>Construction Defect</u> Leaks caused by improper construction technique (leaking welds, fusion joints, improper alignment, or hard impinging on pipe)</p> <p><u>Damage by Electrical Defect</u> Leaks caused by improper electrical grounds or shorts</p> <p><u>Damage by Natural Forces</u> Leaks caused by weather or natural phenomenon (lightning, landslides)</p> <p style="text-align: right;">(Continued on next page)</p>

		<p><u>Damage by 3rd Party</u> 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</p> <p><u>Dig-In</u> Leaks caused immediately by a Dig-In by a third party Fill out gas quarterly incident section on back of form</p> <p><u>External Corrosion</u> 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</p> <p><u>Internal Corrosion</u> For leaking corrosion pits that appear on the inside wall of a buried, metallic, gas-carrying pipe</p> <p><u>Material Failure</u> 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)</p> <p><u>Plastic Crack Failure</u> Use for leaks caused by cracks appearing in the body (not joints) of plastic pipe (Aldyl-A, TR418, or other types of plastic)</p> <p><u>Unknown</u> Use if leak source is not known specifically and assigned to one of the other leak causes Example leaking service pipe repaired by inserting a new pipe without locating the specific leak cause should be marked "Unknown "</p> <p><u>Other</u> List any other leak cause that is not one of the above causes and may be important for the Company to start tracking</p>
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

- REPAIR CODE Deactivate TP Main Replace Dist Main <100 ft Service Entirely Replaced Tee Fused over Defect
 Bell Joint Clamp Deactivate Dist Main <100 ft Replace Dist Main > or = 100 ft Service Partially Replaced Tighten Cap/Bolt
 Bell Joint Seal Deactivate Dist Main > or = 100 ft Replace TP Main Skinner Clamp Welded Sleeve/Can
 BJ Permabond Mechanical Repair Fitting Replace Valve < 2 inch Soap and/or Tape Other _____
 Patch Weld Replace Valve > or = 2 Inch SS Clamp w/Anode

REPAIR CODE	Required	The type of leak repair performed to fix leak Deactivate, Bell Joint Clamp, Bell Joint Seal, Bell Joint Permabond, Mechanical Repair Fitting, Patch Weld, Replace Main, Replace Valve, 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
REPLACED WITH	Required*	If pipe was replaced, indicate new pipe material Steel or TR 418 Required if pipe is replaced

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

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

SOIL TYPE
 Clay
 Rock
 Sand
 Loam
 Wat
 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 _____

FEET EXPOSED

COVER ON PIPE Inches

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

Line Size

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

Page Two, Section Two: METALLIC PIPE CONDITION

COATING TYPE Bare/None Paint Single Wrap Somatic 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

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
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) 0 Inches
WALL THICKNESS MEASURED Yes No
GRAPHITIZED (Cast Iron) Yes No

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 degree of pitting created by corrosion 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
PITTING None Light Heavy
MAX PIT DEPTH (Req for TP) 0 Inches

RUST	Not Required	Is the pipe rusted on the inside or has 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

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 Dig In 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 PG&E gas facilities Required if the leak cause is Dig-In 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 cause is Dig-In 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 cause is Dig-In or Damage by Electrical Defect

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 <u>Dig-In</u> Leak caused immediately by a Dig-In by a third party <u>Equipment Malfunction</u> Incident caused by equipment not operating properly <u>Structure Fire</u> Incident caused by structure burning <u>Vandalism</u> Incident caused by 3 rd party vandalizing company equipment <u>Flood</u> Incident caused by flooding <u>Vehicle</u> 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 Dig-In 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 Dig-In 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 Dig-In 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 cause is Dig-In or Damage by Electrical Defect
FIRE	Required *	Indicate if a fire resulted from the gas incident. Required if the leak cause is Dig-In or Damage by Electrical Defect
EXPLOSION	Required *	Indicate if a gas explosion resulted from the gas incident. Required if the leak cause is Dig-In 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 cause is Dig-In or Damage by Electrical Defect
USA CALLED	Required *	Indicate if Damaging Party contacted the Underground Service Alert. Required if the leak cause is Dig-In or Damage by Electrical Defect
MISMARKED	Required	Indicate if gas facility was NOT marked correctly by checking the Yes box, otherwise mark No

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