Pacific Gas and Electric Company

62-4060 (Rev 1/07)
Gas Asset Strategy
UO Standard S4110

Leak Survey, Repair, Inspection, and Gas Quarterly Incident Report (Form "A")

INITIAL LEAK DATA

Leak Number (Year / Series / SFX) | USA Ticket # | Valid Date (Month / Day / Year)

Date Reported (Month / Day / Year) | Time Reported (24 h Time) | PCC Number

Response Date | Response Time (24 h Time) | Paved Wall To Wall ☐ Yes ☐ No

Address _____ City _____

Description of Reading Location _____

REPORTED BY ☐ Call In ☐ Foot Survey ☐ Mobile Survey ☐ Other Employee[b]

SURFACE OVER LEAK ☐ Concrete ☐ Asphalt ☐ Unsurfaced ☐ Other

READINGS PPM	% LEL	% GAS	Instr[a]	Grade[b]	2% or Less or Suspect Copper (S)	Grade 1 2-2 Leak Downgraded V Ventilation (Yes/No)	DATE	Time (24 h Time)	OPERATOR	LOCATION REMARKS (Not needed, if the same as previous)

PRIORITY 2+ REQUESTED REPAIR DATE (Only needed if less than 90 day) (Repair required within 90 calendar days)

MAPPING DATA

Leak Location Map | Wall Map | Plat | Federal Land ☐ Yes ☐ No

Recorded Location Map | Wall Map | Plat | Block

Normally Cathodically Protected ☐ Yes ☐ No | CPA | MOP (TP only)

Year Inst | TP Line # | Mile Post | Original Job # (TP Only)

SYSTEM PRESSURE
R qrd for Grade1 2 & 2+ Downgrades to Grade 0
☐ LP(≤10 5 WC) ☐ SHP(≤ 25 psig)
☐ HP(≤ 60 psig) ☐ TP(>60 psig)

Leaks On Services | Main Material Connected to Service ☐ Cast Iron ☐ Plastic ☐ Steel | Installation Year of Main

PIPE DATA

LEAK SOURCE

☐ Bell Joint
☐ Body of Pipe
☐ Clamp
☐ Drip
☐ Encapsulation
☐ Fitting
☐ Fusion Joint
☐ Girth Weld
☐ Longitudinal Weld
☐ Other Welds
☐ Mechanical Joint
☐ Plastic Tee Cap
☐ Regulator
☐ Riser
☐ SS Fitting in Plastic System
☐ Tap Connection
☐ Valve
☐ Unknown
☐ Other_____

LEAK CAUSE

☐ Atmospheric Corrosion
☐ Cast Iron Fracture
☐ Construction Defect
☐ Damage by Electrical Facility
☐ Damage by Natural Forces
☐ Damage by 3rd Party
☐ External Corrosion
☐ Internal Corrosion
☐ Material Failure
☐ Plastic Crack Failure
☐ Plastic Embrittlement
☐ Vehicle
☐ Unknown
☐ Other_____

LINE USE

☐ Distribution Main
☐ Gathering
☐ Service
☐ Transmission

LINE MATERIAL

☐ Aldyl A
☐ Cast/Ductile Iron
☐ Copper
☐ Other Plastic
☐ PE 100
☐ Steel/Wrought Iron
☐ TR 418
☐ Other_____

Line Size | Line Above Ground ☐ Yes ☐ No | Internal Liner ☐ Yes ☐ No | Line Inserted ☐ Yes ☐ No

Incident Report # _____ Material Problem Report # _____

REPAIR DATA

Repair Location _____

Repair Remarks _____

Repaired By _____ Repair Date | Repair Time | Pipe to Soil (mV) (External Corrosion Only)

REPAIR CODE

☐ Bell Joint Clamp
☐ Bell Joint Seal
☐ BJ Permabond
☐ Deactivate TP Main
☐ Replace TP Main
☐ Deactivate Dist Main (1 foot or more)
☐ Mechanical Repair Fitting
☐ Patch Weld
☐ Replace Dist Main < 100 ft
☐ Replace Dist Main > or = 100 ft
☐ Replace Valve < 2 inch
☐ Replace Valve > or = 2 inch
☐ Replace Entire Service
☐ Replace Partial Service
☐ Deactivated Entire Service
☐ Deactivated Partial Service
☐ Skinner Clamp
☐ Soap and/or Tape
☐ SS Clamp w/Anode
☐ Tee Fused over Defect
☐ Tighten Cap/Bolt
☐ Welded Sleeve/Can
☐ Other_____

REPLACED WITH ☐ STEEL ☐ TR 418 ☐ PE 100

Field Reviewed By _____ Date | Post Repair Check ☐ Yes ☐ No Date

Mapping Reviewed 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 If a competent first responder from other than OM&C determines that the leak is non-hazardous enter as a Grade 2

c 2% or less reason code is required if leak is graded as 1 2+ or 2
A Wall to wall and traveling B-Next to at or under building C-Odor & next to public gathering location D-In foreign structure E Audible and/or visible
F-On facility in extremely poor condition G-At least second customer call out H-Leak is reported as 0 % Gas Visual J Leak within the scope of work by others S-Leak is suspected to be on a copper service

GENERAL INSPECTION DATA

Date [ ][ ]-[ ][ ]-[ ][ ] Inspected by _____ Line Use ☐ Distribution Main ☐ Gathering ☐ Service ☐ Transmission

PIPE MATERIAL	SOIL TYPE	For TP Only SOIL RESIST (ohm cm)	SURFACE OVER PIPE
☐ Aldyl A	☐ Clay		☐ Concrete
☐ Cast/Ductile Iron	☐ Rock	☐ 0 1 000	☐ Asphalt
☐ Copper	☐ Sand	☐ 1 000 2 000	☐ Soil (Previously Unsurfaced)
☐ Other Plastic	☐ Loam	☐ 2 000 5 000	☐ Exposed
☐ PE 100	☐ Wet	☐ 5 000 10 000	
☐ Steel/Wrought Iron	☐ Exposed Facility	☐ >10 000	☐ Other_____
☐ TR 418			
☐ Other_____	☐ 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 ☐ Paint ☐ Single Wrap ☐ Somastic ☐ Tar ☐ Epoxy ☐ Tape ☐ Double Wrap ☐ Plastic Coated ☐ Other_____

COATING CONDITION ☐ Excellent ☐ Fair ☐ Good ☐ 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

WALL THICKNESS (Req for TP) (inches) [ ][ ].[ ][ ]
MAX PIT DEPTH (Req for TP) (inches) [ ][ ].[ ][ ]
MAX GOUGE DEPTH (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) (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_____ City_____

Leak Causes Continued ☐ Equipment Malfunction ☐ Structure Fire ☐ Vandalism ☐ Flood Phone (_____)_____

INJURED EMPLOYEES___ OTHERS___ DAMAGE # Cust Interrupted_____ # Cust Hours_____ FIRE ☐ Yes ☐ No EXPLOSION ☐ Yes ☐ No

FATAL EMPLOYEES___ OTHERS___ $_____ Media ☐ Yes ☐ No Media Type ☐TV ☐Radio ☐Newspaper Name/Channel

DOT REPORTABLE (Fatality In patient Hospitalization ≥$50K Property Damage) ☐ Yes ☐ No CPUC REPORTABLE (Major News Media) ☐ Yes ☐ No

LOCATION SKETCH

REQUIRED for new or returned to service segments of main and/or service
☐ On-Site Test ☐ Pre Test
TESTED AT _____ PSI FOR _____ Hour/Minutes
TEST in accordance with A-34
BY _____ DATE _____
TEST QUALIFIES PIPE FOR _____PSIG MAOP

(If any fittings are used then text and/or sketch must show location)

BRAND OF PLASTIC (GS&S A93.1) (CSR Polypipe, Performance, Performance / Uponor)

MFG DATE (MM/DD/YY)

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

COMMENTS

Sketch is required for all repairs or directions as to where to find the sketch is required if sketch is located on another record)

Please Note EMS Markers are to be installed for Deactivated Facilities and where plastic is found without wire All EMS markers shall be clearly dimensioned

	Form 62-4060 Instructions	1/07 Gas Asset Strategy

Page One, Section One *INITIAL LEAK DATA*

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

LEAK NUMBER	Required by IGIS	Year Year in which Leak was found	NO CHANGE
	Required by IGIS	Series Sequential number assigned by program and administered by the Mapping department	NO CHANGE
	Required by IGIS	SFX To be used to designate multiple leak repairs at one location ie 1 2 3 etc	NO CHANGE
USA TICKET #	Required by IGIS*	USA Ticket number as requested by PG&E field personnel as required prior to Excavating to repair Grade 2+ 2 & 3 leaks at all times and Grade 1 leaks whenever USA call center is open prior to excavation and/or additional excavation	NO CHANGE
VALID DATE	Required by IGIS*	Date USA Ticket Number becomes valid and work may begin This is normally 2 working days	NO CHANGE

DATE REPORTED - - **TIME REPORTED** **PCC NUMBER**

DATE REPORTED	Required by IGIS	Month day and year the leak was reported to PG&E This could be the Call Center or GSR	NO CHANGE
TIME REPORTED	Required by IGIS	The time (in 24 hour clock) that the leak was reported to PG&E	NO CHANGE
PCC NUMBER	Not Required by IGIS	Provider Cost Center for the area in which the leak occurred	NO CHANGE

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

RESPONSE DATE	Required by IGIS	The date PG&E responded to the leak report	NO CHANGE
RESPONSE TIME	Required by IGIS	The time (in 24 hour clock) the PG&E employee arrives at the scene	NO CHANGE
PAVED WALL TO WALL	Required by IGIS*	Indicate if the leak is on a gas facility under continuous paving that extends either from the centerline of the thoroughfare to the building wall or from the main to the building wall	NO CHANGE

Address _____ City _____

ADDRESS/ LOCATION	Required by IGIS	The address closest to the leak location including street name and suffix such as avenue street etc or adequate descriptions of the leak location	NO CHANGE
CITY	Required by IGIS	The city town or area in which the leak is located	NO CHANGE

KEY Required by IGIS = Field is required IGIS will not allow you to save information if IGIS required information is not entered

Required by IGIS = Field is required under certain circumstances IGIS will not allow you to save information if conditional IGIS required information is not entered

Not Required by IGIS = Field is optional

	Form 62-4060 Instructions	1/07 Gas Asset Strategy

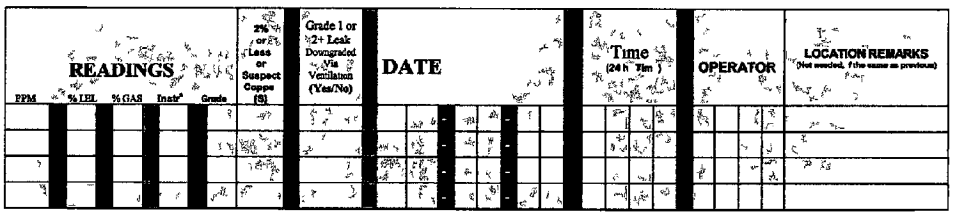
Description of Reading Location _____

DESCRIPTION of READING LOCATION	Required by IGIS	A descriptive location of the leak reading such as over Tee over service at curb	NO CHANGE

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

SURFACE OVER LEAK ☐ Concrete ☐ Asphalt ☐ Unsurfaced ☐ Other

REPORTED BY	Required by IGIS	Method by which the leak was reported to PG&E Call in Foot Survey Mobile Survey or Other Employee	NO CHANGE
SURFACE OVER LEAK	Required by IGIS	The type of surface covering the leak Concrete Tar Compound Unsurfaced or Other	NO CHANGE



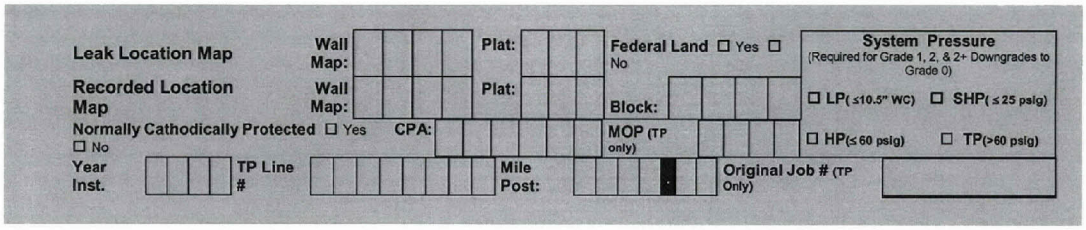
READINGS	Required by IGIS	One of these three readings is required PPM The Hydrogen Flame Ionization surface reading in parts per million %LEL The reading in percent of the lower explosive limit taken during the response %GAS The reading in percent of gas taken during the response	NO CHANGE
INSTRUMENT	Required by IGIS	Type of instrument that was used to take the reading on the Leak H = Hydrogen Ionization Flame C = Combustible Gas Indicator or V = visual for indication with other than an OM&C Gas Detection Instrument (Visual leak indications shall be initially recorded as a 0% or 100% Gas reading based on the degree of confidence that the leak is in fact a gas leak)	NO CHANGE
GRADE	Required by IGIS	Indicate Leak Grade (1 2+ 2 or 3) using UO Standard S4110 criteria If no leak is found enter a 0 in the Grade field to indicate zero leakage 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	NO CHANGE

2% 0r Less[b] or Suspect Copper (S)	Required by IGIS*	Reason code is required for any Grade 1, 2+, or 2 with a reading less than 2% gas or a suspected copper service leak located at the bottom of the Form "A" as Footnote "c." c 2% or less reason code is required if leak is graded as 1, 2+, or 2: **A**-Wall to wall and traveling, **B**-Next to, at, or under building, **C**-Odor & next to public gathering location, **D**-In foreign structure, **E**-Audible and/or visible, **F**-On facility in extremely poor condition, **G**-At least second customer call out, **H**-Leak is reported as 0% gas visual, **J**-Leak within the scope of work by others, **S**--Leak is suspected to be on a copper service	New Field
Grade 1 or Grade 2+ Leak Downgraded Via Ventilation (Yes/No)	Required by IGIS*	Required for Grade 1, 2+, and 2 leaks that have been downgraded via ventilation	New Field
DATE	Required by IGIS	The date the read was taken.	NO CHANGE
TIME	Required by IGIS	The time (in 24-hour clock) the reading was taken.	NO CHANGE
OPERATOR	Required by IGIS	The LAN ID or initials of the person who took the leak readings.	NO CHANGE
LOCATION REMARKS	Required by IGIS*	This is not needed if it is the same as description of reading location or as previously reported.	NO CHANGE

PRIORITY 2+ REQUESTED REPAIR DATE (Only needed if less than 90 days) [ ][ ]-[ ][ ]-[ ][ ] **(Repair required within 90 calendar days)**

PRIORITY 2 (2+) REQUESTED REPAIR DATE	Required by IGIS*	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 90 calendar days from the date the leak was found, as per UO Standard S4110. IGIS will enter the required repair date if none is entered. A technically competent management person must concur with the requested repair date for it to stand.	NO CHANGE

Page One, Section Two: *MAPPING DATA*



Leak Location Map

WM	Not Required by IGIS*	The wall map on which the leak is located, if it is other than the recorded location map.	NO CHANGE
PLAT	Not Required by IGIS	The plat map on which the leak is located, if it is other than the recorded location map.	NO CHANGE
FEDERAL LAND	Required by IGIS	Indicate if gas facility is located on Federal Land, in a National Park, Military Post, or Native American Reservation.	NO CHANGE
SYSTEM PRESSURE	Required by IGIS prior to repair upon downgrade of Grade 1, 2 or 2+ to a Grade 0	The system MAOP 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)	CHANGE

Recorded Location Map

WM	Required by IGIS	The wall map on which the leak will be recorded.	NO CHANGE
PLAT	Required by IGIS	The plat map on which the leak will be recorded.	NO CHANGE
BLOCK	Required by IGIS	The block number on which the leak will be recorded.	NO CHANGE

CATHODIC PROTECTION	Required by IGIS	Indicate Yes if steel pipe is part of a Cathodic protection system. Enter Yes or No.	NO CHANGE
CPA #	Required by IGIS*	Assigned Cathodic Protection Area number to which the facility belongs (to be filled in only if Cathodic Protection Area is marked Yes).	NO CHANGE
MOP	Required by IGIS*	Indicate maximum operating pressure in psig (pounds per square inch gauge). Required for Transmission Pressure (TP) only.	NO CHANGE

Year Installed	Required by IGIS	Indicate the year the leaking facility was installed.	NO CHANGE
TP LINE #	Required by IGIS*	The respective transmission line number. Required for Transmission Pressure (TP) only.	NO CHANGE
MILE POST	Not Required by IGIS	Nearest mile post marker to leaking facility. If not available, to be calculated by Mapping department.	NO CHANGE
ORIGINAL JOB #	Not Required by IGIS	Enter the original job number in the space provided.	New Field

For Leaks On Services: Main Material Connected to Service ☐ Cast Iron ☐ Plastic ☐ Steel Installation Year of Main

Main Material Connected to Service	Required by IGIS*	Required for leaks on services.	New Field
Installation Year of Main	Required by IGIS*	Required for leaks on services.	New Field

Page One, Section Three: *PIPE DATA*

LEAK SOURCE:

- ☐ Bell Joint
- ☐ Body of Pipe
- ☐ Clamp
- ☐ Drip
- ☐ Encapsulation
- ☐ Fitting
- ☐ Fusion Joint
- ☐ Girth Weld
- ☐ Longitudinal Weld
- ☐ Other Welds
- ☐ Mechanical Joint
- ☐ Plastic Tee Cap
- ☐ Regulator
- ☐ Riser
- ☐ SS Fitting in Plastic System
- ☐ Tap Connection
- ☐ Valve
- ☐ Unknown
- ☐ Other_____

LEAK CAUSE:

- ☐ Atmospheric Corrosion
- ☐ Cast Iron Fracture
- ☐ Construction Defect
- ☐ Damage by Electrical Facility
- ☐ Damage by Natural Forces
- ☐ Damage by 3rd Party
- ☐ External Corrosion
- ☐ Internal Corrosion
- ☐ Material Failure
- ☐ Plastic Crack Failure
- ☐ Plastic Embrittlement
- ☐ Vehicle
- ☐ Unknown
- ☐ Other_____

LINE USE:

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

LINE MATERIAL

- ☐ Aldyl A
- ☐ Cast/Ductile Iron
- ☐ Copper
- ☐ Other Plastic
- ☐ PE 100
- ☐ Steel/Wrought Iron
- ☐ TR 418
- ☐ Other_____

LEAK SOURCE	Required by IGIS	The location on the gas facility that is leaking.	Some Fields Added
LEAK CAUSE	Required by IGIS*	This field is required. 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 Facility: Leaks caused by improper electrical grounds or shorts. Damage by Natural Forces: Leaks caused by weather or natural phenomenon (lightning, landslides). 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. 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.	Some Fields Added

		(Continued on next page)	
		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). Plastic Embrittlement: Use for leaks caused by embrittlement of plastic pipe (Aldyl-A, TR418, or other types of plastic). Vehicle: Incident caused by motorized vehicle striking Company facilities (i.e., car hit meter). Unknown: 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." Other: List any other leak cause that is not one of the above causes and may be important for the Company to start tracking.	Some Fields Added
LINE USE	Required by IGIS	Type of gas facility: Distribution Main, Gathering, Service, or Transmission.	NO CHANGE
LINE MATERIAL	Required by IGIS	Material that the leaking gas facility is made of: Aldyl A, Cast/Ductile Iron, Copper, Other Plastic, Steel/Wrought Iron, TR 418, or Other.	NO CHANGE

Line Size . **Line Above Ground** ☐ Yes ☐ No **Internal Liner** ☐ Yes ☐ No **Line Inserted** ☐ Yes ☐ No

LINE SIZE	Required by IGIS	Indicate size of facility in inches.	NO CHANGE
LINE ABOVE GROUND	Required by IGIS	Indicate if facility is exposed.	NO CHANGE
INTERNAL LINER	Required by IGIS	Indicate if facility has an internal liner.	NO CHANGE
LINE INSERTED	Required by IGIS	Indicate if leaking pipe was previously inserted into an older pipe by checking Yes or No.	NO CHANGE

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

INCIDENT REPORT #	Required by IGIS*	Incident Report Number assigned. Required for leaks caused by vehicle. Dig-in leaks are documented of the "A1" Form.	NO CHANGE
MATERIAL PROBLEM REPORT #	Required by IGIS*	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. (Copper service solder leaks are excluded from this requirement as well as plastic service tee cap leaks.)	NO CHANGE

	Form 62-4060 Instructions	1/07 Gas Asset Strategy

Page One, Section Four: *REPAIR DATA*

REPAIR LOCATION _____

REPAIR REMARKS _____

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

REPAIR LOCATION	Required by IGIS	Specific leak repair location (for example, "Leak repair on service 5' from property line").	NO CHANGE
REPAIR REMARKS	Not Required by IGIS	Description of leak repair work.	NO CHANGE
REPAIRED BY	Required by IGIS	The LAN ID or initials of the person who repaired the leak.	NO CHANGE
REPAIR DATE	Required by IGIS	The date the leak was repaired.	NO CHANGE
REPAIR TIME	Required by IGIS	The time (in 24-hour clock) the repair was completed.	NO CHANGE
PIPE-TO-SOIL	Required by IGIS*	Indicate in millivolts (mV) the pipe-to-soil reading. Required for any external corrosion leak.	NO CHANGE

REPAIR CODE

☐ Bell Joint Clamp	☐ Deactivate Dist Main (1 foot or more)	☐ Replace Valve < 2 inch	☐ Skinner Clamp
☐ Bell Joint Seal	☐ Mechanical Repair Fitting	☐ Replace Valve > or = 2 inch	☐ Soap and/or Tape
☐ BJ Permabond	☐ Patch Weld	☐ Replace Entire Service	☐ SS Clamp w/Anode
☐ Deactivate TP Main	☐ Replace Dist Main <100 ft	☐ Replace Partial Service	☐ Tee Fused over Defect
☐ Replace TP Main	☐ Replace Dist Main > or = 100 ft	☐ Deactivate Entire Service	☐ Tighten Cap/Bolt
Replaced With: ☐ STEEL ☐ TR-418 ☐ PE 100		☐ Deactivate Partial Service	☐ Welded Sleeve/Can
			☐ Other_____

REPAIR CODE	Required by IGIS	The type of leak repair performed to fix leak.	NO CHANGE
REPLACED WITH	Required by IGIS*	If pipe was replaced, indicate new pipe material: Steel, TR 418, or PE 100. Required if pipe is replaced.	Added PE 100

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

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

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

	Form 62-4060 Instructions	1/07 Gas Asset Strategy

Page Two, Section One *GENERAL INSPECTION DATA*

DATE ☐☐/☐☐/☐☐ **INSPECTED BY** _____ **Line Use** ☐ Distribution Main ☐ Gathering ☐ Service ☐ Transmission

DATE	Required by IGIS	The date of the pipe inspection	NO CHANGE
INSPECTED BY	Required by IGIS	The name of the person inspecting the pipe	NO CHANGE
FOR	Required by IGIS	Check if inspection was done on Main Gathering Service or Transmission	NO CHANGE

LINE MATERIAL
☐ Aldyl-A
☐ Cast/Ductile Iron
☐ Copper
☐ Other Plastic
☐ PE 100
☐ Steel/Wrought Iron
☐ TR 418
☐ Other_____

SOIL TYPE
☐ Clay
☐ Rock
☐ Sand
☐ Loam
☐ Wet
☐ Exposed Facility
☐ 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
☐ Asphalt
☐ Soil (Previously Unsurfaced)
☐ Exposed
☐ 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 by IGIS	Check the appropriate box indicating the pipe material or check Other' and fill in the blank	NO CHANGE
SOIL TYPE	Required by IGIS	Check the appropriate box indicating the soil type or check Other' and fill in the blank	NO CHANGE
SOIL RESIST	Required by IGIS*	Check the appropriate box indicating the pipe to soil resistance reading Required for Transmission only	NO CHANGE
SURFACE OVER PIPE	Required by IGIS	Check the appropriate box indicating the surface covering the inspection or check Other" and fill in the blank	NO CHANGE
LINE SIZE	Required by IGIS	Nominal pipe diameter in inches	NO CHANGE
FEET EXPOSED	Required by IGIS	The number of feet exposed on the inspected pipe	NO CHANGE
COVER ON PIPE	Required by IGIS	The amount of cover on the inspected pipe in inches	NO CHANGE
INTERNAL LINER	Required by IGIS	Check the appropriate box indicating if the pipe has an internal liner	NO CHANGE
PAVED WALL TO WALL	Required by IGIS	Check the appropriate box indicating if the pipe is under continuous paving from the main to the building wall	NO CHANGE
NEAR PUBLIC ASSEMBLY	Required by IGIS	Check the appropriate box to indicate if the pipe is near (within 100 feet of) a school hospital church daycare center or building that is occupied by 20 or more persons regularly occupied 8 hours a day 5 days a week	NO CHANGE

	Form 62-4060 Instructions	1/07 Gas Asset Strategy

Page Two, Section Two *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

COATING TYPE	Required by IGIS	The type of covering on pipe protecting it from corrosion Check the appropriate box or check Other" and fill in the blank	NO CHANGE
COATING CONDITION	Required by IGIS	Determine if the coating wrap etc is damaged and to what extent	NO CHANGE
LONG SEAM	Required by IGIS*	Indicate the type of seam running down the length of the pipe Required for Transmission only	NO CHANGE

EXTERNAL INSPECTION

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

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

GOUGING ☐ None ☐ Light ☐ Heavy **NOM WALL THICKNESS (Req for TP)** 0

RUST	Required by IGIS*	Indicate the amount of corrosion (rust) on pipe Required for steel pipe	NO CHANGE
MAXIMUM PIT DEPTH	Required by IGIS*	Depth of pit as measured Required for Transmission	NO CHANGE
WALL THICKNESS MEASURED	Required by IGIS*	Thickness of pipe as measured in field Required for Transmission	NO CHANGE
PITTING	Required by IGIS	Indicate the degree of pitting created by corrosion Required for steel pipe only	NO CHANGE
MAXIMUM GOUGE DEPTH	Required by IGIS*	Depth of gouge as measured Required for Transmission only	NO CHANGE
GRAPHITIZED	Required by IGIS*	The cast iron pipe is discolored and deteriorated Required for cast/ductile iron only	NO CHANGE
GOUGING	Required by IGIS*	Has pipe been dug into or gouged by external forces? Required for steel pipe Conditionally required for plastic pipe	NO CHANGE
NOMINAL WALL THICKNESS	Required by IGIS*	Thickness of pipe as required per specifications Required for Transmission	NO CHANGE

INTERNAL INSPECTION

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

PITTING ☐ None ☐ Light ☐ Heavy

RUST	Not Required by IGIS	Is the pipe rusted on the inside or has corrosion set in? To what extent?	NO CHANGE
MAXIMUM PIT DEPTH	Required by IGIS*	Has the corrosion pitted pipe inside? To what extent? Required for Transmission	NO CHANGE
PITTING	Required by IGIS*	Has the corrosion pitted pipe inside? To what extent? Required for Transmission	NO CHANGE

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 by IGIS	Write in the complete cycle of manufacturer s pipe information printed on the pipe if available	NO CHANGE
LOCATING WIRE	Required by IGIS*	Check appropriate box indicating the condition of the insulated locating wire or check the None box if wire cannot be found Required for plastic Note If wire None is checked an EMS wire shall be installed and documented with dimensions on sketch	NO CHANGE

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 by IGIS*	Check appropriate box indicating if the pipe is damaged with gouges Required for plastic	NO CHANGE
UNDER STRESS/ BENT	Required by IGIS*	Check appropriate box indicating if the pipe has tensile loading or is bent Required for plastic	NO CHANGE
DISCOLORING TO GRAY	Required by IGIS*	Check appropriate box indicating Aldyl A pipe has abnormal discoloring Required for Aldyl A	NO CHANGE
CRACKING	Required by IGIS*	Check appropriate box indicating Aldyl A pipe has abnormal discoloring Required for Aldyl A	NO CHANGE
IN CONTACT WITH HARD OBJECTS	Required by IGIS*	Check appropriate box indicating if the pipe is in contact with hard objects Required for plastic	NO CHANGE

Page Two, Section Four *GAS QUARTERLY INCIDENT DATA*

Damaging Party_____ **Address**_____ **Phone** (____) _____
Leak Causes Continued ☐ Equipment Malfunction ☐ Structure Fire ☐ Vandalism ☐ Flood
 # INJURED EMPLOYEES ___ **OTHERS** ___ **DAMAGE** **# Cust. Interrupted** _____ **# Cust. Hours** ____ **FIRE** ☐ Yes ☐ No **EXPLOSION** ☐ Yes
 # FATAL EMPLOYEES ___ **OTHERS** ___ $_____ **Media** ☐ Yes ☐ No **Media Type** ☐TV ☐Radio ☐Newspaper **Name/Channel**
DOT REPORTABLE (Fatality In patient Hospitalization ≥$50K Property Damage) ☐ Yes ☐ No CPUC REPORTABLE (Major News Media) ☐ Yes ☐ I

DAMAGING PARTY	Required by IGIS	Indicate name of person or business that damaged PG&E gas facilities Required if the leak cause is vehicle or damage by electrical facility	NO CHANGE
ADDRESS	Required by IGIS	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 vehicle or damage by electrical facility	NO CHANGE
PHONE	Required by IGIS	Indicate phone number of person or business that damaged PG&E gas facilities Include area code Required if the leak cause is vehicle or damage by electrical facility	NO CHANGE

LEAK CAUSE CONTINUED	Not Required by IGIS	This field may be used as supplement to the "Leak Cause" field 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 company equipment. Flood: Incident caused by flooding.	Modified Some Selections
# INJURED	Required by IGIS *	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 vehicle or damage by electrical facility.	NO CHANGE
DAMAGE $	Required by IGIS *	Indicate amount of damage (repair cost) to PG&E and third-party facilities. Required if the leak cause is vehicle or damage by electrical facility.	NO CHANGE
# CUSTOMERS INTERRUPTED	Required by IGIS *	Indicate the number of PG&E gas customers that were interrupted as a result of the gas incident. Required if the leak cause is vehicle by damage by electrical facility.	NO CHANGE
# OF CUSTOMER HOURS	Required by IGIS *	Indicate the number of PG&E gas customer hours that were interrupted as a result of the gas incident. Required if the leak cause is vehicle by damage by electrical facility.	NO CHANGE
FIRE	Required by IGIS *	Indicate if a fire resulted from the gas incident. Required if the leak cause is vehicle or damage by electrical facility.	NO CHANGE
EXPLOSION	Required by IGIS *	Indicate if a gas explosion resulted from the gas incident. Required if the leak cause is vehicle or damage by electrical facility.	NO CHANGE
# FATAL	Required by IGIS *	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 vehicle or damage by electrical facility.	NO CHANGE
MEDIA	Required by IGIS *	Indicate if media was on site or involved.	NO CHANGE
MEDIA TYPE	Required by IGIS*	Indicate type of media involved.	NO CHANGE
NAME/CHANNEL	Required by IGIS *	Indicate the name or channel of the media involved.	NO CHANGE
DOT REPORTABLE	Required by IGIS *	Indicate if a gas quarterly incident was also a DOT reportable Incident. Required if fatality, in-patient hospitalization, >=$50K of total property damage.	NO CHANGE
CPUC REPORTABLE	Required by IGIS *	Major news media.	NO CHANGE

	Form 62-4060 Instructions	1/07 Gas Asset Strategy

Page Two, Section Five: *LOCATION SKETCH*

REQUIRED for new or returned to service segments of main and/or service: ☐ On-Site Test ☐ Pre-Test TESTED AT _____ PSI FOR _____ Hour/Minutes TEST in accordance with A-34 BY _____ DATE _____ TEST QUALIFIES PIPE FOR _____PSIG MAOP	(if any fittings are used, then text and/or sketch must show location) BRAND OF PLASTIC (GS&S A93.1) (CSR Polypipe, Performance, Performance ¼", Uponor) MFG. DATE (MM/DD/YY)	WELDED BY: _____ Date: _____ WELDING INSPECTED PER PG&E GAS STANDARD D-40 BY: _____ Date: _____ INSPECTOR
COMMENTS:		

TESTED AT___PSI	Not Required by IGIS	Required for new or returned to service segments of main and/or services. Indicate the minimum test pressure in pounds per square inch gauge.	NO CHANGE
FOR___HRS/ MINUTES	Not Required by IGIS	PSI gauge for a minimum of 5 minutes for standard distribution 60 psi or less MAOP. For above 60 psi MAOP, the strength test pressure report will indicate this information.	Modified
BY____	Not Required by IGIS	Initials of person who performed test.	NO CHANGE
TEST DATE	Not Required by IGIS	Date that test was performed.	NO CHANGE
TEST QUALIFIES PIPE FOR ____PSIG MAOP	Not Required by IGIS	Enter the pressure that the test qualifies the facility for (100 psi qualifies for 60 psi or less). For above 60 psi MAOP, the strength test pressure report will indicate this information).	New Field
BRAND OF PLASTIC	Not Required by IGIS	Write in the brand name of the plastic pipe installed as required in Gas Standard A-93.1.	Clarified
MANUFACTURER'S DATE	Not Required by IGIS	Write in the date that the installed plastic pipe was manufactured as required in Gas Standard A-93.1. Shall be in the following MM/DD/YY format.	NO CHANGE
WELDED BY	Not Required by IGIS	Name of the person who performed the weld.	NO CHANGE
WELDING INSPECTOR	Not Required by IGIS	Name of the welding inspector.	NO CHANGE
COMMENTS	Not Required by IGIS	Write in any Special conditions that were noted during the inspection.	NO CHANGE
SKETCH AREA	Not Required by IGIS	Sketch is required for all repairs or directions as to where the sketch is required, if the sketch is located on another record. Additionally, an EMS marker is required to be installed and therefore shown on the sketch with dimensions for Deactivated facilities and of plastic found to have no locating wire.	Clarified