Pacific Gas and Electric Company

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

62-4060 (Rev 3/08)
Gas T&D
Utility Standard
S4110

INITIAL LEAK DATA

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

Date Reported (Month - Day - Year) | Time Reported (24 hr Time) | PCC Number

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

Moratorium Expire Date | SAP Recheck Order # | SAP Repair Order #

Address: _____ City: _____

Description of Reading Location: _____

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

SURFACE OVER LEAK: ☐ Concrete ☐ Asphalt ☐ Unsurfaced ☐ Other

READINGS PPM	% LEL	% GAS	Instr[a]	Grade[b]	2% or Less[c] or Suspect Copper (S)	Down Grade Via Vent (Yes/ No)	DATE	Time (24 hr Time)	OPERATOR LAN ID	UNIT SERIAL NUMBER (Last 4 Digits)	LOCATION REMARKS (Not needed, if the same as previous)

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

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 M&C determines that the leak is non-hazardous, enter as a Grade 2+. The % Gas will be zero, the instrument will be "V" and the 2% reason code will be "H". Use the next line below to upgrade or downgrade the leak.**

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 and 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

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) | NOP (All Systems)

SYSTEM PRESSURE (MAOP)
R'qrd for Grade1, 2, & 2+ Downgrades to Grade 0
☐ LP(≤10.5" WC) ☐ SHP(≤ 25 psig) ☐ HP(≤ 60 psig) ☐ TP(>60 psig)

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

For Leaks On Services: Main 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
- ☐ Mechanical Joint
- ☐ Plastic Tee Cap
- ☐ Other Welds
- ☐ Regulator
- ☐ Riser
- ☐ Tap Connection
- ☐ SS Fitting in Plastic System
- ☐ Valve
- ☐ Unknown
- ☐ Other _____

LEAK CAUSE:

- ☐ Atmospheric Corrosion
- ☐ Cast Iron Fracture
- ☐ Construction Defect
- ☐ Damage by Electrical Facility
- ☐ Damage by Heavy Rains/Flood
- ☐ Damage by Earth Movement
- ☐ Damage by 3rd Party
- ☐ External Corrosion
- ☐ Internal Corrosion
- ☐ Stress Corrosion Cracking
- ☐ Material Failure
- ☐ Plastic Crack Failure
- ☐ Plastic Embrittlement
- ☐ Vandalism
- ☐ Structure Fire
- ☐ Vehicle
- ☐ Incorrect Operation
- ☐ Equipment Malfunction
- ☐ Previously Damaged
- ☐ Lightning
- ☐ Weld Failure
- ☐ Unknown
- ☐ Other _____

LINE USE:

- ☐ Distribution Main
- ☐ Gathering
- ☐ Single Service
- ☐ Branch Service
- ☐ Transmission

LINE MATERIAL:

- ☐ Copper
- ☐ Steel/Wrought Iron
- ☐ Cast/Ductile Iron
- ☐ Aldyl A (Tan or Gray)
- ☐ PE2406 (Yellow or Orange)
- ☐ PE2406/2708 (Yellow)
- ☐ PE 3408 (Black)
- ☐ PE 4710 (Black)
- ☐ Other Plastic _____
- ☐ Other _____

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

High Consequence Area ☐Yes ☐ No (Transmission Only) | EFV Installed ☐ Yes ☐ No | EFV Operated ☐Yes ☐ No

Incident Report #: _____ Material Problem Report #: _____

REPAIR DATA

Repair Location

☐ Yes ☐ No Pipeline Engineer Consulted Repair Remarks

Repaired By: Repair Date - - Repair Time Pipe-to Soil (mV) (External Corrosion Only)

REPAIR CODE:

☐ Bell Joint Seal	☐ Mechanical Repair Fitting	☐ Replace Valve > or = 2-inch	☐ Fill Weld	☐ Clockspring
☐ Bell Joint Clamp	☐ Replace Dist Main < 100 ft.	☐ Replace Plastic Tee Cap	☐ Patch Weld	☐ Aquawrap
☐ CI Repair Sleeve	☐ Replace Dist Main > or = 100 ft	☐ Tighten Cap/Bolt	☐ Direct Deposition Weld	☐ Other
☐ BJ Permabond	☐ Deactivated Entire Service	☐ Aldyl Electrofusion Overcap	☐ Welded Sleeve/Can	
☐ Deactivate TP Main	☐ Deactivated Partial Service	☐ Skinner Clamp	☐ Welded Save-A-Valve	
☐ Replace TP Main	☐ Replace Entire Service	☐ SS Clamp w/Anode	☐ Type A Sleeve	
☐ Deactivate Dist Main (1 foot or more)	☐ Replace Partial Service	☐ Soap and/or Tape	☐ Type B Sleeve	
	☐ Replace Valve < 2-inch	☐ Tee Fused Over Defect	☐ Grinding	

SIZE INSTALLED: . REPLACED WITH: ☐ STEEL ☐ PE2406/2708 (Yellow) ☐ PE 4710 (Black) ☐ Copper Entirely Replaced

Field Reviewed By: Date - - Post Repair Check ☐ Yes ☐ No Date - -

Mapping Reviewed By: Date - - Posting Required ☐ Yes ☐ No

GENERAL INSPECTION DATA

Date: - - Inspected by LAN ID: Line Use: ☐ Distribution Main ☐ Gathering ☐ Single Service ☐ Branch Service ☐ Transmission

LINE MATERIAL
- ☐ Steel/Wrought Iron
- ☐ Cast/Ductile Iron
- ☐ Copper
- ☐ Aldyl-A (Tan or Gray)
- ☐ PE 2406 (Yellow or Orange)
- ☐ PE 2406/2708 (Yellow)
- ☐ PE 3408 (Black)
- ☐ PE 4710 (Black)

SOIL TYPE
- ☐ Clay
- ☐ Rock
- ☐ Sand
- ☐ Loam
- ☐ Wet
- ☐ Exposed Facility
- ☐ Other

For TP Only SOIL RESIST (ohm-cm)
- ☐ 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 .

METALLIC PIPE CONDITION

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

COATING CONDITION ☐ Excellent ☐ Good ☐ Fair ☐ Poor

CIRCUMFERENTIAL WELD CONDITION (Visual) ☐ Acceptable ☐ Cracked ☐ High/Low Observed ☐ Dimensions not in tolerance (See Numbered Document D-20 or D-22)

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

PRINTLINE VISIBLE ☐ Yes ☐ No

PIPE MANUFACTURER (LOCATED ON PIPE)

MANUFACTURE DATE __/__/__ (MM/DD/YY)

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

ESTIMATE GOUGE DEPTH ☐ <10% ☐ 10-50% ☐ >50%

VISUAL BEAD APPEARANCE (SEE NUMBERED DOCUMENT D-21) ☐ Acceptable ☐ Unacceptable

TEE CAP CRACKING ☐ Yes ☐ No

GAS QUARTERLY INCIDENT DATA

Damaging Party **Address** **City**

Damaging Party Working For PG&E ☐ Yes ☐ No **Zip Code**

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 ____ PSIG 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) TYPE OF PLASTIC MATERIAL INSTALLED Manufacturer Name (Polypipe, US Poly, Performance, or KWH) _____	MFG. DATE (MM/DD/YY) __/__/__ See Numbered Document A-93	WELDED BY: Date: WELDING INSPECTED PER PG&E NUMBERED DOCUMENT D-40 BY: _____ Date: _____ INSPECTOR _____

COMMENTS:

A sketch is required for all repairs (or directions as to where to find the sketch is required, if it 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.