	Pacific Gas and Electric Company Leak Repair, Inspection, and Gas Quarterly Incident Report (A-Form) 62-4060 (Rev 03/ TD-4110P-11-F																		
Form Type																			
Compliance Due D	Compliance Due Date																		
Assigned to M&C Coordinator Assigned to Construction																			
	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii																		
	Leak Number																		
	No. Tiples #																		
USA Ticket #				Valid Date															
Date Reported		-	-	Time Reported (24 hr Time) PCC Number															
Response Date		-	Response Time (24 hr Time) Paved Wall-To-Wall Yes No								□ No								
Gas Flow Stopped Date																			
	•						SAP	Repa	air Ord	er#			Ι			Т			
Address:												City:							
												•							
Description of Rea	ndina I	ocation:																	
Description of Nee	ading L	ocation.																	
	☐ Call-	-In [Mobile	Survey								☐ Cor	ncrete	П	Unsu	rfaced	Г	7 Abc	ove ground
Reported By:	=	t Survey		Employee			Surfa	ice A	t Read	d Loca	ation:	=	halt					_	Substructure
Readings Info % Gas Instr Grade Code (a) (b) (c)										erator Unit Se AN ID Unit Se Numb			umb	Der Location Remarks (Not needed, if same					
			_		-					\top			1			,,			
			-																
			-																
			-																
			-		-														
			-		•								_						
GRADE 2+ REQU	GRADE 2+ REQUESTED REPAIR DATE (Only needed if less than 90 days) . (Repair required within 90 calendar days)																		
 (a) Instrument Type Used to Grade: Enter, C for Combustible Gas Indicator, V for Visual. H for Hydrogen Flame Ionization (use for waterways or marsh only) (b) Enter Grade: (1, 2+, 2, or 3). Enter 0 (zero) if no leak is found. (c) Info code is required if leak is graded as 1, 2+, or 2 and is less than 2% gas: A-Wall to wall and/or Continuously Paved, B-Near to, at, inside 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, M – Migration, N – Downgrade to Grade 3 is not allowed, S-Leak is suspected to be on a copper service, T – T&R Facility 																			
					íííí—	:((()((()) · A	IAPI	PINO	G DA	TA iii		 	- 11111111						
Location Map		Wall Map:				Plat:				Feder	al Lan	d ∐Y	es 🗌] No			SYSTEM	PRE	SSURE
Recorded Location	Мар	Wall Map:				Plat:					Block						P(≤10.5" WC)	□ \$	SHP(≤ 25psig
Normally Cathodical	y Prote	ected 🗌 Yes	□ No	CPA						MAO	P (AII)					□н	IP (≤ 60 psig)		TP(>60 psig)
Operating Map/Diagram NOP (All)																			
Year		TP Line							Mile	Point:		Т					Original Jo	b	
Inst For Leaks On Serv	ices:	# Main Conr	ected	to Servi	e	☐ Cas	l Iron	 P	Plastic		Steel			Main	Insta		# (TP Only) n Year	+	
High Consequence Area																			
s leak source responsible for HCA? Yes No (CHOOSE "Yes" if the diameter & pressure of the effected pipe produce the impact circle creating HCA)																			

Page 1 of 4

SOURCE:	(——————————————————————————————————————		LINE MATERIAL:						
□ Bell Joint (1) □ Body of Pipe (1) □ Drip (1) □ Encapsulation (1) □ Fusion Joint (1) □ Other Mechanical Joint (1) □ Curb Valve (2) □ Line Valve (2) □ Clamp (3) □ Compress Coupling/Fitting Plastic(3) □ Compress. Coupling Steel (3)	Non-corrodible prefab riser (4) Riser (4) Riser Insert Kit (4) Girth Weld (5) Longitudinal Weld (5) Other Welds (5) Regulator/Pilot (6) Riser Valve Threads (7) Threads (7) Unknown(Replaced Facility)(7) *Other (7)	Atmospheric Corrosion (1) External Corrosion (1) Internal Corrosion (1) Stress Corrosion Cracking (1) Damage by Earth Movement (2) Damage by Heavy Rains/Flood (2) Earthquake (2) Lightning (2) Other Natural Forces (2) Damage by Third Party (3)	□ Construction Defect (5) □ No/Deteriorated Pipe Dope (5) □ Plastic Crack Failure (5) □ Plastic Embrittlement (5) □ Material Failure (5) □ Weld Failure (5) □ Equipment Malfunction (6) □ Incorrect Operation (6) □ Root Damage (7) □ Unknown (Replaced facility) (7)	☐ Cast Iron ☐ Ductile Iron ☐ Steel ☐ Wrought Iron ☐ Copper ☐ Aldyl A ☐ PE2406 (Orange) ☐ PE2406/2708 (Yellow) ☐ PE 3408 (Black) ☐ PE 4710 (Black) ☐ Other Plastic						
Compression Coupling Stainless Steel (3)	*Other requires explanation. Describe reason for other.	☐ Previcusly Damaged (3)	☐ Other (7)	□ *Other						
☐ Fitting (3) ☐ Plastic Tee Cap (3) ☐ Pressure Control Fittings(3) ☐ Stab Type Fittings (3) ☐ Tap Connection (3)	Categories for Source: (1)Body of Pipe, (2) Valves, (3) Fittings, (4) Riser, (5) Welds, (6) Regulation (7) Other	□ Vehicle (3) □ Damage by Electrical Facility (4) □ Deliberate Acts/Vandalism (4) □ Fire or Explosion on Company Facility (4) □ Fire or Explosion on Customer Facility (4) □ Cast Iron Fracture (5) □ Compression Coupling (5)	LINE USE: □ Distribution Main <= 60 PSIG □ Distribution Main > 60 PSIG, not classified as Transmission □ Gathering □ Single Service □ Branch Service □ Transmission (>=20% SMYS)	Categories for Cause: (1) Corrosion, (2) Outside Forces (3,4) Damage by others (5) Failures (6) Malfunctions (7) other causes						
Line Size .	Line Above Ground	Yes No Internal Line	l er □ Yes □ No Line Inse	erted Yes No						
Existing EFV										
Repair Location		iiiiiiiii ¹ REPAIR DATA Iiiiii——	-							
Repair Remarks										
Repaired By LAN ID:	Repair	Date	- Repair Time							
	Pipeline Engineer Consulted Yes No New EFV Installed Yes No Paving Needed? Yes No									
Is leak source a mechanica	al joint which can be repaired b	y tightening? Yes No (If no, i	normal leak grading and response	e applies)						
REPAIR CODE: Choose One – either Capital or Maintenance (Expense) CAPITAL MAINTENANCE (Expense) Deactivate #TP Main Deactivate #TP Main Bell Joint Clamp – Cast Iron Replace Plastic Tee Cap – Plastic Welded Sav-A-Valve – Weld Bell Joint Permabond – Cast Iron Tee Fused Over Defect - Plastic Welded Sleeve/Can – Weld										
☐ Deactivated Entire Service ☐ Replace Entire Service ☐ Replace #TP Main >= 50 ft ☐ Replace Dist Main > = 100 ft	□ Bell Joint Seal – Cast Iro □ Cast Iron Repair Sleeve □ Full Circle Clamp – Clamp tt □ Skinner Clamp – Clamp	-Cast Iron ☐ Replace Main Valv	re < 2-inch Clockspring – Corrice Greased - Other	☐ Aquawrap – Other ☐ Clockspring – Other ☐ Greased - Other ☐ Grinding – Other						
☐ Replace Main Valve > = 2-in ☐ Replace Service Valve > = 2	ch Skinner Pipe Joint Clar	np – Clamp Replace Service Va amp Replace #TP Main ice Direct Deposition W	lve <2-inch Reattached An South	ode - Other pe - Other ape - Other						
	☐ Remove/Replace Compli ☐ Tighten Cap/Bolt – Fittin ☐ Aldyl A Overcap –Plastic	etion Plug – Patch Weld – Weld Fitting g Type A Sleeve – We	☐ Other *Other requires ex Describe reason.							
Size Installed:	. Replace	ed With: ☐ STEEL ☐ PE 4710 (E	Black) Copper Entirel	y Replaced						
		☐ PE2406/2708 (Yellow) Page 2 of 4	☐ Yes ☐ No							
		·go - o								

Reason for Inspec						e 🗌 Reco	nstructio	n 🗌 Plu	ugged Co	pper 🗌 (lain)
	sed by Third Part	y □⊏xposed r	aciiity/Pipe (. —						1	(exp	iain)
Date:	-			Inspec	ted by I	LAN ID:						
LINE MATERIAL	SOIL TY	<u> </u>	. RESIST(TP	· _	RFACE O	VER		EXPOS				
	☐ Clay ☐ Rock		- 1,000 000 - 2.000		∐ Asphalt □ Concrete		C	OVER O	N PIPE (Inches)			
Cast Iron	☐ Sand	<u> </u>	000 - 5,000	☐ Ab	Above Ground					_	_	
☐ Ductile Iron☐ Copper	☐ Loam ☐ Wet	□ 5,0 □ >1	000 - 10,000	_	In Substructure INTE Unsurfaced			NTERNA	L LINER	☐ Yes	☐ No	
☐ Aldyl-A	Exposed Fa						PAVED	WALL TO	O WALL	☐ Yes	□ No	
PE 2406 (Orange)	Gravel			☐ Oth	Other NEAR PUBLI		BLIC ASS	SEMBLY	☐ Yes	☐ No		
☐ PE 2406/2708 (Yellov ☐ PE 3408 (Black)	v)											
☐ PE 4710 (Black)												
Other Plastic		NI IO DEE	EDENCE #.									\neg
Other	_		ERENCE #;				LINE SI			•		
Pine to Soil (My)	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiii C	ATHODIC		CHON		thodic Pro					Form Issue	od
Pipe to Soil (Mv)		LAN ID Taking	Reading:			maged [Yes	No	eu .
	(((((((((METALLI	C DIDE	= COA	וחודוחו	V maaaa	m mm				_
COATING Bare	***************************************	☐ Single \		omastic		Applied Aspl		DATING	·····	Excellent	☐ Faiı	
TYPE	y Tape	☐ Double		xtru Coat	☐ Othe			ONDITION	_ =	Good	☐ Poo	I
COATING DAMAGEI	·	□ No		ATING RE			☐ Yes	□ No				
ASBESTOS CIRCUMFERENTIAL	Yes N		n PIPI] Acceptable [SUPPOI							ult Engineer	
	SEAM (TP only)		DSAW E								01 <u>D-22)</u>	
	le/Spec (TP only)		Grade B □X4				100/111	_ 0.0.20		i ideii		
		T		RNAL IN	VSPEC1	TON	1 1					
	☐ Light ☐ Heavy	WALL THICKNE TP) (inches)					M	ALL THICI EASURED			☐ Yes ☐	No
PITTING None									No			
GOUGING None Light Heavy MAX. GOUGE D			EPTH (Req. fo	or TP)					E Length (Req. for		
		(inches) MAX. EXTERN						P) (inches) EPTH OF D	DENTS (inc	hes)		
		Length (Req. fo		RNAL IN	ISPECT	ION						
RUST None	☐ Light ☐ Heavy	PITTING [None ☐ Li			MAX. PIT [DEPTH (Re	q. for TP)	(inches)			
	iiiiiii		PLASTIC	PIPE	CON	DITION	<i>1</i> 100000000	11111111111111111	iiiiiii			
PRINTLINE LEGIBLE												
PIPE MANUFACTURER (LOCATED ON PIPE)			MANU	FACTURE I	DATE	LOCATING	WIRE SI	ZE			WIRE CON ☐ Bad ☐ I	
GOUGING Yes	UNDER STRI		DISCOL	ORING TO	GRAY	☐ Yes ☐ No	CRACK		Yes	IN CONTA	CT WITH	☐ Yes
ESTIMATE (BENT GOUGE DEPTH	□ No	VISUA	AL APPEAR	RANCE (S				No TEE CAP	HARD OI CRACKIN	IG ☐ Yes ☐	□ No] No
<10% ·	0-50% 🗌 >50%			Acceptable	Unaco	eptable						
		IIIIIII GAS	QUARTE	ERLY I	NCIDE	ENT DA	ATA IIII	(((()))	IIII——IIII			
Damaging Party Type ☐ First Party (PG&E) ☐ Second Party (Contractor working on PG&E job) ☐ Third Party (Everyone else)												
Damaging Party Name: Address:												
Damaging Party Operator:												
City:			Phone:					Z	ip Code:			
Zero Customers Out	Est. Date and Ti	me of Restoration				_			Time			
□ Yes □ No (or CGI)												
#INJURED:	THERE		Cust.		# Cus		FIRE [Yes 🗌	No	EXPLOSI	ON TYe	s 🗌 No
#FATAL: EMPLOYE	THERS S OTHER	· -	nterrupted Vledia 🔲 Yes	□No	_ Hours	: . Type ☐ T	 V □ □ □	io 🗆 Nov	venaner Me	mo/Chan	nol:	
DOT REPORTABLE					_						nei: dia) ☐ Yes	□ No
		•		• •	- /						·	

Page 3 of 4

	(((((((((((((((((((((((((((((((((((((((IIIIIIIIIIIIII LOCATION SK	ETCH \\						
REQUIRED for new or returned	I to service segments of	TYPE OF MATERIAL INSTALLED	MFG. DATE (MM/DD/YY)	WELDED BY: (LAN ID) Date:					
☐ main or ☐: ☐ On-Site Test ☐ Pr TESTED AT PSIG FOI	re-Test Soap Test R Hour/Minutes	Manufacturer Name	See <u>A-93</u>						
TEST in accordanc BY: (LAN ID)		Size:		WELDING INSPECTED PER PG&E D40					
DATE		SDR: WT:		INSPECTED BY: (LAN ID) Date:					
				Date					
REQUIRED for new or returned main or :		TYPE OF MATERIAL INSTALLED	MFG. DATE (MM/DD/YY)	D-34 Qualifications for joining plastic:					
☐ On-Site Test ☐ Pr	re-Test 🗌 Soap Test	Manufacturer Name		Plastic Joined BY: (LAN ID)					
TESTED AT PSIG FOI TEST in accordanc	R Hour/Minutes e with A-34		000 <u>71 50</u>	Date:					
BY: (LAN ID)		Size:		Date					
DATE		SDR: WT:							
				<u> </u>					
TIE-IN DATA	Socket Fusion	Stab Coupling	☐ Compression	n Fitting					
COMMENTS:									
Responsible Person I	<u> </u>								
A sketch is re		or directions as to where to find thi ittings are used, then text and/or s		ired, if it is located on another record).					
Ma.	ii diry ii	tungo dro dood, then text und/or t	SKOLOH INGOL SHO	W location.					
N									

Please Note: EMS Markers are to	be installed for Unlocatable	Facilities, Deactivated Facilities and when	e plastic is found wit	hout wire. All EMS markers shall be clearly dimensioned.					
Field Supervisor Reviewed By LAN ID:		Date	Post Re	epair Yes Date					
Mapping Reviewed By LAN ID:		Date -		Posting Required					
Dy LAN ID.									
		Page 4 of 4							