

Form Type Leak Inspection Only or Non-Leak Damage

Dates

Compliance Due Date

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Assigned to M&C Coordinator

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 Assigned to Construction

		-			
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INITIAL DATA

Leak Number

District		-		Year		-		Series				Location	
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 Location: A = Above Ground, B = Below Ground

USA Ticket #

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 Valid Date

Month			-		Day			-		Year		
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Date Reported

		-			-		
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 Time Reported

						(24 hr Time)
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 PCC Number

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Response Date

		-			-		
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 Response Time

						(24 hr Time)
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 Paved Wall-To-Wall Yes No

Gas Flow Stopped Date

		-			-		
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 Gas Flow Stopped Time

						(24 hr Time)
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SAP Repair Order #

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Address: City:

Description of Reading Location:

Reported By: Call-In Mobile Survey Concrete Unsurfaced Above ground
 Foot Survey Other Employee Asphalt Water/Marsh/Tidal In Substructure
 Other

Readings	Info Code (c)	Date	Time (24 hr Time)	Operator LAN ID	Unit Serial Number (Last 4 Digits)	Location Remarks (Not needed, if same as previous)
		-				
		-				
		-				
		-				
		-				
		-				

GRADE 2+ REQUESTED REPAIR DATE (Only needed if less than 90 days)

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 (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

MAPPING DATA

Location Map Wall Map:

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 Plat:

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 Federal Land Yes No **SYSTEM PRESSURE**

Recorded Location Map Wall Map:

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 Plat:

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 Block

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 LP (≤10.5" WC) SHP (≤25psig)

Normally Cathodically Protected Yes No CPA

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 MAOP (All)

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 HP (≤60 psig) TP (>60 psig)

Operating Map/Diagram

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 NOP (All)

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Year Inst.

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 TP Line #

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 Mile Point:

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 Original Job # (TP Only)

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

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HIGH CONSEQUENCE AREA

High Consequence Area Yes No (≥ 20% SMYS Only) Date source of leak was determined

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Is leak source responsible for HCA? Yes No (CHOOSE "Yes" if the diameter & pressure of the effected pipe produce the impact circle creating HCA)

GENERAL INSPECTION DATA

Reason for Inspection: Leak Repair WRO New Business Landslide Reconstruction Plugged Copper Capacity
 Facilities Exposed by Third Party Exposed Facility/Pipe Span Other _____ (explain)

Date: - -

Inspected by LAN ID:

LINE MATERIAL	SOIL TYPE	SOIL RESIST(TP)	SURFACE OVER	FEET EXPOSED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Steel	<input type="checkbox"/> Clay	<input type="checkbox"/> 0 - 1,000	<input type="checkbox"/> Asphalt	COVER ON PIPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Wrought Iron	<input type="checkbox"/> Rock	<input type="checkbox"/> 1,000 - 2,000	<input type="checkbox"/> Concrete	(Inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Sand	<input type="checkbox"/> 2,000 - 5,000	<input type="checkbox"/> Above Ground	INTERNAL LINER	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Ductile Iron	<input type="checkbox"/> Loam	<input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> In Substructure	PAVED WALL TO WALL	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Copper	<input type="checkbox"/> Wet	<input type="checkbox"/> >10,000	<input type="checkbox"/> Unsurfaced	NEAR PUBLIC ASSEMBLY	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Aldyl-A	<input type="checkbox"/> Exposed Facility		<input type="checkbox"/> Water/Marsh/Tidal					
<input type="checkbox"/> PE 2406 (Orange)	<input type="checkbox"/> Gravel		<input type="checkbox"/> Other _____					
<input type="checkbox"/> PE 2406/2708 (Yellow)	<input type="checkbox"/> Other _____							
<input type="checkbox"/> PE 3408 (Black)								
<input type="checkbox"/> PE 4710 (Black)								
<input type="checkbox"/> Other Plastic								
<input type="checkbox"/> Other _____								

NLIS REFERENCE #: _____ LINE SIZE .

CATHODIC PROTECTION SYSTEM CONDITION

Pipe to Soil (Mv)	LAN ID Taking Reading:	Cathodic Protection System Damaged	Corrective Form Issued
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

METALLIC PIPE CONDITION

COATING TYPE	<input type="checkbox"/> Bare/None <input type="checkbox"/> Epoxy	<input type="checkbox"/> Paint <input type="checkbox"/> Tape	<input type="checkbox"/> Single Wrap <input type="checkbox"/> Double Wrap	<input type="checkbox"/> Somatic <input type="checkbox"/> Extru Coat	<input type="checkbox"/> Hot Applied Asphalt <input type="checkbox"/> Other	COATING CONDITION	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
COATING DAMAGED	<input type="checkbox"/> Yes <input type="checkbox"/> No	COATING REPAIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No	ASBESTOS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PIPE SUPPORT CONDITION	<input type="checkbox"/> Good <input type="checkbox"/> Possible Lack of - Consult Engineer	
CIRCUMFERENTIAL WELD CONDITION (Visual) <input type="checkbox"/> Acceptable <input type="checkbox"/> Cracked <input type="checkbox"/> High/Low Observed <input type="checkbox"/> Dimensions not in tolerance (See D-20 or D-22)								
LONG SEAM (TP only) Pipe Grade/Spec (TP only)			<input type="checkbox"/> DSAW <input type="checkbox"/> ERW <input type="checkbox"/> AO Smith <input type="checkbox"/> Spiral <input type="checkbox"/> SSAW <input type="checkbox"/> SMLS <input type="checkbox"/> LAP <input type="checkbox"/> Flash <input type="checkbox"/> Grade B <input type="checkbox"/> X42 <input type="checkbox"/> X52 <input type="checkbox"/> X60 <input type="checkbox"/> X65 <input type="checkbox"/> X70					

EXTERNAL INSPECTION

RUST	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	WALL THICKNESS (Req. for TP) (inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>	WALL THICKNESS MEASURED	<input type="checkbox"/> Yes <input type="checkbox"/> No
PITTING	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	MAX. PIT DEPTH (Req. for TP) (inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>	GRAPHITIZED (Cast Iron)	<input type="checkbox"/> Yes <input type="checkbox"/> No
GOUGING	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	MAX. GOUGE DEPTH (Req. for TP) (inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>	MAX. GOUGE Length (Req. for TP) (inches)	<input type="text"/>
		MAX. EXTERNAL CORROSION Length (Req. for TP) (inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>	DEPTH OF DENTS (inches)	<input type="text"/>

INTERNAL INSPECTION

RUST	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	PITTING	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	MAX. PIT DEPTH (Req. for TP) (inches)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLASTIC PIPE CONDITION

PRINTLINE LEGIBLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	PIPE MANUFACTURER (LOCATED ON PIPE)	MANUFACTURE DATE	LOCATING WIRE SIZE	LOCATING WIRE CONDITION
GOUGING	<input type="checkbox"/> Yes <input type="checkbox"/> No	UNDER STRESS/BENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	DISCOLORING TO GRAY	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESTIMATE GOUGE DEPTH	<input type="checkbox"/> <10% <input type="checkbox"/> 10-50% <input type="checkbox"/> >50%	VISUAL APPEARANCE (SEE S4170)	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	CRACKING	<input type="checkbox"/> Yes <input type="checkbox"/> No
		TEE CAP CRACKING	<input type="checkbox"/> Yes <input type="checkbox"/> No	IN CONTACT WITH HARD OBJECTS	<input type="checkbox"/> Yes <input type="checkbox"/> No

GAS QUARTERLY INCIDENT DATA

Damaging Party Type	<input type="checkbox"/> First Party (PG&E) <input type="checkbox"/> Second Party (Contractor working on PG&E job) <input type="checkbox"/> Third Party (Everyone else)
Damaging Party Name:	Address:
Damaging Party Operator:	
City:	Phone:
Zip Code:	
Zero Customers Out	<input type="checkbox"/> Yes <input type="checkbox"/> No
Est. Date and Time of Restoration (or CGI)	<input type="text"/> - <input type="text"/>
# INJURED:	DAMAGE \$
EMPLOYEES _____ OTHERS _____	# Cust. Interrupted _____
# FATAL:	Media <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEES _____ OTHERS _____	Media Type <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper Name/Channel: _____
DOT REPORTABLE (Fatality, In-patient Hospitalization, ≥\$50K Property Damage)	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPUC REPORTABLE (Major News Media)	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION SKETCH


<p>REQUIRED for new or returned to service segments of <input type="checkbox"/> main or <input type="checkbox"/> service: <input type="checkbox"/> On-Site Test <input type="checkbox"/> Pre-Test <input type="checkbox"/> Soap Test TESTED AT _____ PSIG FOR _____ Hour/Minutes TEST in accordance with A-34 BY: (LAN ID) _____ DATE _____</p>	<p>TYPE OF MATERIAL INSTALLED _____ Manufacturer Name _____ _____ Size: _____ SDR: _____ WT: _____</p>	<p>MFG. DATE (MM/DD/YY) / / See A-93</p> <p>WELDED BY: (LAN ID) _____ Date: _____ WELDING INSPECTED PER PG&E D-40 INSPECTED BY: (LAN ID) _____ Date: _____</p>
<p>REQUIRED for new or returned to service segments of <input type="checkbox"/> main or <input type="checkbox"/> service: <input type="checkbox"/> On-Site Test <input type="checkbox"/> Pre-Test <input type="checkbox"/> Soap Test TESTED AT _____ PSIG FOR _____ Hour/Minutes TEST in accordance with A-34 BY: (LAN ID) _____ DATE _____</p>	<p>TYPE OF MATERIAL INSTALLED _____ Manufacturer Name _____ _____ Size: _____ SDR: _____ WT: _____</p>	<p>MFG. DATE (MM/DD/YY) / / See A-93</p> <p>D-34 Qualifications for joining plastic: Plastic Joined BY: (LAN ID) _____ Date: _____</p>

TIE-IN DATA Socket Fusion Slab Coupling Electro-Fusion Compression Fitting Butt Fusion Transition Fitting

COMMENTS:

Responsible Person LAN ID: _____

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



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

Field Supervisor Reviewed By LAN ID: [][][][]	Date [][]-[][]-[][][]	Post Repair Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Date [][]-[][]-[][][]
Mapping Reviewed By LAN ID: [][][][]	Date [][]-[][]-[][][]	Posting Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

