

Gas Dig-In Incident Report (Form "A1") PM #:

Incident Report #:

PART A: LEAK REPAIR INFORMATION

LEAK DATA

Leak No.	YEAR	SERIES	SFX	Date Reported	Month	Day	Year	Time Reported	24 Hour Time		
PCC No.				Response Date				Arrival Time			
				Gas Flow Stopped Date				Gas Flow Stopped Time			

Address _____ City _____

Location (if no address available) _____

MAPPING DATA

W. MAP PLAT BLOCK SYSTEM PRESSURE LP ≤10.5" WC SHP (≤ 25 psig)

TP Line # _____ Fed Land Yes No MOP (TP only) HHP (≤ 60 psig) TP (>60 psig)

Mile Post Original Job #: _____ Year Inst.

PIPE DATA

LEAK SOURCE	LINE USE	LINE MATERIAL
<input type="checkbox"/> Body of Pipe <input type="checkbox"/> Riser	<input type="checkbox"/> Distribution Main <input type="checkbox"/> Transmission	<input type="checkbox"/> Aldyl A <input type="checkbox"/> Copper <input type="checkbox"/> Steel/Wrought Iron
<input type="checkbox"/> Fitting <input type="checkbox"/> Valve	<input type="checkbox"/> Single Service <input type="checkbox"/> Gathering	<input type="checkbox"/> Cast/Ductile Iron <input type="checkbox"/> Other Plastic <input type="checkbox"/> TR 418 <input type="checkbox"/> PE 100
<input type="checkbox"/> Other	<input type="checkbox"/> Branch Service	<input type="checkbox"/> Other <input type="checkbox"/> Internal Liner <input type="checkbox"/> Yes <input type="checkbox"/> No
Line Size <input type="text"/>	For Service Dig-Ins: EFV <input type="checkbox"/> Yes <input type="checkbox"/> No EFV Operated <input type="checkbox"/> Yes <input type="checkbox"/> No	Line Inserted <input type="checkbox"/> Yes <input type="checkbox"/> No

REPAIR DATA

REPAIR REMARKS _____

REPAIRED BY _____ Repair Date Repair Time

REPAIR CODE

<input type="checkbox"/> Deactivated TP Main	<input type="checkbox"/> Deactivated Dist Main	<input type="checkbox"/> Deactivated Entire Service	<input type="checkbox"/> Replace Valve < 2 inch	<input type="checkbox"/> Patch Weld
<input type="checkbox"/> Replaced TP Main	<input type="checkbox"/> Replaced Dist Main < 100 ft.	<input type="checkbox"/> Deactivated Partial Service	<input type="checkbox"/> Replace Valve ≥ 2 inch	<input type="checkbox"/> Welded Sleeve/Can
<input type="checkbox"/> Mech Repair Fitting	<input type="checkbox"/> Replaced Dist Main ≥ 100 ft	<input type="checkbox"/> Replaced Entire Service	<input type="checkbox"/> SS Clamp w/Anode	<input type="checkbox"/> Other _____
<input type="checkbox"/> Replaced Partial Service	<input type="checkbox"/> Tee Fused over Defect	REPLACED WITH: <input type="checkbox"/> STEEL <input type="checkbox"/> TR 418 <input type="checkbox"/> PE 100 <input type="checkbox"/> Other		

GENERAL INSPECTION DATA

SOIL TYPE <input type="checkbox"/> Clay <input type="checkbox"/> Sand	SOIL RESIST (ohm-cm) For TP only	SURFACE OVER PIPE	COVER ON PIPE
<input type="checkbox"/> Rock <input type="checkbox"/> Loam <input type="checkbox"/> Wet	<input type="checkbox"/> 0 - 1,000 <input type="checkbox"/> 2,000 - 5,000 <input type="checkbox"/> >10,000	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete	<input type="text"/> Inches
<input type="checkbox"/> Other _____	<input type="checkbox"/> 1,000 - 2,000 <input type="checkbox"/> 5,000 - 10,000	<input type="checkbox"/> Soil	FEET EXPOSED
		<input type="checkbox"/> Other _____	<input type="text"/> Feet

METALLIC PIPE CONDITION

COATING TYPE <input type="checkbox"/> Bare/None <input type="checkbox"/> Paint <input type="checkbox"/> Single Wrap <input type="checkbox"/> Somatic <input type="checkbox"/> Tar	COATING CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Fair
<input type="checkbox"/> Epoxy <input type="checkbox"/> Tape <input type="checkbox"/> Double Wrap <input type="checkbox"/> Plastic Coated <input type="checkbox"/> Other _____	<input type="checkbox"/> Good <input type="checkbox"/> Poor
LONG SEAM <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	

EXTERNAL INSPECTION

RUST <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	WALL THICKNESS (Req. for TP) <input type="text"/> <input type="text"/> <input type="text"/> Inches	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) <input type="text"/> <input type="text"/> <input type="text"/> Inches	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) <input type="text"/> <input type="text"/> <input type="text"/> Inches	

INTERNAL INSPECTION

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

PLASTIC PIPE CONDITION

MANUFACTURER'S PIPE INFORMATION (LOCATED ON PIPE) _____ LOCATING WIRE Good Bad None

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	CRACKING <input type="checkbox"/> Yes <input type="checkbox"/> No	IN CONTACT WITH HARD OBJECTS <input type="checkbox"/> Yes <input type="checkbox"/> No
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GAS QUARTERLY INCIDENT DATA

Damaging Party (Company Name) _____ Damaging Party (Operator Name) _____

Address _____ City _____ Phone _____

No Customer Outage -OR- Estimated Time of Restoration (or CGI) Date

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 Time

--	--	--	--

INJURED: EMPLOYEES _____ OTHERS _____ Est. Property Damage # Customers Interrupted _____ FIRE? Yes No

FATAL: EMPLOYEES _____ OTHERS _____ <\$50K ≥ \$50K # Customer Outage Hours _____ EXPLOSION? Yes No

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 <input type="checkbox"/> On-Site Test <input type="checkbox"/> Pre-Test TEST in accordance with GS&S A-34	(If any fittings are used, then text or sketch must show location) EMS Markers are to be installed for Deactivated Facilities and Un-Locatable Pipe	WELDED BY: _____ WELDING INSPECTED PER PG&E GAS STANDARD D-40 BY _____ INSPECTOR
TESTED AT _____ PSIG FOR _____ Hours/MINUTES BY _____ DATE _____ TEST QUALIFIES PIPE FOR _____ MAOP	BRAND OF PLASTIC <small>(CSR Polypipe, Performance, Performance 1/2", Uponor)</small>	MFG. DATE <small>(MM/DD/YY)</small>

Comments _____

PM #:

Incident Report #:

PART B: INCIDENT DESCRIPTION

Provide a summary of the dig-in (State only facts. Do not speculate. Attach additional sheets if necessary)

Photos Taken? Yes No By Whom: _____ Other Evidence Secured? Yes No Describe: _____

LOCATION OF DIG-IN (YOU MUST SELECT ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> City Street | <input type="checkbox"/> Interstate Highway | <input type="checkbox"/> Pipeline R \ W | <input type="checkbox"/> Private Land Owner |
| <input type="checkbox"/> County Road | <input type="checkbox"/> Electric R \ W | <input type="checkbox"/> Dedicated Public Utility Easement | <input type="checkbox"/> Private Business |
| <input type="checkbox"/> State Highway | <input type="checkbox"/> Railroad R \ W | | <input type="checkbox"/> Other |

PART C: DETAILED DAMAGE REPORT

Excavator-Type Causing Incident:

- | | | | | | | |
|--|-------------------------------------|--|------------------------------------|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Public or Private Utility | <input type="checkbox"/> Contractor | <input type="checkbox"/> Ag Employee | <input type="checkbox"/> Developer | <input type="checkbox"/> PG&E Division | <input type="checkbox"/> County | <input type="checkbox"/> City |
| <input type="checkbox"/> Homeowner/Occupant | <input type="checkbox"/> Railroad | <input type="checkbox"/> Ag Contractor | <input type="checkbox"/> Caltrans | <input type="checkbox"/> PG&E GC | <input type="checkbox"/> Other | |

Owner Information (For Whom Was Work Performed?)

Same as Damaging Party? Yes No If no, Owner name: _____

Owner Address: _____ City: _____ Phone: _____

PART D: TYPE OF EXCAVATION METHOD: (MARK ONLY ONE)

- | | | | | |
|---|---|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Backhoe/Trackhoe | <input type="checkbox"/> Ripper | <input type="checkbox"/> Drilling | <input type="checkbox"/> Hand Tools | <input type="checkbox"/> Driving Stakes/Ground Rods |
| <input type="checkbox"/> Trencher | <input type="checkbox"/> Disking | <input type="checkbox"/> Auger | <input type="checkbox"/> Probing | <input type="checkbox"/> Vacuum Equipment |
| <input type="checkbox"/> Grader/Scraper | <input type="checkbox"/> Directional drilling | <input type="checkbox"/> Boring | <input type="checkbox"/> Explosives | <input type="checkbox"/> Other (explain) |

PART E: TYPE OF WORK BEING PERFORMED: (MARK ONLY ONE)

- | | | | | | |
|--|---------------------------------------|---|---|--------------------------------------|--|
| <input type="checkbox"/> Public Transit Authority | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Phone | <input type="checkbox"/> Blading\ Lot grading | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Waterway Improvement |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Electric | <input type="checkbox"/> Fiber Optic | <input type="checkbox"/> Fencing | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Railroad maintenance |
| <input type="checkbox"/> Water | <input type="checkbox"/> Pole | <input type="checkbox"/> Road work | <input type="checkbox"/> New business tract | <input type="checkbox"/> Driveway | <input type="checkbox"/> Engineering\Surveying |
| <input type="checkbox"/> Storm drain\Culvert | <input type="checkbox"/> Street light | <input type="checkbox"/> Curb/sidewalk | <input type="checkbox"/> Bldg. Construction | <input type="checkbox"/> Drainage | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Petroleum pipeline | <input type="checkbox"/> Gas | <input type="checkbox"/> Traffic sign | <input type="checkbox"/> Bldg. Demolition | | |
| <input type="checkbox"/> Gas Transmission Pipeline | <input type="checkbox"/> Steam | <input type="checkbox"/> Traffic signal | <input type="checkbox"/> Other (explain) | | |

PART F: USA MARKINGS VISIBLE AND OBSERVED AT THE TIME OF THE DIG-IN: (CHECK ALL THAT APPLY)

- Paint Flags Stakes Whiskers Off set Permanent Markers None If None, Why?

If marks were present, were the facilities marked correctly? Yes No Were the facilities installed in a Joint Trench? Yes No

Horizontal distance from PG&E markings to line (Inches): _____

Total distance from closest PG&E markings to point of contact (Feet): _____

PART G: EXCAVATOR PROVIDED INFORMATION

Does Excavator Claim to have Called USA? Yes No If Yes, USA Number Provided _____

If Excavator did not call USA: (mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Not aware of USA. | <input type="checkbox"/> Excavating on an expired ticket. | <input type="checkbox"/> Was told "no conflict/no UG facilities" By whom? |
| <input type="checkbox"/> Pipeline location known. | <input type="checkbox"/> Excavating under another caller's ticket. | <input type="checkbox"/> USA/locating takes too long. |
| <input type="checkbox"/> Boss said not to call USA. | <input type="checkbox"/> Someone else had called USA. | <input type="checkbox"/> Other (explain) |

PART H: GAS LOST TO ATMOSPHERE

Line Pressure: _____ (psig) Line Completely Severed? Yes No If No, Area of Hole in Main _____ (In²)

Therm Billing Area: _____ Calculated Gas Lost to Atmosphere _____ (Mcf)

ABOVE INFORMATION PROVIDED BY _____ Date

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Billable? Yes No

FIELD REVIEW BY _____ Date

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Post Repair Check Yes No Date

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Paving Tag# _____

PART I: USA MARK AND LOCATE INFORMATION		
USA Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Active USA #: _____ Date of ticket: _____ Date issued to locator: _____		
Field meet required? <input type="checkbox"/> Yes <input type="checkbox"/> No Field meet performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
Date arrived: _____ Time arrived: _____ Date completed: _____ Time completed (N/A for phased projects): _____		
Did excavator properly delineate excavation site? <input type="checkbox"/> Yes <input type="checkbox"/> No Was excavation performed within delineated area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which USA marks were in place or provided by the PG&E Locator in the excavation area? (Check all that apply)		
<input type="checkbox"/> Paint <input type="checkbox"/> Flags <input type="checkbox"/> Stakes <input type="checkbox"/> Off set <input type="checkbox"/> Permanent Markers <input type="checkbox"/> None <input type="checkbox"/> Maps Provided <input type="checkbox"/> Verbal: Explain conversation: _____		
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Foggy <input type="checkbox"/> Rain <input type="checkbox"/> Snow/slush <input type="checkbox"/> Other (explain) _____		
Were facilities marked within two working days? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, were they marked later as agreed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the agreed-on time for the locate documented on USA ticket (including excavator's name and excavation date)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PART J: MISMARK INFORMATION (COMPLETE ONLY IF FACILITIES WERE MISMARKED BY PG&E)		
Locator's name: _____ Years of experience: _____ Locator: <input type="checkbox"/> FULL TIME <input type="checkbox"/> RELIEF		
Locator qualified to mark and locate facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No OQ Qualification Date: _____		
Was the mapping information accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
Was mapping notified of discrepancies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
Locating instrument failure or malfunction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
Instrument make: _____ Model: _____ Serial # _____		
Date of last instrument calibration: _____		
Locate method used: <input type="checkbox"/> Direct connect <input type="checkbox"/> Indirect w/clamp <input type="checkbox"/> Indirect <input type="checkbox"/> Other _____		
If not Direct Connect, Explain why _____		
Signal interferences: <input type="checkbox"/> Underground facilities <input type="checkbox"/> Overhead electric lines <input type="checkbox"/> Contact <input type="checkbox"/> None		
Explain why and what corrective action will be taken; e.g., cleared contact: _____		
For CGT: Were the line markers visible at the incident site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Distance (feet) of the nearest two markers from the incident site: Marker 1 _____		Marker 2 _____
PART K: STAND-BY OF CRITICAL FACILITIES		
Stand-by required? <input type="checkbox"/> Yes <input type="checkbox"/> No [Stand-by per UO Standard S4412]		
<input type="checkbox"/> No stand-by performed <input type="checkbox"/> Stand-by not requested by third party <input type="checkbox"/> Stand-by requirement waived by PG&E supervisor		
Complete the remaining Part K only if Stand-By was Performed		
Were the facilities "pot-holed" before excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
Stand-by employee's name: _____ Years of experience: _____		
Stand-by Employee OQ Qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No OQ Qualification Date: _____		
Did the excavator dig at the agreed time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
PART L: REASON FOR DIG-IN (DID EXCAVATION PRACTICES COMPLY WITH GOVERNMENT CODE 4216?)		
Delineate with white paint <input type="checkbox"/> Yes <input type="checkbox"/> No	Wait two working days <input type="checkbox"/> Yes <input type="checkbox"/> No	Hand dig within 2 feet <input type="checkbox"/> Yes <input type="checkbox"/> No
Call USA <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintain the marks <input type="checkbox"/> Yes <input type="checkbox"/> No	Expose & protect PG&E facilities <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid USA ticket dates, times, location, work performing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Generic Root Cause (You Must Select One)		
<input type="checkbox"/> Facility was not located or Marked	<input type="checkbox"/> Deteriorated or Fragile Facility	<input type="checkbox"/> Other (See Explanation Below)
<input type="checkbox"/> Facility Could not be found or located	<input type="checkbox"/> Inadequate Excavation Practices	<input type="checkbox"/> Abandoned/Deactivated Facility not Marked
<input type="checkbox"/> One Call Center Notification Error	<input type="checkbox"/> Facility Markings Inadequate	<input type="checkbox"/> Incorrect Information or Marks
<input type="checkbox"/> Incorrect Facility Records/Maps	<input type="checkbox"/> No Notification to One Call Center	<input type="checkbox"/> Insufficient Information to One Call
Explanation: _____		
MAPPING REVIEW BY _____ Date <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		Posting Required <input type="checkbox"/> Yes <input type="checkbox"/> No
MARK AND LOCATE INFORMATION REVIEW BY _____ Date <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		