

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			
Moratorium Expire Date											

Address _____ City _____

Location (if no address available) _____

MAPPING DATA

W. MAP	PLAT	BLOCK	SYSTEM PRESSURE (MAOP)	<input type="checkbox"/> LP ≤ 10.5" WC	<input type="checkbox"/> SHP (≤ 25 psig)
			Fed Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	MOP (TP Only)
TP Line #	Mile Post	Original Job #:	NOP (All Systems)	<input type="checkbox"/> HP (≤ 60 psig)	<input type="checkbox"/> TP (>60 psig)
			Year Inst.		

PIPE DATA

LEAK SOURCE	<input type="checkbox"/> Body of Pipe	<input type="checkbox"/> Riser	<input type="checkbox"/> Fitting	<input type="checkbox"/> Valve	<input type="checkbox"/> Other _____
LINE USE	<input type="checkbox"/> Distribution Main	<input type="checkbox"/> Transmission	<input type="checkbox"/> Single Service	<input type="checkbox"/> Gathering	<input type="checkbox"/> Branch Service
LINE MATERIAL	<input type="checkbox"/> Copper	<input type="checkbox"/> Steel/Wrought Iron	<input type="checkbox"/> Cast/Ductile Iron	<input type="checkbox"/> Aldyl A (Tan or Gray)	<input type="checkbox"/> PE2406 (Yellow or Orange)
High Consequence Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internal Liner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Line Inserted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Line Size		EFV Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No	EFV Operated	<input type="checkbox"/> Yes <input type="checkbox"/> No

REPAIR DATA

REPAIR REMARKS _____

REPAIRED BY Yes No Pipeline Engineer Consulted

Repair Date _____ Repair Time _____

REPAIR CODE

<input type="checkbox"/> Deactivate TP Main	<input type="checkbox"/> Replace Dist Main > or = 100 ft	<input type="checkbox"/> Replace Valve < 2 inch	<input type="checkbox"/> Welded Sleeve/Can	<input type="checkbox"/> Tee Fused Over Defect
<input type="checkbox"/> Replace TP Main	<input type="checkbox"/> Deactivated Entire Service	<input type="checkbox"/> Replace Valve > or = 2 inch	<input type="checkbox"/> Welded Save-A-Valve	<input type="checkbox"/> Other _____
<input type="checkbox"/> Deactivate Dist Main (1 foot or more)	<input type="checkbox"/> Deactivated Partial Service	<input type="checkbox"/> Skinner Clamp	<input type="checkbox"/> Type A Sleeve	
<input type="checkbox"/> Mechanical Repair Fitting	<input type="checkbox"/> Replace Entire Service	<input type="checkbox"/> SS Clamp w/Anode	<input type="checkbox"/> Type B Sleeve	
<input type="checkbox"/> Replace Dist Main < 100 ft.	<input type="checkbox"/> Replace Partial Service	<input type="checkbox"/> Patch Weld		

Size Installed: _____ Replaced With: STEEL PE2406/2708 (Yellow) Copper Entirely Replaced

PE 4710 (Black)

GENERAL INSPECTION DATA

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

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"/> Plastic Coated	<input type="checkbox"/> Tar	<input type="checkbox"/> Other _____
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 Numbered Document D-20 or D-22)						
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		
COATING CONDITION	<input type="checkbox"/> Excellent	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Poor						

EXTERNAL INSPECTION

RUST	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Heavy	WALL THICKNESS (Req. for TP)	0 _____ 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)	0 _____ 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)	0 _____ Inches		

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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 w/Agreement |
| <input type="checkbox"/> Grader/Scraper | <input type="checkbox"/> Directional Drilling | <input type="checkbox"/> Boring | <input type="checkbox"/> Explosives | <input type="checkbox"/> Vacuum Equipment w/o Agreement |
| <input type="checkbox"/> Drain Cleaning | <input type="checkbox"/> Planting | <input type="checkbox"/> Plowing | <input type="checkbox"/> Jackhammer | <input type="checkbox"/> Other (explain) |

If DIRECTIONAL DRILLING OR BORING WAS THE METHOD, WAS IT CROSS BORING? YES NO

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

Billable? Yes No

FIELD REVIEW BY _____ Date

Post Repair Check Yes No Date

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 requested? <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			
Did the site delineation match the area shown on the USA ticket? <input type="checkbox"/> Yes <input type="checkbox"/> No Facilities struck in 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 qualified to mark and locate facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Locator: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> RELIEF	
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 Gas Transmission Lines: 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 & REGULATORY REQUIRED FIELD MEET			
Stand-by required? [Stand-by per UO Standard S4412] <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Refer to UO Standard S4112</i>			
Field meet required? (State Law requires a field meet for excavations within 10 feet of pipe operating over 60psig) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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			
If not, explain: _____			
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	
Call USA <input type="checkbox"/> Yes <input type="checkbox"/> No		Hand dig within 2 feet <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"/> Facility Could not be Found or Located		<input type="checkbox"/> Inadequate Excavation Practices	
<input type="checkbox"/> One Call Center Notification Error		<input type="checkbox"/> Abandoned/Deactivated Facility not Marked	
<input type="checkbox"/> Incorrect Facility Records/Maps		<input type="checkbox"/> Facility Markings Inadequate	
		<input type="checkbox"/> Incorrect Information or Marks	
		<input type="checkbox"/> No Notification to One Call Center	
		<input type="checkbox"/> Insufficient Information to One Call	
Explanation: _____			
MAPPING REVIEW BY _____		Date _____	
MARK AND LOCATE INFORMATION REVIEW BY _____		Date _____	
		Posting Required <input type="checkbox"/> Yes <input type="checkbox"/> No	