



California Gas Transmission LEAK SURVEY, REPAIR, INSPECTION, AND GAS QUARTERLY INCIDENT REPORT

F4110-7 (Rev. 10/99)
GSM&TS

INITIAL LEAK DATA

LEAK NUMBER YEAR SERIES SFX USA Ticket # Valid Date

DATE REPORTED TIME REPORTED PCC NUMBER

RESPONSE DATE RESPONSE TIME PAVED WALL TO WALL Yes No

Address/Location _____ City _____

Reading Location _____

REPORTED BY Call In Mobile Survey Foot Survey Other Employee

SURFACE OVER LEAK Concrete Unsurfaced Tar Compound Other

	READINGS			INST ^a	GRADE ^b	DATE	TIME	OPERATOR	LOCATION REMARKS
	PPM	%LEL	%GAS						
Initial									

PRIORITY 2 (2+) REQUESTED REPAIR DATE _____

MAPPING DATA

* OPERATING MAP WM

* RECORDED LOCATION MAP PLAT

CATHODIC PROTECTION Yes No CPA NUMBER _____ MOP (TP only) _____

TP Line # _____ Mile Post _____ Federal Land Yes No YEAR INST. _____

PIPE DATA

LEAK SOURCE <input type="checkbox"/> Bell Joint <input type="checkbox"/> Body of Pipe <input type="checkbox"/> Drip <input type="checkbox"/> Fitting <input type="checkbox"/> Girth Weld <input type="checkbox"/> Longitudinal Weld <input type="checkbox"/> Meter <input type="checkbox"/> Other Welds	<input type="checkbox"/> Physical/Mechanical Joint <input type="checkbox"/> Regulator <input type="checkbox"/> Riser <input type="checkbox"/> Tap Connection <input type="checkbox"/> Valves <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	LEAK CAUSE <input type="checkbox"/> Atmospheric Corrosion <input type="checkbox"/> Construction Defect <input type="checkbox"/> Damage by Electrical Defect <input type="checkbox"/> Damage by Natural Forces <input type="checkbox"/> Damage by 3 rd Party <input type="checkbox"/> Digin <input type="checkbox"/> External Corrosion	<input type="checkbox"/> Internal Corrosion <input type="checkbox"/> Material Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	LINE USE <input type="checkbox"/> Transmission <input type="checkbox"/> Gathering <input type="checkbox"/> Service
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Line Above Ground Yes No

Internal Liner Yes No

* Wall Thickness _____

* Grade _____

Line Size _____

REPAIR DATA

REPAIR LOCATION _____ REPAIRED BY _____

REPAIR REMARKS _____ REPAIR DATE _____

PIPE-TO-SOIL (mV) _____ REPAIR TIME _____

REPAIR CODE Abandon Mechanical Repair Fitting Tighten Cap/Bolt
 Bell Joint Clamp Patch Weld Welded Sleeve/Can
 Bell Joint Seal Other _____

REPLACE CODE Replace Pipe (capital) Replace Pipe (maintenance: <100' for dist., <50' for trans.)

Incident Report # : _____ Gas Quarterly Incident #: _____ Material Problem Report #: _____

FIELD REVIEW BY _____	Date _____	Post Repair Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
MAPPING REVIEW BY _____	Date _____	Posting Required <input type="checkbox"/> Yes <input type="checkbox"/> No	

a Instrument Type: Enter H for Hydrogen Flame Ionization or C for Combustible Gas Indicator

b Enter Grade or enter 2+ for Priority Grade 2. Enter 0 (zero) if no leak is found.

Refer to DCS Standard D-S0350/GTS Standard S4110

* Optional Field



GENERAL INSPECTION DATA

DATE INSPECTED BY _____ F4110 (Revised 10/99)

SOIL TYPE * **SOIL RESIST**(ohm-cm)
 Clay For TP only
 Rock 0 - 1,000
 Sand 1,000 - 2,000
 Loam 2,000 - 5,000
 Wet 5,000 - 10,000
 Other _____ >10,000

SURFACE OVER PIPE
 Concrete
 Tar Compound
 Unsurfaced
 Other _____

FEET EXPOSED

COVER ON PIPE Inches

INTERNAL LINER Yes No
PAVED WALL TO WALL Yes No
NEAR PUBLIC ASSEMBLY Yes No

METALLIC PIPE CONDITION

COATING TYPE Bare/None Paint Single Wrap Somatic Other _____
 Epoxy Tape Double Wrap Plastic Coated HAA

COATING CONDITION Excellent Good
 Fair Poor

LONG SEAM DSAW ERW AO Smith Spiral
 SSAW SMLS LAP Flash

* **Asbestos** Yes
 No

*** EXTERNAL INSPECTION**

RUST None Light Heavy **MAX. PIT DEPTH** (Req. for TP) 0 Inches **WALL THICKNESS MEASURED** Yes No

PITTING None Light Heavy **MAX. GOUGE DEPTH** (Req. for TP) 0 Inches

GOUGING None Light Heavy **NOM. WALL THICKNESS** (Req. for TP) Inches

*** INTERNAL INSPECTION**

RUST None Light Heavy **MAX. PIT DEPTH** (Req. for TP) 0 Inches

PITTING None Light Heavy

GAS QUARTERLY INCIDENT DATA

DAMAGING PARTY _____ **ADDRESS** _____ **PHONE (____) _____**

LEAK CAUSES CONTINUED Equipment Malfunction Structure Fire Vandalism Flood Vehicle

INJURED: EMPLOYEES ____ **OTHERS** ____ **DAMAGE \$** ____ **# CUSTOMERS INTERRUPTED** ____ **FIRE** Yes No **EXPLOSION** Yes No

FATAL: EMPLOYEES ____ **OTHERS** ____ **REPORTABLE** Yes No **USA CALLED** Yes No

LOCATION SKETCH

Line Number

Mile Point

Comments

WELDED BY:
WELDING INSPECTED PER PG&E GAS STANDARD D-40
BY _____ INSPECTOR

