| **PG&E** **INOPERABLE VALVES – ALTERNATE MEANS OF CONTROL** | **TD-4430P-04-F02** **08/26/10** |

SECTION A - IDENTIFY INOPERABLE VALVE

| | LAN ID: | DATE: |

1. VALVE DESIGNATION:

2. PLAT	**3. BLOCK**	**4. ADDRESS**

5. OPERATING MAP/DIAG (TRANSMISSION ONLY)	**LINE#**	**MILEPOINT:**

7. COMMENTS (LONG TEXT):

8. OPERATING MODES:
- ☐ NORMAL, WIDE OPEN
- ☐ NORMAL, FULLY CLOSED
- ☐ STATION ISOLATION
- ☐ ZONE SHUTDOWN
- ☐ THROTTLING
- ☐ TAP VALVE, BRANCH ISOLATION
- ☐ FIRE VALVE
- ☐ OTHER _____

Instructions for filling out form
1. Section A – Fully identify the valve that is found to be inoperable. Check all the operating modes that the inoperable valve is used.
2. Section B – Identify all the valves to be used as alternate means of control.
3. Section C – Write a sequence of operations for each mode of operation. Normal states are for reference only. "Tagged", "Completed by" and "Time/Date" columns should be left blank until the sequence is executed.
4. Completed form shall be filed with the current valve maintenance card.
5. Fire Valves: In most cases the valve maintenance card for fire valves will be kept with the reg station maintenance folder. Where it isn't a copy of this form is to be kept with the reg station maintenance folder as well as where the valve maintenance card is kept.

SECTION B – IDENTIFY ALTERNATE VALVES (DISTRIBUTION)

DESIGNATION	PLAT	BLOCK	ADDRESS
1.			
2.			
3.			
4.			

- IDENTIFY ALTERNATE VALVES (TRANSMISSION)

DESIGNATION	OPERATING MAP/DIAG	LINE#	MILEPOINT:
1.			
2.			
3.			
4.			

SECTION C – ALTERNATE SEQUENCE OF OPERATIONS

OPERATING MODE #1 (FROM STEP 8)

OERN NO.	LOCATION	OPERATION	VALVE NO.	TAGGED	REMARKS	COMPLETED BY	TIME/ DATE

OPERATING MODE #2 (FROM STEP 8)

OERN NO.	LOCATION	OPERATION	VALVE NO.	TAGGED	REMARKS	COMPLETED BY	TIME/ DATE

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SECTION C cont – Alternate Sequence of Operations

Operating Mode #3 (from step 8)

Oern No.	Location	Operation	Valve No.	Tagged	Remarks	Completed By	Time/ Date

Operating Mode #4 (from step 8)

Oern No.	Location	Operation	Valve No.	Tagged	Remarks	Completed By	Time/ Date

SECTION D – Sketch & Comments (Optional for clarity)

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