



Procedure for Reportable Gas Incidents, Attachment 1

Gas Control - Gas Incident Procedure

INCIDENT DATA

Where is the incident located? [Address, City, County] _____

▪ Incident Time/Date [Exact or Approximate?] _____

REASON CONSIDERED REPORTABLE (OR POSSIBLE REPORTABLE)

▪ Release of Gas? from Company Facilities in the Vicinity of Company Facilities Neither Unknown

▪ Was there a... Fire? Explosion? Transmission Shutdown?

▪ Deaths? Yes #: _____ Names: _____ No Injury involving hospitalization? Yes #: _____ Names: _____ No

▪ Damage expected to exceed \$50,000? Yes No * Estimate _____ Unknown

▪ Major media coverage? [Bay Area and Sacramento Major TV Stations: KTVU-2, KPIX-5, KGO-7, KNTV-11, KCRA 3, KXTV 10, KOVR 13, KTXL 40 or National TV: FOX News, CNN, ABC, CBS, NBC] Yes Which Network: _____ Time: _____ No *

*If No, request caller to contact GSO immediately if major media shows up or if cost escalates to \$50,000 or more.

▪ Considered a Significant Event? Yes No Why considered significant? _____

AGENCY ON THE SCENE: Fire Police Ambulance Traffic Rerouted? Area Blocked off? Evacuation? #: _____

INCIDENT CAUSE: Is this a Dig-in? No Yes USA Required? USA Notified? Properly Marked? Ticket Expired?

Excavator Name: _____ Excavator Contact: _____ Excavator Phone #: _____

▪ Did a vehicle impact our gas facility? Yes No

▪ Other (Describe) _____

GAS EQUIPMENT AFFECTED - Transmission Distribution Service Service Riser Valve Meter Customer's Facilities

Plastic Steel Other: _____

Pipe Size: _____ (inches) Unknown Operating Pressure: _____ (psig) Unknown MAOP: _____

SUMMARY: (Briefly describe the incident and the probable cause.)

Follow GSO GAS INCIDENT PROCEDURES (COMMUNICATIONS & DOCUMENTS) Contact the GAS On-Call Person. IT IS IMPORTANT THAT ALL OF THE KEY INFORMATION IS OBTAINED AND RELAYED TO THE GAS ON-CALL PERSON! THE ON-CALL PERSON ONLY HAS ½ HOUR TO MAKE A DECISION TO CALL THE CPUC.