

CALIFORNIA PUBLIC UTILITIES COMMISSION

Report of Gas Leak or Interruption*
CPUC File No. 420

Part I: CPUC CONTACT INFORMATION

Utility Name:	Pacific Gas & Electric Co.	CPUC Contact Name:	Recorder *	FAX *
Contact Person:		Date:	Time: (24hr)	
CPUC Information Request:		Written Report *	Sketch/Photo *	FD Report *
Phone: ()	DOT Notified - Yes * No *		DOT Report Number:	

Part II: INCIDENT DETAILS

<u>Incident Location</u>		<u>Incident Time</u>		<u>Reported to the Utility</u>	
City/County:		Date:	Date:	Time: (24hr)	
Address/Location:		Time: (24hr)	Reported by:		
<u>Reason(s) for Reporting</u> (check all that apply)					
Gas leak associated with:			Emergency action required:		
Death *	Injury *	\$\$\$Damage *	Media Coverage *	Traffic Rerouted *	Area Blocked Off *
Service Interruption *		Operator Judgement *		Other Emergency actions (describe)	
Transmission Line Test Failure *		Required Transmission Line Shutdown *			
<u>Incident Cause</u>					
Dig In *	Fire-Explosion *	Construction Defect *	Material Failure *	Corrosion *	Vehicle Impact *
UNKNOWN - MORE INFORMATION TO FOLLOW *		Other (describe)			
<u>Escaping Gas Involvement</u> (check all that apply)					
			Leak Only *	Fire *	Explosion *
None *					
<u>Summary</u> (Briefly describe the incident and the probable cause.)					
<u>Gas Equipment Affected</u> (check all that apply)					
Main *	Regulator *	Meter *	Valve *	<u>Specification of Failed Equipment</u>	
Service Line *	Controls *	Service Riser *	Transmission Line *	Material	Steel * Cast Iron *
Customer Facility *				Plastic *	Copper *
Other (describe)				Pipe Size_in	Operating Pressure_psig
				MACP_psig	
					<u>Injuries and Fatalities</u>
					None *
					Injuries: ()
					Fatalities: ()
					Company: ()
					Other: ()
<u>Dig In Information</u>					
USA notification required: Yes * No *		Name of Excavator:		<u>Estimated Damage</u>	
USA notified: Yes * No *		Excavator Contact Person:		Damage to gas facilities:	\$()
Facilities properly marked: Yes * No *		Phone: ()		Other damage involving gas:	\$()
				Total:	\$()
<u>Recovery from Incident</u>					
		<u>Public Agencies on Scene</u>		<u>Customer Outage</u>	
	<u>Date</u>	<u>Time (24hr)</u>			
FCo Personnel on Scene	()	()	Media *	Police *	Customers out of service: ()
Gas flow stopped	()	()	Fire *	Ambulance *	Customer-hours outage: ()
Service restored	()	()			

Part III: CPUC INVESTIGATION

Is further investigation warranted? Yes * No *	Signature of CPUC Engineer _____
Date incident investigated:	Field report attached? Yes * No * CPUC Inspector: _____

*The information contained in this report is provided solely for the confidential use of the Commission and its staff and is not open to public inspection (PUC GO 66-C, Public Utilities Code, Sections 315 and 583).

***** Information Below is for PG&E Use Only *****

For PG&E Use ONLY: Div Rpt Date/Time to Gas Ctrl: _____	Gas Ctrl Rpt Date/Time to Gas Distr: _____
Notes (special circumstances) _____	