NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $25,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $500,000 as provided in 49 USC 1678. Form Approved OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date _____

No. _____ (DOT Use Only)

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at* http://ops.dot.gov.

PART A – GENERAL REPORT INFORMATION Check one: ☐ **Original Report** ☐ **Supplemental Report** ☐ **Final Report**

Operator Name and Address

a. Operator's 5-digit Identification Number (when known) /___/___/___/___/___/

b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) /___/___/___/___/___/

c. Name of Operator _____

d. Operator street address _____

e. Operator address _____
City, County or Parrish, State and Zip Code

2. Time and date of the incident
/___/___/___/___/ hr. /___/___/ month /___/___/ day /___/___/ year

3. Location of incident

a. _____
Nearest street or road

b. _____
City and County or Parrish

c. _____
State and Zip Code

d. Mile Post/Valve Station _____

e. Survey Station No. _____

f. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)

g. Class location description
Onshore: ○ Class 1 ○ Class 2 ○ Class 3 ○ Class 4
Offshore: ○ Class 1 *(complete rest of this item)*
Area _____ Block # _____
State /___/___/ or Outer Continental Shelf ☐

h. Incident on Federal Land other than Outer Continental Shelf
○ Yes ○ No

i. Is pipeline Interstate ○ Yes ○ No

4. Type of leak or rupture
○ Leak: ○ Pinhole ○ Connection Failure *(complete sec. F5)*
○ Puncture, diameter *(inches)* _____
○ Rupture: ○ Circumferential – Separation
○ Longitudinal
– Tear/Crack, length *(inches)* _
- Propagation Length, total, both sides *(feet)* _____
○ N/A
○ Other: _____

5. Consequences *(check and complete all that apply)*

a. ☐ Fatality Total number of people: /___/___/___/
Employees: /___/___/___/ *General Public:* /___/___/___/
Non-employee Contractors: /___/___/___/

b. ☐ Injury requiring inpatient hospitalization Total number of people: /___/___/___/
Employees: /___/___/___/ *General Public:* /___/___/___/
Non-employee Contractors: /___/___/___/

c. ☐ Property damage/loss *(estimated)* Total $_____
Gas loss $_____ Operator damage $_____
Public/private property damage $_____

d. ☐ Release Occurred in a 'High Consequence Area'

e. ☐ Gas ignited – No explosion f. ☐ Explosion

g. ☐ Evacuation *(general public only)* /___/___/___/___/___/ people
Reason for Evacuation:
○ Emergency worker or public official ordered, precautionary
○ Threat to the public ○ Company policy

6. Elapsed time until area was made safe:
/___/___/ hr. /___/___/ min.

7. Telephone Report
/___/___/___/___/___/___/___/ NRC Report Number /___/___/ month /___/___/ day /___/___/ year

8. a. Estimated pressure at point and time of incident:
_____ *PSIG*

b. Max. allowable operating pressure *(MAOP):* _____ *PSIG*

c. MAOP established by 49 CFR section:
☐ 192.619 (a)(1) ☐ 192. 619 (a)(2) ☐ 192. 619 (a)(3)
☐ 192.619 (a)(4) ☐ 192. 619 (c)

d. Did an overpressurization occur relating to the incident? ○ Yes ○ No

PART B – PREPARER AND AUTHORIZED SIGNATURE

_____ Area Code and Telephone Number
(type or print) Preparer's Name and Title

_____ Area Code and Facsimile Number
Preparer's E-mail Address

_____ Date _____ Area Code and Telephone Number
Authorized Signature (type or print) Name and Title

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PART C - ORIGIN OF THE INCIDENT

1. Incident occurred on
   - O Transmission System
   - O Gathering System
   - O Transmission Line of Distribution System
2. Failure occurred on
   - O Body of pipe O Pipe Seam
   - O Joint
   - O Component
   - O Other:_____
3. Material involved *(pipe, fitting, or other component)*
   - O Steel
   - O Plastic (If plastic, complete all items that apply in a-c)
     Plastic failure was: ☐ a.ductile ☐ b.brittle ☐ c.joint failure
   - O Material other than plastic or steel: _____
4. Part of system involved in incident
   - O Pipeline O Regulator/Metering System
   - O Compressor Station O Other:_____
5. Year the pipe or component which failed was installed: /__/__/__/__/

PART D – MATERIAL SPECIFICATION (if applicable)

1. Nominal pipe size *(NPS)* /__/__/__/__/ in.
2. Wall thickness /__/__/__/__/ in.
3. Specification _____ SMYS /__/__/__/__/__/__/
4. Seam type _____
5. Valve type _____
6. Pipe or valve manufactured by _____ in year /__/__/__/__/

PART E – ENVIRONMENT

1. Area of incident
   - O Under pavement
   - O Under ground
   - O Inside/under building
   - O In open ditch
   - O Above ground
   - O Under water
   - O Other: _____
2. Depth of cover: _____ inches

PART F – APPARENT CAUSE

Important: *There are 25 numbered causes in this section. Check the box to the left of the* ***primary*** *cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.*

F1 – CORROSION

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a – e.

1. ☐ External Corrosion
2. ☐ Internal Corrosion

a. Pipe Coating
- O Bare
- O Coated

b. Visual Examination
- O Localized Pitting
- O General Corrosion
- O Other: _____

c. Cause of Corrosion
- O Galvanic O Stray Current
- O Improper Cathodic Protection
- O Microbiological
- O Stress Corrosion Cracking
- O Other: _____

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
- O No O Yes, Year Protection Started: /__/__/__/__/

e. Was pipe previously damaged in the area of corrosion?
- O No O Yes, How long prior to incident: /__/__/__/ *years* /__/__/ *months*

F2 – NATURAL FORCES

3. ☐ Earth Movement ⇒ O Earthquake O Subsidence O Landslide O Other: _____
4. ☐ Lightning
5. ☐ Heavy Rains/Floods ⇒ O Washouts O Flotation O Mudslide O Scouring O Other:_____
6. ☐ Temperature ⇒ O Thermal stress O Frost heave O Frozen components O Other:_____
7. ☐ High Winds

F3 - EXCAVATION

8. ☐ Operator Excavation Damage *(including their contractors)* / Not Third Party

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9. ☐ Third Party Excavation Damage *(complete a-d)*
   a. Excavator group
      ○ General Public ○ Government ○ Excavator other than Operator/subcontractor
   b. Type: ○ Road Work ○ Pipeline ○ Water ○ Electric ○ Sewer ○ Phone/Cable ○ Landowner ○ Railroad
      ○ Other: _____
   c. Did operator get prior notification of excavation activity?
      ○ No ○ Yes: Date received: /___/___/ mo. /___/___/ day /___/___/ yr.
      Notification received from: ○ One Call System ○ Excavator ○ Contractor ○ Landowner
   d. Was pipeline marked?
      ○ No ○ Yes *(If Yes, check applicable items i – iv)*
      i. Temporary markings: ○ Flags ○ Stakes ○ Paint
      ii. Permanent markings: ○ Yes ○ No
      iii. Marks were *(check one)* ○ Accurate ○ Not Accurate
      iv. Were marks made within required time? ○ Yes ○ No

F4 – **OTHER OUTSIDE FORCE DAMAGE**

10. ☐ Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause: ○ Man made ○ Natural
11. ☐ Car, truck or other vehicle not relating to excavation activity damag
12. ☐ Rupture of Previously Damaged Pipe
13. ☐ Vandalism

F5 – MATERIAL AND WELDS

Material

14. ☐	Body of Pipe	⇒	○ Dent	○ Gouge	○ Wrinkle Bend	○ Arc Burn	○ Other: _____
15. ☐	Component	⇒	○ Valve	○ Fitting	○ Vessel	○ Extruded Outlet	○ Other: _____
16. ☐	Joint	⇒	○ Gasket	○ O-Ring	○ Threads		○ Other: _____

Weld

17. ☐	Butt	⇒	○ Pipe	○ Fabrication			○ Other: _____
18. ☐	Fillet	⇒	○ Branch	○ Hot Tap	○ Fitting	○ Repair Sleeve	○ Other: _____
19. ☐	Pipe Seam	⇒	○ LF ERW	○ DSAW	○ Seamless	○ Flash Weld	
			○ HF ERW	○ SAW	○ Spiral		○ Other: _____

*Complete a-g if you indicate **any** cause in part F5.*

a. Type of failure:
   ☐ Construction Defect ⇒ ○ Poor Workmanship ○ Procedure not followed ○ Poor Construction Procedures
   ☐ Material Defect

b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ○ Yes ○ No

c. Was part which leaked pressure tested before incident occurred? ○ Yes, *complete d-g* ○ No

d. Date of test: /___/___/ mo. /___/___/ day /___/___/ yr.

e. Test medium: ○ Water ○ Natural Gas ○ Inert Gas ○ Other: _____

f. Time held at test pressure: /___/___/ hr.

g. Estimated test pressure at point of incident: _____ *PSIG*

F6 – EQUIPMENT AND OPERATIONS

20. ☐	Malfunction of Control/Relief Equipment	⇒	○ Valve	○ Instrumentation	○ Pressure Regulator	○ Other: _____
21. ☐	Threads Stripped, Broken Pipe Coupling	⇒	○ Nipples	○ Valve Threads	○ Mechanical Couplings	○ Other: _____
22. ☐	Ruptured or Leaking Seal/Pump Packing					

23. ☐ Incorrect Operation
   a. Type: ○ Inadequate Procedures ○ Inadequate Safety Practices ○ Failure to Follow Procedures ○ Other: _____
   b. Number of employees involved who failed post-incident drug test: /___/___/___/ Alcohol test: /___/___/___/
   c. Were most senior employee(s) involved qualified? ○ Yes ○ No d. Hours on duty: /___/___/

F7 – OTHER

24. ☐ Miscellaneous, *describe:* _____

25. ☐ Unknown

○ Investigation Complete ○ Still Under Investigation *(submit a supplemental report when investigation is complete)*

PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT *(Attach additional sheets as necessary)*

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