

**Patrolling Gas Pipelines
Landslide Area**

District or Area: _____

Year: _____

Line No.: _____ MP: _____ To MP: _____ GPS Read: _____

Location:

County	Mile Point	Slide Identifier (if available)	Conditions: S = Stable () or E = Engineering Review Required () (For Engineering Review, fill out Page 2)											
			1 st Patrol			2 nd Patrol			3 rd Patrol			4 th Patrol		
			S	E	Initial and Date	S	E	Initial and Date	S	E	Initial and Date	S	E	Initial and Date
			Reviewed By		Date	Reviewed By		Date	Reviewed By		Date	Reviewed By		Date

