



STANDARD PRACTICE

STANDARD PRACTICE NO. 460-4

ISSUING DEPARTMENT Gas Control/Gas Distribution

PAGE NO. 1 (of) 2 EFFECTIVE 5/1/87

CORPORATE OFFICER Vice President - Gas Operations

REPLACING PAGE NO. all (of) EFFECTIVE 6/1/79

SUBJECT:

CPUC AND DOT REPORTABLE INCIDENTS - REPORTING

POLICY

ITEM	COMMENTS
Policy	All required reports of gas facility leaks, test failures, and incidents involving Company facilities shall be made correctly, accurately, within the time allotted, and according to the criteria outlined in Exhibit 2.

DEFINITIONS

ITEM	COMMENTS
CPUC	California Public Utilities Commission
DOT	Department of Transportation (Federal)
OPS	Office of Pipeline Safety (part of DOT)
PLO	Pipe Line Operations and Standard Pacific Gas Line, Inc. (Stanpac).

RESPONSIBILITY

The following are accountable for activities shown in this Standard Practice:

RESPONSIBILITY	ACTION
Vice President-Gas Operations	Report incidents to the Senior Vice President-Operations as required by this Standard Practice.
Regions & PLO	Establish and document adequate communication procedures for reporting. Establish and keep current list of supervisors. Train involved personnel including supervisors, operators, and servicemen. Report incidents as required by this Standard Practice.

*Paragraph Revised (Portions Underlined)
 **Paragraph Added

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Gas Control	Report incidents as required by this Standard Practice.
Gas Distribution	Report incidents in all formats as required by this Standard Practice. Make final determination of reportability.
Gas Distribution	Publish, distribute, and update procedures and department list of designated call receivers.
Region & PLO Gas Distribution	Retains records as outlined in Supplement.

SUPPLEMENTS/EXHIBITS

Supplement	Procedure for reporting incidents
Form 75-241 (front) (Exhibit 1)	Telephone Report on Gas Facility Accident or Leak (general version)
Form 75-241 (back) Form 75-241A (back) Form 75-241B (back) (Exhibit 2)	DOT and CPUC Telephone and Written Reporting Requirements
Form 75-241A (front) (Exhibit 3)	Telephone Report on Gas Facility Accident or Leak (Gas Control version)
Form 75-241B (front) (Exhibit 4)	Telephone Report on Gas Facility Accident or Leak (alternate general version)
Form 75-239 (Exhibit 5)	Gas Incident Information Form

REFERENCES

<u>ITEM</u>	<u>DESCRIPTION</u>
SP 460.2-2	Physical Inspection: Pipelines, Mains, and Services.
SP 460.21-4	Periodic Leakage Surveys of Gas Transmission and Distribution Facilities.

FOR FURTHER INFORMATION

For further information contact the Gas Distribution Department, extension 223-3268.

APPROVED BY



J. B. STOUTAMORE
Vice President - Gas Operations

REPORT DESCRIPTIONS

<u>ITEM</u>	<u>DESCRIPTION</u>
Telephone Report	A telephone call to the CPUC and the DOT consisting of the information contained on the front side of Form 75-241 "Telephone Report Gas Facility Accident or Leak". If complete information is unavailable by the time the report is required, make an incomplete report and a subsequent report when information is complete. The minimum information required is indicated with an asterisk on the form.
DOT Form	Report forms DOT F-7100.1 and F7100.2 submitted to the CPUC as required. The CPUC will forward one copy to DOT as required. If complete information is unavailable by the time the report is required, submit an incomplete report and a subsequent report when information is complete.
Leak Report - Distribution Systems	Form DOT F-7100.1. Use this form when it is necessary to report gas leaks or incidents which occur on distribution systems which operate at less than 20 percent of specified minimum yield strength (SMYS).
Leak or Test Failure Report - Transmission or Gathering Systems	Form DOT F-7100.2. Use this form when it is necessary to report gas leaks, incidents, or test failures which occur on the following: <ol style="list-style-type: none">1. All numbered transmission systems2. Distribution systems which operate at or above 20% SMYS.3. Gathering systems within the limits of a city, town, or village (incorporated or unincorporated).4. Gathering systems within a residential or commercial area, such as a subdivision, business or shopping center, or community development.

<u>ITEM</u>	<u>DESCRIPTION</u>
Written Report	<p>Gas Distribution Department submits a concise written description of the incident together with the appropriate DOT form when required. The Regions and PLO furnish the information on Form 75-239 (Gas Incident Information Sheet). Include the following information:</p> <ol style="list-style-type: none">1. Date, time, and location of the incident.2. Brief description of the incident, including the cause.3. Company facilities involved.4. Time and sequence of remedial actions taken by the company.5. Dollar estimate of damage to PG&E facilities and to third party property caused by the gas incident.6. Number of customers out of service, estimated customer outage hours, and estimated time service was restored.
Written Memorandum to Senior Vice President-Operations	<p>Gas Distribution Department prepares for the signature of the Vice President-Gas Operations a memorandum for leaks or incidents on gas facilities that caused either:</p> <ol style="list-style-type: none">1. An interruption of gas service in excess of 500 customer-hours. (A master meter counts as one customer.)2. The likelihood of significant media coverage. <p>The memorandum will include the following:</p> <ol style="list-style-type: none">1. Date, time, and location of incident.2. Time the company was notified.3. Brief description of the incident.4. Company facilities involved, if any.5. Time company personnel arrived.6. Remedial action taken by the company.7. Whether or not there had been a request to locate company facilities, if applicable.8. Number of employee or third party injuries or fatalities.9. Damages to third party property.10. Number of customers out of service, the estimated customer outage hours and the estimated time of service restoration.11. Action taken by public agencies.12. Extent of media coverage.

<u>ITEM</u>	<u>DESCRIPTION</u>
Quarterly Report	The summary listing of reportable and nonreportable incidents that is submitted to the CPUC within one month after each calendar quarter. The information is gathered by the Regions, PLO, and General Construction Gas, then transmitted to the Gas Distribution Department for consolidation and transmittal to the CPUC. The information for each incident includes date, city, county, street address, cause of leak if determined, estimated cost of damage in dollars, number of injuries or fatalities to employees or non-employees, material and size of pipeline, resulting fire or explosion, number of services affected and the names of third parties involved, whether or not Underground Service Alert was called, and whether the incident was reportable or nonreportable. (See Exhibit 2 for definition of nonreportable incidents.)

TELEPHONE REPORT PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Region, PLO, & Division	Determine if leak or incident is reportable according to the criteria on the back of Form 75-241. Report incidents in case of doubt.
General Construction Supervisor	Notifies appropriate Region or PLO operating supervisor of test failure during strength-proof testing of gas transmission or gathering facilities in addition to any other situation on assigned work that would result in a reportable incident. Such situations include but are not limited to dig-ins, ignitions, customer outages, and news media coverage.
Region/PLO/Division Supervisor	Obtains all readily available information and places it on Form 75-241.
Region/Division Supervisor	Telephones information on Form 75-241 to Region Load Center
PLO Supervisor	Telephones information on Form 75-241 to Terminal Station.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Pressure Operator (Region)/Gas Supply Coordinator (PLO)	Telephones information on Form 75-241 to System Gas Dispatcher in Gas Control within 1 1/2 hours after company is notified for all incidents during working hours and for those incidents outside working hours involving fatalities, injuries requiring inpatient hospitalization, damage over \$50,000, or news coverage. Telephones the information for all other immediately reportable incidents outside of working hours within 3 hours after company is notified. Includes the telephone number of the individual who can provide further information during the incident (outside number with area code required during non-working hours).
System Gas Dispatcher (Gas Control)	Completes form 75-241-A.
System Gas Dispatcher (Gas Control)	Telephones Gas Distribution Department Representative immediately if PG&E or STANPAC facilities are involved or significant news coverage is or may be involved on customer's facilities.
System Gas Dispatcher (Gas Control)	Telephones Gas Service Section Representative of Gas Distribution Department immediately if incident on customer's facilities involve serious injury, death, or customer outage in excess of twenty customers.
System Gas Dispatcher (Gas Control)	Telephones Gas Service Section Representative of Gas Distribution Department at beginning of next working hours for all other incidents on customer's facilities.
Gas Distribution Department Representative	Completes form 75-241. Contacts local supervisor directly if further information is needed.
Gas Distribution Department Representative	Determines if incident is reportable to CPUC. Determines if incident is reportable to DOT.
Gas Distribution Department Representative	Telephones immediately CPUC and OPS as required. The next working day determines from CPUC if a written report is required for those incidents where the written report is listed as "CPUC Optional" and logs this information.
Gas Distribution Department Representative	Notifies Supervising Engineer (Gas A&T), Manager Gas Distribution, Manager Gas System Design, and other Gas Operations Departments as appropriate for significant incidents.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Gas Distribution	Notifies during the next regular working hours the Region or PLO representative involved, to inform them that a telephone report was made and whether or not a written report is required.
Gas Distribution Department Representative	Logs and files Form 75-241 during next working hours.

WRITTEN REPORT PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Region & PLO	Submits two completed copies of the completed DOT form and Gas Incident Information Sheet (Form 72-239) and if required two completed copies of the DOT form to the Manager, Gas Distribution Department, within <u>ten calendar days after the incident</u> . Includes Accident Report Number on Form 72-239 when the incident involves damage to or was caused by any third parties.
Region & PLO	Submits a supplemental report if all necessary information was not available at the time of the submission of the original written report.
General Construction	Completes the written report and if required, the DOT Form, for incidents occurring during assigned construction work. Forwards this information to the Regional Gas Operations Manager or the Manager, Pipe Line Operations, within six calendar days of the incident.
Gas Distribution Department Representative	Follows up to insure Region or Pipeline Operations submits Gas Information Sheet (Form 75-239) and the applicable DOT form within 10 calendar days. Reviews and approves the reports when received.
Gas Distribution Department Representative	Writes the narrative description of the incident and the final report for submission to the CPUC.
Gas Distribution Code Compliance Engineer	Reviews the final report and narrative. Forwards both through Manager, Gas Distribution Department to Vice President, Gas Operations.
Vice President Gas Operations	Signs final report. Returns signed letter and forms to Gas Distribution for routing.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Gas Distribution Department	Forwards signed letter and required number of forms to the CPUC <u>within twenty calendar days of the incident</u> . Forwards copies to the originating Region or Pipeline Operations, Gas System Design, General Construction (if involved) and the Law Department. Forwards a copy to Safety, Health, and Claims if any third parties are involved.

WRITTEN MEMORANDUM TO THE SENIOR VICE PRESIDENT-OPERATIONS (WHEN REQUIRED)

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Gas Distribution Department Representative	Prepares written memorandum to Senior Vice President-Operations at earliest practicable moment after being informed of a gas facility leak or incident that has caused: <ol style="list-style-type: none">1. An interruption of gas service in excess of 500 customer-hours. A master meter counts as one customer.2. The likelihood of significant media coverage. Forwards the memorandum through the Manager, Gas Distribution Department to the Vice President-Gas Operations.
Vice President-Gas Operations	Signs the memorandum. Returns it to Gas Distribution Department for routing.
Gas Distribution Department	Hand carries memorandum to Senior Vice President-Operations. Sends a copy to the Chairman of the Board.

QUARTERLY REPORT

Region/PLO/Gas General Construction	Compiles summary list of reportable and nonreportable incidents. Sends this information to the Gas Distribution Department within the time required.
Gas Distribution Department	Assembles system listing of reportable and non-reportable incidents. Writes the cover letter to the CPUC and forwards both to the Vice President Gas Operations for signature.
Vice President Gas Operations	Signs the letter. Returns the letter and list to Gas Distribution Department for routing.
Gas Distribution Department	Forwards the letter and list to the CPUC before the end of the month after the end of the quarter.

RECORD RETENTION REQUIREMENTS

<u>LOCATION</u>	<u>ITEMS</u>	<u>TIME</u>
Region & PLO	DOT form as sent	Current (calendar) year plus one year
	Investigative notes and supplementary material covered by SP 460.2-2 or SP 460.21-4	Time stated in SP
	Investigative notes and supplementary material not covered by SP 460.2-2 or SP 460.21-4.	Current year plus one year. Then sent to Gas Distribution or retained six more years.
Gas Distribution	All forms received and sent, All investigative notes, all material forwarded from Region or PLO, and all correspondence.	Current year plus six years

TELEPHONE REPORT INFORMATION
GAS FACILITY ACCIDENT OR LEAK

EXHIBIT 1

*DENOTES MINIMUM INFORMATION REQUIRED

REPORT TO (name)	BY (name)	OF (location)	AT (date & time)
*BAS IGNITION: YES _____ NO _____	*EXPLOSION: YES _____ NO _____	*SERVICE: YES _____ *INTERRUPTION: NO _____	
*ESCAPING: YES _____ *GAS: NO _____	*BUILDING: YES _____ *EVACUATED: NO _____	*TRAFFIC: YES _____ *REROUTED: NO _____	
*INCIDENT *DATE & TIME		*REPORT REQUIRED YES _____ NO _____	*CRITERIA NUMBER
*LOCATION OF INCIDENT			*CITY
*COMPANY NOTIFIED BY:		*TIME NOTIFIED:	
*NATURE OF INCIDENT			

*COMPANY FACILITIES ONLY _____	*CUSTOMER FACILITIES ONLY _____	*BOTH _____
COMPANY TRANSMISSION LINE _____ FACILITY: No. _____ INVOLVED:	TP DISTRIBUTION _____ DISTRIBUTION LINE _____	SERVICE LINE _____ METER SET _____ # Meters _____ REGULATOR _____
OTHER (specify)		

PIPE DATA: SIZE	MATERIAL	APPROX. DEPTH	EST. PRESSURE
LINE OUT OF SERVICE: YES _____ NO _____		TIME OUT	EST. TIME BACK IN
CUSTOMER OUTAGE YES _____ NO _____		NO. OF CUSTOMERS	EST. CUSTOMER OUTAGE (hours)

*REMEDIAL ACTION

FATALITIES (NUMBER)	CO. EMPLOYEES THIRD PARTIES _____	HOSPITALIZED INJURED (NUMBER)	CO. EMPLOYEES THIRD PARTIES _____	TRANSPORTED BY:
*COVERAGE: POLICE _____	ACTION TAKEN			
*AT SCENE: FIRE _____	NEWS MEDIA _____			

ESTIMATED: COMPANY..... <\$2000 _____	\$2000 - \$4999 _____	\$5000 - \$49,999 _____	\$50,000+ _____
DAMAGE : THIRD PARTY.. <\$2000 _____	\$2000 - \$4999 _____	\$5000 - \$49,999 _____	\$50,000+ _____

THIRD PARTIES
INVOLVED

LOCAL SUPERVISOR	COMPANY PHONE	CO. OUTSIDE PHONE	HOME PHONE
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NOTIFICATIONS MADE	LOCATION	NAME	TIME	BY
	REGION LOAD CENTER			
	SYSTEM GAS CONTROL			
	REGION CLAIMS			
	GAS DISTRIBUTION			
	CPUC			
	DOT			

NEXT DAY FOLLOW UP	WAS USA CALLED?	PUBLIC OR PRIVATE PROPERTY?	CO. ARRIVAL TIME	TIME GAS CONTROLLED
WRITTEN REPORT REQUIRED?	YES _____ NO _____	DOT FORM REQUIRED?	YES _____ NO _____	

	CPUC				DOT	
	TEL.	WRITTEN	FORM	QUARTER REPORT	TEL.	FORM
A. DISTRIBUTION, TRANSMISSION, AND GATHERING SYSTEMS						
1. A gas leak that causes a death or personal injury requiring inpatient hospitalization.	YES	YES	YES	YES	YES	YES
2. A gas leak that caused damage to the property of Company or others or both equal to or in excess of \$50,000.	YES	YES	YES	YES	YES	YES
3. A gas leak and related incident that caused damage to the property of Company or others or both equal to or in excess of \$5000 but less than \$50,000.	YES	YES	YES	YES	NO	NO
4. A gas leak and related incident that caused damage to the property of Company or others or both equal to or in excess of \$2000 but less than \$5000.	YES	CPUC OPT	NO	YES	NO	NO
5. A gas leak related incident that caused damage to the property of Company or others or both equal to or in excess of \$1000 but less than \$2000.	NO	NO	NO	YES	NO	NO
6. A gas leak related incident involving fire or explosion that caused damage to the property of Company or others or both less than \$1000.	NO	NO	NO	YES	NO	NO
7. A third party dig-in that caused damage to the property of Company or others or both less than \$1000.	NO	NO	NO	YES	NO	NO
8. A gas leak or incident that required immediate repair and other emergency action such as evacuation of a building, blocking off of an area, or rerouting of traffic.	YES	CPUC OPT	NO	YES	NO	NO
9. A gas leak or incident that caused an interruption of gas service estimated to exceed 500 customer hours.	YES	CPUC OPT	NO	YES	NO	NO
10. A gas leak or incident that did not meet criteria 1 through 7 above but was judged significant by the Company.	YES	YES	YES	YES	YES	YES
11. An incident in which the involvement of gas is known or suspected and to which the public attention is attracted or news media coverage is given regardless of whether or not the Company's facilities are involved.	YES	CPUC OPT	NO	YES	NO	NO
B. TRANSMISSION AND GATHERING SYSTEMS ONLY						
1. A gas leak that required the taking of any segment of transmission pipeline out of service except as a result of or in connection with planned or routine maintenance or construction.	NEXT AVAIL WORK HOURS	CPUC OPT	NO	YES	NO	NO
2. A gas leak that resulted from a test failure in a transmission system that occurred while testing either with gas or with another test medium.	NEXT AVAIL WORK HOURS	CPUC OPT	NO	YES	NO	NO

NOTE 1: All telephonic reports for incidents of types A1, A2, and A11 are to reach the General Office within 1 1/2 hours day or night after the company is notified. All other types are to reach the General Office within 1 1/2 hours during working hours and within 3 hours during nonworking hours. If the information available within the 1 1/2 hours is incomplete, telephone with the available information and furnish the missing information in a supplemental report.

NOTE 2: For categories listed as "CPUC OPT" for a written report, confirm the necessity for the written report at the time of the telephonic report.

NOTE 3: Maintain the following information for each incident that will be included in the quarterly summary report: month, day, city, county, street location, cause of leak if determined, total cost of damage to both PG&E and third parties in dollars, number of injuries or fatalities, employee(s) or non-employee(s) involved, material and size of pipeline, resulting fire or explosion, number of services affected, reportable/nonreportable, third parties involved by name and whether or not USA was called.

NOTE 4: Next available work hours is within the normal time frame on a regular workday during regular work hours and at 8:00 AM the next normal workday for incidents at night, on weekends and on holidays.

NOTE 5: Incidents on Gathering Lines outside of the limits of any incorporated or unincorporated city, town, or village or any designated residential or commercial area such as a subdivision, business or shopping center, or community development are reportable to the CPUC only.

TELEPHONE REPORT INFORMATION
GAS FACILITY ACCIDENT OR LEAK

EXHIBIT 3

*DENOTES MINIMUM INFORMATION REQUIRED

REPORT TO (name)		BY (name)		OF (location)		AT (date & time)	
*GAS IGNITION: YES ___ NO ___		*EXPLOSION: YES ___ NO ___		*SERVICE: YES ___ *INTERRUPTION: NO ___			
*ESCAPING: YES ___ *GAS: NO ___		*BUILDING: YES ___ *EVACUATED: NO ___		*TRAFFIC: YES ___ *REROUTED: NO ___			
*INCIDENT *DATE & TIME				*REPORT REQUIRED YES ___ NO ___		*CRITERIA NUMBER	
*LOCATION OF INCIDENT						*CITY	
*COMPANY NOTIFIED BY:				*TIME NOTIFIED:			
*NATURE OF INCIDENT							
*COMPANY FACILITIES ONLY ___			*CUSTOMER FACILITIES ONLY ___			*BOTH ___	
COMPANY TRANSMISSION LINE		TP DISTRIBUTION		DISTRIBUTION LINE		SERVICE LINE	
FACILITY No. ___						METER SET ___ \$ Meters ___	
INVOLVED						REGULATOR ___	
OTHER (specify)							
PIPE DATA: SIZE		MATERIAL		APPROX. DEPTH		EST. PRESSURE	
LINE OUT OF SERVICE: YES ___ NO ___				TIME OUT		EST. TIME BACK IN	
CUSTOMER OUTAGE: YES ___ NO ___				NO. OF CUSTOMERS		EST. CUSTOMER OUTAGE (hours)	
*REMEDIAL ACTION							
FATALITIES (NUMBER)		CO. EMPLOYEES THIRD PARTIES ___		HOSPITALIZED INJURED (NUMBER)		CO. EMPLOYEES THIRD PARTIES ___	
TRANSPORTED BY:							
*COVERABLE: POLICE ___		ACTION TAKEN					
*AT SCENE: FIRE ___							
NEWS MEDIA ___							
ESTIMATED: COMPANY		<\$2000		\$2000 - \$4999		\$5000 - \$49,999	
DAMAGE: THIRD PARTY		<\$2000		\$2000 - \$4999		\$5000 - \$49,999	
						\$50,000+ ___	
THIRD PARTIES INVOLVED							
LOCAL SUPERVISOR		COMPANY PHONE		CO. OUTSIDE PHONE		HOME PHONE	
NOTIFICATIONS MADE							
LOCATION		NAME		TIME		BY	
CHIEF GAS							
DISPATCHER							
GAS DISTRIBUTION							
ENGINEER							
GAS DISTRIBUTION							
SERVICE							
NEWS BUREAU							
CPUC							
DOT							
CLAIMS							

TELEPHONE REPORT INFORMATION
GAS FACILITY ACCIDENT OR LEAK

EXHIBIT 4

*DENOTES MINIMUM INFORMATION REQUIRED

REPORT TO (name)	BY (name)	OF (location)	AT (date & time)
*GAS IGNITION: YES _____ NO _____	*EXPLOSION: YES _____ NO _____	*SERVICE: YES _____ *INTERRUPTION: NO _____	
*ESCAPING: YES _____ *GAS: NO _____	*BUILDING: YES _____ *EVACUATED: NO _____	*TRAFFIC: YES _____ *REROUTED: NO _____	
*INCIDENT DATE & TIME		*REPORT REQUIRED YES _____ NO _____	*CRITERIA NUMBER
*LOCATION OF INCIDENT			*CITY
*COMPANY NOTIFIED BY:		*TIME NOTIFIED:	
*NATURE OF INCIDENT			

*COMPANY FACILITIES ONLY _____	*CUSTOMER FACILITIES ONLY _____	*BOTH _____
COMPANY FACILITY No. _____	TRANSMISSION LINE _____	ITP DISTRIBUTION _____
INVOLVED:	DISTRIBUTION LINE _____	SERVICE LINE _____
		METER SET _____ Meters _____
		REGULATOR _____
OTHER (specify)		

PIPE DATA: SIZE	MATERIAL	APPROX. DEPTH	EST. PRESSURE
LINE OUT OF SERVICE: YES _____ NO _____		TIME OUT	EST. TIME BACK IN
CUSTOMER OUTAGE: YES _____ NO _____		NO. OF CUSTOMERS	EST. CUSTOMER OUTAGE (hours)

*REMEDIAL ACTION

FATALITIES (NUMBER)	CO. EMPLOYEES _____ THIRD PARTIES _____	HOSPITALIZED INJURED (NUMBER)	CO. EMPLOYEES _____ THIRD PARTIES _____	TRANSPORTED BY:
*COVERAGE: POLICE _____	ACTION TAKEN			
*AT SCENE: FIRE _____				
	NEWS MEDIA _____			

ESTIMATED DAMAGE	COMPANY..... <\$2000 _____	\$2000 - \$4999 _____	\$5000 - \$49,999 _____	\$50,000+ _____
	THIRD PARTY.. <\$2000 _____	\$2000 - \$4999 _____	\$5000 - \$49,999 _____	\$50,000+ _____

THIRD PARTIES INVOLVED	LOCAL SUPERVISOR	COMPANY PHONE	CO. OUTSIDE PHONE	HOME PHONE
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NOTIFICATIONS MADE	LOCATION	NAME	TIME	BY
	REGION LOAD CENTER			
	SYSTEM GAS CONTROL			
	REGION CLAIMS			

NEXT DAY FOLLOW UP	WAS USA CALLED?	PUBLIC OR PRIVATE PROPERTY?	CO. ARRIVAL TIME	TIME GAS CONTROLLED
WRITTEN REPORT REQUIRED?	YES _____ NO _____	DOT FORM REQUIRED?	YES _____ NO _____	

75-239
10/86

GAS INCIDENT INFORMATION

ACCIDENT REPORT NO. _____
 DATE OF INCIDENT _____
 LOCATION OF INCIDENT _____
 TIME DISPATCHED: SERVICEMAN _____ CREW _____
 TIME ARRIVED AT SCENE: SERVICEMAN _____ CREW _____
 TIME INCIDENT UNDER CONTROL _____ GAS FLOW STOPPED _____
 PIPE SIZE _____ PIPE MATERIAL _____ USE _____

REMEDIAL ACTION TAKEN BY COMPANY:

TEMPORARY REPAIRS _____

 PERMANENT REPAIRS _____

CONTRACTOR OR OTHER PARTY CAUSING INCIDENT:

NAME _____ EQUIPMENT USED _____
 DOING WHAT? _____

TOTAL CUSTOMER HOURS INTERRUPTED _____
 TOTAL CUSTOMERS INTERRUPTED _____
 SERVICE RESTORED: DATE _____ TIME _____
 LOCATION OF FACILITIES REQUESTED: YES ___ NO ___ DATE _____
 DATE FACILITIES LOCATED: _____
 PUBLIC PROPERTY _____ PRIVATE PROPERTY _____
 IF IGNITION OCCURRED, GIVE SOURCE AND BRIEFLY EXPLAIN _____

ESTIMATED AMOUNT OF PROPERTY DAMAGE AS A RESULT OF GAS INCIDENT

\$ _____ P.G.&E. \$ _____ THIRD PARTY