



STANDARD PRACTICE

STANDARD PRACTICE NO. 460-4

ISSUING DEPARTMENT Gas Distribution

PAGE NO. 1 (of) 3 EFFECTIVE 7-1-90

CORPORATE OFFICER VICE PRESIDENT - GAS & ELEC. TECH. SERVICES

REPLACING All EFFECTIVE 5-1-87

VICE PRESIDENT - GAS TRANSMISSION & STORAGE

SUBJECT

CPUC AND DOT REPORTABLE INCIDENTS AND CONDITIONS - REPORTING

POLICY

<u>ITEM</u>	<u>COMMENTS</u>
Policy	All required reports of gas facility leaks, test failures, incidents, and safety related conditions involving PG&E facilities shall be made correctly, accurately, within the time allotted, and according to the established statutory and/or regulatory criteria.

DEFINITIONS

<u>ITEM</u>	<u>COMMENTS</u>
CPUC	California Public Utilities Commission
CPUC CACD	California Public Utilities Commission, Commission Advisory and Compliance Division
CPUC Safety	California Public Utilities Commission, Safety Division
DOT	United States Department of Transportation
GT&S Depts.	Gas Transmission and Storage Departments which include the Northern Area, the Southern Area, Gas Production and Storage and Standard Pacific Gas Line, Inc. (Stanpac).
USA	Underground Service Alert
Working Days	Days other than Saturday, Sunday, or federal holidays.
Working Hours	Hours between 8 A.M. and 5 P.M. on working days.

*Paragraph Revised (Portions Underlined)
 **Paragraph Added



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 PAGE NO. (of) EFFECTIVE 5-1-87

SUBJECT

CPUC AND DOT REPORTABLE INCIDENTS AND CONDITIONS - REPORTING

RESPONSIBILITY

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

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Vice President- Gas and Electric Technical Services	Report incidents and safety related conditions to the Senior Vice President and General Manager - Distribution Business Unit, the CPUC and the DOT as required by this Standard Practice.
Regions, Divisions, and Gas T&S Depts.	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 and safety related conditions as required by this Standard Practice.
Gas Distribution	1. Report incidents and safety related conditions in all formats as required by this Standard Practice. Make final determination of reportability. 2. Publish, distribute, and update procedures and department list of designated call receivers.
Regions, Divisions, Gas T&S Depts., and Gas Distribution	Retain records as outlined in the Supplements.

SUPPLEMENTS/EXHIBITS

Supplement 1	Procedure for reporting incidents
Supplement 2	Procedure and requirements for reporting safety related conditions
Form 01-9953 (front) (Exhibit 1)	Incident Report Gas Facility Accident/Leak
Form 01-9953 (back) (Exhibit 2)	DOT and CPUC Telephone and Written Reporting Requirements
Instructions (Exhibit 3)	Instructions for completion of Form 01-9953 Incident Report Gas Facility Accident/Leak

*Paragraph Revised (Portions Underlined)
 **Paragraph Added



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ISSUING DEPARTMENT Gas Distribution PAGE NO 3 (of) 3 EFFECTIVE 7-1-90
 CORPORATE OFFICER VICE PRESIDENT - GAS & ELEC. TECH. SERVICES REPLACING All
VICE PRESIDENT - GAS TRANSMISSION & STORAGE PAGE NO (of) EFFECTIVE 5-1-87

SUBJECT CPUC AND DOT REPORTABLE INCIDENTS AND CONDITIONS - REPORTING

SUPPLEMENTS/EXHIBITS

- Gas Major Event Report (Exhibit 4) Form for reporting major gas incidents to the CPUC CACD at the end of the month.
- Gas Curtailment Report (Exhibit 5) Form for reporting gas curtailments to the CPUC CACD at the end of the month.
- Safety Related Condition Report (Exhibit 6) Form for reporting safety related conditions

REFERENCES

ITEM	DESCRIPTION
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

William R. Mazotti
 WILLIAM R. MAZOTTI, VICE PRESIDENT
 GAS AND ELECTRIC TECHNICAL SERVICES

James B. Stoutamore
 JAMES B. STOUTAMORE, VICE PRESIDENT
 GAS TRANSMISSION AND STORAGE

*Paragraph Revised (Portions Underlined)
 **Paragraph Added

GAS INCIDENT REPORTING PROCEDURES

REPORT DESCRIPTIONS

<u>ITEM</u>	<u>DESCRIPTION</u>
Telephonic Report	A telephone call to the CPUC and the DOT consisting of the information contained on the front side of Form 01-9953 "Incident Report Gas Facility Accident/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 for the initial report is indicated with an asterisk on the form.
DOT Form	Report forms DOT F-7100.1 and F-7100.2 submitted to the CPUC Safety as required. The CPUC Safety 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 that 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 that occur on the following: <ol style="list-style-type: none">1. All numbered transmission systems2. Distribution systems operating 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.

ITEM

DESCRIPTION

Written Report

Gas Distribution Department submits a concise written description of the incident together with the appropriate DOT form when required. The Regions, Divisions and GT&S Depts. furnish the information on Form 01-9953 "Incident Report Gas Facility Accident/Leak". Include the following information:

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 and General
Manager - Distribution
Business Unit

Gas Distribution Department prepares for the signature of the Vice President-Gas and Electric Technical Services a memorandum for leaks or incidents on gas facilities that caused either:

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.

The memorandum will include the following:

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.
13. Reports made to the CPUC and the DOT.

<u>ITEM</u>	<u>DESCRIPTION</u>
	A copy of the letter will be sent via facsimile to the Region Gas Manager or the GT&S Dept. Manager involved on the same day as the incident if the incident occurs during normal work hours. Otherwise it is sent during the next normal work hours. A copy should be sent to the Executive Vice President and General Manager - Gas Supply Business Unit and the Vice President - Gas Transmission and Storage for all incidents on Gas Supply Business Unit facilities.

Quarterly Report	The summary listing of reportable and nonreportable incidents that is submitted to the CPUC within 30 days following the end of each calendar quarter. The information is gathered by the Regions, Divisions, GT&S Depts., 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.)
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TELEPHONIC REPORT PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
General Construction Supervisor	Notifies appropriate Region or GT&S Dept. 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 as shown on Form 01-9953. Such situations include but are not limited to dig-ins, ignitions, customer outages, and news media coverage.
Division, Region & Gas T&S Dept.	Determine if the leak or incident detected by their personnel or reported by General Construction is reportable according to the criteria on the back of Form 01-9953. Report incidents in case of doubt.
Region/GT&S Dept./ Division Supervisor	Obtains all readily available information for the reportable incident and places it on Form 01-9953.
Region/Division Supervisor	Telephones information on Form 01-9953 to Region Load Center.
GT&S Dept. Supervisor	Telephones information on Form 01-9953 to the Gas Supply Coordinator at the assigned Gas Terminal.

RESPONSIBILITY

ACTION

Pressure Operator
(Region)

Telephones the information on Form 01-9953 to the first available Gas Distribution Department Representative listed on the "Gas Distribution Department Representatives to be Contacted" list within 1 1/2 hours after company is notified for all incidents not involving numbered transmission or gathering lines 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 not involving numbered transmission or gathering lines 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).

Pressure Operator
(Region)
Gas Supply Coordinator
(GT&S Dept.)

Telephones the information on Form 01-9953 to the Gas Control Dispatcher within 1 1/2 hours after company is notified for all incidents involving numbered transmission or gathering lines 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). This notification does not preclude the Pressure Operator or Gas Supply Coordinator from immediately notifying a System Gas Control Dispatcher of an incident involving a numbered transmission or gathering line.

System Gas Dispatcher
(Gas Control)

Completes Form 01-9953 for incidents involving numbered transmission or gathering lines. Immediately telephones the information on Form 01-9953 to the first available Gas Distribution Department Representative listed on the "Gas Distribution Department Representatives to be Contacted" list.

RESPONSIBILITY

Gas Distribution
Department
Representative

ACTION

1. Completes Form 01-9953. Contacts Region/Division/ GT&S Department representative if further information is needed.
2. Determines if incident is reportable to CPUC Safety and/or CPUC CACD. Determines if incident is reportable to DOT.
3. Telephones immediately CPUC Safety, CPUC CACD and DOT as required. The next working day determines from CPUC Safety engineer if a written report is required for those incidents for which the written report is listed as "CPUC Optional" and logs this information.
4. Telephones Gas Service Section Representative of Gas Distribution Department immediately if incident on customer's facilities involves serious injury, death, or customer outage in excess of twenty customers.
5. Telephones Gas Service Section Representative of Gas Distribution Department at beginning of next working hours for all other incidents on customer's facilities.
6. Notifies Supervising Engineer of Gas Distribution Department Engineering Section, Manager Gas Distribution, Manager Gas Control, Manager Gas System Design, Manager Gas Engineering and Construction, and Vice President - Gas and Electric Technical Services and other gas departments as appropriate for significant incidents.
7. Notifies during the next regular working hours the Region or GT&S Dept. representative involved, to inform them that a telephonic report was made and whether or not a written report is required.
8. Forwards a copy of Form 01-9953 to the Gas Distribution Code Compliance Engineer for all incidents telephoned to CPUC CACD.
9. Logs and files Form 01-9953 during next working hours.

WRITTEN REPORT PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
General Construction	Furnishes information for the written report and if required, the DOT Form, for incidents occurring during assigned construction work. Forwards this information to the Division Gas and Electric Operations Manager or the GT&S Department Manager within six calendar days of the incident.
Region & GT&S Dept.	<ol style="list-style-type: none">1. Submits one completed copy of the Incident Report Gas Facility Accident/Leak (Form 01-9953) and if required one completed copy of the DOT form to the Manager, Gas Distribution Department, within <u>ten calendar days after the incident</u> for incidents detected by their own personnel or by General Construction. Includes Accident Report Number on Form 01-9953 when the incident involves damage to or was caused by any third parties.2. Submits a supplemental report if all necessary information was not available at the time of the submission of the original written report.
Gas Distribution Department Representative	<ol style="list-style-type: none">1. Follows up to insure that the Region or GT&S Department submits Incident Report Gas Facility Accident/Leak (Form 01-9953) and the applicable DOT form within 10 calendar days. Reviews and approves the reports when received.2. Writes the narrative description of the incident and the final report for submission to the CPUC Safety.
Gas Distribution Code Compliance Engineer	Reviews the final report and narrative. Forwards both through Manager, Gas Distribution Department to Vice President - Gas and Electric Technical Services.
Vice President - Gas and Electric Technical Services	Signs final report. Returns signed letter and forms to Gas Distribution for routing.
Gas Distribution Department	Forwards signed letter and required number of forms to the CPUC Safety <u>within twenty calendar days of the incident</u> . Forwards copies to the originating Region or GT&S Department, Gas System Design, General Construction (if involved) and the Regulatory Relations Department. Forwards a copy to Safety, Health, and Claims if any third parties are involved.

WRITTEN MEMORANDUM TO THE SENIOR VICE PRESIDENT AND GENERAL MANAGER -
DISTRIBUTION BUSINESS UNIT (WHEN REQUIRED)

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Gas Distribution Department Representative	Prepares written memorandum to Senior Vice President and General Manager - Distribution Business Unit at the 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 and Electric Technical Services.
Vice President - Gas and Electric Technical Services	Signs the memorandum. Returns it to Gas Distribution Department for routing.
Gas Distribution Department	Hand carries memorandum to Senior Vice President and General Manager - Distribution Business Unit. Sends a copy to the Chairman of the Board. Sends a copy to the Executive Vice President and General Manager - Gas Supply Business Unit and the Vice President - Gas Transmission and Storage for all incidents on Gas Supply Business Unit facilities.

MONTHLY REPORT PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Gas Distribution Dept. Code Compliance Engineer	Compiles a listing of all incidents reported to the CPUC CACD on the Gas Major Event Report and forwards it to the Regulatory Relations Department by the 5th of the following month.
Gas Control Department	Forwards the Gas Curtailment Report to the Regulatory Relations Department by the 5th of the following month.
Regulatory Relations Department	Forwards the monthly reports received from the Gas Control and the Gas Distribution Departments to the CPUC CACD.

QUARTERLY REPORT PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Region/GT&S Dept.	Compiles summary list of reportable and nonreportable incidents. Sends this information to the Gas Distribution Department by the 15th of the month following the end of the calendar quarter.
Gas Distribution Department	Assembles system listing of reportable and nonreportable incidents. Writes the cover letter to the CPUC Safety and forwards both to the Vice President - Gas and Electric Technical Services for signature.
Vice President - Gas and Electric Technical Services	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 Safety before the 30th of the month following the end of the quarter.

RECORD RETENTION REQUIREMENTS

<u>LOCATION</u>	<u>ITEMS</u>	<u>TIME</u>
Regions/Divisions Gas T&S Depts.	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 460.2-2 and SP 460.21-4.
	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 Department	All forms received and sent, All investigative notes, all material forwarded from Region or GT&S Depts., and all correspondence.	Current year plus six years

SAFETY-RELATED CONDITIONS REPORTING PROCEDURES

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Local Responsible Exempt Employee (Division, Region and Gas T&S Dept.)	Determines whether a safety-related condition exists and meets the reporting criteria within <u>5 working days</u> after a company employee discovers the condition. This person is listed on the form as the "Person Determining Condition" and will be the person contacted for further information. Forwards information to Region Gas Staff if applicable.
Division, Region Gas T&S Dept.	Reviews information and forwards it to the Gas Distribution Department Representative so that it is received within <u>2 working days</u> after the day the responsible exempt person determines that the condition meets the reporting criteria. Reports are to be sent by facsimile machine. Reports are to be sent on the attached form (Exhibit 4). Telephone the Gas Distribution Department Representative when the report is sent.
Gas Distribution Department Representative	Prepares the form and letter for the signature of Vice President - Gas and Electric Technical Services.
Gas Distribution Department	Hand carries the form and the letter through the Manager, Gas Distribution Department to the Vice President - Gas and Electric Technical Services.
Vice President - Gas and Electric Technical Services	Signs the letter. Returns the signed letter and form to the Gas Distribution Department for routing.
Gas Distribution Department	Receives the signed letter and form. Telephones the Region, Division, or Gas T&S Department for final confirmation that the letter is to be sent.
Gas Distribution Department	Sends the signed letter and form via facsimile to Information Resources Manager, Office of Pipeline Safety, Research and Special Programs Administration, U.S. Department of Transportation, Room 8417, 400 Seventh Street SW., Washington, DC 20590. A copy is to be mailed to Mr. Russell W. Copeland, Safety Division, California Public Utilities Commission, 505 Van Ness Avenue, Room 2005, San Francisco, CA 94102. A copy is also to be sent to the Vice President of the region involved for conditions on the facilities of that region or to the Executive Vice President Gas Supply Business Unit and the Vice President, Gas Transmission and Storage for conditions on the facilities of a Gas T&S Department. The letter and form must be physically received by the Department of Transportation within <u>5 working days</u> from the date the local responsible exempt employee determines that the safety related condition meets the reporting criteria.

LINES INCLUDED

1. All PG&E owned transmission, distribution, and service lines except those listed under the section "Lines Excluded", regardless of size, that are within 220 yards of any building intended for human occupancy or outdoor place of assembly.
2. All PG&E owned transmission, distribution, and service lines, regardless of size, that are within the right of way of an active railroad, paved road, paved street, or highway.
3. All PG&E owned gathering lines, regardless of size, within any incorporated or unincorporated city, town, or village, or subdivision, business or shopping center, or community development, that are within 220 yards of any building intended for human occupancy or outdoor place of assembly.
4. All PG&E owned gathering lines, regardless of size, within any incorporated or unincorporated city, town, or village, or subdivision, business or shopping center, or community development, that are within the right of way of an active railroad, paved road, paved street, or highway.

LINES EXCLUDED

1. Gathering lines outside of any incorporated or unincorporated city, town, or village, or subdivision, business or shopping center, or community development.
2. Customer owned lines. This includes the lines on a master meter system downstream of the PG&E meter.
3. Gathering, transmission, distribution, and service lines more than 220 yards from any building intended for human occupancy or outdoor place of assembly except for lines in the right of way of an active railroad, paved road, paved street, or highway.

SAFETY RELATED CONDITIONS REQUIRING REPORTING

1. ALL LINES

- A. Unintended movement or abnormal loading by environmental causes such as an earthquake, landslide, or flood that impairs the serviceability of a line. Impaired serviceability means that the safe operation of the line is adversely affected.
- B. Malfunction or operating error that causes pressure in the line to rise above the MAOP more than what is permitted in section 192.201 of GO 112-D. Overpressuring caused by malfunctioning equipment that is repaired or replaced prior to the deadline is exempted in #2 of the exceptions listed below. Overpressuring caused by an operating error must be reported unless remedial action has been taken prior to the deadline to prevent future errors. Examples of remedial action to prevent reoccurrence of overpressuring caused by an operating error are: providing training, revision of procedures, or documented employee counseling.
- C. A leak that constitutes an emergency. An emergency is a situation that requires immediate corrective action to protect the public or property. For the purposes of this procedure, a leak constituting an emergency is defined as a grade 1 leak that meets any one of the following criteria:
1. Gas has been detected in or adjacent to a building.
 2. Gas has ignited.
 3. Gas has been detected in a location that endangers the general public or property.
 4. An emergency response by the police or fire department has been involved.
 5. A natural disaster has occurred.
 6. Any other Grade 1 leak that in the judgement of the responsible exempt person constitutes an emergency.

A Grade 1 leak indication becomes a candidate to be a reportable safety-related condition once the responding personnel determine that the leak indication is indeed a Grade 1 leak that constitutes an emergency. Grade 1 leaks that are found upon further investigation to be Grade 2 leaks are not reportable safety-related conditions. Grade 1 leaks that constitute an emergency that are repaired or replaced before the deadline are not reportable safety-related conditions. Grade 1 leaks that result in DOT reportable incidents are not also reportable safety-related conditions. However Grade 1 leaks that constitute an emergency that are downgraded to Grade 2 leaks because they have been drilled and vented, and are not repaired or replaced prior to the deadline are reportable safety-related conditions.

- D. A known safety-related condition that could lead to an imminent hazard and causes (either directly or through remedial company action in response to the condition) a 20 percent or more reduction in operating pressure or a shutdown of the line.

SAFETY RELATED CONDITIONS REQUIRING REPORTING

2. LINES OVER 20 % SMYS ONLY

- A. General corrosion that has reduced the pipe wall thickness to less than the wall thickness required for the established MAOP of the line.
- B. Localized corrosion pitting to a degree that leakage might result.
- C. Any material defect or physical damage that impairs the serviceability of the line. Impaired serviceability means that the safe operation of the line is adversely affected.

EXCEPTIONS TO REPORTING REQUIREMENTS

- 1. A condition that results in a incident telephonically reportable to the Department of Transportation prior to 5 working days after the local responsible exempt employee determines that the safety related condition meets the reporting requirements.
- 2. A condition that is corrected by permanent or temporary repair or replacement prior to 5 working days after the local responsible exempt employee determines that the safety related condition meets the reporting requirements except for general corrosion on a line over 20% SMYS that has reduced the pipe wall thickness to less than the wall thickness required for the established MAOP of the line. Localized corrosion pitting on an effectively coated and cathodically protected line that is repaired prior to the deadline is exempted from reporting. Drilling and venting without a subsequent repair prior to the deadline do not exempt reporting.
- 3. Pressure reductions and temporary shutdowns for routine maintenance and construction, line inspections, and tests of emergency shutdown capability.
- 4. Shutdowns preceding permanent line abandonment.



GAS DISTRIBUTION
01-9953 1/90

INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK

EXHIBIT 1
FOLLOW-UP

ACCIDENT REPORT # _____

Report To:		From:	Of:	Date:	Time:				
Incident Location:		City/County:		Date:	Time:				
Criteria Number	Gas Ignition <input type="checkbox"/>	Gas Explosion <input type="checkbox"/>	Service Interrupt <input type="checkbox"/>	Escaping Gas <input type="checkbox"/>	Bldg. Evacuated <input type="checkbox"/>	Traffic Rerouted <input type="checkbox"/>	Death / Injury <input type="checkbox"/>	Company Facility <input type="checkbox"/>	Cust. Facility <input type="checkbox"/>
# of Fatalities Company _____ Other _____		# of Injuries Company _____ Other _____		Transported By _____ Hospital _____					
Coverage at Scene	Fire <input type="checkbox"/>	Police <input type="checkbox"/>	News Media <input type="checkbox"/>	Action Taken _____					
Incident Description:									
Co. Fac.	Transmission Line number _____	TP Data /DFM <input type="checkbox"/>	Data Main <input type="checkbox"/>	Service: Line <input type="checkbox"/>	Meter <input type="checkbox"/>	Reg <input type="checkbox"/>	Riser <input type="checkbox"/>	Valve <input type="checkbox"/>	Number of Meters: _____
Other Co. Facility (Specify) _____			Type Bldg Evacuated _____	Company Notified by _____			Time: _____		
Facility Data Size: Steel <input type="checkbox"/> Plastic <input type="checkbox"/>		Other Mat. (Specify): _____		Est. Depth (Inches) _____		Est. Oper Press: _____		MAOP _____	
Line Out <input type="checkbox"/>	Time out _____	Est. Time Back in _____	Number of Cust. out _____		Est. Cust. Outage (Hrs) _____		Date/Time Restored _____		
Remedial Action/Temp Repair *									
Permanent Repair									
Damage		<\$2000	\$2000-\$4999	\$5000-\$9999	\$10000+	Actual	3rd Party		Company Name
Company		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Name _____		Company Name _____
3rd Pty		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Company Address _____		Equip Used _____
Next Day Follow Up	Public Prop <input type="checkbox"/>	Private Prop <input type="checkbox"/>	USA Called <input type="checkbox"/>	Fac. Marked <input type="checkbox"/>	USA Date _____	USA Number _____	Date Marked _____		
Gas Flow Stopped - Time:		By: F.D. <input type="checkbox"/> P.D. <input type="checkbox"/> PG&E <input type="checkbox"/>		Other (Specify): _____			Time Incident Under Control _____		
Company Response		Dispatched _____ Arrived _____		Local Supv. Name: _____					
Serviceman _____		T&D Crew _____		T&R Crew _____		Co. Phone: _____		Outside Co. Phone: _____	
Home Phone: _____									
Notifications		Reported By		Reported To		Date		Time	
Reg. Staff / Load Ctr									
System Gas Control									
Region Claims									
Gas Distribution									
CPUC Safety Staff									
CPUC CACD									
DOT / OPSO									
CPUC Letter Required?		<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	DOT / OPSO Form Required?		<input type="checkbox"/> (Y) <input type="checkbox"/> (N)	Gas Leak #: _____			
DOT Report # _____		Notes: _____							

* Denotes minimum information required for telephone report

EXHIBIT 3

**INSTRUCTIONS FOR COMPLETION OF
GAS INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK**

12/89

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK
* Minimum Information Required for Telephonic Report**

FIELD NAME DESCRIPTION

FOLLOW-UP _____
ACCIDENT REPORT # _____

Follow-Up The date for the follow-up file for the written report. The report must be to Gas Distribution within 10 calendar days of the incident. Optional information.

Accident Report # The number of the associated accident report number. Optional information.

Report To	From	Of	Date	Time
Incident Location*		City/County*	Date*	Time*

Report

To: The person receiving the information. This is usually the person who is filling out the form. **REQUIRED INFORMATION.**

From: The person giving the information to the person filling out the form. **REQUIRED INFORMATION.**

Of: The location of the person who is giving the information. **REQUIRED INFORMATION.**

Date: The date the information is being received. **REQUIRED INFORMATION.**

Time: The time the information is being received. **REQUIRED INFORMATION.**

Incident

Location:* The address of the incident. **REQUIRED INFORMATION**

City/County:* The city and county of the location of the incident. **REQUIRED INFORMATION**

Date:* The date the incident occurred. **REQUIRED INFORMATION**

Time:* The time the incident occurred. **REQUIRED INFORMATION**

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK
* Minimum Information Required for Telephonic Report**

Criteria Number	Gas * Ignition <input type="checkbox"/>	Gas * Explosion <input type="checkbox"/>	Service * Interrupt <input type="checkbox"/>	Escaping Gas * <input type="checkbox"/>	Bldg. * Evacuated <input type="checkbox"/>	Traffic * Rerouted <input type="checkbox"/>	Death / * Injury <input type="checkbox"/>	Company * Facility <input type="checkbox"/>	Cust. * Facility <input type="checkbox"/>
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- Criteria Number:** The number of the criteria listed on the reverse of the form by which this incident is classified as reportable.
- Gas Ignition:*** Check this box if gas has ignited. **REQUIRED INFORMATION**
- Gas Explosion:*** Check this box if there has been an explosion due to natural gas. **REQUIRED INFORMATION**
- Service Interrupt:*** Check this box if service to customers has been interrupted. **REQUIRED INFORMATION**
- Escaping Gas:*** Check this box if there is escaping gas. **REQUIRED INFORMATION**
- Bldg. Evacuated:*** Check this box if a building or buildings have been evacuated, by PG&E or others. **REQUIRED INFORMATION**
- Traffic Rerouted:*** Check this box if traffic has been rerouted or a street has been blocked off. Check this box only if the reroute or blocking of all traffic is total. **REQUIRED INFORMATION**
- Death/Injury:*** Check this box if any person has died or has been admitted to a hospital. Do not check this box if the person or persons were treated and released the same day. **REQUIRED INFORMATION**
- Company Facility:*** Check this box if PG&E facilities were involved. **REQUIRED INFORMATION**
- Cust. Facility:*** Check this box if customer facilities were involved. **REQUIRED INFORMATION**

INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK
* Minimum Information Required for Telephonic Report

# of Fatalities Company	Other	# of Injuries Company	Other	Transported By	Hospital
Coverage* at Scene	Fire <input type="checkbox"/>	Police <input type="checkbox"/>	News Media <input type="checkbox"/>	Action Taken.	

of Fatalities:

Company: Write the number of PG&E employees who have died as a result of this incident. Use "0" if none. **REQUIRED INFORMATION**

Other: Write the number of persons other than PG&E employees who have died. Use "0" if none. **REQUIRED INFORMATION**

of Injuries:

Company: Write the number of PG&E employees who were admitted to the hospital. Do not count those employees who were treated and released the same day. Use "0" if none. **REQUIRED INFORMATION**

Other: Write the number of persons other than PG&E employees who were admitted to the hospital. Do not count those persons who were treated and released the same day. Use "0" if none. **REQUIRED INFORMATION**

Transported:

By: Write the mode of transport that was used to take the hospitalized persons to the hospital.

Hospital: Write the name of the hospital to which the persons were taken.

Coverage at Scene*:

Fire: Check this box if the Fire Department was present. **REQUIRED INFORMATION**

Police: Check this box if the police department or other law enforcement personnel were present. **REQUIRED INFORMATION**

News Media: Check this box if the news media was present. Identify the new media in the "Action Taken" section. **REQUIRED INFORMATION**

Action Taken: Write the actions taken by the fire department, police department or news media. **REQUIRED INFORMATION**

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK**
* Minimum Information Required for Telephonic Report

Incident Description:

Incident Description:* Briefly describe the causes of the incident and what occurred. List the suspected source of ignition if applicable. List the purpose of the excavation in progress if the incident is a dig-in. **REQUIRED INFORMATION**

Co. Fac.	Transmission Line number _____	TP Dbsn /DFM <input type="checkbox"/>	Dbsn Main <input type="checkbox"/>	Service Line <input type="checkbox"/>	Meter <input type="checkbox"/>	Reg <input type="checkbox"/>	Riser <input type="checkbox"/>	Valve <input type="checkbox"/>	Number of Meters: _____
Other Co. Facility (Specify):			Type Bldg Evacuated:	Company * Notified by:		Time:*			

Co. Facility: If company facilities were involved indicate as follows:
Transmission Line number: Write the number of the transmission line involved if applicable.
TP Dbsn/DFM: Check this box if a distribution line at pressure over 60 psig or a distribution feeder main is involved.
Dbsn Main: Check this box if a distribution main is involved.
Service: Check the following boxes as applicable.
 Line: The service line itself.
 Meter: The gas meter.
 Reg: The regulator at the meter set.
 Riser: The service riser piping.
 Valve: The curb valve or the riser valve.
Number of Meters: Write the number of meters involved.

Other Co. Facility (Specify): Write the company facility involved if it does not fall into any of the categories described above. This space would be used for gathering lines, district regulator stations, odorizers, compressor stations and others.

Type Bldg. Evacuated: Write the type of building that was evacuated. Sample types are residence, apartment building, shopping center, office building, commercial. **REQUIRED INFORMATION** if a building was excavated.

Company Notified by*: Write the identity of the party that first notified PG&E of the incident. **REQUIRED INFORMATION**

Time*: Write the time any person at PG&E was first notified of the incident. This person need not be a gas department employee. **REQUIRED INFORMATION**

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK**
* Minimum Information Required for Telephonic Report

Facility Data Size:		Steel <input type="checkbox"/>	Plastic <input type="checkbox"/>	Other Matl. (Specify):	Est. Depth (Inches):	Est. Oper Press:	MAOP:
Line Out <input type="checkbox"/>	Time out:	Est. Time Back in:	Number of Cust. out:	Est. Cust. Outage (Hrs):	Date/Time Restored:		

Facility Data

- Size:** Write the size of the company facility involved if applicable.
- Steel:** Check this box if the company facility involved was made of steel.
- Plastic:** Check this box if the company facility involved was made of plastic.
- Other Matl. (Specify):** Write the type of material of the company facility involved if it was of a material other than steel or plastic, i.e. copper, cast-iron.
- Est. Depth (Inches):** Write the estimated depth of the company facilities involved if known.
- Est. Oper. Press:** Write the estimated pressure of the company facilities involved if known.
- MAOP:** Write the Maximum Allowable Operating Pressure of the company facilities involved if known.
- Line Out:** Check this box if the company facilities involved were removed from service. **REQUIRED INFORMATION**
- Time Out:** Write the time the company facilities involved were removed from service. **REQUIRED INFORMATION**
- Est. Time Back in:** Write the time that the company facilities are expected to be returned to service. **REQUIRED INFORMATION**
- Number of Cust. out:** Write the number of customer that are expected to be without gas service due to the incident. **REQUIRED INFORMATION**
- Est. Cust. Outage (Hrs.):** Write the total number of customer hours of gas service outage. This is calculated by multiplying the number of customers out of service by the number of hours the gas service is expected to be interrupted. Do not count the hours due to CGI's (Can't Get Ins).
- Date/Time Restored:** Write the actual date and time that the last gas service was restored. Exclude CGI's.

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK**
* Minimum Information Required for Telephonic Report

Remedial Action/Temp Repair *
Permanent Repair

Remedial Action/Temp Repair*: Write the actions taken as the initial response to the incident. **REQUIRED INFORMATION**

Permanent Repair: Write the work performed for the final resolution of the incident if additional work was performed after the initial response.

Damage	<\$2000	\$2000-\$4999	\$5000-\$9999	\$10000+	Actual	3rd Party	Name	Company Name
Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			
3rd Pty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		Company Address	Equip. Used

Damage: At the time of the telephonic report check the boxes for the estimated value of both PG&E and third party property damage. At the time of the written report indicate the actual dollar value of the damage to both PG&E and third party property. **REQUIRED INFORMATION**

3rd Party:
Name: The name of the third party individual involved if known.
Company Name: The company name of the third party involved if known.
Company Address: The address of the third party involved if known.
Equipment: The type of equipment used by the third party individual to damage PG&E gas facilities, i.e. backhoe, auger.

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK**
* Minimum Information Required for Telephonic Report

Next Day Follow Up	Public Prop <input type="checkbox"/>	Private Prop <input type="checkbox"/>	USA Called <input type="checkbox"/>	Fac. Marked <input type="checkbox"/>	USA Date.	USA Number	Date Marked.
	Gas Flow Stopped - Time.						Time Incident Under Control.
	By: F.D. <input type="checkbox"/> P.D. <input type="checkbox"/> PG&E <input type="checkbox"/> Other (Specify):						

Next Day Follow Up:

- Public Prop:** Check this box if the incident occurred on public property. **REQUIRED INFORMATION**
- Private Prop:** Check this box if the incident occurred on private property, including easements. **REQUIRED INFORMATION**
- USA Called:** Check this box if a mark and locate request was received prior to the incident. **REQUIRED INFORMATION** if dig-in.
- Fac. Marked:** Check this box if PG&E marked and located the gas facilities prior to the incident. **REQUIRED INFORMATION** if dig-in.
- USA Date:** Write the date the mark and locate request was received. **REQUIRED INFORMATION** if dig-in.
- USA Number:** Write the number of the mark and locate request. **REQUIRED INFORMATION** if dig-in.
- Date Marked:** Write the date PG&E marked and located the gas facilities. **REQUIRED INFORMATION** if dig-in.
- Gas Flow Stopped:**
 - Time:** Write the time the gas flow stopped. **REQUIRED INFORMATION** if escaping gas.
 - By:** Check the box that indicates who stopped the flow of gas as follows: **REQUIRED INFORMATION** if escaping gas.
 F.D.: Fire Department
 P.D.: Police Department
 PG&E: PG&E Employee
 Other (Specify): Someone other than the three listed above. Be sure to write the identity of the person who stopped the flow of gas. This space would be used for persons such as a homeowner.
- Time Incident Under Control:** Write the time the incident was under control. This time can be different than the time the gas flow stopped. **REQUIRED INFORMATION** if escaping gas.

**INSTRUCTIONS FOR COMPLETION OF
INCIDENT REPORT
GAS FACILITY ACCIDENT/LEAK
* Minimum Information Required for Telephonic Report**

Company Response	Dispatched	Arrived	Local Supv - Name _____	
	Serviceman _____	_____	Co. Phone: _____	Outside Co. Phone _____
	T&D Crew _____	_____	Home Phone _____	
	T&R Crew _____	_____		

Company Response: Write the times the serviceman, T&D Crew, and the T&R Crew were dispatched. Not every incident will include response by all three types of employees.
REQUIRED INFORMATION

Local Supervisor: Write the name of the exempt supervisor who was responsible for handling the incident. Include this person's company telephone number, the PT&T version of this person's company telephone number and the person's home telephone number.

Notifications	Reported By	Reported To	Date	Time
Reg. Staff / Load Ctr.				
System Gas Control				
Region Claims				
Gas Distribution				
CPUC Safety Staff				
CPUC CACD				
DOT / OPSO				

Notifications: Use this section to indicate any notifications made. Include the name of the person making each notification, the person spoken to, the date and the time each notification was made.

Reg Staff/ Load Center: The Region Staff or the Region Gas Load Center.

System Gas Control: System Gas Control in San Francisco.

Region Claims: The Safety, Health, and Claims representative for the region.

Gas Distribution: The person in the Gas Distribution Department who is handling the incident.

CPUC Safety Staff: The person in the Safety Division of the California Public Utilities Commission who is receiving the information. This person can also be the CPUC tape recorder.

CPUC CACD: The person in the Commission Advisory and Compliance Division of the California Public Utilities Commission who is receiving the information.

DOT/OPSO: The person who is receiving the information for the United States Department of Transportation.

**INSTRUCTIONS FOR COMPLETION OF
 INCIDENT REPORT
 GAS FACILITY ACCIDENT/LEAK**
 * Minimum Information Required for Telephonic Report

CPUC Letter Required? <input type="checkbox"/> (Y) <input type="checkbox"/> (N)	DOT / OPSO Form Required? <input type="checkbox"/> (Y) <input type="checkbox"/> (N)	Gas Leak #
---	---	------------

CPUC Letter Required? Check whether or not a letter is required to be sent to California Public Utilities Commission. Only a CPUC Engineer can specify whether or not a letter is required, not a secretary.

DOT/OPSO Form Required? Check whether or not a DOT form is required to be sent to California Public Utilities Commission. Only a CPUC Engineer can specify whether or not a DOT form is required, not a secretary.

Gas Leak #: Write the leak number assigned to this incident.

DOT Report #	Notes
--------------	-------

DOT Report #: Write the RSPA number given to you by the person who answers the telephone when you call the DOT in Washington, DC

Notes: Use this section for any miscellaneous information.

DEFINITIONS

<u>ITEM</u>	<u>DESCRIPTION</u>
CACD	Commission Advisory and Compliance Division of the California Public Utilities Commission
CGI	Can't Get In. An instance in which access to the customer's structure cannot be gained because the customer is not present.
CPUC	California Public Utilities Commission
Damage	The dollar value of the damage caused by natural gas.
Death	A PG&E employee or other person who has died due to natural gas or attempted suicide with natural gas.
DOT	United States Department of Transportation
Injury	The admittance and overnight stay at a hospital by a PG&E employee or any other person that was caused by natural gas or an attempt to commit suicide with natural gas. A person who goes to the hospital and is treated and released is not included. A person who is treated at the scene of the incident and is not taken to the hospital is not included. A person who refuses medical attention is not included.
Load Center	Region Gas Load Center
MAOP	Maximum Allowable Operating Pressure
News Media	Any form of news media including but not limited to radio, television, and print media. It is important to determine if the news media involved serve a major metropolitan area or are small local entities only.
OPSO	Office of Pipeline Safety
Region Staff	Region Gas Staff
RSPA	Research and Special Projects Administration of the United States Department of Transportation
T&D	Gas Transmission and Distribution. The construction personnel.
TP Dsbm/DFM	Distribution Feeder Main. A line that operates over 60 psig but does not have a transmission line number.

DEFINITIONS

<u>ITEM</u>	<u>DESCRIPTION</u>
T&R	Transmission and Regulation. Those personnel who operate and maintain large meters and regulators, including district regulators. These personnel can also be referred to as M&C (Measurement and Control) or M&R (Measurement and Regulation).
Traffic Reroute	A complete blocking off of a street or rerouting all the traffic. Rerouting of one lane of traffic is not included.
USA	Underground Service Alert

EXHIBIT 4

<u>DATE</u>	<u>DURATION</u>	<u>LOCATION</u>	<u>CAUSE</u>	<u>IMPACT</u>	<u># CUSTOMERS</u>

PACIFIC GAS AND ELECTRIC COMPANY
GAS MAJOR EVENT REPORT
MONTHS OF

PACIFIC GAS AND ELECTRIC COMPANY
GAS CURTAILMENT REPORT
MONTH OF

ORDERED
DATE/TIME

CPUC
PRIORITY

CURTAILMENT
TYPE

NUMBER OF
CUSTOMERS

RELEASED
DATE/TIME

EXHIBIT 5

REPORTABLE INCIDENT CRITERIA

GAS DISTRIBUTION 01-9953 1/90	TELEPHONE REPORT		(2)	DOT FORM	(3) QUARTER REPORT
	CPUC	DOT (6)	WRITTEN REPORT		
A. DISTRIBUTION, TRANSMISSION, & GATHERING SYSTEMS					
A-1. A gas leak that causes a death or personal injury requiring inpatient hospitalization. (1)	YES	YES	YES	YES	YES
A-2. A gas leak that caused damage to the property of Company or others or both equal to or in excess of \$50,000. (1)	YES	YES	YES	YES	YES
A-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	NO	YES	YES- NO	YES
A-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	NO	CPUC OPT	NO	YES
A-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	NO	YES
A-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	NO	YES
A-7. Third party dig-ins not included under any other criteria.	NO	NO	NO	NO	YES
A-8. A gas leak and related incident that required immediate repair and other emergency actions such as evacuation of a building, blocking off of an area, or rerouting of traffic.	YES	NO	CPUC OPT	NO	YES
A-9. A gas leak or incident that caused an interruption of gas service estimated to exceed 500 customer hours. (6)	YES	NO	CPUC OPT	NO	YES
A-10. A gas leak or incident that did not meet criteria 1 through 9 above but was judged significant by the Company. (6) (1)	YES	YES	YES	YES	YES
A-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	NO	CPUC OPT	NO	YES
B. TRANSMISSION AND GATHERING SYSTEMS ONLY					
B-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	NO	CPUC OPT	NO	YES
B-2. A gas leak that resulted from a test failure in a transmission system that occurred while testing with gas.	NEXT AVAIL WORK HOURS	NO	CPUC OPT	YES	YES

NOTES:					
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 complete, telephone the available information and furnish the missing information in a supplemental report.					
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. Only a CPUC Engineer can make the confirmation.					
3 - Maintain the following information for each incident that will be included in the quarterly summary report: date, 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/coareportable, third parties involved by name and whether or not USA was called.					
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.					
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.					
6 - Incidents reported to the DOT and service interruptions over 2500 customer hours are to be reported to the CPUC ## Commission Advisory and Compliance Division during working hours or during the next available work hours for those incidents that occur during nonworking hours.					
7 - All test failures on lines to be operated over 20% SMYS are to be telephoned to the General Office. ## Gas Distribution will determine whether or not a telephonic report is to be made. A DOT Form will be required for all test failures on lines to be operated over 20% SMYS.					

• - Note revised ## - Note added

December 27, 1989

TO: Holders of the Gas Distribution Department Incident Manual

SUBJECT: Additional Reporting to the CPUC for Certain Major Incidents

REVISED INSTRUCTIONS
(Revisions are underlined)

In addition to the existing telephonic reports to the CPUC Safety Division and the DOT (when applicable), you will be required to make an additional telephonic report to the CPUC Commission Advisory and Compliance Division (CACD) for certain incidents. The criteria for the additional telephonic reporting are as follows:

1. An additional telephonic report to the CPUC Commission Advisory and Compliance Division (CACD) is required for all incidents that require a telephone call to the DOT. This includes those incidents involving fatalities, injuries requiring hospitalization, and damage over \$50,000.
2. An additional telephonic report to the CPUC Commission Advisory and Compliance Division (CACD) is required for all incidents involving an interruption of gas service in excess of 2500 customer hours.

The telephone calls to the CACD are to be made during at the time the telephone calls are made to the CPUC Safety Division and the DOT (when applicable) except if the incident occurs during nonworking hours the telephone calls to the CACD are to be made during the next available work hours. The telephone calls to the CPUC Safety Division and the DOT (when applicable) are unchanged.

The telephone calls to the CACD are to be made in the following order until one person is reached:

[REDACTED]

[REDACTED]

Please note these calls on the telephonic incident form and give a copy of the form to Irene Degl'Innocenti. This information is needed for a monthly report to the CPUC Commission Advisory and Compliance Division (CACD).

5

Date

Mr. Russell W. Copeland, Chief
Safety Division, Utilities Branch
California Public Utilities Commission
505 Van Ness Avenue, Room 2005
San Francisco, CA 94102

Dear Mr. Copeland:

California Public Utilities Commission
Report of Gas Incident - Our File No.
Location:

This letter will supplement our telephone report made on (Date)
concerning an incident that occurred at (Location)

Our investigation disclosed that (Describe the incident)

We were notified of this incident by (State by who, at what time, what the
company's initial response was, what was done to make the situation safe, and
what permanent repairs were made)

There were (number of fatalities and injuries) as a result of this incident.
___ customers were out of service for approximately _____ hours for a total of
___ customer-hours. Damage to Pacific Gas and Electric Company was estimated to
be \$____; (State damage to 3rd parties)

I respectfully call your attention to the fact that accident reports are solely
for the confidential use of the Commission and its staff and are not open to
public inspection (PUC GO 66-C, Public Utilities Code, Sections 315 and 583),
except for the copy of the D.O.T. Report Form made public to the United States
Department of Transportation pursuant to Commission Resolution dated February
10, 1970.

Sincerely,

WRM:

Dictator:

bcc	<u>DIVISION</u>	<u>Region</u>	<u>PLO</u>
	Region VP	Region VP	Manager, Area or GP&S
	Div. Manager	RTM	[REDACTED]
	GEOM	Leslie Everett	Leslie Everett
	Leslie Everett	[REDACTED]	[REDACTED]

D.O.T. FORM AND/OR INCIDENT LETTER

Submitted by: _____ On: _____
DATE DUE TO CPUC: _____

,199

Mr. Russell W. Copeland, Chief
Safety Division, Utilities Branch
California Public Utilities Commission
505 Van Ness Avenue, Room 2005
San Francisco, CA 94102

Dear Mr. Copeland:

California Public Utilities Commission
Report of Gas Incident - Our File No. 028.91

Location: _____
(City, State) (Date)

This letter and the attached Form D.O.T. No. F7100.1 will supplement our telephone report of _____ concerning a gas incident which occurred at _____.

Our investigation disclosed that

We were notified of this incident at _____ hours

(Interruptions.)

(Injuries/fatalities.)

(Property Damage - Company and Third Party:)

I respectfully call your attention to the fact that accident reports are solely for the confidential use of the Commission and its staff and are not open to public inspection (PUC GO 66-C, Public Utilities Code, Sections 315 and 583), except for the copy of the D.O.T. Report Form made public to the United States Department of Transportation pursuant to Commission Resolution dated February 10, 1970.

Sincerely,

W. R. Mazotti

bcc: Region VP
Division Manager
GEOM
Leslie Everett/Eric Montezambert
[REDACTED]

Date

Information Resources Manager
Office of Pipeline Safety
Research and Special Programs Administration
U.S. Department of Transportation, Room 8417
400 Seventh Street SW
Washington, D.C. 20590

Dear Sir or Madam:

U.S. Department of Transportation
D.O.T. Telephone Report No.
Report of Natural Gas Incident - Our File No. 025.69
Location:

The attached D.O.T. Form No. F7100.1 will supplement our
telephone report of _____ concerning a gas
incident which occurred at _____

Sincerely,

W. R. Mazotti

Attachment

Dictator:

cc. Russell Copeland, California Public Utilities Commission

bcc. Region VP/Region Gas Manager
LHEverett

SHPhillips
Liaison Engineer (if different than the dictator)

Date

Mr. Russell W. Copeland, Chief
Safety Division, Utilities Branch
California Public Utilities Commission
505 Van Ness Avenue, Room 2005
San Francisco, CA 94102

Dear Mr. Copeland:

California Public Utilities Commission
Report of Gas Incident - Our File No.
Location:

This letter will supplement our telephone report made on
(Date) concerning an incident that occurred at
(Location)

Our investigation disclosed that (Describe the incident)

We were notified of this incident by (State by who, at what
time, what the company's initial response was, what was done
to make the situation safe, and what permanent repairs were
made)

There were (number of fatalities and injuries) as a result
of this incident. ___ customers were out of service for
approximately ___ hours for a total of ___ customer-hours.
Damage to Pacific Gas and Electric Company was estimated to
be \$___; (State damage to 3rd parties)

I respectfully call your attention to the fact that accident
reports are solely for the confidential use of the
Commission and its staff and are not open to public
inspection (PUC GO 66-C, Public Utilities Code, Sections 315
and 583), except for the copy of the D.O.T. Report Form made
public to the United States Department of Transportation
pursuant to Commission Resolution dated February 10, 1970.

Sincerely,

WRM:

Dictator.

<u>bcc</u>	<u>Division</u>	<u>Region</u>	<u>PLO</u>
	Region VP	Region VP	Manager, Area or GP&S
	Div. Manager	RTM	██████████
	██████████	Leslie Everett	Leslie Everett
	Leslie Everett	██████████	██████████
	██████████		

Date

Information Resources Manager
Office of Pipeline Safety
Research and Special Programs Administration
U.S. Department of Transportation, Room 8417
400 Seventh Street SW
Washington, D.C. 20590

Dear Sir or Madam:

U.S. Department of Transportation
D.O.T Telephone Report No.
Report of Natural Gas Incident - Our File No. 025.69
Location

The attached D O T. Form No F7100.1 will supplement our
telephone report of _____ concerning a gas
incident which occurred at _____

Sincerely,

W. R. Mazotti

Attachment

Dictator:

cc. Russell Copeland, California Public Utilities Commission

bcc. Region VP/Region Gas Manager

LHEverett

SHPhillips

Liaison Engineer (if different than the dictator)

Date

Mr. Russell W. Copeland, Chief
Safety Division, Utilities Branch
California Public Utilities Commission
505 Van Ness Avenue, Room 2005
San Francisco, CA 94102

Dear Mr. Copeland:

California Public Utilities Commission
Report of Gas Incident - Our File No.
Location.

This letter and the attached Form D.O.T. No. F7100.1 will supplement our telephone report made on () concerning an incident that occurred at (Location)

Our investigation disclosed that (Describe the incident)

We were notified of this incident by (State by who, at what time, what the company's initial response was, what was done to make the situation safe, and what permanent repairs were made)

There were (number of fatalities and injuries) as a result of this incident. ___ customers were out of service for approximately ___ hours for a total of ___ customer-hours. Damage to Pacific Gas and Electric Company was estimated to be \$___; (State damage to 3rd parties)

I respectfully call your attention to the fact that accident reports are solely for the confidential use of the Commission and its staff and are not open to public inspection (PUC GO 66-C, Public Utilities Code, Sections 315 and 583), except for the copy of the D.O.T. Report Form made public to the United States Department of Transportation pursuant to Commission Resolution dated February 10, 1970.

Sincerely,

WRM:

Dictator.

bcc	<u>Division</u>	<u>Region</u>	<u>PLO</u>
	Region VP Div. Manager [REDACTED] Leslie Everett [REDACTED]	Region VP RTM Leslie Everett [REDACTED]	Manager, Area or GP&S [REDACTED] Leslie Everett [REDACTED]

January 14, 1992

On Call Incident Personnel

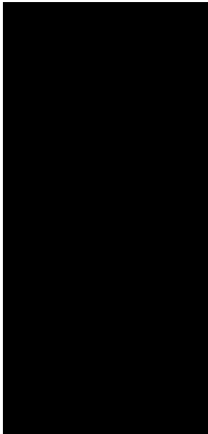
Following is the on-call schedule for reporting of incidents to the CPUC, covering 1992 up to the end of April. Extending of the schedule will depend on progress on the program to reassign such duties.

If you cannot comply with the schedule, please arrange a trade with someone else on the list, or call me at [REDACTED]

Also, please let me know if you can attend a training and discussion on January 30 or 31. Particularly, the new people on the list will need some introduction and training on the procedures before being on call. If you need training, and cannot attend a session on those dates, please call so we can schedule another time.

[REDACTED]

1992 GAS AND ELECTRIC TECHNICAL SERVICES PAGER ON-CALL SCHEDULE
FOR REPORTABLE GAS INCIDENTS

<u>WEEK</u>	<u>PERSON ON-CALL</u>
January 6	
January 13	
January 20	
January 27	
February 3	
February 10	
February 17	
February 24	
March 2	
March 9	
March 16	
March 23	
March 30	
April 6	
April 13	
April 20	
April 27	

Pager Instructions

1. As the on call incident person, you will be given the incident pager and cell phone for the week. The pager number is in all of the load centers, and Gas Control, which is where incident calls to the on call person will come from. You will need to have the pager with you at all times. If you have your own cell phone, you can use that. The incident cell phone number has not been published, so no calls will come in on it.
2. The pager cell phone comes with a charger and spare battery. If you use this cell phone, you are responsible for keeping it charged at all times.
3. The transfer of the pager and portable cellular telephone occurs at 8 A.M. on Monday morning. If Monday is a holiday, then the transfer is on Tuesday morning. The person carrying the pager is responsible to arrange for the transfer to the next person on the list.
4. You must find a replacement to carry the pager and telephone if you are going to be on vacation or outside the range of the pager.
5. During the week that you carry the pager, it is to be left on 24 hours per day and with you at all times. However, during working hours, incoming calls are directed to Carol or Shiela, and will come to the pager only if Carol or Shiela cannot be reached. This happens very rarely.
6. Replace the battery in the pager when it runs low. The pager uses one AA battery.
7. When you are beeped on the pager, use the portable cellular telephone or another telephone as soon as possible and call the telephone number displayed on the pager (either a Region Load Center or Gas Control).