

 U.S. Department of Transportation Research and Special Programs Administration	INCIDENT REPORT - GAS DISTRIBUTION SYSTEM	Report Date _____ No. _____ (RSPA)
PART 1 - GENERAL REPORT INFORMATION *SEE INSTRUCTIONS*		
1. a. Operator's 5 digit Identification Number / 1 / 5 / 0 / 0 / 7 / b. Name of Operator Pacific Gas & Electric Company c. P.O. Box 770000, Mail Code H15E Number and Street d. San Francisco, CA 94177 City, County, State and Zip Code 2. Location of incident a. Number and Street b. City and County c. State and Zip Code d. Class location <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 e. Incident on Federal land <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Time and date of incident / / / / hr. / / / mo. / / / day / / / yr.	4. Reason for reporting <input type="checkbox"/> Fatality Number / / / / persons <input type="checkbox"/> Injury requiring inpatient hospitalization Number / / / / persons <input type="checkbox"/> Property damage/loss Estimate \$ <input type="checkbox"/> Operator judgment/emergency action <input type="checkbox"/> Supplemental Report 5. Elapsed time until area was made safe / / / hr. / / / min. 6. Telephone Report / / / mo. / / / day / / / yr. 7. a. Estimated pressure at point and time of incident (PSIG) b. Maximum allowable operating pressure (MAOP)(PSIG) c. MAOP established by: (1) Test pressure (PSIG) (2) 49 CFR § 192.619 (a)(3) <input type="checkbox"/>	
PART 2 - APPARENT CAUSE		
<input type="checkbox"/> Corrosion (Continue in Part A) <input type="checkbox"/> Damage by Outside Forces (Continue in Part B) <input type="checkbox"/> Construction/Operating error(Continue in Part C) <input type="checkbox"/> Other <input type="checkbox"/> Accidentally caused by operator (Continue in Parts B and/or C)		
PART 3 - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE INCIDENT		(Attach additional sheet(s) as necessary)
PART 4 - ORIGIN OF THE INCIDENT		
1. Part of system where incident occurred <input type="checkbox"/> Main <input type="checkbox"/> Meter Set Assembly <input type="checkbox"/> Service Line <input type="checkbox"/> Other 3. Material involved: <input type="checkbox"/> Steel <input type="checkbox"/> Cast iron <input type="checkbox"/> Polyethylene plastic <input type="checkbox"/> Other plastic: <input type="checkbox"/> Other Nominal pipe size (NPS) / / / / in. 4. Specification Manufacturer Yr Manufactured / / / / / Yr Installed / / / / /	2. Component which failed a. Part <input type="checkbox"/> Body of pipe <input type="checkbox"/> Valve <input type="checkbox"/> Joint type <input type="checkbox"/> Regulator/meter <input type="checkbox"/> Fitting <input type="checkbox"/> Weld(Specify) (girth, longitudinal, fillet) <input type="checkbox"/> Drip/Riser <input type="checkbox"/> Other	
PART 5 - ENVIRONMENT		
Area of Incident <input type="checkbox"/> Within/Under bldg <input type="checkbox"/> Under pavement <input type="checkbox"/> Above ground <input type="checkbox"/> Under ground or Under water <input type="checkbox"/> Other		
PART 6 - PREPARER AND AUTHORIZED SIGNATURE		
Shan Bhattacharya, Vice President - Distribution Engineering & Planning (type or print) Preparer's Name and Title		(415) 973-6998 Area Code and Telephone Number
_____ Authorized Signature		_____ Date Area Code and Telephone Number

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PART A - CORROSION

1. Where did corrosion occur?
 Internally
 Externally

2. Visual description
 Localized pitting
 General corrosion
 Other

3. Cause
 Galvanic
 Other

4. Pipe coating information
 Bare Coated

5. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?
 Yes Year protection started / / / / /
 No

6. Additional Information:

PART B - DAMAGE BY OUTSIDE FORCES

1. Primary cause of incident
 Damage resulted from action of operator or his agent.
 Damage resulted from action by outside/third party.
 Damage by earth movement
 Subsidence
 Landslide/washout
 Frost
 Other
 Damage by lightning or fire

2. Locating information (for damage resulting from action of outside party/third party)
a. Did operator get prior notification that equipment would be used in the area
 Yes Data received / / / mo. / / / day / / / yr
 No
b. Was pipeline location marked either as a result of notification or by markers already in place?
 Yes Permanent markers Temporary stakes Other
 No
c. Does statute or ordinance require the outside party to determine whether underground facility (ies) exist?
 Yes
 No

3. Additional information:

PART C - CONSTRUCTION DEFECT

1. Cause
 Poor workmanship during construction
 Physical damage during construction
 Operating procedure inappropriate
 Error in operating procedure application
 Other

2. Additional information:

PART D - OTHER

Brief Description: