

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS			Report Date _____
<p>U.S. Department of Transportation Research and Special Programs Administration</p>		<p>No. ___ - ___ (RSPA)</p>	
PART 1 - GENERAL REPORT INFORMATION		<i>*SEE INSTRUCTIONS*</i>	
<p>1. a. Operator's 5 digit identification Number / 1 / 5 / 0 / 0 / 7 /</p> <p>b. Name of Operator Pacific Gas & Electric Company</p> <p>c. San Francisco, San Francisco, CA 94177 City, Country, State and Zip Code</p> <p>2. Location of incident</p> <p>a. City and Country _____</p> <p>b. State and Zip Code _____</p> <p>c. Mile Post/Valve Station _____</p> <p>d. Survey Station No. _____</p> <p>e. Class Location Onshore <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Offshore <input type="checkbox"/></p> <p> area block number State or Outer Continental Shelf</p> <p>f. Incident on Federal Land other than Outer Continental Shelf <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Incident type <input type="checkbox"/> Leak <input type="checkbox"/> Rupture <input type="checkbox"/> Other Rupture Length (feet) _____</p>		<p>4. Reason for reporting</p> <p><input type="checkbox"/> Fatality Number / / / / persons</p> <p><input type="checkbox"/> Injury requiring Number / / / / persons inpatient hospitalization</p> <p><input type="checkbox"/> Property damage/loss Estimated \$</p> <p><input type="checkbox"/> Operator judgment</p> <p><input type="checkbox"/> Supplemental Report</p> <p>5. Elapsed time until area was made safe / / / hr. / / / min.</p> <p>6. Telephone Report / / / mo. / / / day / / / yr.</p> <p>7. a. Estimated pressure at point and time of incident (PSIG) _____</p> <p>b. Maximum allowable operating pressure(MAOP)(PSIG) _____</p> <p>c. MAOP established by: (1) Test pressure (PSIG) _____</p> <p> (2) 49 CFR § 192.619 (a)(3) <input type="checkbox"/></p> <p>8. Time and date of the incident / / / / hr. / / / mo. / / / day / / / yr.</p>	
PART 2 - APPARENT CAUSE			
<input type="checkbox"/> Corrosion (Continue in Part A)		<input type="checkbox"/> Damage by Outside Forces (Continue on Part B)	
		<input type="checkbox"/> Construction/Material defect (Continue in Part C)	
PART 3 - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT <i>(Attach additional sheets as necessary)</i>			
PART 4 - ORIGIN OF THE INCIDENT			
<p>1. Incident occurred on <input type="checkbox"/> Transmission System <input type="checkbox"/> Gathering System <input type="checkbox"/> Transmission Line of Distribution System</p> <p>2. Failure occurred on <input type="checkbox"/> Body of pipe <input type="checkbox"/> Fitting (Specify) _____ <input type="checkbox"/> Mechanical joint <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Valve <input type="checkbox"/> Weld (Specify) _____ (girth, longitudinal, fillet)</p>		<p>3. Material Involved <input type="checkbox"/> Steel <input type="checkbox"/> Other (Specify) _____</p> <p>4. Part of system Involved in Incident</p> <p>a. Part <input type="checkbox"/> Pipeline <input type="checkbox"/> Regulator/Metering System <input type="checkbox"/> Compressor Station <input type="checkbox"/> Other</p> <p>b. Year Installed / / / / /</p>	
PART 5 - MATERIAL SPECIFICATION		PART 6 - ENVIRONMENT	
<p>1. Nominal pipe size (NPS) / / / / / in.</p> <p>2. Wall thickness / / / / / in.</p> <p>3. Specification SMYS / / / / /</p> <p>4. Seam type</p> <p>5. Valve type</p>		<p>Area of incident</p> <p><input type="checkbox"/> Under pavement <input type="checkbox"/> Above ground</p> <p><input type="checkbox"/> Underground <input type="checkbox"/> Under Water</p> <p><input type="checkbox"/> Other</p>	
6. Manufactured by _____		year / / / / /	
PART 7 - PREPARER AND AUTHORIZED SIGNATURE			
<p>Shan Bhattacharya, Vice President - Distribution Engineering & Planning (type or print) Preparer's Name and Title</p>		<p>(415) 973-6999 Area Code and Telephone Number</p>	
<p>_____ Authorized Signature</p>		<p>(415) 973-6999 Area Code and Telephone Number</p>	
<p>_____ Date</p>			

PART A - CORROSION		
1. Where did the corrosion occur? <input type="checkbox"/> Internally <input type="checkbox"/> Externally	2. Visual Description <input type="checkbox"/> Localized pitting <input type="checkbox"/> General corrosion <input type="checkbox"/> Other	3. Cause <input type="checkbox"/> Galvanic <input type="checkbox"/> Other
4. Pipe coating information <input type="checkbox"/> Bare <input type="checkbox"/> Coated		
5. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident? <input type="checkbox"/> Yes Year protection started / / / / / <input type="checkbox"/> No		
6. Additional information		

PART B - DAMAGE BY OUTSIDE FORCES
1. Primary cause of incident <input type="checkbox"/> Damage resulted from action of operator or his agent. <input type="checkbox"/> Damage resulted from action by outside/third party. <input type="checkbox"/> Damage by earth movement <input type="checkbox"/> Subsidence <input type="checkbox"/> Landslide/washout <input type="checkbox"/> Frost <input type="checkbox"/> Other
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 <input type="checkbox"/> Yes Data received / / / mo. / / / day / / / yr <input type="checkbox"/> No b. Was pipeline location marked either as a result of notification or by markers already in place? <input type="checkbox"/> Yes Specify type of marking <input type="checkbox"/> No c. Does statute or ordinance require the outside party to determine whether underground facility (ies) exist? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Additional information:

PART C - CONSTRUCTION OR MATERIAL DEFECT
1. Cause of defect <input type="checkbox"/> Construction <input type="checkbox"/> Material (<i>describe in C.4 below</i>)
2. Description of component other than pipe
3. Latest test data a. Was part which leaked pressure tested before incident occurred? <input type="checkbox"/> Yes Date of test / / / mo. / / / day / / / yr. <input type="checkbox"/> No b. Test medium <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Other c. Time held at test pressure / / / hr. d. Estimated test pressure at point of incident (PSIG) _
4. Additional Information: