



U.S. Department of Transportation  
Research and Special Programs  
Administration

## INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date \_\_\_\_\_

No. \_\_\_\_\_  
(DOT Use Only)

### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

### PART A – GENERAL REPORT INFORMATION

Check one:  Original Report     Supplemental Report     Final Report

#### Operator Name and Address

- a. Operator's 5-digit Identification Number (when known) / / / / /  
 b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) / / / / /  
 c. Name of Operator \_\_\_\_\_  
 d. Operator street address \_\_\_\_\_  
 e. Operator address \_\_\_\_\_  
     City, County or Parrish, State and Zip Code

#### 2. Time and date of the incident

/ / hr.    / / month    / / day    / / year

#### 3. Location of incident

- a. \_\_\_\_\_  
    Nearest street or road  
 b. \_\_\_\_\_  
    City and County or Parrish  
 c. \_\_\_\_\_  
    State and Zip Code  
 d. Mile Post/Valve Station \_\_\_\_\_  
 e. Survey Station No. \_\_\_\_\_  
 f. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 (if not available, see instructions for how to provide specific location)  
 g. Class location description  
 Onshore:  Class 1     Class 2     Class 3     Class 4  
 Offshore:  Class 1    (complete rest of this item)  
     Area \_\_\_\_\_ Block # \_\_\_\_\_  
     State / / / or Outer Continental Shelf   
 h. Incident on Federal Land other than Outer Continental Shelf  
      Yes     No  
 i. Is pipeline Interstate  Yes     No

#### 4. Type of leak or rupture

- Leak:  Pinhole     Connection Failure (complete sec. F5)  
      Puncture, diameter (inches) \_\_\_\_\_  
 Rupture:  Circumferential – Separation  
      Longitudinal  
     – Tear/Crack, length (inches) \_\_\_\_\_  
     – Propagation Length, total, both sides (feet) \_\_\_\_\_  
 N/A  
 Other: \_\_\_\_\_

#### 5. Consequences (check and complete all that apply)

- a.  Fatality    Total number of people: / / / / /  
     Employees: / / / / /    General Public: / / / / /  
     Non-employee Contractors: / / / / /  
 b.  Injury requiring inpatient hospitalization    Total number of people: / / / / /  
     Employees: / / / / /    General Public: / / / / /  
     Non-employee Contractors: / / / / /  
 c.  Property damage/loss (estimated)    Total \$ \_\_\_\_\_  
     Gas loss \$ \_\_\_\_\_    Operator damage \$ \_\_\_\_\_  
     Public/private property damage \$ \_\_\_\_\_  
 d.  Release Occurred in a 'High Consequence Area'  
 e.  Gas ignited – No explosion    f.  Explosion  
 g.  Evacuation (general public only) / / / / / people  
     Reason for Evacuation:  
      Emergency worker or public official ordered, precautionary  
      Threat to the public     Company policy

#### 6. Elapsed time until area was made safe:

/ / hr.    / / min.

#### 7. Telephone Report

/ / / / / / / / / /  
     NRC Report Number    / / month    / / day    / / year

#### 8. a. Estimated pressure at point and time of incident:

\_\_\_\_\_ PSIG

b. Max. allowable operating pressure (MAOP): \_\_\_\_\_ PSIG

#### c. MAOP established by 49 CFR section:

- 192.619 (a)(1)     192.619 (a)(2)     192.619 (a)(3)  
 192.619 (a)(4)     192.619 (c)

d. Did an overpressurization occur relating to the incident?  Yes     No

### PART B – PREPARER AND AUTHORIZED SIGNATURE

\_\_\_\_\_  
 (type or print) Preparer's Name and Title

\_\_\_\_\_  
 Area Code and Telephone Number

\_\_\_\_\_  
 Preparer's E-mail Address

\_\_\_\_\_  
 Area Code and Facsimile Number

**PART C - ORIGIN OF THE INCIDENT**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Incident occurred on</p> <ul style="list-style-type: none"> <li><input type="radio"/> Transmission System</li> <li><input type="radio"/> Gathering System</li> <li><input type="radio"/> Transmission Line of Distribution System</li> </ul> <p>2. Failure occurred on</p> <ul style="list-style-type: none"> <li><input type="radio"/> Body of pipe      <input type="radio"/> Pipe Seam</li> <li><input type="radio"/> Joint</li> <li><input type="radio"/> Component</li> <li><input type="radio"/> Other: _____</li> </ul> | <p>3. Material involved (<i>pipe, fitting, or other component</i>)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Steel</li> <li><input type="radio"/> Plastic (If plastic, complete all items that apply in a-c)<br/>Plastic failure was: <input type="checkbox"/> a. ductile   <input type="checkbox"/> b. brittle   <input type="checkbox"/> c. joint failure</li> <li><input type="radio"/> Material other than plastic or steel: _____</li> </ul> <p>4. Part of system involved in incident</p> <ul style="list-style-type: none"> <li><input type="radio"/> Pipeline                      <input type="radio"/> Regulator/Metering System</li> <li><input type="radio"/> Compressor Station      <input type="radio"/> Other: _____</li> </ul> <p>5. Year the pipe or component which failed was installed: / / / / /</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**PART D – MATERIAL SPECIFICATION** (if applicable)

1. Nominal pipe size (NPS)      / / / / / in.
2. Wall thickness                      / / / / / in.
3. Specification \_\_\_\_\_ SMYS / / / / /
4. Seam type \_\_\_\_\_
5. Valve type \_\_\_\_\_
6. Pipe or valve manufactured by \_\_\_\_\_ in year / / / / /

**PART E – ENVIRONMENT**

1. Area of incident
- In open ditch
  - Under pavement       Above ground
  - Under ground           Under water
  - Inside/under building    Other: \_\_\_\_\_
2. Depth of cover: \_\_\_\_\_ inches

**PART F – APPARENT CAUSE**

**Important:** There are 25 numbered causes in this section. Check the box to the left of the **primary** cause of the incident. Check one circle in each of the supplemental items to the right of or below the cause you indicate. See the instructions for this form for guidance.

**F1 – CORROSION**

If either F1 (1) External Corrosion, or F1 (2) Internal Corrosion is checked, complete all subparts a – e.

- |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> External Corrosion</p> <p>2. <input type="checkbox"/> Internal Corrosion</p> | <p>a. Pipe Coating</p> <ul style="list-style-type: none"> <li><input type="radio"/> Bare</li> <li><input type="radio"/> Coated</li> </ul> <p>b. Visual Examination</p> <ul style="list-style-type: none"> <li><input type="radio"/> Localized Pitting</li> <li><input type="radio"/> General Corrosion</li> <li><input type="radio"/> Other: _____</li> </ul> <p>c. Cause of Corrosion</p> <ul style="list-style-type: none"> <li><input type="radio"/> Galvanic      <input type="radio"/> Stray Current</li> <li><input type="radio"/> Improper Cathodic Protection</li> <li><input type="radio"/> Microbiological</li> <li><input type="radio"/> Stress Corrosion Cracking</li> <li><input type="radio"/> Other: _____</li> </ul> <p>d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?</p> <ul style="list-style-type: none"> <li><input type="radio"/> No      <input type="radio"/> Yes, Year Protection Started: / / / / /</li> </ul> <p>e. Was pipe previously damaged in the area of corrosion?</p> <ul style="list-style-type: none"> <li><input type="radio"/> No      <input type="radio"/> Yes, How long prior to incident: / / / / / years / / / / / months</li> </ul> |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**F2 – NATURAL FORCES**


3.  Earth Movement    ⇒    Earthquake       Subsidence       Landslide       Other: \_\_\_\_\_
4.  Lightning
5.  Heavy Rains/Floods ⇒    Washouts       Flotation       Mudslide       Scouring       Other: \_\_\_\_\_
6.  Temperature        ⇒    Thermal stress    Frost heave     Frozen components    Other: \_\_\_\_\_
7.  High Winds

**F3 - EXCAVATION**

8.  Operator Excavation Damage (*including their contractors*) / Not Third Party

9.  Third Party Excavation Damage (complete a-d)
- a. Excavator group  
 General Public  Government  Excavator other than Operator/subcontractor
- b. Type:  Road Work  Pipeline  Water  Electric  Sewer  Phone/Cable  Landowner  Railroad  
 Other: \_\_\_\_\_
- c. Did operator get prior notification of excavation activity?  
 No  Yes: Date received: / / mo. / / / day / / / yr.  
 Notification received from:  One Call System  Excavator  Contractor  Landowner
- d. Was pipeline marked?  
 No  Yes (If Yes, check applicable items i - iv)
- i. Temporary markings:  Flags  Stakes  Paint
- ii. Permanent markings:  Yes  No
- iii. Marks were (check one)  Accurate  Not Accurate
- iv. Were marks made within required time?  Yes  No

**F4 – OTHER OUTSIDE FORCE DAMAGE**

10.  Fire/Explosion as primary cause of failure ⇒ Fire/Explosion cause:  Man made  Natural
11.  Car, truck or other vehicle not relating to excavation activity damaging 
12.  Rupture of Previously Damaged Pipe
13.  Vandalism

Form RSPA F 7100.2 (01-2002)

Page 2 of 3

**F5 – MATERIAL AND WELDS**

**Material**

14.  Body of Pipe ⇒  Dent  Gouge  Wrinkle Bend  Arc Burn  Other: \_\_\_\_\_
15.  Component ⇒  Valve  Fitting  Vessel  Extruded Outlet  Other: \_\_\_\_\_
16.  Joint ⇒  Gasket  O-Ring  Threads  Other: \_\_\_\_\_

**Weld**

17.  Butt ⇒  Pipe  Fabrication  Other: \_\_\_\_\_
18.  Fillet ⇒  Branch  Hot Tap  Fitting  Repair Sleeve  Other: \_\_\_\_\_
19.  Pipe Seam ⇒  LF ERW  DSAW  Seamless  Flash Weld  Other: \_\_\_\_\_  
 HF ERW  SAW  Spiral

Complete a-g if you indicate any cause in part F5.

- a. Type of failure:  
 Construction Defect ⇒  Poor Workmanship  Procedure not followed  Poor Construction Procedures  
 Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site?  Yes  No
- c. Was part which leaked pressure tested before incident occurred?  Yes, complete d-g  No
- d. Date of test: / / mo. / / / day / / / yr.
- e. Test medium:  Water  Natural Gas  Inert Gas  Other: \_\_\_\_\_
- f. Time held at test pressure: / / / hr.
- g. Estimated test pressure at point of incident: \_\_\_\_\_ PSIG

**F6 – EQUIPMENT AND OPERATIONS**

20.  Malfunction of Control/Relief Equipment ⇒  Valve  Instrumentation  Pressure Regulator  Other: \_\_\_\_\_
21.  Threads Stripped, Broken Pipe Coupling ⇒  Nipples  Valve Threads  Mechanical Couplings  Other: \_\_\_\_\_
22.  Ruptured or Leaking Seal/Pump Packing

23.  Incorrect Operation

- a. Type:  Inadequate Procedures  Inadequate Safety Practices  Failure to Follow Procedures  Other: \_\_\_\_\_
- b. Number of employees involved who failed post-incident drug test: / / / Alcohol test: / / / /
- c. Were most senior employee(s) involved qualified?  Yes  No
- d. Hours on duty: / / /

**F7 – OTHER**

24.  Miscellaneous, describe: \_\_\_\_\_

25.  Unknown

Investigation Complete       Still Under Investigation (*submit a supplemental report when investigation is complete*)

**PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT** (Attach additional sheets as necessary)