

Form Type Leak Inspection Only or Non-Leak Damage

Dates

Compliance Due Date: _____

Assigned to M&C Coordinator: _____ Assigned to Construction: _____

INITIAL DATA

Leak Number	Detail	Year	Sector	Locator	Location: A = Above Ground, B = Below Ground
USA Ticket #	Valid Date				Year
Date Reported	Time Reported		(24 hr Time)		PCC Number
Response Date	Response Time		(24 hr Time)		Paved Wall-To-Wall <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Flow Stopped Date	Gas Flow Stopped Time		(24 hr Time)		

SAP Repair Order # _____

Address:	City:
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Description of Reading Location:

Reported By: <input type="checkbox"/> Call-In <input type="checkbox"/> Mobile Survey <input type="checkbox"/> Foot Survey <input type="checkbox"/> Other Employee	Surface At Read Location: <input type="checkbox"/> Concrete <input type="checkbox"/> Unsurfaced <input type="checkbox"/> Above ground <input type="checkbox"/> Asphalt <input type="checkbox"/> Water Marsh/Tidal <input type="checkbox"/> In Substructure <input type="checkbox"/> Other
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Readings			Info Code (c)	Date		Time (24 hr Time)	Operator LAN ID	Unit Serial Number (Last 4 Digits)	Location Remarks (Not needed, if same as previous)
% Gas	Instr (a)	Grade (b)							

GRADE 2+ REQUESTED REPAIR DATE (Only needed if less than 90 days)	(Repair required within 90 calendar days)
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- (a) **Instrument Type Used to Grade:** Enter C for Combustible Gas Indicator, V for Visual, H for Hydrogen Flame Ionization (use for waterways or marsh only)
- (b) **Enter Grade:** (1, 2+, 2, or 3). Enter 0 (zero) if no leak is found.
- (c) **Info code is required if leak is graded as 1, 2+, or 2 and is less than 2% gas:**
 A-Wall to wall and/or Continuously Paved, B-Near to, a, inside or under building, C-Corridor next to public gathering location, D-In foreign structure, E-Audible and/or visible
 F-On facility in extremely poor condition, G-At least second customer call out, H-Leak is reported as 0% Gas Visual, J-Leak within the scope of work by others, M-Migration, N-Downgrade to Grade 3 is not allowed, S-Leak is suspected to be on a copper service, T-T&R Facility

MAPPING DATA

Location Map	Wall Map:	Plat:	Federal Land <input type="checkbox"/> Yes <input type="checkbox"/> No	SYSTEM PRESSURE	
Recorded Location Map	Wall Map:	Plat:	Block	<input type="checkbox"/> LP (< 10.5" WC)	<input type="checkbox"/> SHP (< 29 psig)
Normally Cathodically Protected <input type="checkbox"/> Yes <input type="checkbox"/> No	CPA		MAOP (All)	<input type="checkbox"/> HP (> 80 psig)	<input type="checkbox"/> TP (> 80 psig)
Operating Map/Diagram			NOP (All)		
Year Inst.	TP Line #	Mile Point:		Original Job # (TP Only)	
For Leaks On Services:	Main Connected to Service	<input type="checkbox"/> Cast Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Steel		Main Installation Year	

HIGH CONSEQUENCE AREA

High Consequence Area <input type="checkbox"/> Yes <input type="checkbox"/> No (>= 20% SHMS On/y)	Date source of leak was determined
Is leak source responsible for HCA? <input type="checkbox"/> Yes <input type="checkbox"/> No (CLOSE "Yes" if the diameter & pressure of the affected pipe produces the impact circle creating HCA)	

GENERAL INSPECTION DATA

Reason for Inspection: Leak Repair WRO New Business Landslide Reconstruction Plugged Copper Capacity
 Facilities Exposed by Third Party Exposed Facility/Pipe Span Other _____ (explain)

Date: _____ Inspected by LAN ID: _____

LINE MATERIAL	SOIL TYPE	SOIL RESIST(TP)	SURFACE OVER	FEET EXPOSED	
<input type="checkbox"/> Steel <input type="checkbox"/> Wrought Iron <input type="checkbox"/> Cast Iron <input type="checkbox"/> Ductile Iron <input type="checkbox"/> Cooper <input type="checkbox"/> Al-dyl-A <input type="checkbox"/> PE 2406 (Orange) <input type="checkbox"/> PE 2406/206 (Yellow) <input type="checkbox"/> PE 3408 (Black) <input type="checkbox"/> PE 4710 (Black) <input type="checkbox"/> Other Plastic <input type="checkbox"/> Other _____	<input type="checkbox"/> Clay <input type="checkbox"/> Rock <input type="checkbox"/> Sand <input type="checkbox"/> Loam <input type="checkbox"/> Wet <input type="checkbox"/> Exposed Facility <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____	<input type="checkbox"/> 0 - 1,000 <input type="checkbox"/> 1,000 - 2,000 <input type="checkbox"/> 2,000 - 5,000 <input type="checkbox"/> 5,000 - 10,000 <input type="checkbox"/> > 10,000	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Above Ground <input type="checkbox"/> In Structure <input type="checkbox"/> Unsurfaced <input type="checkbox"/> Water/Wash/Tidal <input type="checkbox"/> Other _____	COVER ON PIPE (Inches) _____ INTERNAL LINER <input type="checkbox"/> Yes <input type="checkbox"/> No PAVED WALL TO WALL <input type="checkbox"/> Yes <input type="checkbox"/> No NEAR PUBLIC ASSEMBLY <input type="checkbox"/> Yes <input type="checkbox"/> No	

NLIS REFERENCE #: _____ LINE SIZE _____

CATHODIC PROTECTION SYSTEM CONDITION

Pipe to Soil (Mv) _____	LAN ID Taking Reading: _____	Cathodic Protection System Damaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective Form Issued <input type="checkbox"/> Yes <input type="checkbox"/> No
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METALLIC PIPE CONDITION

COATING TYPE	<input type="checkbox"/> Bare/None <input type="checkbox"/> Paint <input type="checkbox"/> Single Wrap <input type="checkbox"/> Stomastic <input type="checkbox"/> No. Applied Asphalt	COATING CONDITION	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair
<input type="checkbox"/> Epoxy <input type="checkbox"/> Tape <input type="checkbox"/> Double Wrap <input type="checkbox"/> Ext. Coa. <input type="checkbox"/> Other		<input type="checkbox"/> Good <input type="checkbox"/> Poor	
COATING DAMAGED <input type="checkbox"/> Yes <input type="checkbox"/> No	COATING REPAIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		
ASBESTOS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	PIPE SUPPORT CONDITION <input type="checkbox"/> Good <input type="checkbox"/> Possible Lack of - Consult Engineer		
CIRCUMFERENTIAL WELD CONDITION (Visual) <input type="checkbox"/> Acceptable <input type="checkbox"/> Cracked <input type="checkbox"/> High Low Observed <input type="checkbox"/> Dimensions not in tolerance (See D-221 or D-222)			
LONG SEAM (TP only) <input type="checkbox"/> USAW <input type="checkbox"/> ERW <input type="checkbox"/> AO Smith <input type="checkbox"/> Spiral <input type="checkbox"/> SSAW <input type="checkbox"/> SMLS <input type="checkbox"/> LAP <input type="checkbox"/> Flash			
Pipe Grade/Spec (TP only) <input type="checkbox"/> Grade B <input type="checkbox"/> X42 <input type="checkbox"/> X52 <input type="checkbox"/> X60 <input type="checkbox"/> X65 <input type="checkbox"/> X70			

EXTERNAL INSPECTION

RUST <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	WALL THICKNESS (Req. for TP) (inches) _____	WALL THICKNESS MEASURED <input type="checkbox"/> Yes <input type="checkbox"/> No
PITTING <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	MAX. PIT DEPTH (Req. for TP) (inches) _____	GRAPHITIZED (Cast Iron) <input type="checkbox"/> Yes <input type="checkbox"/> No
GOUGING <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	MAX. GOUGE DEPTH (Req. for TP) (inches) _____	MAX. GOUGE Length (Req. for TP) (inches) _____
	MAX. EXTERNAL CORROSION Length (Req. for TP) (inches) _____	DEPTH OF DENTS (inches) _____

INTERNAL INSPECTION

RUST <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	PITTING <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Heavy	MAX. PIT DEPTH (Req. for TP) (inches) _____
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PLASTIC PIPE CONDITION

PRINTLINE LEGIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No	PIPE MANUFACTURER (LOCATED ON PIPE) _____	MANUFACTURE DATE _____	LOCATING WIRE SIZE _____	LOCATING WIRE CONDITION <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None
GOUGING <input type="checkbox"/> Yes <input type="checkbox"/> No	UNDER STRESS/BENT <input type="checkbox"/> Yes <input type="checkbox"/> No	DISCOLORING TO GRAY <input type="checkbox"/> Yes <input type="checkbox"/> No	CRACKING <input type="checkbox"/> Yes <input type="checkbox"/> No	IN CONTACT WITH HARD OBJECTS <input type="checkbox"/> Yes <input type="checkbox"/> No
ESTIMATE GOUGE DEPTH <input type="checkbox"/> <10% <input type="checkbox"/> 10-50% <input type="checkbox"/> >50%	VISUAL APPEARANCE (SEE S4170) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable		TEE CAP CRACKING <input type="checkbox"/> Yes <input type="checkbox"/> No	

GAS QUARTERLY INCIDENT DATA

Damaging Party Type <input type="checkbox"/> First Party (PG&E) <input type="checkbox"/> Second Party (Contractor working on PG&E job) <input type="checkbox"/> Third Party (Everyone else)	Damaging Party Name: _____	Address: _____
Damaging Party Operator: _____	City: _____	Phone: _____
		Zip Code: _____
Zero Customers Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Date and Time of Restoration (or CGI) _____	Title (24 Hour) _____
# INJURED: EMPLOYEES _____ OTHERS _____	DAMAGE \$ _____	# Cust. Interrupted _____
		# Cust. Hours _____
		FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No EXPLOSION <input type="checkbox"/> Yes <input type="checkbox"/> No
# FATAL: EMPLOYEES _____ OTHERS _____	Media <input type="checkbox"/> Yes <input type="checkbox"/> No	Media Type <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper Name/Channel: _____
DOT REPORTABLE (Fatality, In-patient Hospitalization, ≥\$50K Property Damage) <input type="checkbox"/> Yes <input type="checkbox"/> No		CPUC REPORTABLE (Major News Media) <input type="checkbox"/> Yes <input type="checkbox"/> No

