## California Gas Transmission PROFI LEAK SURVEY, REPAIR, INSPECTION, AND GAS QUARTERLY INCIDENT REPORT

———— INITIAL LEAK DATA ⊩		
LEAK NUMBER SERIES SFX USA Ticket #	Valid Date	
DATE REPORTED TIME REPORTED	PCC NUMBER	
RESPONSE DATE PAVED WALL TO WALL Yes No		
Address/LocationCity		
Reading Location		
REPORTED BY Call In Mobile Survey SURFACE OVER LEAK Concrete Unsurfaced Foot Survey Other Employee Call In Compound Other		
READINGS INST <sup>®</sup> GRADE <sup>b</sup> DATE TIME OPERATOR	LOCATION REMARKS	
Initial		
PRIORITY 2 (2+) REQUESTED REPAIR DATE		
MAPPING DATA		
* OPERATING MAP		
* RECORDED LOCATION MAP WM PLAT		
CATHODIC PROTECTION   Yes   No CPA NUMBER   MOP (TP only)		
TP Line # Mile Post Federal Land Yes No YEAR INST.		
□ Other Welds	* Well This land a	
Line Above Ground Yes No	* Wall Thickness	
Internal Liner	Line Size	
REPAIR LOCATION REPA	AIRED BY	
REPAIR REMARKS REP	PAIR DATE	
PIPE-TO-SOIL (mV) REPAIR TIME		
REPAIR CODE		
REPLACE CODE   Replace Pipe (capital)   Replace Pipe (maintenance: <100' for dist., <50' for trans.)		
Incident Report # : Gas Quarterly Incident #: Material Prob	elem Report #:	
FIELD REVIEW BY Date Post Repair Check Yes No Date		
MAPPING REVIEW BY Date Posting Required □ Yes □ No		

- a Instrument Type: Enter  $\underline{H}$  for Hydrogen Flame Ionization or  $\underline{C}$  for Combustible Gas Indicator
- b Enter Grade or enter 2+ for Priority Grade 2. Enter 0 (zero) if no leak is found. Refer to DCS Standard D-S0350/GTS Standard S4110
- \* Optional Field

GENERAL INSPECTION DATA		
DATE NSPECTED BY	F4110 (Revised 10/99)	
SOIL TYPE         * SOIL RESIST(ohm-cm)         SURFACE OVER PIPE           Clay         For TP only         Concrete           Rock         0 - 1,000         Tar Compound           Sand         1,000 - 2,000         Unsurfaced           Loam         2,000 - 5,000         Other           Wet         5,000 - 10,000         Other           Other         >10,000	FEET EXPOSED  COVER ON PIPE  INTERNAL LINER PAVED WALL TO WALL NEAR PUBLIC ASSEMBLY  Yes   No	
METALLIC PIPE CONDITION		
COATING TYPE Bare/None Paint Single Wrap Somastic Other  Depoxy Double Wrap Plastic Coated HAA	COATING CONDITION    Excellent    Good	
LONG SEAM SAW SMLS LAP Flash	* Asbestos	
* EXTERNAL INSPECTION		
RUST None Light Heavy MAX. PIT DEPTH (Req. for TP)	Inches WALL THICKNESS MEASURED ☐ Yes ☐ No	
PITTING None Light Heavy MAX. GOUGE DEPTH (Req. for TP)	Inches	
GOUGING None Light Heavy NOM. WALL THICKNESS (Req. for TP)	Inches	
* INTERNAL INSPECTION		
RUST None Light Heavy MAX. PIT DEPTH (Req. for TP)	Inches	
PITTING   None   Light   Heavy   GAS QUARTERLY INCIDENT DATA		
DAMAGING PARTY ADDRESS		
LEAK CAUSES CONTINUED		
#INJURED: EMPLOYEES OTHERS DAMAGE \$ # CUSTOMERS INTERRUPTED _	FIRE □ Yes □ No EXPLOSION □ Yes □ No	
#FATAL: EMPLOYEES OTHERS RI	EPORTABLE   Yes   No USA CALLED   Yes   No	
LOCATION SKETCH		
Line Number		
Mile Point	WELDED BY:	
Comments	112222	
	WELDING INSPECTED PER PG&E GAS STANDARD D-40	
	BY INSPECTOR	