\$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. ACCIDENT REPORT - HAZARDOUS LIQUID U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information subject to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information, including usgestions for reducing this burden to: Information Collection Celearance Officer, PHIMSA, Office of Pipeline Safety (PHP-30) 1200 New Jerset Avenue, SE, Washington, D.C. 20590. 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 PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline . Note: Certain low consequence accidents only require the information indicated in the shaded fields.
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration PIPELINE SYSTEMS No
Pipeline and Hazardous Materials Safety Administration No. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jerses Avenue, SE, Washington, D.C. 20590. 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 PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline . Note: Certain low consequence accidents only require the information indicated in the shaded fields.
A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jerser Avenue, SE, Washington, D.C. 20590. 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 PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline . Note: Certain low consequence accidents only require the information indicated in the shaded fields.
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information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <u>http://www.phmsa.dot.gov/pipeline</u> . Note: Certain low consequence accidents only require the information indicated in the shaded fields.
PART A – KEY REPORT INFORMATION **Report Type: (select all that apply) Original Supplemental Final
**1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / / /
**2. Name of Operator:
**3. Address of Operator:
3.a (Street Address)
3.b(City)
3.c State: / / /
3.d Zip Code: / / / / / / / / / / /
 **4. Local time (24-hr clock) and date of the Accident: / / / / / Month / / / / / Day / Year **6. National Response Center Report Number (if applicable): / / / / / / **7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): / / / / / / Month / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /
**8. Commodity released: (select only one, based on predominant volume released)
 □ Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions ○ Gasoline (non-Ethanol) ○ Diesel, Fuel Oil, Kerosene, Jet Fuel ○ Mixture of Refined Products (transmix or other mixture) ○ Other ➡ Name:
 □ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions ○ Anhydrous Ammonia ○ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) ○ Other HVL ➡ Name:
CO ₂ (Carbon Dioxide)
Biofuel / Alternative Fuel (including ethanol blends)
O Fuel Grade Ethanol O Ethanol Blend ➡ % Ethanol: //
O Biodiesel ➡ Blend (e.g. B2, B20, B100): B//_/ O Other ➡ Name:
**9. Estimated volume of commodity released unintentionally: <u>/ / / / / / / / / / / / Barrels</u>
**10. Estimated volume of intentional and/or controlled release/blowdown: ////////////////////////////////////
**11. Estimated volume of commodity recovered: ////////////////////////////////////

**12. Were there fatalities? O Yes O No If Yes, specify the number in each category: If Yes, specify the number in each category:					
If Yes, specify the number in each category:					
12.a Operator employees <u>/ / / / /</u>	13.a Operator employees <u>/ / / / /</u>				
12.b Contractor employees working for the Operator ///////	13.b Contractor employees working for the Operator <u>/ / / / /</u>				
12.c Non-Operator emergency responders ///////	13.c Non-Operator emergency responders ///////				
12.d Workers working on the right-of-way, but NOT associated with this Operator //////	13.d Workers working on the right-of-way, but NOT associated with this Operator ////////////////////////////////////				
12.e General public //////	13.e General public ///////				
12.f Total fatalities (sum of above) / / / / / /	13.f Total injuries (sum of above) ////////////////////////////////////				
**14. Was the pipeline/facility shut down due to the Accident? O Yes O No					
**14.a Local time and date of shutdown //////	<u>/ / / / / / / / / / / / / / / / / / / </u>				
14.b Local time pipeline/facility restarted / / / / / / Hour **15. Did the commodity ignite? O Yes O No	I I I I O Still shut down* Month Day Year (*Supplemental Report required)				
**16. Did the commodity explode? O Yes O No					
17. Number of general public evacuated: / / / /,/ /	<u> </u>				
18. Time sequence: (use local time, 24-hour clock)					
18.b Local time Operator resources arrived on site / /	/ / <th <="" th=""> <th <="" th=""> <th <="" th=""> <th <="" th=""></th></th></th></th>	<th <="" th=""> <th <="" th=""> <th <="" th=""></th></th></th>	<th <="" th=""> <th <="" th=""></th></th>	<th <="" th=""></th>	

PART B – ADDITIONAL LOCATION INFORMATION	
**1. Was the origin of the Accident onshore? O Yes (Complete Questions 2-12) O No (Complete	Questions 13-15)
If Onshore:	If Offshore:
**2. State: / / /	13. Approximate water depth (ft.) at the point of the Accident:
**3. Zip Code: / / / / / / - / / / /	
**4 **5	**14. Origin of Accident:
City County or Parish	□ In State waters
6. Operator-designated location: <i>(select only one)</i>	⇒ Specify: State: / / /
 Milepost/Valve Station (specify in shaded area below) Survey Station No. (specify in shaded area below) 	Area:
	Block/Tract #: / <u>//////</u> / Nearest County/Parish:/
	On the Outer Continental Shelf (OCS)
7. Pipeline/Facility name:	⇒ Specify: Area:
 Segment name/ID: Was Accident on Federal land, other than the Outer Continental 	Block #: //_//
Shelf (OCS)? O Yes O No	15. Area of Accident: (select only one)
**10. Location of Accident: (select only one)	☐ Shoreline/Bank crossing or shore approach
□ Totally contained on Operator-controlled property	Below water, pipe buried or jetted below seabed
Originated on Operator-controlled property, but then flowed or migrated off the property	 Below water, pipe on or above seabed Splash Zone of riser
Pipeline right-of-way	Portion of riser outside of Splash Zone, including riser bend
**11. Area of Accident (as found): <i>(select only one)</i>	Platform
Tank, including attached appurtenances	
□ Underground → Specify: O Under soil	
O Under a building O Under pavement	
O Exposed due to excavation O In underground enclosed space (e.g., vault)	
O Other	
 Depth-of-Cover (in): / /,/ / / /	
□ Aboveground → Specify:	
O Typical aboveground facility piping or appurtenance	
O Overhead crossing O In or spanning an open ditch	
O Inside a building O Inside other enclosed space	
O Other	
□ Transition Area → Specify: O Soil/air interface O Wall	
sleeve O Pipe support or other close contact area O Other	
**12. Did Accident occur in a crossing?: O Yes O No	
If Yes, specify type below:	
☐ Bridge crossing 🕁 Specify: O Cased O Uncased	
$\square \text{ Railroad crossing } \Rightarrow (select all that apply)$	
O Cased O Uncased O Bored/drilled	
□ Road crossing → (select all that apply) ○ Cased ○ Uncased ○ Bored/drilled	
□ Water crossing	
⇒ Specify: O Cased O Uncased	
Name of body of water, if commonly known:	
Approx. water depth (ft) at the point of the Accident:	
<u> , </u>	
(select only one of the following)	
O Shoreline/Bank crossing	
O Below water, pipe in bored/drilled crossing	
 Below water, pipe buried below bottom (NOT in bored/drilled crossing) 	
O Below water, pipe on or above bottom	

PART C – ADDITIONAL FACILITY I	NFORMATION			
**1. Is the pipeline or facility:				
 **2. Part of system involved in Accide Onshore Breakout Tank or St Onshore Terminal/Tank Farm Onshore Equipment and Pipir Onshore Pump/Meter Station Onshore Pipeline, Including V Offshore Platform/Deepwater Offshore Pipeline, Including R 	erage Vessel, Including Attache Equipment and Piping ng Associated with Belowground Equipment and Piping /alve Sites Port, Including Platform-mount	d Storage	O Pressurized	Pressure
**3. Item involved in Accident: (selec	t onlv one)			
□ Pipe ⇒ Specify: O Pipe				
	be (in): / / /./ /	/		
3.b Wall thickness (in): /				
	m Yield Strength) of pipe (psi):	,		
**3.e Pipe Seam ⊨> Specify	 O Longitudinal ERW - High F O Longitudinal ERW - Low Fr O Longitudinal ERW – Unknot O Spiral Welded ERW O Lap Welded 	requency wn Frequency) Spiral Welded SAW	O Single SAW O DSAW O Spiral Welded DSAV O Other	
3.g Year of manufacture: /				
**3.h Pipeline coating type at ⇒ Specify:	O Fusion Bonded Epoxy) Coal Tar	O Asphalt	O Polyolefin
	O Extruded Polyethylene		•	•
	O Composite C) None	O Other	
 □ Weld, including heat-affected □ Valve O Mainline	zone → Specify: O Pipe Girth cify: O Butterfly O Check			O Other
	O Other			
	i Mainline valve manufacture		···············	
	i.j Year of manufacture: / /	<u> </u>		
O Relief Valve O Auxiliary or Othe	ar Valve			
 Pump Meter/Prover Scraper/Pig Trap Sump/Separator Repair Sleeve or Clamp Hot Tap Equipment Stopple Fitting Flange Relief Line Auxiliary Piping (e.g. drain line Tubing Instrumentation 	2 \$)			
	Single Bottom System	O Double Bottom		
	Roof/Roof Seal O Roof E Appurtenance O Other	orain System O N	lixer O Pressure V	essel Head or Wall
Other				
4. Year item involved in Accident was	installed: / / / / /			

 **5. Material involved in Accident: (select only one) □ Carbon Steel □ Material other than Carbon Steel ⇒ Specify:
6. Type of Accident involved: (select only one)
□ Mechanical Puncture → Approx. size: / _ / _ / _ / _ / in. (axial) by / _ / _ / _ / _ / in. (circumferential)
□ Leak 🖒 Select Type: O Pinhole O Crack O Connection Failure O Seal or Packing O Other
□ Rupture ⇒ Select Orientation: O Circumferential O Longitudinal O Other
Approx. size: / _ / _ / _ / / / in. (widest opening) by / _ / _ / _ / _ / _/ in. (length circumferentially or axially)
□ Other 🖒 Describe:

PART D – ADDITIONAL CONSEQUENCE INFORMATION	
1. Wildlife impact: O Yes O No	
1.a If Yes, specify all that apply:	
☐ Fish/aquatic	
☐ Birds	
Terrestrial	
2. Soil contamination: O Yes O No	
3. Long term impact assessment performed or planned: O Yes O No	
4. Anticipated remediation: O Yes O No (not needed)	
4.a If Yes, specify all that apply:	
□ Surface water □ Groundwater □ Soil □ Vegetation	_
5. Water contamination: O Yes \Rightarrow (Complete 5.a – 5.c below)	O No
5.a Specify all that apply:	
Groundwater	
	Dublia Watar Intoka
□ Drinking water	
5.b Estimated amount released in or reaching water: / / / /,	
5.c Name of body of water, if commonly known:	
**6. At the location of this Accident, had the pipeline segment or facility beer	n identified as one that "could affect" a High Consequence Area
(HCA) as determined in the Operator's Integrity Management Program?	O Yes O No
**7. Did the released commodity reach or occur in one or more High Conseq	uence Area (HCA)? O Yes O No
**7.a If Yes, specify HCA type(s): (select all that apply)	
Commercially Navigable Waterway	
	is Accident site in the Operator's Integrity Management Program?
 High Population Area Was this HCA identified in the "could affect" determination for th O Yes O No 	is Accident site in the Operator's Integrity Management Program?
 Other Populated Area Was this HCA identified in the "could affect" determination for th O Yes O No 	is Accident site in the Operator's Integrity Management Program?
 Unusually Sensitive Area (USA) – Drinking Water Was this HCA identified in the "could affect" determination for th O Yes O No 	is Accident site in the Operator's Integrity Management Program?
 Unusually Sensitive Area (USA) – Ecological Was this HCA identified in the "could affect" determination for th O Yes O No 	is Accident site in the Operator's Integrity Management Program?
**8. Estimated cost to Operator:	
8.a Estimated cost of public and non-Operator private property damage	a
paid/reimbursed by the Operator	e \$ <u>/ / / /,/ / /,/ / /</u>
8.b Estimated cost of commodity lost	\$ <u>/ / / /,/ / /,/ / /</u>
8.c Estimated cost of Operator's property damage & repairs	\$ <u>/////////////</u>
8.d Estimated cost of Operator's emergency response	\$ <u>/ / / /,/ / /,/ / /</u>
8.e Estimated cost of Operator's environmental remediation	\$ <u>/ / / /,/ / /,/ / /</u>
8.f Estimated other costs	\$ <u>/ / / /,/ / /,/ / /</u>
Describe	
8.g Estimated total costs (sum of above)	\$ <u>/ / / /,/ / /,/ / /</u>

PART E – ADDITIONAL OPERATING INFORMATION		
**1. Estimated pressure at the point and time of the Accident (psig):	<u> , </u>	
**2. Maximum Operating Pressure (MOP) at the point and time of the Accie	dent (psig) : <u>/ / /,/ / / /</u>	
 **3. Describe the pressure on the system or facility relating to the Accident: (select only one) Pressure did not exceed MOP Pressure exceeded MOP, but did not exceed 110% of MOP 		
□ Pressure exceeded 110% of MOP		
**4. Not including pressure reductions required by PHMSA regulations (suc relating to the Accident operating under an established pressure restriction		
□ No □ Yes 🖒 (Complete 4.a and 4.b below)		
4.a Did the pressure exceed this established pressure restriction?	O Yes O No	
4.b Was this pressure restriction mandated by PHMSA or the State	? O PHMSA O State O Not mandated	
**5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline,	Including Riser and Riser Bend" selected in PART C, Question 2?	
□ No		
\Box Yes \Rightarrow (Complete 5.a – 5.f below)		
**5.a Type of upstream valve used to initially isolate release source	e: O Manual O Automatic O Remotely Controlled	
**5.b Type of downstream valve used to initially isolate release sou	rce: O Manual O Automatic O Remotely Controlled O Check Valve	
**5.c Length of segment initially isolated between valves (ft):	<u> , </u>	
5.d Is the pipeline configured to accommodate internal inspection t	ools?	
□ Yes		
\Box No \Rightarrow Which physical features limit tool accommo	odation? (select all that apply)	
O Changes in line pipe diameter		
O Presence of unsuitable mainline valve	25	
O Tight or mitered pipe bends O Other passage restrictions (i.e. unbar	red tee's, projecting instrumentation, etc.)	
	or magnetic flux leakage internal inspection tools)	
O Other ⊫> Describe:		
5.e For this pipeline, are there operational factors which significant	ly complicate the execution of an internal inspection tool run?	
│ No │ Yes ➡ Which operational factors complicate exe	cution? (select all that apply)	
O Excessive debris or scale, wax, or oth		
O Low operating pressure(s)		
O Low flow or absence of flow		
O Incompatible commodity		
O Other 🖒 Describe:		
**5.f Function of pipeline system: (select only one)		
\Box > 20% SMYS Regulated Trunkline/Transmission	\Box > 20% SMYS Regulated Gathering	
$\Box \le 20\%$ SMYS Regulated Trunkline/Transmission	$\Box \le 20\%$ SMYS Regulated Gathering	
□ ≤ 20% SMYS "Unregulated" Trunkline/Transmissior	$\Box \leq 20\%$ SMYS "Unregulated" Gathering	

6. Was a Supervis	sory Control and Data Acquisition (SCADA)-based system in p	ace on the p	ipeline or facility involved in the Accident?
□ Yes ⊏>	6.a Was it operating at the time of the Accident?	O Yes	O No
	6.b Was it fully functional at the time of the Accident?	O Yes	O No
	6.c Did SCADA-based information (such as alarm(s), alert(s detection of the Accident?	i), event(s), a O Yes	nd/or volume calculations) assist with the O No
	6.d Did SCADA-based information (such as alarm(s), alert(s confirmation of the Accident?	s), event(s), a O Yes	ind/or volume calculations) assist with the O No
7. Was a CPM lea	ak detection system in place on the pipeline or facility involved	in the Accide	nt?
□ Yes 🖒	7.a Was it operating at the time of the Accident?	O Yes	O No
	7.b Was it fully functional at the time of the Accident?	O Yes	O No
	7.c Did CPM leak detection system information (such as ala with the detection of the Accident?	rm(s), alert(s O Yes), event(s), and/or volume calculations) assist O No
	7.d Did CPM leak detection system information (such as ala with the confirmation of the Accident?	rm(s), alert(s O Yes	i), event(s), and/or volume calculations) assist $O~\mbox{No}$
8 How was the A	ccident initially identified for the Operator? (select only one)		
CPM leak	detection system or SCADA-based information (such as alarm	(s), alert(s), o	event(s), and/or volume calculations)
☐ Static Shu ☐ Controller	t-in Test or Other Pressure or Leak Test	ting Doroonn	el, including contractors
		-	or or its contractor
Notificatio	n from Third Party that caused the Accident \Box Other		
	Iler", "Local Operating Personnel, including contractors", "Air P uestion 8, specify the following: (select only one)	atrol", or "Gro	ound Patrol by Operator or its contractor" is
	O Operator employee O Contractor working for the O	perator	
9. Was an investig Accident? (se	gation initiated into whether or not the controller(s) or control re	om issues w	ere the cause of or a contributing factor to the
	but the investigation of the control room and/or controller action	ns has not ve	t been completed by the Operator (Supplemental
Report re		is has not ye	
	ne facility was not monitored by a controller(s) at the time of the		
	ne Operator did not find that an investigation of the controller(s an explanation for why the Operator did not investigate)) actions or c	ontrol room issues was necessary due to:
(provide a			
☐ Yes, s	specify investigation result(s): (select all that apply)		
0	5	hours of serv	vice (while working for the Operator) and other
C fa	ctors associated with fatigue Investigation did NOT review work schedule rotations, conti		of service (while working for the Operator) and
	her factors associated with fatigue (provide an explanation for		
_			
	5		
	5	or orror	
	5		volved or impacted the involved controller(s)
	sponse		
C	5		
C	 Investigation identified maintenance activities that affected response 	control room	operations, procedures, and/or controller
C	•	escribe:	
-			
_			
L			

PART F – DRUG & ALCOHOL TESTING INFORMATION	
**1. As a result of this Accident, were any Operator employee Drug & Alcohol Testing regulations?	es tested under the post-accident drug and alcohol testing requirements of DOT's
O No	
O Yes ⊨ 1.a Specify how many were tested: / /	<u> </u>
1.b Specify how many failed: / /	<u> </u>
**2. As a result of this Accident, were any Operator contractor of DOT's Drug & Alcohol Testing regulations?	r employees tested under the post-accident drug and alcohol testing requirements
O No	
O Yes 🖒 2.a Specify how many were tested: /	<u>1 1</u>
2.b Specify how many failed: /	<u> </u>

PART G – APPARENT CAUS

Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Accident in the narrative (PART H).

 O Other
 O Field examination O Determined by metallurgical analysis O Other
 O Yes ⇒ 4.a Was failed item considered to be under cathodic protection at the time of the Accident? O Yes ⇒ Year protection started: / / / / / / O No 4.b Was shielding, tenting, or disbonding of coating evident at the point of
O Yes O No
 4.c Has one or more Cathodic Protection Survey been conducted at the point of the Accident? O Yes, CP Annual Survey → Most recent year conducted: / / / / / O Yes, Close Interval Survey → Most recent year conducted: / / / / / O Yes, Other CP Survey → Most recent year conducted: / / / / / O No
 O No ⇒ 4.d Was the failed item externally coated or painted? O Yes O No Was there observable damage to the coating or paint in the vicinity of the corrosion? O Yes O No
. Results of visual examination: O Localized Pitting O General Corrosion O Not cut open O Other
Cause of corrosion: <i>(select all that apply)</i> O Corrosive Commodity O Water drop-out/Acid O Microbiological O Erosion O Other
The cause(s) of corrosion selected in Question 7 is based on the following: <i>(select all that oly)</i> O Field examination O Determined by metallurgical analysis O Other
Location of corrosion: <i>(select all that apply)</i> O Low point in pipe O Elbow O Other
0. Was the commodity treated with corrosion inhibitors or biocides? O Yes O No
 Was the interior coated or lined with protective coating? O Yes O No Were cleaning/dewatering pigs (or other operations) routinely utilized? O Not applicable - Not mainline pipe O Yes O No
 Were corrosion coupons routinely utilized? O Not applicable - Not mainline pipe O Yes O No

Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.			
**15. Has one or more internal inspection to O Yes O No	**15. Has one or more internal inspection tool collected data at the point of the Accident? O Yes O No		
 15.a. If Yes, for each tool used, select Magnetic Flux Leakage Tool Ultrasonic Geometry Caliper Crack Hard Spot Combination Tool Transverse Field/Triaxial Other 	ressure test been conducted since original construction at the point of the Accident?		
 **17. Has one or more Direct Assessment been conducted on this segment? O Yes, and an investigative dig was conducted at the point of the Accident ⇒ Most recent year conducted: / / / / / / / / / / / / / / / / / / /			
O Yes O No 18.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: O Radiography I I I I I O Guided Wave Ultrasonic I I I I I O Handheld Ultrasonic Tool I I I I I O Wet Magnetic Particle Test I I I I I O Dry Magnetic Particle Test I I I I I O Other I I I I I			
Earth Movement, NOT due to Heavy Rains/Floods	**1. Specify: O Earthquake O Subsidence O Landslide O Other		
Heavy Rains/Floods	2. Specify: O Washout/Scouring O Flotation O Mudslide O Other		
Lightning	3. Specify: O Direct hit O Secondary impact such as resulting nearby fires		
Temperature	**4. Specify: O Thermal Stress O Frost Heave O Frozen Components O Other		
☐ High Winds			
□ Other Natural Force Damage	**5. Describe:		
Complete the following if any Natural Force Damage sub-cause is selected. **6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event? O Yes O No 6.a If Yes, specify: (select all that apply) O Hurricane O Tropical Storm O Tornado O Other			

Excavation Damage by Operator (First Party)					
Excavation Damage by Operator's Contractor (Second Party)					
Excavation Damage by Third Party					
Previous Damage due to Excavation Activity	Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.				
	**1. Has one or more internal inspection tool collected data at the point of the Accident? O Yes O No				
	1.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:				
	O Magnetic Flux Leakage / / / / / /				
	O Ultrasonic / / / / /				
	O Geometry I <thi< th=""> I <thi< th=""> <thi< <="" th=""></thi<></thi<></thi<>				
	O Caliper / <th <="" th=""> <th <="" th=""> <th <="" th=""> <th <="" th="" th<=""></th></th></th></th>	<th <="" th=""> <th <="" th=""> <th <="" th="" th<=""></th></th></th>	<th <="" th=""> <th <="" th="" th<=""></th></th>	<th <="" th="" th<=""></th>	
	O Crack / / / / /				
	O Hard Spot				
	O Combination Tool				
	O Transverse Field/Triaxial				
	O Other / / / / /				
	2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No				
	**3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?				
	O Yes → Most recent year tested: / / / / /				
	Test pressure (psig): / / / / / / / / O No				
	**4. Has one or more Direct Assessment been conducted on the pipeline segment?				
	 O Yes, and an investigative dig was conducted at the point of the Accident ⇒ Most recent year conducted: / / / / / / O Yes, but the point of the Accident was not identified as a dig site 				
	$rac{1}{2}$ Most recent year conducted: $\frac{1}{1}$				
	O No				
	 5. Has one or more non-destructive examination been conducted at the point of the Acciden since January 1, 2002? O Yes O No 				
	5.a If Yes, for each examination conducted since January 1, 2002, select type of non- destructive examination and indicate most recent year the examination was conducted.				
	O Radiography <u>/ / / / /</u>				
	O Guided Wave Ultrasonic				
	O Handheld Ultrasonic Tool				
	O Wet Magnetic Particle Test ////////////////////////////////////				
	O Dry Magnetic Particle Test <u>/ / / / /</u>				
	O Other / / / / /				
complete the following if Excavation Damage	e by Third Party is selected as the sub-cause.				
,					

**7. Do you want DUNCA to unload the following information to CCA DIDT (www.acc	n Damage sub-cause is selected.
**7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga	-dirt.com)? OYes O No
**8. Right-of-Way where event occurred: (select all that apply)	
□ Public ➡ Specify: O City Street O State Highway O County Road	
	vate Easement
Pipeline Property/Easement Power/Transmission Line	
Dedicated Public Utility Easement	
Federal Land Data not collected	
**9. Type of excavator: (select only one)	
	Municipality O Occupant
O Railroad O State O Utility O Data not collecte	ed O Unknown/Other
**10. Type of excavation equipment: (select only one)	
	Drilling O Directional Drilling
the second	Hand Tools O Milling Equipment Data not collected O Unknown/Other
**11. Type of work performed: <i>(select only one)</i>	
	Iding Construction O Building Demolition gineering/Surveying O Fencing
	uid Pipeline O Milling
······································	ilroad Maintenance O Road Work
O Sewer (Sanitary/Storm) O Site Development O Steam O Sto O Telecommunications O Traffic Signal O Traffic Sign O Wa	orm Drain/Culvert OStreet Light ater O Waterway Improvement
O Data not collected O Unknown/Other	
**12. Was the One-Call Center notified? O Yes O No	
12.a If Yes, specify ticket number: / / / / / / / / / / / / /	
12.b If this is a State where more than a single One-Call Center exists, list t	
	ne name of the One-Call Center notified
**13. Type of Locator: O Utility Owner O Contract Locator	O Data not collected O Unknown/Other
	O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator	O Data not collected O Unknown/Other S O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes	O Data not collected O Unknown/Other S O Data not collected O Unknown/Other S O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
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**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
 **13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: /_/_/ / / / hour 	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other
**13. Type of Locator: O Utility Owner O Contract Locator **14. Were facility locate marks visible in the area of excavation? O No O Yes 15. Were facilities marked correctly? O No O Yes **16. Did the damage cause an interruption in service? O No O Yes 16.a If Yes, specify duration of the interruption: //_/ // hour	O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other O Data not collected O Unknown/Other

17. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):
One-Call Notification Practices Not Sufficient: (select only one)
O No notification made to the One-Call Center
O Notification to One-Call Center made, but not sufficient
O Wrong information provided
□ Locating Practices Not Sufficient: (select only one)
O Facility could not be found/located
O Facility marking or location not sufficient
O Facility was not located or marked
O Incorrect facility records/maps
Excavation Practices Not Sufficient: (select only one)
O Excavation practices not sufficient (other)
O Failure to maintain clearance
O Failure to maintain the marks O Failure to support exposed facilities
O Failure to use hand tools where required
O Failure to verify location by test-hole (pot-holing)
O Improper backfilling
One-Call Notification Center Error
Abandoned Facility
Deteriorated Facility
Previous Damage
Data Not Collected
Other / None of the Above (explain)

G4 - Other Outside Force Dan	nage - **only one sub-cause can be picked from shaded left-hand column
Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Accident	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	**1. Vehicle/Equipment operated by: <i>(select only one)</i> O Operator O Operator's Contractor O Third Party
Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	**2. Select one or more of the following IF an extreme weather event was a factor: O Hurricane O Tropical Storm O Heavy Rains/Flood O Other
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.
	**3. Has one or more internal inspection tool collected data at the point of the Accident? O Yes O No
	3.a If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:
	O Magnetic Flux Leakage / / / / / /
	O Ultrasonic <u>/ / / / /</u>
	O Geometry <u>/ / / / /</u>
	O Caliper I <thi< th=""> I <thi< th=""> <thi< t<="" th=""></thi<></thi<></thi<>
	O Crack / / / /
	O Hard Spot
	O Combination Tool / / / / /
	O Transverse Field/Triaxial
	O Other I </th
	4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? O Yes O No
	**5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?
	O Yes → Most recent year tested: / / / / / / / / / / / / / / / / / / /
	**6. Has one or more Direct Assessment been conducted on the pipeline segment?
	O Yes, and an investigative dig was conducted at the point of the Accident → Most recent year conducted: / / / / / / /
	O Yes, but the point of the Accident was not identified as a dig site
	\rightarrow Most recent year conducted: $\frac{1}{1}$
	O No
	(This section continued on next page with Question 7.)

	 7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? O Yes O No 7.a If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: O Radiography 		
	O Guided Wave Ultrasonic	<u>/ / / / /</u>	
	O Handheld Ultrasonic Tool	<u> </u>	
	O Wet Magnetic Particle Test	<u>/ / / / /</u>	
	O Dry Magnetic Particle Test	<u> </u>	
	O Other	<u> </u>	
☐ Intentional Damage	 Specify: O Vandalism O Theft of transported commodity O Other 	O Terrorism O Theft of equipment	
□ Other Outside Force Damage	**9. Describe:		

G5 - Material Failure of Pipe or Weld		Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."		
		**Only one sub-cause can be picked from shaded left-hand column		
**1. The sub-cause selected below is based on the following: (select all that apply)				
□ Field Examination □ Determined by M	letallurgical Analy	sis 🛛 Other Analysis		
□ Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)				
	1			
Construction-, Installation-, or Fabrication-related	 2. List contributing factors: (select all that apply) □ Fatigue- or Vibration-related: ○ Mechanically-induced prior to installation (such as during transport of pipe) 			
Original Manufacturing-related (NOT girth weld or other welds formed in the field)	 O Mechanical Vibration O Pressure-related O Thermal O Other Mechanical Stress O Other 			
Environmental Cracking-related		Stress Corrosion Cracking O Sulfide Stress Cracking Stress Cracking O Other		
Complete the following if any Material Failure	e of Pipe or Weld	I sub-cause is selected.		
 Additional factors: (select all that apply) O Lamination O Buckle O Other 	Dent O Gou O Wrinkle	ge O Pipe Bend O Arc Burn O Crack O Lack of Fusion O Misalignment O Burnt Steel		
**5. Has one or more internal inspection tool co	ollected data at th	e point of the Accident? O Yes O No		
5.a If Yes, for each tool used, select type of	of internal inspecti	ion tool and indicate most recent year run:		
O Magnetic Flux Leakage Tool	/ / /	-		
O Ultrasonic	/ / /			
O Geometry				
O Caliper				
O Crack				
O Hard Spot	<u> </u>			
O Combination Tool				
O Transverse Field/Triaxial				
O Other				
	ure test been cond	ducted since original construction at the point of the Accident?		
**7. Has one or more Direct Assessment been O Yes, and an investigative dig was co		int of the Accident → Most recent year conducted: / / / / /		
O Yes, but the point of the Accident w O No	vas not identified a	as a dig site → Most recent year conducted: / / / / /		
8. Has one or more non-destructive examination O Yes O No	on(s) been conduc	cted at the point of the Accident since January 1, 2002?		
8.a If Yes, for each examination conducted year the examination was conducted:	d since January 1,	, 2002, select type of non-destructive examination and indicate most recent		
O Radiography	<u>/</u>	<u> </u>		
O Guided Wave Ultrasonic	<u>/</u>			
O Handheld Ultrasonic Tool	<u>/</u>			
O Wet Magnetic Particle Test	<u>/</u>			
O Dry Magnetic Particle Test O Other	<u>/</u>			

Malfunction of Control/Relief **1. Specify: (select all that apply) O Instrumentation O SCADA Communications O Instrumentation O ScADA O Check Valve O Stopple/Control Fitting Pump or Pump-related Equipment **2. Specify: O Seal/Packing Failure O Body Failure O Crack in Body Pump or Pump-related Equipment **2. Specify: O Seal/Packing Failure O Body Failure O Crack in Body Pump or Pump-related Equipment **3. Specify: O Pipe Nipple O Valve Threads O Mechanical Coupling Failure O Other O Other O Nave Threaded Coupling O Mechanical Coupling Failure **3. Specify: O -Ring O Gasket O Seal (NOT pump seal) or Packing O Non-threaded Connection Failure **4. Specify: O -Ring O Gasket O Seal (NOT pump seal) or Packing Defective or Loose Tubing or Fitting **5. Describe:		
Appurtenance Failure Appurtenance Failure Other Threaded Connection/Coupling **3. Specify: Pipe Nipple Other Other Other Non-threaded Connection Failure **4. Specify: O-Ring O Gasket O Seal (NOT pump seal) or Packing Other Other Defective or Loose Tubing or Fitting Failure of Equipment Body (except Pump), Tank Plate, or other Material **5. Describe: Complete the following if any Equipment Failure: (select all that apply) O Excessive vibration O verpressurization O verpressurization No support or loss of support		
Failure O Threaded Pipe Collar O Threaded Fitting O Other O Other O Other Defective or Loose Tubing or Fitting O Other O Other Failure of Equipment Body (except Pump), Tank Plate, or other Material Failure **5. Describe: Complete the following if any Equipment Failure **5. Describe:		
Other Defective or Loose Tubing or Fitting Failure of Equipment Body (except Pump), Tank Plate, or other Material Other Equipment Failure **5. Describe: Complete the following if any Equipment Failure sub-cause is selected. 6. Additional factors that contributed to the equipment failure: (select all that apply) Excessive vibration Overpressurization No support or loss of support		
Failure of Equipment Body (except Pump), Tank Plate, or other Material **5. Describe:		
Pump), Tank Plate, or other Material Other Equipment Failure **5. Describe:		
Complete the following if any Equipment Failure sub-cause is selected. 6. Additional factors that contributed to the equipment failure: <i>(select all that apply)</i> O Excessive vibration O Overpressurization O No support or loss of support		
 6. Additional factors that contributed to the equipment failure: <i>(select all that apply)</i> O Excessive vibration O Overpressurization O No support or loss of support 		
O Excessive vibration O Overpressurization O No support or loss of support		
O Excessive vibration O Overpressurization		

G7 - Incorrect Operation - **only one sub-cause can be picked from shaded left-hand column			
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage			
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	01	/alve misalignment Miscommunication Other	O Incorrect reference data/calculation O Inadequate monitoring
Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure			
Pipeline or Equipment Overpressured			
Equipment Not Installed Properly			
Wrong Equipment Specified or Installed			
Other Incorrect Operation	Other Incorrect Operation **2. Describe:		
 Inadequate procedure No procedure established Failure to follow procedure Other: **4. What category type was the activity that caused the Accident: Construction Commissioning 			
 O Decommissioning O Right-of-Way activities O Routine maintenance O Other maintenance O Normal operating conditions O Non-routine operating conditions (abnormal operations or emergencies) 			
 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? O Yes O No 5.a If Yes, were the individuals performing the task(s) qualified for the task(s)? O Yes, they were qualified for the task(s) O No, but they were performing the task(s) under the direction and observation of a qualified individual 			
O No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual			
G8 – Other Accident Cause - **only one sub-cause can be picked from shaded left-hand column			
☐ Miscellaneous	**1. Describe:		
Unknown	**2. Specify:		omplete, cause of Accident unknown stigation, cause of Accident to be determined* eport required)

PART H – NARRATIVE DESCRIPTION OF THE ACCIDENT	(Attach additional sheets as nece	essary)
**PART I – PREPARER AND AUTHORIZED SIGNATURE		
PARTI - FREPARER AND AUTHORIZED SIGNATURE		
Preparer's Name (type or print)		Preparer's Telephone Number
Preparer's Title (type or print)		
Preparer's E-mail Address		Preparer's Facsimile Number
Authorized Signature	Date	Authorized Signature Telephone Number
Authorized Signature's Name (type or print)	<u> </u>	
Authorized Signature's Title (type or print)		Authorized Signature's E-mail Address