



**When to Use  
This Form**

This form is used to properly document inspections performed on Regulators on the pipeline and at compressor stations.

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**Reviewed  
Procedures**

- ☐ P-192.736 Compressor Station Gas Detection and Alarm System
- ☐ P-192.739 Inspect, Calibrate, and Maintain Overpressure Safety Devices

The applicable sections of the above procedure(s) shall be reviewed prior to completing this form.

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**Documentation  
Procedure**

1. Perform inspection according to appropriate procedure in O&M Manual.
2. Complete respective portion of this form.
3. Identify any needed follow-up items. List on this form and forward to supervisor.
4. Prior to filing this form, investigate all items marked for follow-up and note the action taken.
5. Place completed form in DOT File. Retain records for 5 years.



# Gas Operations and Maintenance Manual

## FORM WTG-1102 Regulator Station Inspection Sheet

District \_\_\_\_\_ System \_\_\_\_\_ TRC/CC UNIT \_\_\_\_\_  
 STATION NBR \_\_\_\_\_ LOCATION \_\_\_\_\_ GPS \_\_\_\_\_  
 STATION TYPE: \_\_\_\_\_ MAOP \_\_\_\_\_  
 IN \_\_\_\_\_ OUT \_\_\_\_\_

### REGULATOR DATA NO. 1

Size \_\_\_\_\_ Make \_\_\_\_\_  
 Model # \_\_\_\_\_ S/N \_\_\_\_\_  
 Press \_\_\_\_\_ Orifice \_\_\_\_\_  
 Rating \_\_\_\_\_ Size \_\_\_\_\_  
 Spring \_\_\_\_\_ Spring \_\_\_\_\_  
 Color \_\_\_\_\_ Range \_\_\_\_\_  
 In Press Max \_\_\_\_\_  
 Out Press Max \_\_\_\_\_

### REGULATOR DATA NO. 2

Size \_\_\_\_\_ Make \_\_\_\_\_  
 Model # \_\_\_\_\_ S/N \_\_\_\_\_  
 Press \_\_\_\_\_ Orifice \_\_\_\_\_  
 Rating \_\_\_\_\_ Size \_\_\_\_\_  
 Spring \_\_\_\_\_ Spring \_\_\_\_\_  
 Color \_\_\_\_\_ Range \_\_\_\_\_  
 In Press Max \_\_\_\_\_  
 Out Press Max \_\_\_\_\_

### REGULATOR DATA NO. 3

Size \_\_\_\_\_ Make \_\_\_\_\_  
 Model # \_\_\_\_\_ S/N \_\_\_\_\_  
 Press \_\_\_\_\_ Orifice \_\_\_\_\_  
 Rating \_\_\_\_\_ Size \_\_\_\_\_  
 Spring \_\_\_\_\_ Spring \_\_\_\_\_  
 Color \_\_\_\_\_ Range \_\_\_\_\_  
 In Press Max \_\_\_\_\_  
 Out Press Max \_\_\_\_\_

### REG CAPACITY

At Max Inlet & MAOP Outlet SCFH #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

### Relief Valve Data No. 1

Size \_\_\_\_\_ Make \_\_\_\_\_  
 Model # \_\_\_\_\_ Press \_\_\_\_\_  
 Rating \_\_\_\_\_  
 Spg \_\_\_\_\_ Range \_\_\_\_\_  
 Color \_\_\_\_\_

Capacity Downstream at  
MAOP SCFH

#1 \_\_\_\_\_

### Relief Valve Data No. 2

Size \_\_\_\_\_ Make \_\_\_\_\_  
 Model # \_\_\_\_\_ Press \_\_\_\_\_  
 Rating \_\_\_\_\_  
 Spg \_\_\_\_\_ Range \_\_\_\_\_  
 Color \_\_\_\_\_

#2 \_\_\_\_\_

### Relief Valve Data No. 3

Size \_\_\_\_\_ Make \_\_\_\_\_  
 Model # \_\_\_\_\_ Press \_\_\_\_\_  
 Rating \_\_\_\_\_  
 Spg \_\_\_\_\_ Range \_\_\_\_\_  
 Color \_\_\_\_\_

#3 \_\_\_\_\_

### INSPECTION SHEET

Bypass Locked Closed?	Y	N	N/A	Regulators stroked?	Y	N	N/A
RV Locked Open?	Y	N	N/A	Lockup checked?	Y	N	N/A
Building Okay?	Y	N	N/A	Orifice working properly?	Y	N	N/A
Fence secure?	Y	N	N/A	Seats working properly?	Y	N	N/A
Weeds cut?	Y	N	N/A	Relief valve popped?	Y	N	N/A
Bypass valve oper. & serviced?	Y	N	N/A	Relief valve insp & cleaned?	Y	N	N/A
Caution signs in place & legible?	Y	N	N/A	Was Nitrogen used?	Y	N	N/A
All vents clear & protected?	Y	N	N/A	Paint Okay?	Y	N	N/A
Inlet valve oper. & serviced?	Y	N	N/A	Atmospheric corrosion present?	Y	N	N/A
Outlet valve oper. & serviced?	Y	N	N/A	Filter replaced / cleaned?	Y	N	N/A
Slam valve insp & cleaned?	Y	N	N/A	Relief Blk Valve oper & serviced?	Y	N	N/A

### Regulator Settings As Left

Reg No 1 \_\_\_\_\_ psi Reg No 2 \_\_\_\_\_ psi Reg No 3 \_\_\_\_\_ psi Rel No 1 \_\_\_\_\_ psi Rel No 2 \_\_\_\_\_ psi Rel No 3 \_\_\_\_\_ psi

### Slam Valve Settings As Left

\_\_\_\_\_ psi \_\_\_\_\_ ppm \_\_\_\_\_ other \_\_\_\_\_

Date Inspected \_\_\_\_\_ AOC's Found Y N Person Qualified? Y N

Note: This inspection sheet must agree with the equipment installed. Any changes to MAOP, orifice size, relief valves, orifices or springs require revisions to the sheet and the regulator design sheet. Is there anything on the station that does not agree with this form, or is not consistent with the operation conditions? Y N If yes, please note in REMARKS on back of this form(if needed check here)

Inspector Signature \_\_\_\_\_

AOC's Y N

Reviewing Supervisor \_\_\_\_\_

Revised: May 2022