

## F-192.613 Continuing Surveillance

(Following Extreme Weather or Natural Disaster)

| When to Use<br>This Form | This form is to be used to properly document the inspection and investigation of any findings on the pipeline Right of Way following an extreme weather condition or natural disaster. |   |  |  |
|--------------------------|--|---|--|--|
| Reviewed<br>Procedures   | ☐ P-192.613  | Continuing Surveillance - Including extreme weather or natural disaster |  |  |
|                          | The applicable sections of the above procedure(s) shall be reviewed prior to completing this form.   |   |  |  |
|                          |  |   |  |  |

## Documentation Procedure

1. Refer to procedure P-192.613.

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If surveillance can not be done within 72 hours of event, notify the compliance department.

Compliance will notify appropriate PHMSA region director

| Date  | Time of Event    |                          | AM   | РМ   |  |  |  |
|---|------------------|--------------------------|------|------|--|--|--|
| Extreme Weather or Natural Disaster   |                  | Any Futher Action Needed |      |      |  |  |  |
| District  | System           |                          |      |      |  |  |  |
| Applicable Forms during Survelliance(Forms to be kept for Life of Pipeline) |                  |                          |      |      |  |  |  |
| WTG-1103 Patrolling:  | Time Commission  |                          | 0.04 | PM   |  |  |  |
| Date Completed F-192.706 Leak Survey:                                       | Time Completed _ |                          | AM   | FIVI |  |  |  |
| Date Completed  | Time Completed _ |                          | AM   | РМ   |  |  |  |
| Provide Details below if Earthquake and send this form to Compliance Dept:  |                  |                          |      |      |  |  |  |
| Date Completed  | Time Completed _ |                          | AM   | PM   |  |  |  |
| Epicenter Location lat/long:  |                  |                          |      |      |  |  |  |
| Employees Assigned:   |                  |                          |      |      |  |  |  |
| Findings:   |                  |                          |      |      |  |  |  |
|   |                  |                          |      |      |  |  |  |
| Actions Required:   |                  |                          |      |      |  |  |  |
| Employee Assigned to Follow-up if Required:                                 |                  |                          |      |      |  |  |  |
| Completed By  | Date             | e                        |      |      |  |  |  |

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