



**When to Use
This Form**

This form is to be used to properly document leak complaints and leak complaint investigations.

**Reviewed
Procedures**

TAC-8.205 Leak Management

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

**Documentation
Procedure**

1. Refer to procedure P-192.706(b).
2. Complete leak investigation.
3. Investigation and remediation must be documented using Form TAC-8.205. This form also can be downloaded off of the ASI program.
4. Retain records for the life of the pipeline system.



Date Reported: _____ Time Reported: _____ AM PM

Name: _____

Address: _____ City / State / Zip: _____

Leak Reported By: Customer Police / Fire Department Inspector Employee Employee Person Causing Damage Other: _____

Reporting Persons Name: _____ Telephone #: _____

Other Information: _____

Nature of Complaint: Gas Odor Fumes Visible / Audible Leak Construction Damage Vegetation Damage Other

Reported Location:

Inside Building:

Odor Throughout In Kitchen At Water Heater At Furnace Other: _____

Outside Building:

General Odor in Air At Meter In Alley At Street Other: _____

Remarks: _____

Call Received By: _____

Call Dispatched To: _____

For Field Personnel

Time of Arrival: _____ Time of Departure: _____

Leak Found On: Customers Facility WTG Facility No Leak Found

Notes: Leaks found on WTG facilities will need to be documented using Form WTG-1101

Customers Facility: (Signature from customer is required when leak is found on their facility)

Shut In Test: Number of Minutes: _____ Cubic Feet Passed: _____

Leak: Yes No Gas Left: Off On

Meter Locked: Yes No Meter Pulled: Yes No

Time Leak Made Safe: _____



Repairs Made: _____

Comments / Instructions: _____

Customer Signature: _____

Leak Investigation Done By: _____ Signature: _____

If Reported by the Public: The Supervisors review must be completed by 10:00am of the following business day.

Was the Leak Reported by the Public? Yes No

If Yes, Date and Time of Supervisor Review: _____

Signature of Reviewing Supervisor: _____