



**When to Use This
Form**

This packet is to be used in conjunction with Procedure P-191.5: Reporting Incidents whenever a pipeline incident occurs to provide for notification, reporting, and investigation of the incident.

**Reviewed
Procedures**

- ☐ P-191.5 Incident Reporting
☐ P-192.617 Investigation of Incidents and Failures

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

**Documentation
Procedure**

1. Copy this packet and replace original in manual. Do not mark up the original copy of this form.
2. Complete Initial Notification section on Page 2.
3. Immediately initiate emergency plan procedures.
4. If the incident requires a telephonic report, complete the telephonic notification section of this packet.
5. Gather data on the following pages as it becomes available for use in the root cause analysis and determine if procedures were adequate for handling the incident.
6. Within 30 days of the incident, complete PHMSA Form F-7100.2 (attached) and submit to Regulatory Manager for approval. This form must be submitted by mail according to Procedure P-191.5 or submitted electronically here: <http://opsweb.rspa.dot.gov/cfdocs/opsapps/pipes/main.cfm>
7. As additional information becomes available, update this packet and send supplemental reports (within 30 days of availability) to PHMSA and the appropriate State regulator.
8. Create a file in the DOT files for this incident and file all information concerning it and a copy of this entire packet there.
9. Retain Record for the Life of the Pipeline System.



THIS PAGE INTENTIONALLY LEFT BLANK.



INITIAL NOTIFICATION

Location	<input type="checkbox"/> Onshore <input type="checkbox"/> Offshore <input type="checkbox"/> Inland body of water (Name):		
	Pipeline within right-of-way of: <input type="checkbox"/> Railroad <input type="checkbox"/> Paved road/street <input type="checkbox"/> Highway		
	Pipeline station number:		
	Pipeline system:		Location code:
	Street address:		
	City:	County:	State:
	Nearest major landmark:		
Operator Information	Operator:		
	Street address:		
	City:	County:	State:
Reporter Info.	Name:		
	Title:	Telephone:	
Significant Facts	Date of incident:		Time of incident:
	Number of fatalities	Operator:	Public:
	Number of injuries	Operator:	Public:
	Commodity transported:		
	Other:		
Completed by:			Date:



TELEPHONIC NOTIFICATION

Louisiana (504) 342-5585 (working hours) (504) 342-5505 (after hours)	Texas (512) 463-6788 (24 hours)	National Response Center (800) 424-8802 (24 hours)
(Name of Individual Receiving Report)	(Name of Individual Receiving Report)	(Name of Individual Receiving Report)
Name of affiliate operating involved pipeline:		
Name of employee making the initial notification:		
Telephone number where reporting employee may be reached:		
System name/line number:		
Incident location: (Give reference relative to the nearest street address, town, city, county, parish, and state; or nearest offshore platform or other appropriate landmarks)		
Date and time incident occurred: (Estimate if not known exactly)	Date:	
	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Number of fatalities:		
Number of personal injuries:		
Number of injuries requiring hospitalization:		
Preliminary estimated cost of property damage: (Include damage to facilities and third-party damages.)		
Preliminary estimated cost of unintentional gas loss (at average purchase price), if over three million cubic feet:		
Known facts relevant to cause of incident (do not speculate):		
Description of damages:		



INVESTIGATION DATA

Detection	Was the incident detected promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	How was it detected? By whom?
	Could it have been detected earlier? <input type="checkbox"/> No <input type="checkbox"/> Yes; explain:
Notification Investigation	Were proper procedures followed in notifying government agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No; explain discrepancies/omissions:
	Were notifications prompt? <input type="checkbox"/> Yes <input type="checkbox"/> No; explain:
	Was management notified promptly? <input type="checkbox"/> Yes <input type="checkbox"/> No; explain:
	Was management response appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No; explain:
Origin	Incident occurred on: <input type="checkbox"/> Pipe <input type="checkbox"/> Compressor <input type="checkbox"/> Valve <input type="checkbox"/> Pig Trap <input type="checkbox"/> Weld; Type: <input type="checkbox"/> Fitting; Type: <input type="checkbox"/> Other:
	Type of Failure: <input type="checkbox"/> Leak <input type="checkbox"/> Rupture <input type="checkbox"/> Other:
Origin	If the failure was caused by a rupture, how long was the rupture?
	Material involved: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other:
	Part of System Involved: <input type="checkbox"/> Pipeline <input type="checkbox"/> Compressor station <input type="checkbox"/> Other:



	Year the part of system involved was installed:	
	Class location of incident:	
Material Specification	Nominal pipe size: _____ in.	Wall thickness: _____ in
	Specification:	SMYS:
	Seam type:	Valve type:
	Manufactured by:	Year installed:
Environment	Where was the incident: <input type="checkbox"/> Under pavement <input type="checkbox"/> Above ground <input type="checkbox"/> Underground <input type="checkbox"/> Other:	
Corrosion Failure	Was the incident caused by corrosion? <input type="checkbox"/> No; Skip this section <input type="checkbox"/> Yes; Complete this section	
	Where did the corrosion occur? <input type="checkbox"/> Internally <input type="checkbox"/> Externally	
Corrosion Failure	Visual description: <input type="checkbox"/> Localized pitting <input type="checkbox"/> General corrosion <input type="checkbox"/> Other:	
	Cause: <input type="checkbox"/> Galvanic <input type="checkbox"/> Other:	
	Pipe coating: <input type="checkbox"/> Bare <input type="checkbox"/> Coated	
	Was corroded part of the pipeline considered to be under cathodic protection prior to discovering incident? <input type="checkbox"/> Yes; year protection began: <input type="checkbox"/> No	

Line Pipe Failure	Nominal diameter:	in.	SMYS:	psi
	Wall thickness:	in.	MAOP:	psi
	Type of joint: <input type="checkbox"/> Welded <input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Coupled <input type="checkbox"/> Other:			
	Pipe was: <input type="checkbox"/> Buried <input type="checkbox"/> Submerged <input type="checkbox"/> Above ground			
	Pressure at location at time of incident			psig
	Had there been a pressure test on the system? <input type="checkbox"/> No; Skip this section <input type="checkbox"/> Yes; Complete this section			
	Date of latest test:			
	Duration of test:			
	Maximum test pressure:			psig
Outside Damage Failure	Was failure caused by damage from outside forces? <input type="checkbox"/> No; Skip this section <input type="checkbox"/> Yes; Complete this section			
	Primary causes of incident: <input type="checkbox"/> Damage resulted from action of operator or their agent <input type="checkbox"/> Damage resulted from action of outside party/third party <input type="checkbox"/> Damage by earth movement <input type="checkbox"/> Subsidence <input type="checkbox"/> Landslide/washout <input type="checkbox"/> Frost <input type="checkbox"/> Other: <input type="checkbox"/> Damage by lightning or fire			
	Locating information (for damage resulting from action of outside party/third party): Did operator get prior notification that equipment would be used in the area? <input type="checkbox"/> No <input type="checkbox"/> Yes; Date received: Was pipeline location marked either as result of notification or by markers already in place? <input type="checkbox"/> No <input type="checkbox"/> Yes			



	<input type="checkbox"/> Permanent markers <input type="checkbox"/> Temporary stakes <input type="checkbox"/> Other:	
Construction Defect Failure	Was the failure caused by a construction defect? <input type="checkbox"/> No; Skip this section <input type="checkbox"/> Yes; Complete this section	
	<input type="checkbox"/> Poor workmanship during construction <input type="checkbox"/> Operating procedure inappropriate <input type="checkbox"/> Error in operating application <input type="checkbox"/> Physical damage during construction <input type="checkbox"/> Other:	
Operator Error	List all personnel whose performance may have contributed to the incident.	
	Name	Date of Last OQ Evaluation
	<i>Note: Refer to OQ Plan for information on how to handle these personnel and their performance of covered tasks.</i>	



Assessment / Evaluation	<p>Was the magnitude of the problem assessed correctly at start?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
	<p>What means were used for this assessment?</p>
	<p>Are any guides or aids needed to assist leak evaluation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain</p>
	<p>What sources of information were available on wind currents?</p> <p>Is this information adequate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p> <p>Was the information useful (and used) for gas dispersion?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p> <p>Were such forecasts realistic?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
	<p>Is there adequate information on the specific gas properties?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
Mobilization	<p>What steps were taken to end gas release?</p>
	<p>Was mobilization prompt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
Mobilization	<p>Could it have been faster, or should it have been?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>



	<p>Was mobilization of labor resources adequate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
--	---



	<p>Was local agency responsible for fire containment used appropriately?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p> <p>How could this be improved?</p>
	<p>What equipment/resources were mobilized?</p> <p>Were they utilized effectively?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
	<p>What other resources were available?</p> <p>Why weren't they used?</p>
Response - Strategy	<p>Is there an adequate emergency response plan for the location?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
	<p>Is it flexible enough to cope with unexpected events?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
Response - Strategy	<p>Does the plan include clear understanding of local environmental sensitivities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
	<p>What was the initial strategy for response to this incident?</p> <p>Is this strategy defined in the emergency plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p>
	<p>How did strategy evolve and change during this leak and how were these changes implemented?</p> <p>What caused the changes?</p>



	Are improvements in the plan needed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Is more training needed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
Response - Resources	What outside resources were mobilized? How were they mobilized?
	Did utilization of resources change with time? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:



Response - Resources	Were resources used effectively?		
	Resource	Yes/No	Explain
What changes would have been useful?			
Do we have adequate knowledge of resource availability? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:			
Command Structure	Who was initially in charge of the emergency response?		
	Was there a clear command structure maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:		
	What sort of organization was initially set up?		
Command Structure	Did this change with time? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:		
	What changes would have been useful?		



	<p>Was there adequate surveillance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:</p> <p>Should there be any changes?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:</p>
--	--



	Were communications adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain: What improvements are needed?
	Was support from financial services adequate? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain: Should there be any changes? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Is more planning needed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Should financial procedures be developed to handle such incidents?
Measurements	Was there adequate measurement or estimation of the volume released? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Should better measurement procedures be developed for either phase of operations? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
Government Relations	What were the roles and effects of the various government agencies involved?
	Was there a single focal point among the government agencies for contact? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:



	<p>Should there have been better focus of communications to the agencies?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:</p>
--	--



	Were government agencies adequately informed at all stages? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Could fewer agencies have been involved? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Are any changes needed in procedures to manage government relations? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
Government Relations	Was there adequate agreement with the government agencies on criteria for remediation? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain: How was the agreement developed?
	Were we too agreeable with the agencies in accepting their requests for specific action items? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
Public Relations	How were relations with the media handled? What problems were encountered? Are improvements needed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Could we have handled matters differently to reduce public outcry?
	Would it be useful to undertake a public information effort to educate reporters about gas leaks? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:



Losses	There were: _____ Fatalities _____ Personal injuries requiring inpatient hospitalization _____ Personal injuries requiring outpatient care _____ Personal injuries not requiring a hospital		
Summary	Cost of	Estimated	Actual
	Remediation		
	Fire Control & Cleanup		
	Fires		
	Disposal		
	Lost Cargo		
	Legal Fees		
	Company Team (wages & expenses)		
	Money paid by insurance company		
	How could expenses have been reduced?		
	Things done right:		
	Improvements needed:		



	What lessons were learned?			
Summary	Changes to be Made	Personnel Responsible	Expected	Actual
Investigation Closed on (Date):				
Area Superintendent Signature			Date:	
Area Manager Signature			Date:	