



**When to Use
This Form**

Anytime there is a Safety Related Condition on the pipeline (as determined in P-192.23), this form should be completed.

**Reviewed
Procedures**

P-191.23 *Reporting Safety Related Conditions*

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

**Documentation
Procedure**

1. Copy form and place blank original back in file. Refer to procedure P-191.23.
2. Gather data and complete form.
3. Have Supervisor sign form.
4. Fax completed form to (202) 366-7128 (Federal PHMSA).
5. In Texas, Fax complete form to at (512) 463-7319 (TxRRC).
6. File form in DOT files and retain for the life of the pipeline.
7. Retain Records for the Life of the Pipeline System



Operator Information	District/Division:		Date:	
	Operator Name:			
	Principal Address:			
	City:		State:	Zip:
Report Submitted Information	Person Making Report:			
	Job Title:		Telephone:	
	Date of Report:			
Condition Assessment Information	Person who determined condition exists:			
	Job Title:		Telephone:	
	Date condition was discovered:			
	Date condition was first determined to exist:			
Location and Description of Facility	<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:			
	Commodity Transported:			
	Type of Facility			
	<input type="checkbox"/> Meter station <input type="checkbox"/> Mainline <input type="checkbox"/> Pump/Compressor Station <input type="checkbox"/> Pig Trap <input type="checkbox"/> Storage <input type="checkbox"/> Other; Describe:			
Is system interstate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What was the activity leading to the discovery of the condition? <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Construction Crossing <input type="checkbox"/> Operating Surveillance <input type="checkbox"/> Instrument Pig Survey <input type="checkbox"/> Maintenance Repair <input type="checkbox"/> Aerial Patrol <input type="checkbox"/> Third Party Report <input type="checkbox"/> Other; Describe:				
How was the condition verified? <input type="checkbox"/> Visual <input type="checkbox"/> Magnetic Particle NDT <input type="checkbox"/> Ultrasonic NDT <input type="checkbox"/> Radiographic NDT <input type="checkbox"/> Other; Describe:				



What was the cause of the condition? <input type="checkbox"/> Internal Corrosion <input type="checkbox"/> Excavation Damage <input type="checkbox"/> External Corrosion <input type="checkbox"/> Material Defect <input type="checkbox"/> Structural Support Failure <input type="checkbox"/> Localized <input type="checkbox"/> Construction Defect <input type="checkbox"/> Gasket/Seal/Packing Failure <input type="checkbox"/> General <input type="checkbox"/> Pressure Central Equipment Failure/Malfunction <input type="checkbox"/> Operator Failure <input type="checkbox"/> Other; Describe:		
Was the pipeline operated above the MAOP plus the allowable buildup? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the condition cause a shutdown or at least 20% reduction in operating pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was there a discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Description/Cause/Effects on Safety:		
Nearby Facility Information	Is there a building intended for human occupancy within 200 yards? <input type="checkbox"/> No <input type="checkbox"/> Yes; Describe:	
	Is there an outdoor place of assembly within 200 yards? <input type="checkbox"/> No <input type="checkbox"/> Yes; Describe:	
Corrective Action Information	<input type="checkbox"/> Shutdown <input type="checkbox"/> Pressure Reduction <input type="checkbox"/> Repair	
	Describe Repairs:	
	<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Start Date:</td> <td style="border: none; width: 50%;">Estimated Completion Date:</td> </tr> </table>	Start Date:
Start Date:	Estimated Completion Date:	
Form Was Electronically Sent To	<input type="checkbox"/> DOT <input type="checkbox"/> TRCC <input type="checkbox"/> Midland Home Office	
	Signature:	
	<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 50%;">Date:</td> <td style="border: none; width: 50%;">Time:</td> </tr> </table>	Date:
Date:	Time:	
Further Proposed Actions:		
Supervisors' Signatures:	Date:	
Completed By:	Date:	