



**When to Use
This Form**

This Packet is to be used in conjunction with Procedure P-191.5 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 7100.1 (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.



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 Company 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 Company Facilities, Third-Party Damages, and Cost of Lost Gas (at average purchase price))		
Description of Damages:		
Known Facts Relevant to Cause of Incident (DO NOT SPECULATE):		



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:	
	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:	
5 8 0 0 0	Nominal Pipe Size: in.	Wall thickness:



	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"/> Under Ground <input type="checkbox"/> Other:	
Corrosion Failure	Was the incident caused by corrosion? <input type="checkbox"/> No; skip this section <input type="checkbox"/> Yes; complete below:	
	Where did the Corrosion occur? <input type="checkbox"/> Internally <input type="checkbox"/> Externally	
	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:
	Wall thickness:	in. MAOP:
	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 <input type="checkbox"/> Yes; complete below	
	Date of latest test:	Duration of test:
	Maximum test pressure: psig	
Damage Failure	Was failure caused by damage from outside forces? <input type="checkbox"/> No; skip this section <input type="checkbox"/> Yes; complete below:	



	<p>Primary causes of incident</p> <p><input type="checkbox"/> Damage resulted from action of operator or his agent.</p> <p><input type="checkbox"/> Damage resulted from action of outside party / third party.</p> <p><input type="checkbox"/> Damage by earth movement.</p> <p><input type="checkbox"/> Subsidence <input type="checkbox"/> Landslide / washout</p> <p><input type="checkbox"/> Frost <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Damage by lightning or fire.</p>
	<p>Locating information (for damage resulting from action of outside party / third party)</p> <p>Did operator get prior notification that equipment would be used in the area?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes; Date received:</p> <p>Was pipeline location marked either as result of notification or by markers already in place?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Permanent markers <input type="checkbox"/> Temporary stakes <input type="checkbox"/> Other:</p>
Construction Defect Failure	<p>Was the failure caused by a construction defect?</p> <p><input type="checkbox"/> No; skip this section</p> <p><input type="checkbox"/> Yes; complete below:</p>
	<p><input type="checkbox"/> Poor workmanship during construction</p> <p><input type="checkbox"/> Operating procedure inappropriate</p> <p><input type="checkbox"/> Error in operating application</p> <p><input type="checkbox"/> Physical damage during construction</p> <p><input type="checkbox"/> Other:</p>



Operator Error	List all personnel whose performance may have contributed to the incident:								
	<table border="1"><thead><tr><th>Name</th><th>Date of Last OQ Evaluation</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	Name	Date of Last OQ Evaluation						
	Name	Date of Last OQ Evaluation							
Note: Refer to OQ Plan for information on how to handle these personnel and their performance of covered tasks.									
Assessment/Evaluation	Was the magnitude of the problem assessed correctly at start? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:								
	What means were used for this assessment?								
	Are any guides or aids needed to assist leak evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:								
	What sources of information were available on wind currents?								
	Is this information adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:								
	Was the information useful (and used) for gas dispersion? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:								
	Were such forecasts realistic? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:								
Is there adequate information on the specific gas properties? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:									



Mobilization	What steps were taken to end gas release?
	Was mobilization prompt? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Could it have been speeded up or should it have been? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Was mobilization of manpower resources adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Was local agency responsible for fire suppression used appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	How could this be improved?
	What company equipment/resources were mobilized?
Were they utilized effectively? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:	
What other company resources were available?	
Why weren't they used?	



Response - Strategy	Is there an adequate emergency response plan for the location? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Is it flexible enough to cope with unexpected events? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Does the plan include clear understanding of local environmental sensitivities? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	What was the initial strategy for response to this incident?
	Is this strategy defined in the emergency plan? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	How did strategy evolve and change during this leak and how were these changes implemented?
	What caused the changes?
	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:					
	Were resources used effectively?					
		Resource	Yes	No	Explain	
		Contractors	<input type="checkbox"/>	<input type="checkbox"/>		
		Government Agencies	<input type="checkbox"/>	<input type="checkbox"/>		
		Company	<input type="checkbox"/>	<input type="checkbox"/>		
		Cooperatives	<input type="checkbox"/>	<input type="checkbox"/>		
		Volunteers	<input type="checkbox"/>	<input type="checkbox"/>		
	Consultants	<input type="checkbox"/>	<input type="checkbox"/>			
	Other	<input type="checkbox"/>	<input type="checkbox"/>			
	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?
	Did this change with time? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	What changes would have been useful?
	Was there adequate surveillance? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Should there be any changes? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Were communications adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	What improvements are needed?
	Was support from financial services adequate?
	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:
	Should there have been better focus of communications to the agencies? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	Were government agencies adequately informed at all stages? <input type="checkbox"/> Yes <input type="checkbox"/> No; Explain:
	Were too many agencies 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:
	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?
Public Relations	Were we too agreeable with the agencies in accepting their requests for specific action items? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	How were relations with the media handled?
	What problems were encountered?
	Are improvements needed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Explain:
	How could public outcry have been reduced?
Losses	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:
	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?				
Summary	Things done right:				
	Improvements:				
	What lessons were learned?				
		Changes to be made	Personnel Responsible	Completion Date	
				Expected	Actual
Investigation closed on (Date):					
Area Superintendent Signature			Date:		
Area Manager Signature			Date:		



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