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**Description** This procedure is used to report safety-related conditions to the Federal Pipeline and Hazardous Material Safety Administration (PHMSA) and any relevant State agency.

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**Regulatory Applicability**

- Regulated Transmission Pipelines
- Regulated Gathering Pipelines (Type A)
- Regulated Gathering Pipelines (Type B)
- Regulated Distribution Pipelines
- Regulated LNG Facilities

This following pipelines are not included-

- Offshore gathering of gas in State waters upstream from the outlet flange of each facility where hydrocarbons are produced or where produced hydrocarbons are first separated, dehydrated, or otherwise processed, whichever facility is farther downstream;
- Pipelines on the Outer Continental Shelf (OCS) that are producer-operated and cross into State waters without first connecting to a transporting operator's facility on the OCS, upstream (generally seaward) of the last valve on the last production facility on the OCS. Safety equipment protecting PHMSA-regulated pipeline segments is not excluded. Producing operators for those pipeline segments upstream of the last valve of the last production facility on the OCS may petition the Administrator, or designee, for approval to operate under PHMSA regulations governing pipeline design, construction, operation, and maintenance under [49 CFR 190.9](#).
- Pipelines on the Outer Continental Shelf upstream of the point at which operating responsibility transfers from a producing operator to a transporting operator; or
- Onshore gathering of gas outside of the following areas:
  - An area within the limits of any incorporated or unincorporated city, town, or village.
  - Any designated residential or commercial area such as a subdivision, business or shopping center, or community development.

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**Frequency** As needed (Within 5 working days after determining the condition is safety-related, but not more than 10 days after discovering the condition—see “Time to Report” section of this procedure.)

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<b>Reference</b>	49 CFR 191.23	<i>Reporting Safety-Related Conditions</i>
	49 CFR 191.25	<i>Filing Safety-Related Condition Reports</i>
	49 CFR 192.605(d)	<i>Operations and Maintenance Manual</i>
	TAC 16 8.210(c)	<i>Safety-related Condition Reports</i>
	LA Title 43 Part XIII 323	<i>Reporting Safety-Related Conditions</i>
	LA Title 43 Part XII 325	<i>Filing Safety-Related Condition Reports</i>
	LA Title 43 Part XIII 2705(d)	<i>Operations and Maintenance Manual</i>

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<b>Forms / Record Retention</b>	F-191.25	<i>Safety-Related Conditions / Life of Pipeline System</i>
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<b>Related Specifications</b>	None
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<b>OQ Covered Task</b>	None
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**Procedure Steps**

1. Receive notice of potential Safety-Related Condition. (This notice may come from company personnel or from someone outside the company.)

District/Division Managers: If you think you have a possible Safety Related Condition, inform the WTG Operations Manager or if you can not reach him inform the WTG VP Natural Gas. They will help you make the determination and file the proper form.

NOTE: If it has not been determined that the condition is NOT a reportable Incident, refer to procedure P-191.5 to make this determination.

2. Use the flowchart on page 4 to determine if the condition is a Safety-Related Condition. This must be done within 10 days of discovery or the condition must be reported.
3. If the condition is a Safety-Related Condition, determine if it is reportable using the flowchart on page 5 of this procedure.

NOTE: This must be determined within 5 days of determining the condition is a safety-related Condition or within 10 days of discovery.

4. If the condition is a reportable Safety-Related Condition, complete form F-191.25.
5. Fax the completed form to PHMSA at (202) 366-7128 and relevant state agency.

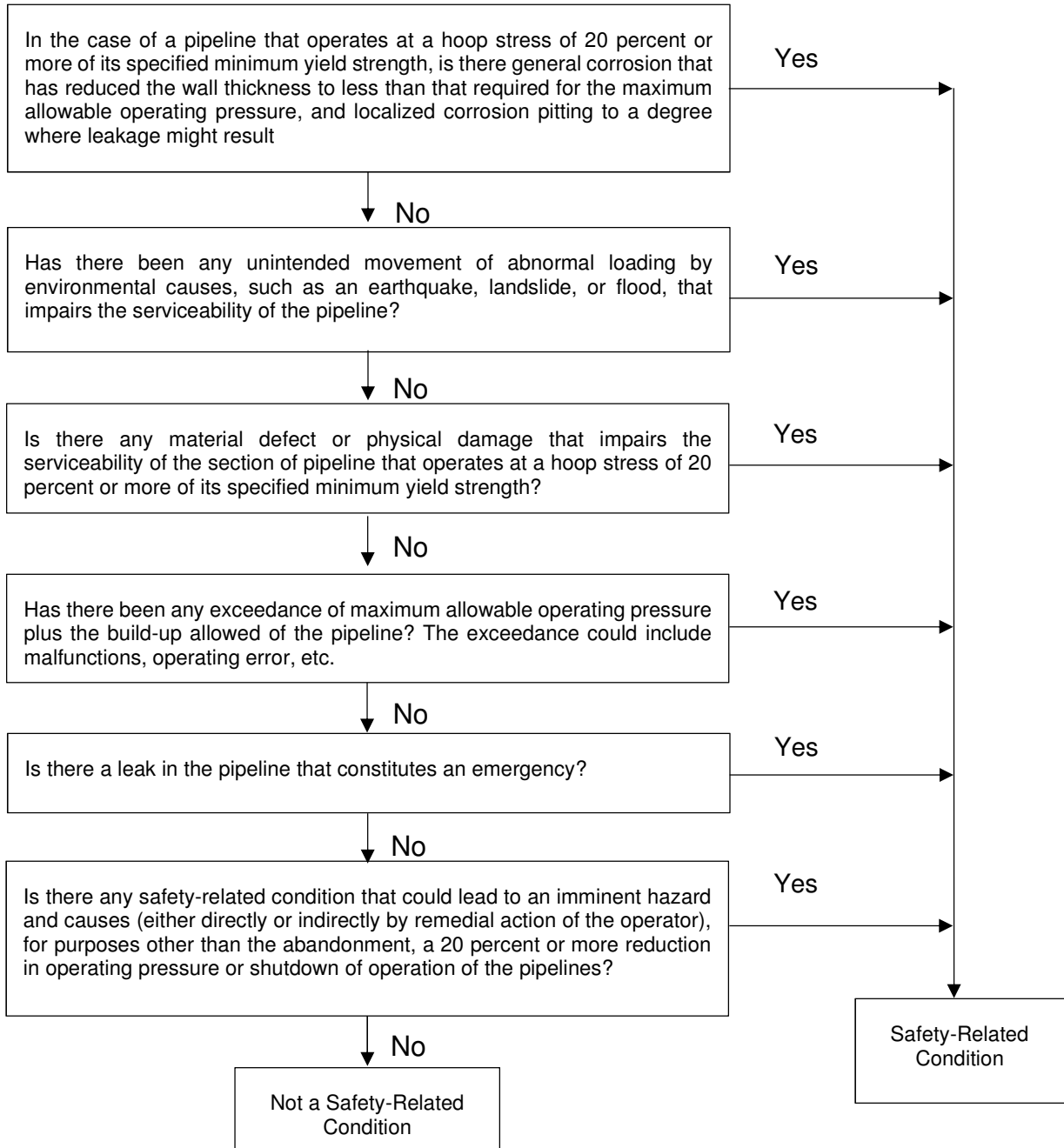
NOTE: In Texas, fax the completed form to TRRC at (512) 463-7319 or mail to railroad Commission, Safety Division, PO Box 12967, Austin, Texas 78711.

Agency	Fax	Mail
Pipeline and Hazardous Materials Safety Administration (PHMSA)	(800) 424-8802	Electronic
Texas	(512) 463 - 7319	Railroad Commission Safety Division PO Box 12967 Austin, Texas 78711
Louisiana	(225) 342-5505	Commissioner of Conservation P.O. Box 94275 Baton Rouge, LA 70804-9275
Oklahoma	(405) 522-3455	Oklahoma Corporation Commission P.O. Box 52000 Oklahoma City, OK 73152-2000
New Mexico	(505) 827-3767	604 W. San Mateo Suite B, Upper Level Santa Fe NM 87505
Kansas	(202) 366-7128	Kansas Corporation Commission 1500 SW Arrowhead Rd Topeka, KS 66604-4027

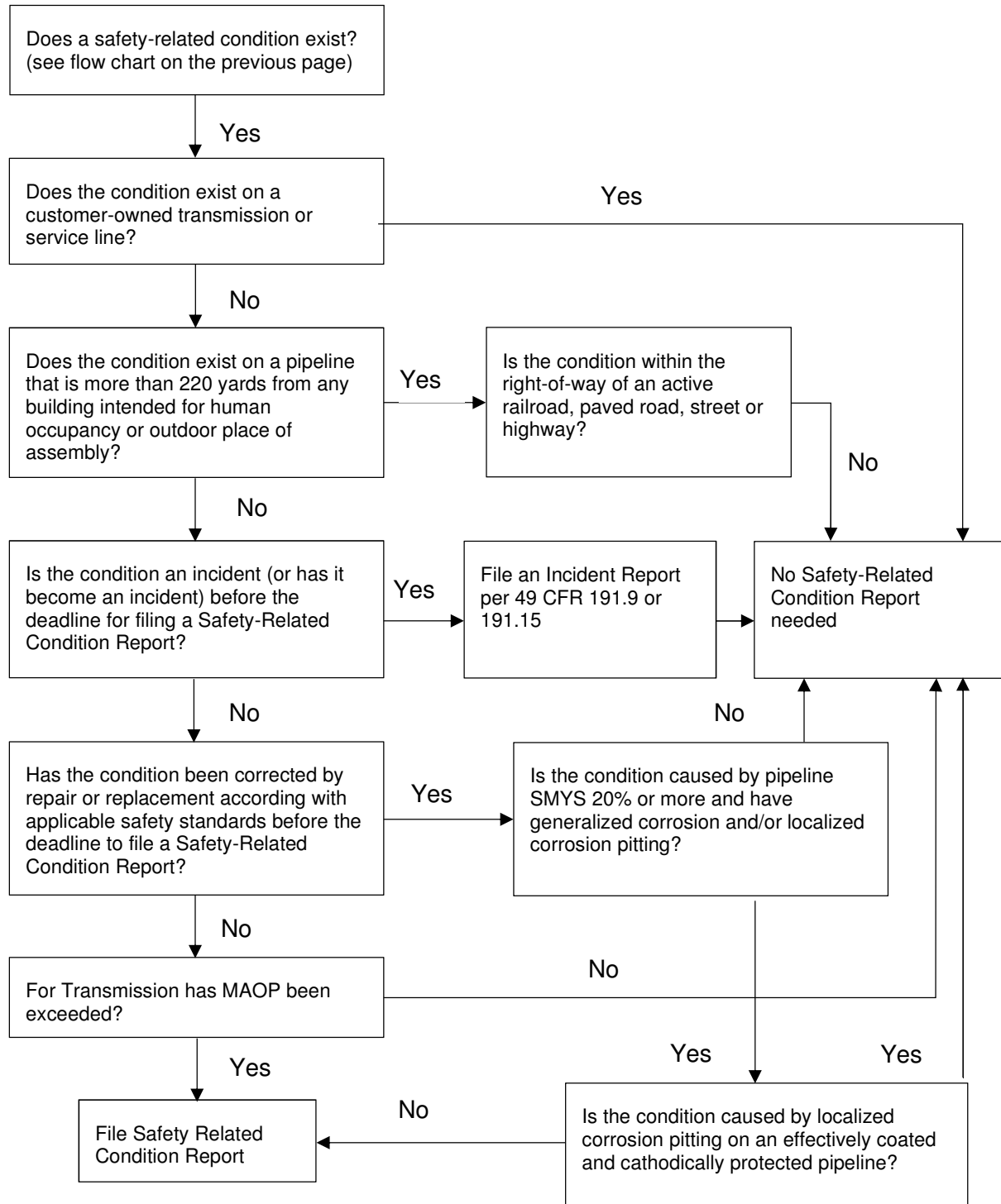
6. Retain copies of the form in the DOT file for the life of the pipeline.



**IDENTIFYING A SAFETY-RELATED CONDITION**



**REPORTING A SAFETY RELATED CONDITION**

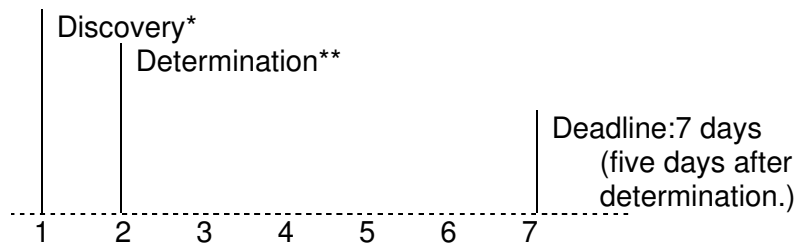
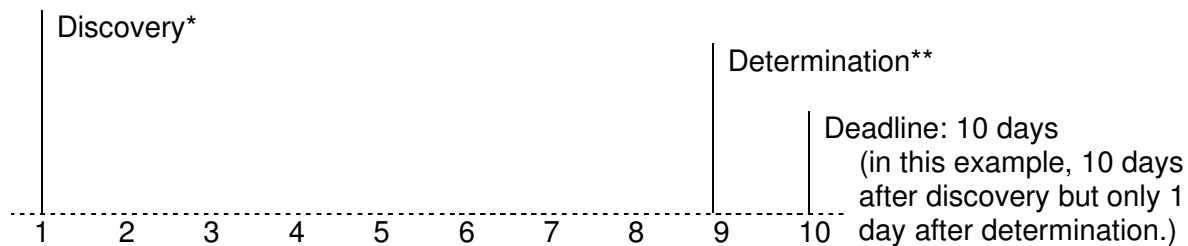




**Time to Report (Reporting Deadlines)**

Use the following timelines as examples to determine the deadline for reporting the safety-related condition. A safety-related condition must be reported within 10 days of discovering a potential safety-related condition or five days after determining it as a safety-related condition, whichever is sooner. Each report of a maximum allowable operating pressure exceedance meeting the requirements of criteria in §191.23(a)(10) for a gas transmission pipeline must be filed (received by the Associate Administrator) in writing within 5 calendar days of the exceedance using the reporting methods and report requirements described in paragraph (c) of this section.

Examples:



\*Discovery of a potential Safety-Related Condition

\*\*Determination that a Safety-Related Condition Exists

**Reporting Methods**

Reports must be filed by email to [InformationResourcesManager@dot.gov](mailto:InformationResourcesManager@dot.gov) or by facsimile to (202) 366-7128. For a report made pursuant to §191.23(a)(1) through (9), the report must be headed "Safety-Related Condition Report." For a report made pursuant to §191.23(a)(10), the report must be headed "Maximum Allowable Operating Pressure Exceedances." All reports must provide the following information:

- (1) Name, principal address, and operator identification number (OPID) of the operator.



- (2) Date of report.
- (3) Name, job title, and business telephone number of person submitting the report.
- (4) Name, job title, and business telephone number of person who determined that the condition exists.
- (5) Date condition was discovered and date condition was first determined to exist.
- (6) Location of condition, with reference to the State (and town, city, or county) or offshore site, and as appropriate, nearest street address, offshore platform, survey station number, milepost, landmark, or name of pipeline.
- (7) Description of the condition, including circumstances leading to its discovery, any significant effects of the condition on safety, and the name of the commodity transported or stored.
- (8) The corrective action taken (including reduction of pressure or shutdown) before the report is submitted and the planned follow-up or future corrective action, including the anticipated schedule for starting and concluding such action.