



**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 TAC-8.205.
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: _____