



**When to Use
This Form**

This form is to be used in conjunction with procedure P-192.459 whenever an examination of exposed metallic pipe for evidence of external corrosion is needed.

**Reviewed
Procedures**

- ☐ P-192.459 *External Examination of Exposed Pipe*
☐ P-192-614 Damage Prevention Program

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

**Documentation
Procedure**

1. Copy form and replace original. Do not mark up the original copy of this form.
2. Gather data and complete the form for each exposed pipe.
3. Retain records for 5 years.



District:		System Name:	
Reason for Exposing Pipeline: Additional Comments Below if Needed _____			
Pipe Location (Include distance from Structures and/or Roads): 			
Latitude:		Longitude: <i>(Additional Marker Ball locations can be entered on next page)</i>	
Type of Line:		Line Material:	
Required if Steel: Any Pipe Removed? _____			
UT Reading _____		Pipe-to-Soil Reading: _____VDC	
Type of Cathodic Protection: <input type="checkbox"/> None <input type="checkbox"/> Anodes <input type="checkbox"/> Impressed <input type="checkbox"/> Other _____			
Pipe Size:	Operating Pressure:		MAOP:
Pipe Depth:	Wall Thickness:	Tracer Wire:	
Please enter any pipe information found (Manufacturer, Date Manufactured, etc.): 			
Coating Type:		Coating Condition:	
External Pipe Condition:		Internal Pipe Condition:	
Soil Type: <input type="checkbox"/> Sandy <input type="checkbox"/> Clay <input type="checkbox"/> Loam <input type="checkbox"/> Sandy, Clay, & Loam <input type="checkbox"/> Other _____			
List Foreign Structures in Immediate Area: 			



Condition of Right of Way:	
AOC Found? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Attributes Match Mapping Data: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marker Ball Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Utilize cells below if additional marker balls added in area</i> Add Additional Location Remarks Below	
Latitude:	Longitude:
Latitude:	Longitude:
Latitude:	Longitude:
Latitude:	Longitude:
Latitude:	Longitude:
Latitude:	Longitude:
Latitude:	Longitude:
Completed By:	Date:
Reviewing Supervisor:	Date:

Retain in District records for at least 5 years and email copy to wtgmapping@westtexasgas.com