



# Incident Report –Gas Distribution System

Report Date \_\_\_\_\_  
No. \_\_\_\_\_  
(VDPS use only)

## INSTRUCTIONS

### PART A – KEY REPORT INFORMATION

Report Type: *(select all that apply)*    Original    Supplemental    F Final

Last Revision Date \_\_\_\_\_

1. Operator's OPS-issued Operator Identification Number (OPID): \_\_\_\_\_
2. Name of Operator: \_\_\_\_\_
3. Address of Operator:
  - 3.a \_\_\_\_\_  
(Street Address)
  - 3.b \_\_\_\_\_  
(City)
  - 3.c State: \_\_\_\_\_
  - 3.d Zip Code: \_\_\_\_\_ -

4. Local time (24-hr clock) and date of the Incident:

\_\_\_\_\_ : \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Hour                      Month    Day                      Year

5. Location of Incident:
  - 5.a \_\_\_\_\_  
(Street Address or location description)
  - 5.b \_\_\_\_\_  
(City)
  - 5.c \_\_\_\_\_  
(County or Parish)
  - 5.d State: \_\_\_\_\_
  - 5.e Zip Code: \_\_\_\_\_ -
  - 5.f Latitude: \_\_\_\_\_ . \_\_\_\_\_  
Longitude: - \_\_\_\_\_ . \_\_\_\_\_

6. National Response Center Report Number :

\_\_\_\_\_

7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:

\_\_\_\_\_ : \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Hour                      Month    Day                      Year

8. Incident resulted from:
  - Unintentional release of gas
  - Intentional release of gas
  - Reasons other than release of gas
9. Gas released : (select only one, based on predominant volume released)
  - Natural Gas
  - Propane Gas
  - Synthetic Gas
  - Hydrogen Gas
  - Landfill Gas
  - Other Gas    \*Name: \_\_\_\_\_

10. Estimated volume of gas released: \_\_\_\_\_ , \_\_\_\_\_ Thousand Cubic Feet (MCF)

<p>11. Were there fatalities?    Yes    No</p> <p>If Yes, specify the number in each category:</p> <p>11.a Operator employees    _____</p> <p>11.b Contractor employees working for the Operator    _____</p> <p>11.c Non-Operator emergency responders    _____</p> <p>11.d Workers working on the right-of-way, but NOT associated with this Operator    _____</p> <p>11.e General public    _____</p> <p>11.f Total fatalities (sum of above)    _____</p>	<p>12. Were there injuries requiring inpatient hospitalization?    Yes    No</p> <p>If Yes, specify the number in each category:</p> <p>12.a Operator employees    _____</p> <p>12.b Contractor employees working for the Operator    _____</p> <p>12.c Non-Operator emergency responders    _____</p> <p>12.d Workers working on the right-of-way, but NOT associated with this Operator    _____</p> <p>12.e General public    _____</p> <p>12.f Total injuries (sum of above)    _____</p>
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13. Was the pipe/linefacility shut down due to the incident?  
Yes    No    Explain: \_\_\_\_\_

If Yes, complete Questions 13.a and 13.b: *(use local time, 24-hr clock)*

13.a Local time and date of shutdown

	_____	_____	_____	_____
	Hour	Month	Day	Year

13.b Local time pipelinefacility restarted    \_\_\_\_\_

	_____	_____	_____	
	Hour	Month	Day	Year

*Still shut down\*  
(\*Supplemental Report required)*

14. Did the gas ignite?    Yes    No

15. Did the gas explode?     Yes     No

16. Number of general public evacuated:    \_\_\_\_\_

17. Time sequence *(use local time, 24-hour clock)*:

17.a Local time operator identified failure

	_____	_____	_____	_____
	Hour	Month	Day	Year

17.b Local time operator resources arrived on site

	_____	_____	_____	_____
	Hour	Month	Day	Year



**PART C – ADDITIONAL FACILITY INFORMATION**

1. Indicate the type of pipeline system:

privately owned

municipally owned

investor owned

cooperative

Other ⇒ Specify: \_\_\_\_\_

2. Part of system involved in Incident: (*select only one*)

Main Service Service Riser Outside Meter/Regulator set  
Inside Meter/Regulator set Farm Tap Meter/Regulator set  
District Regulator/Metering Station  
Other \_\_\_\_\_

2.a. Year "Part of system involved in Incident" was installed: \_\_\_\_\_ or Unknown

3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following:

\*3.a Nominal diameter of pipe (in): \_\_\_\_\_

\*3.b Pipe specification (e.g., API 5L, ASTM D2513): \_\_\_\_\_

3.c Pipe manufacturer: \_\_\_\_\_ or Unknown

3.d Year of manufacture: \_\_\_\_\_ or Unknown

4. Material involved in Incident:

Steel Cast/Wrought Iron Ductile Iron Copper Plastic  
Reconditioned Cast Iron Unknown  
Other Specify: \_\_\_\_\_

4.a. If Steel ⇒ Specify seam type: \_\_\_\_\_ or None or Unknown

4.b. If Steel ⇒ Specify wall thickness (*inches*): \_\_\_\_\_ or Unknown

4.c. If Plastic ⇒ Specify type: Polyvinyl Chloride (PVC) Polyethylene (PE) Cross-linked Polyethylene (PEX)  
Polybutylene (PB) Polypropylene (PP) Acrylonitrile Butadiene Styrene (ABS)  
Polyamide (PA) Cellulose Acetate Butyrate (CAB)  
Other \_\_\_\_\_  
Unknown

4.d. If Plastic ⇒ Specify Standard Dimension Ratio (SDR): \_\_\_\_\_ or wall thickness: \_\_\_\_\_ or Unknown

4.e. If Polyethylene (PE) is selected as the type of plastic in PART C, Question 4.c ⇒  
Specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) PE \_\_\_\_\_ or Unknown

5. Type of release involved: (*select only one*)

Mechanical Puncture Approx. size: \_\_\_\_\_ in. (axial) by \_\_\_\_\_ in. (circumferential)

Leak Select Type: Pinhole Crack Connection Failure Seal or Packing Other

Rupture Select Orientation: Circumferential Longitudinal Other \_\_\_\_\_

Approx. size: \_\_\_\_\_ in. (widest opening) by \_\_\_\_\_ in. (length circumferentially or axially)

Other \*Describe: \_\_\_\_\_

**PART D – ADDITIONAL CONSEQUENCE INFORMATION**

1. Class Location of Incident: *(select only one)*

Class 1 Location

Class 2 Location

Class 3 Location

Class 4 Location

2. Estimated Property Damage :

2.a Estimated cost of public and non-Operator private property damage \$ \_\_\_\_\_

2. b Estimated cost of Operator's property damage & repairs \$ \_\_\_\_\_

2.c Estimated cost of Operator's emergency response \$ \_\_\_\_\_

2.d Estimated other costs \$ \_\_\_\_\_

Describe: \_\_\_\_\_

2.e Total estimated property damage (sum of above) \$ \_\_\_\_\_

Cost of Gas Released

2.f Estimated cost of gas released \$ \_\_\_\_\_

3. Estimated number of customers out of service:

3. a Commercial entities \_\_\_\_\_

3. b Industrial entities \_\_\_\_\_

3.c Residences \_\_\_\_\_

**PART E – ADDITIONAL OPERATING INFORMATION**

- 1. Estimated pressure at the point and time of the Incident (psig): \_\_\_\_\_
- 2. Normal operating pressure at the point and time of the Incident (psig): \_\_\_\_\_
- 3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): \_\_\_\_\_
- 4. Describe the pressure on the system relating to the Incident: *(select only one)*
  - Pressure did not exceed MAOP
  - Pressure exceeded MAOP, but did not exceed 110% of MAOP
  - Pressure exceeded 110% of MAOP

5. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?
- |     |  |     |    |
|-----|--|-----|----|
| No  |  |     |    |
| Yes | 5. a Was it operating at the time of the Incident?   | Yes | No |
|     | 5. b Was it fully functional at the time of the Incident?  | Yes | No |
|     | 5. c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the Incident? | Yes | No |
|     | 5.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?       | Yes | No |

6. How was the Incident initially identified for the Operator? *(select only one)*
- SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)
  - Static Shut-in Test or Other Pressure or Leak Test
  - Controller Local Operating Personnel, including contractors
  - Air Patrol Ground Patrol by Operator or its contractor
  - Notification from Public Notification from Emergency Responder
  - Notification from Third Party that caused the Incident Other \_\_\_\_\_
- 6.a If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following: *(select only one)*
- Operator employee      Contractor working for the Operator

7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? *(select only one)*
- Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator *(Supplemental Report required)*
  - No, the facility was not monitored by a controller(s) at the time of the Incident
  - No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to:  
*(provide an explanation for why the operator did not investigate)*

Yes, Specify investigation result(s): *(select all that apply)*

- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue *(provide an explanation for why not)*

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- Investigation identified no control room issues
- Investigation identified no controller issues
- Investigation identified incorrect controller action or controller error

  

- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response
- Investigation identified incorrect procedures
- Investigation identified incorrect control room equipment operation

  

- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response
- Investigation identified areas other than those above Describe: \_\_\_\_\_

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**PART F – DRUG & ALCOHOL TESTING INFORMATION**

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

No

Yes 1.a Specify how many were tested: \_\_\_\_\_

1.b Specify how many failed: \_\_\_\_\_

2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?

No

Yes 2.a Specify how many were tested: \_\_\_\_\_

2. Specify how many failed: \_\_\_\_\_

**PART G – APPARENT CAUSE** *Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the Incident in the narrative (PART H).*

**G1 – Corrosion Failure – \*only one sub-cause can be picked from shaded left-hand column**

**External Corrosion**

1. Results of visual examination:  
 Localized Pitting    General Corrosion  
 Other \_\_\_\_\_

2. Type of corrosion: *(select all that apply)*  
 Galvanic    Atmospheric    Stray Current    Microbiological    Selective Seam  
 Other \_\_\_\_\_

3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*  
 Field examination    Determined by metallurgical analysis  
 Other \_\_\_\_\_

4. Was the failed item buried under the ground?  
 Yes

4.a Was failed item considered to be under cathodic protection at the time of the incident?  
 Yes    Year protection started: \_\_\_\_\_  
 No

4. b Was shielding, tenting, or disbonding of coating evident at the point of the incident?  
 Yes    No

4. c Has one or more Cathodic Protection Survey been conducted at the point of the incident?  
 Yes, CP Annual Survey    Most recent year conducted: \_\_\_\_\_  
 Yes, Close Interval Survey    Most recent year conducted: \_\_\_\_\_  
 Yes, Other CP Survey    Most recent year conducted: \_\_\_\_\_  
 No

No    4.d Was the failed item externally coated or painted?    Yes    No

5. Was there observable damage to the coating or paint in the vicinity of the corrosion?  
 Yes    No

6. Pipeline coating type, if steel pipe is involved: *(select only one)*  
 Fusion Bonded Epoxy    Coal Tar    Asphalt  
 Polyolefin    Extruded Polyethylene    Field Applied Epoxy  
 Cold Applied Tape    Paint    Composite    None  
 Other \_\_\_\_\_  
 Unknown

**Internal Corrosion**

7. Results of visual examination:  
 Localized Pitting    General Corrosion    Not cut open  
 Other \_\_\_\_\_

8. Cause of corrosion: *(select all that apply)*  
 Corrosive Commodity    Water drop-out/Acid    Microbiological    Erosion  
 Other \_\_\_\_\_

9. The cause(s) of corrosion selected in Question 8 is based on the following; *(select all that apply)*  
 Field examination    Determined by metallurgical analysis  
 Other \_\_\_\_\_

10. Location of corrosion: *(select all that apply)*  
 Low point in pipe    Elbow    Drop-out  
 Other \_\_\_\_\_

11. Was the gas/fluid treated with corrosion inhibitors or biocides?    Yes    No

12. Were any liquids found in the distribution system where the Incident occurred?  
 Yes    No



Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.

13. Date of the most recent Leak Survey conducted: \_\_\_\_\_  
 Month Day Year

14. Has one or more pressure test been conducted since original construction at the point of the Incident?  
 Yes Most recent year tested: \_\_\_\_\_ Test pressure (psig): \_\_\_\_\_  
 No

**G2 – Natural Force Damage** – \*only one sub-cause can be picked from shaded left-handed column

<b>Earth Movement, NOT due to Heavy RainsFloods</b>	1. Specify: Earthquake Subsidence Landslide Other _____
<b>Heavy RainsFloods</b>	2. Specify: Washouts/Scouring Flotation Mudslide Other _____
<b>Lightning</b>	3. Specify: Direct hit Secondary impact such as resulting nearby fires
<b>Temperature</b>	4. Specify: Thermal Stress Frost Heave Frozen Components Other _____
<b>High Winds</b>	
<b>Other Natural Force Damage</b>	5. Describe: _____

Complete the following if any Natural Force Damage sub-cause is selected.

6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? Yes No  
 6.a. If Yes, specify: (select all that apply) Hurricane Tropical Storm Tornado  
 Other \_\_\_\_\_

**G3 – Excavation Damage** – \*only one **sub-cause** can be picked from shaded left-hand column

<b>Excavation Damage by Operator (First Party)</b>	
<b>Excavation Damage by Operator's Contractor (Second Party)</b>	
<b>Excavation Damage by Third</b>	
<b>Previous Damage due to Excavation Activity</b>	<p><b>Complete the following ONLY IF the "Part of system involved in Incident" (from PART C, Question 2) is Main, Service, or Service Riser.</b></p> <p>1. Date of the most recent Leak Survey conducted: _____  <div style="text-align: right; margin-left: 150px;">             Month      Day      Year         </div></p> <p>2. Has one or more pressure test been conducted since original construction at the point of the Incident?              Yes      Most recent year tested: _____                          Test pressure (psig): _____              No</p>

**Complete the following if Excavation Damage by Third Party is selected.**

3. Did the operator get prior notification of the excavation activity?    Yes    No

3.a If Yes, Notification received from: *(select all that apply)*    One-Call System    Excavator    Contractor    Landowner

**Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.**

4. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?    Yes    No

5. Right-of-Way where event occurred: *(select all that apply)*

Public	Specify:	City Street	State Highway	County Road	Interstate Highway	Other
Private	Specify:	Private Landowner	Private Business	Private Easement		

Pipeline Property/Easement  
 Power/Transmission Line  
 Railroad  
 Dedicated Public Utility  
 Easement Federal Land  
 Data not collected  
 UnknownOther

6. Type of excavator: *(select only one)*

Contractor	County	Developer	Farmer	Municipality	Occupant
Railroad	State	Utility	Data not collected		UnknownOther

7. Type of excavation equipment: *(select only one)*

Auger	Backhoe/Trackhoe	Boring	Drilling	Directional Drilling
Explosives	Farm Equipment	Grader/Scraper	Hand Tools	Milling Equipment
Probing Device	Trencher	Vacuum Equipment	Data not collected	UnknownOther

8. Type of work performed: *(select only one)*

Agriculture	Cable TV	Curb/Sidewalk	Building Construction	Building Demolition
Drainage	Driveway	Electric	Engineering/Surveying	Fencing
Grading	Irrigation	Landscaping	Liquid Pipeline	Milling
Natural Gas	Pole	Public Transit Authority	Railroad Maintenance	Road Work
Sewer (Sanitary/Storm)	Site Development	Steam	Storm Drain/Culvert	Street Light
Telecommunications	Traffic Signal	Traffic Sign	Water	Waterway Improvement
Data not collected	UnknownOther			

(This CGA-DIRT section continued on next page with Question 9.)

9. Was the One-Call Center notified?      Yes      No

9.a If Yes, specify ticket number: \_\_\_\_\_

9.b If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:  
\_\_\_\_\_

10. Type of Locator:                      Utility Owner      Contractor      Locator                      Data not collected      UnknownOther

11. Were facility locate marks visible in the area of excavation?      No      Yes      Data not collected      UnknownOther

12. Were facilities marked correctly?                      No      Yes      Data not collected      UnknownOther

13. Did the damage cause an interruption in service?                      No      Yes      Data not collected      UnknownOther

13.a If Yes, specify duration of the interruption: \_\_\_\_\_ hours

14. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):*

One-Call Notification Practices Not Sufficient: *(select only one)*

- No notification made to the One-Call Center
- Notification to One-Call Center made, but not sufficient
- Wrong information provided

Locating Practices Not Sufficient: *(select only one)*

- Facility could not be found/located
- Facility marking or location not sufficient
- Facility was not located or marked
- Incorrect facility records/maps

Excavation Practices Not Sufficient: *(select only one)*

- Excavation practices not sufficient (other)
- Failure to maintain clearance
- Failure to maintain the marks
- Failure to support exposed facilities
- Failure to use hand tools where required
- Failure to verify location by test-hole (pot-holing)
- Improper backfilling

One-Call Notification Center Error

Abandoned Facility

Deteriorated Facility

Previous Damage

Data Not Collected

Other / None of the Above *(explain)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**G5 – Pipe, Weld, or Joint Failure** – \*only one **sub-cause** can be selected from the shaded left-hand column

<input type="checkbox"/> <b>Body of Pipe</b>	1. Specify: <input type="radio"/> Dent <input type="radio"/> Gouge <input type="radio"/> Bend <input type="radio"/> Arc Burn <input type="radio"/> Crack <input type="radio"/> Other _____
<input type="checkbox"/> <b>Butt Weld</b>	2. Specify: <input type="radio"/> Pipe <input type="radio"/> Fabrication <input type="radio"/> Other _____
<input type="checkbox"/> <b>Fillet Weld</b>	3. Specify: <input type="radio"/> Branch <input type="radio"/> Hot Tap <input type="radio"/> Fitting <input type="radio"/> Repair Sleeve <input type="radio"/> Other _____
<input type="checkbox"/> <b>Pipe Seam</b>	4. Specify: LF ERW HF ERW Flash Weld DSAW SAW Spiral Other _____
<input type="checkbox"/> <b>Threaded Metallic Pipe</b>	
<input type="checkbox"/> <b>Mechanical Fitting</b>	<p>5. Specify the mechanical fitting involved:  <input type="radio"/> Stab type fitting      <input type="radio"/> Nut follower type fitting      <input type="radio"/> Bolted type fitting  <input type="radio"/> Other _____</p> <p>6. Specify the type of mechanical fitting:  <input type="radio"/> Service Tee      <input type="radio"/> Coupling      <input type="radio"/> Service Head Adapter  <input type="radio"/> Basement Adapter      <input type="radio"/> Riser      <input type="radio"/> Elbow  <input type="radio"/> Other _____</p> <p>7. Manufacturer: _____</p> <p>8. Year manufactured: _____</p> <p>9. Year installed: _____</p> <p>10. Other attributes: _____</p> <p>11. Specify the two materials being joined:</p> <p>11.a First material being joined:  <input type="radio"/> Steel      <input type="radio"/> Cast/Wrought Iron  <input type="radio"/> Ductile Iron      <input type="radio"/> Copper      <input type="radio"/> Plastic  <input type="radio"/> Unknown                  Other ⇒ Specify: _____</p> <p>11.b If Plastic Specify: Polyvinyl Chloride (PVC) Polyethylene (PE)                  Cross-linked Polyethylene (PEX) Polybutylene (PB)                  Polypropylene (PP) Acrylonitrile Butadiene Styrene (ABS)                  Polyamide (PA) Cellulose Acetate Butyrate (CAB)                  Other ⇒ Specify: _____</p> <p>11.c Second material being joined:  <input type="radio"/> Steel      <input type="radio"/> Cast/Wrought Iron  <input type="radio"/> Ductile Iron      <input type="radio"/> Copper      <input type="radio"/> Plastic  <input type="radio"/> Unknown                  Other ⇒ Specify: _____</p> <p>11.d If Plastic Specify: Polyvinyl Chloride (PVC) Polyethylene (PE)                  Cross-linked Polyethylene (PEX) Polybutylene (PB)                  Polypropylene (PP) Acrylonitrile Butadiene Styrene (ABS)                  Polyamide (PA) Cellulose Acetate Butyrate (CAB)                  Other ⇒ Specify: _____</p> <p>12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint?  <input type="radio"/> Yes      <input type="radio"/> No      <input type="radio"/> Unknown</p> <p>12. a If Yes, specify: Cat. I      Cat. II      Cat. III      DOT 192.283</p>

<p><b>Compression Fitting</b></p>	<p>13. Fitting type: _____</p> <p>14. Manufacturer: _____</p> <p>15. Year manufactured: _____</p> <p>16. Year installed: _____</p> <p>17. Other attributes _____</p> <p>18. Specify the two materials being joined:</p> <p>18.a First material being joined:  Steel                      Cast/Wrought Iron  Ductile Iron          Copper          Plastic  Unknown  Other ⇒ Specify: _____</p> <p>18.b If Plastic Specify : Polyvinyl Chloride (PVC)          Polyethylene (PE)  Cross-linked Polyethylene (PEX)          Polybutylene (PB)  Polypropylene (PP)          Acrylonitrile Butadiene Styrene (ABS)  Polyamide (PA)          Cellulose Acetate Butyrate (CAB)  Other ⇒ Specify: _____</p> <p>18.c Second material being joined:  Steel                      Cast/Wrought Iron  Ductile Iron          Copper          Plastic  Unknown  Other ⇒ Specify: _____</p> <p>18.d If Plastic Specify: Polyvinyl Chloride (PVC)          Polyethylene (PE)  Cross-linked Polyethylene (PEX)          Polybutylene (PB)  Polypropylene (PP)          Acrylonitrile Butadiene Styrene (ABS)  Polyamide (PA)          Cellulose Acetate Butyrate (CAB)  Other ⇒ Specify: _____</p>
<p><b>Fusion Joint</b></p>	<p>19. Specify: Butt, Heat Fusion          Butt, Electrofusion          Saddle, Heat Fusion  Saddle, Electrofusion          Socket, Heat Fusion          Socket, Electrofusion  Other _____</p> <p>20. Year installed: _____</p> <p>21. Other attributes: _____</p> <p>22. Specify the two materials being joined:</p> <p>22.a First material being joined:  Polyvinyl Chloride (PVC)          Polyethylene (PE)  Cross-linked Polyethylene (PEX)          Polybutylene (PB)  Polypropylene (PP)          Acrylonitrile Butadiene Styrene (ABS)  Polyamide (PA)          Cellulose Acetate Butyrate (CAB)  Other ⇒ Specify: _____</p> <p>22.b Second material being joined:  Polyvinyl Chloride (PVC)          Polyethylene (PE)  Cross-linked Polyethylene (PEX)          Polybutylene (PB)  Polypropylene (PP)          Acrylonitrile Butadiene Styrene (ABS)  Polyamide (PA)          Cellulose Acetate Butyrate (CAB)  Other ⇒ Specify: _____</p>
<p><b>Other Pipe, Weld, or Joint Failure</b></p>	<p>23. Describe: _____</p>



**G7 – Incorrect Operation** – \*only one **sub-cause** can be selected from the shaded left-hand column

<b>Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage</b>	
<b>Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure</b>	
<b>Pipeline or Equipment Overpressured</b>	
<b>Equipment Not Installed Properly</b>	
<b>Wrong Equipment Specified or Installed</b>	
<b>Other Incorrect Operation</b>	1. Describe: _____

**Complete the following if any Incorrect Operation sub-cause is selected.**

2. Was this Incident related to: *(select all that apply)*  
 Inadequate procedure  
 No procedure established  
 Failure to follow procedure  
 Other:\* \_\_\_\_\_
3. What category type was the activity that caused the Incident:  
 Construction  
 Commissioning  
 Decommissioning  
 Right-of-Way activities  
 Routine maintenance  
 Other maintenance  
 Normal operating conditions  
 Non-routine operating conditions (abnormal operations or emergencies)
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?    Yes    No
- 4.a If Yes, were the individuals performing the task(s) qualified for the task(s)?
- Yes, they were qualified for the task(s)  
 No, but they were performing the task(s) under the direction and observation of a qualified individual  
 No, they were not qualified for the task(s) nor were they performing the task(s) under the direction and observation of a qualified individual

**G8 – Other Incident Cause** – \*only one **sub-cause** can be selected from the shaded left-hand column

<b>Miscellaneous</b>	1. Describe: _____ _____
<b>Unknown</b>	2. Specify:                      Investigation complete, cause of Incident unknown Still under investigation, cause of Incident to be determined* ( <i>*Supplemental Report required</i> )



