

Steph

**Woodard, Marina (UTC)**

**From:** Beach, Tina <Tina.Beach@cngc.com>  
**Sent:** Thursday, November 17, 2011 9:56 AM  
**To:** Woodard, Marina (UTC)  
**Cc:** Chartrey, Patti; Kessie, Steve  
**Subject:** Please advise if this is readable as a scanned PDF?  
**Attachments:** PHMSA page18..pdf; PHMSA Form pg 1-17.pdf

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State of Washington  
UTC  
Pipeline Safety Program

Dear Marina;

Here is the follow up PHMSA report for the 1988 SE Lund Ave, Port Orchard, WA incident that occurred in September 13, 2011. Please print and advise if this form meets with your satisfaction. I have this electronically in a word document if when printed it is not clear. This form needs to be provided to Ms. Zuehlke. Please let me know if your agency needs anything else regarding this situation.

Sincerely,

*Tina R. Beach*

Manager of Standards and Compliance



8113 Grandridge Blvd.  
Kennewick, WA 99336  
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(206) 445-4121 Work cell  
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On September 13, 2011 at 12:29, Cascade Natural Gas Corporation's (CNG) Bremerton District office was notified by CenCom ( 911 Emergency Kitsap County) of a car crashing into a home at 1988 SE Lund Avenue, Port Orchard, Kitsap County, WA, causing a structure fire. At approximately 12:25, the driver of the vehicle failed to stop at a stop sign, travelling approximately 50 mph in a 25 mph zone, crashing into the home and severing CNG's gas riser at the threads below the meter stop and causing the gas to blow wide open at 59 psig on the underside of the vehicle triggering ignition of the gas and subsequently burning the vehicle and a large portion of the home. No one was in the home at the time of collision. Bystanders extracted the driver from the vehicle; the driver was transported to Harrison General Hospital in Bremerton, WA with non life threatening injuries.

Washington Utilities and Transportation Commission were notified at 13:21. The National Reporting Center was contacted at 13:51 because of the injury and the fire damage was expected to be over \$50,000. NRC#989522

CNG Service Mechanic (SM) arrived on site at 12:40 and made immediate contact with the South Kitsap Fire Department (SKFD) Incident Commander (IC) expressing his concern to keep the fire contained but not to extinguish the burning gas. SM communicated that if the gas is burning they would not have to worry about the possibility of accumulation and potential explosion. At one point the flames were successfully extinguished for a short time until the escaping gas reignited. These conditions prompted a post incident meeting with both parties for educational purposes of each other's policy and best practices. SM also contacted CNG District Manager requesting a construction crew to aid in stopping the flow of gas away from the fire. CNG Construction crew arrived at 13:00 on September 13, 2011. With consideration for safety, accessibility and in accordance with CFR 192.615 the decision was made to excavate and retire the natural gas service line 60' away from the house fire and outside of the natural gas plume. See additional pages.

With the South Kitsap Fire Department (SKFD) monitoring the burning gas, the vehicle was towed from the flames and burned to the ground.

At 13:40, the steel service line was squeezed off and the flow of gas was stopped. At 17:15, temporary repairs to the service line were completed by cutting and capping the stub portion of the service line and plugging and retiring the remaining 60' of service line.

Media was onsite, helicopters, newspapers and TV, South Kitsap Fire Department and Law Enforcement were on site but did not evacuate surrounding structures. SE Lund Avenue was closed and traffic was redirected.

A leak survey was completed on September 14, 2011 at 08:50, no gas was detected. Atmospheric Corrosion survey at 1988 SE Lund Avenue, was completed on December 6, 2010 in which no abnormal operating conditions or area of concerns were noted.

On September 21, 2011, the incident was discussed and post incident analysis was completed with all personnel at Bremerton District office's monthly safety meeting.

On September 22, 2011, CNG construction crew returned to the site and permanently retired the steel service line by welding end caps on the retired portion of the service line.

As per the SKFD report and Kitsap County's Sheriff reports, the driver has an unrelated medical condition and was involved in a similar incident in September 2009.

On October 3, 2011, CNG's Manager, Standards and Compliance Tina Beach, District Manager (DM) Rick Coy and Pipeline Safety Specialist (PSS) Patti Chartrey conducted a Post Incident Review with SKFD Battalion Chief Guy Dalrymple (IC) and Lieutenant Ray Lamoureux . We discussed our concerns and the procedures we followed responding to this emergency. IC has a better understanding of CNGs procedures and will share this information with his department. CNG provided mapping resources related to National Pipeline Mapping System and expressed that they could put an address in specifically or GPS location to find out if proximity to Natural Gas lines in Kitsap County by using the [www.pipelinesnearby.org](http://www.pipelinesnearby.org) website or on mobile application. CNG has provided FD additional maps showing the location of our natural gas lines, regulator stations and valve locations and lastly provide GIS data as long as they will sign Data Exchange License Agreement.

CNG provided SKFD with Pipeline Association for Public Awareness information and Pipeline Emergency Response video dated November 2010 and is willing to provide any additional training as requested.

IC explained their procedures in responding to an emergency. SKFD has a post incident review on site directly following the incident and would like utility personnel on site to be involved. Communication is the key. The meeting was beneficial to all parties involved.

On October 7, 2011, Cascade Natural Gas Corporation's District Manager and Pipeline Safety Specialist communicated the information from the meeting to all Bremerton district Service Mechanics.

Link to newspaper articles:

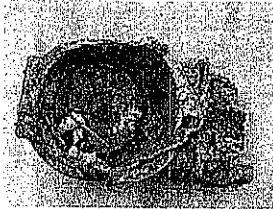
<http://www.kitsapsun.com/news/2011/sep/13/south-kitsap-firefighters-battling-blaze-on-lund/>

<http://www.kirotv.com/news/29171547/detail.html>

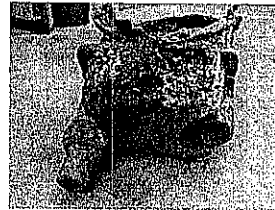
<http://www.kitsapsun.com/news/2011/sep/16/driver-in-east-port-orchard-home-wreck-had-said/>

<http://www.pnwlocalnews.com/kitsap/poi/news/129751213.html>

Meter, front view

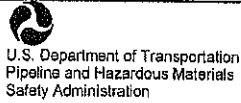


Meter, top view



NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522  
EXPIRATION DATE: 01/31/2013



### INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date \_\_\_\_\_  
No. \_\_\_\_\_  
(DOT Use Only)

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

#### INSTRUCTIONS

**Important:** Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline>.

#### PART A - KEY REPORT INFORMATION

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

\*1. Operator's OPS-issued Operator Identification Number (OPID): 10 / 2 / 1 / 2 / 8 /

\*2. Name of Operator: CASCADE NATURAL GAS COPORATION

\*3. Address of Operator:

\*3.a 8113 W. GRANDRIDGE BLVD.  
(Street Address)

\*3.b KENNEWICK  
(City)

\*3.c State: W / A /

\*3.d Zip Code: 9 / 8 / 3 / 6 / 1 - / / / / /

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\*4. Local time (24-hr clock) and date of the Incident:  
1 / 2 / 2 / 5 / 10 / 9 / 1 / 3 / 1 / 1 / 1  
Hour Month Day Year

6. National Response Center Report Number :  
19 / 8 / 9 / 5 / 2 / 2 /

\*5. Location of Incident:

\*5.a 1988 SE LUND AVE.  
(Street Address or location description)

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

1 / 3 / 5 / 1 / 10 / 9 / 1 / 3 / 1 / 1 / 1 /  
Hour Month Day Year

\*5.b PORT ORCHARD  
(City)

5.c KITSAP  
(County or Parish)

\*5.d State: W / A /

\*5.e Zip Code: 9 / 8 / 3 / 6 / 6 / - / 5 / 5 / 2 / 5 /

\*5.f Latitude:  / / / . / / / / / / /

Longitude:  / / / / / / / / / / / / /

\*8. Incident resulted from:

- Unintentional release of gas
- Intentional release of gas
- Reasons other than release of gas

\*9. Gas released :

- Natural Gas
- Propane Gas
- Other Gas ⇨ \*Name: \_\_\_\_\_

\*10. Estimated volume of gas released: 149.2 / Thousand Cubic Feet (MCF)

\*11. Were there fatalities?  Yes  No

If Yes, specify the number in each category:

\*11.a Operator employees     /    /    /    /    /    

\*11.b Contractor employees working for the Operator     /    /    /    /    /    

\*11.c Non-Operator emergency responders     /    /    /    /    /    

\*11.d Workers working on the right-of-way, but NOT associated with this Operator     /    /    /    /    /    

\*11.e General public     /    /    /    /    /    

11.f Total fatalities (sum of above)     /    /    /    /    /    

\*12. Were there injuries requiring inpatient hospitalization?  Yes  No

If Yes, specify the number in each category:

\*12.a Operator employees     /    /    /    /    /    

\*12.b Contractor employees working for the Operator     /    /    /    /    /    

\*12.c Non-Operator emergency responders     /    /    /    /    /    

\*12.d Workers working on the right-of-way, but NOT associated with this Operator     /    /    /    /    /    

\*12.e General public     /    /    /    /    /    

12.f Total injuries (sum of above)     /    /    /    /    /    

13. Was the pipeline/facility shut down due to the incident?

Yes  No  Explain: service line was squeezed off and retired 60' from the house

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

13.a Local time and date of shutdown     /    /    /    /    0         /    /    9         /    /    3         /    /    1    

13.b Local time pipeline/facility 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:     1    /    

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

17.a Local time operator identified Incident     /    1    /    2    /    2    /    9    /         /    0    /    9         /    1    /    3         /    1    /    1    

17.b Local time operator resources arrived on site     /    1    /    2    /    4    /    0    /         /    0    /    9         /    1    /    3         /    1    /    1      
Hour Month Day Year Month Day Year

**PART B – ADDITIONAL LOCATION INFORMATION**

\*1. Was the Incident on Federal land?  Yes  No

\*2. Location of Incident: (select only one)

- Operator-controlled property
- Public property
- Private property
- Utility Right-of-Way / Easement

\*3. Area of Incident: (select only one)

- Underground Specify:  Under soil       Under a building       Under pavement
  - Exposed due to excavation       In underground enclosed space (e.g., vault)
  - Other \_\_\_\_\_Depth-of-Cover (in):   /  /  /  /  /  /

- Aboveground Specify: Typical aboveground facility piping or appurtenance (e.g. valve or regulator station, outdoor meter set)
  - Overhead crossing
  - In or spanning an open ditch       Inside a building
  - In other enclosed space       Other \_\_\_\_\_

- Transition Area Specify:  Soil/air interface       Wall sleeve       Pipe support or other close contact area
  - Other broke fitting below meter stop on riser

\*4. Did Incident occur in a crossing?  Yes  No

If Yes, specify type below:

- Bridge crossing ⇨ Specify:  Cased       Uncased
- Railroad crossing ⇨ (Select all that apply)  Cased       Uncased       Bored/drilled
- Road crossing ⇨ (Select all that apply)  Cased       Uncased       Bored/drilled
- Water crossing ⇨ (Select all that apply)  Cased       Uncased       Bored/drilled

Name of body of water (if commonly known): \_\_\_\_\_

Approx. water depth (ft):   /  /  /  /  /  /

**PART C -- ADDITIONAL FACILITY INFORMATION**

\*1. Indicate the type of pipeline system:

- Natural Gas Distribution, privately owned
- Natural Gas Distribution, municipally owned
- Petroleum Gas Distribution
- 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: 1 / 9 / 8 / 7 / 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  Unknown  
 Other ⇒ Specify: \_\_\_\_\_

4.a. If Steel ⇒ Specify seam type:  cold rolled or  None or  Unknown

4.b. If Steel ⇒ Specify wall thickness (inches):  / / 1 / 1 / 3 / 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:  / / / 3/4 / / / in. (widest opening) by  / / / 3/4 / / / /in. (length circumferentially or axially)

Other ⇒ Describe:  Vehicle hit meter at a substantial speed, severing meter from the riser just below the meter stop



**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 cost to Operator :

2.a Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	\$ / / / / / / / / / / /
2.b Estimated cost of gas released	\$ / / / / / 3 / 4 / 4 / / 4 / 0 / /
2.c Estimated cost of Operator's property damage & repairs	\$ / / / 1 / / 3 / 4 / 2 / / 7 / 6 / /
2.d Estimated cost of Operator's emergency response	\$ / / / / / / / / / / / / /
2.e Estimated other costs	\$ / / / / / 1 / 4 / 5 / / 1 / 0 / /
Describe: <u>sales tax</u>	
2.f Estimated total costs (sum of above)	\$ / / / 1 / / 8 / 3 / 2 / / 2 / 6 /

\*3. Estimated number of customers out of service:

- \*3.a Commercial entities  / / / / /
- \*3.b Industrial entities  / / / / /
- \*3.c Residences  / / / 0 / 1 /

**PART E – ADDITIONAL OPERATING INFORMATION**

\*1. Estimated pressure at the point and time of the Incident (psig):     /    /    5    /    9    /    

\*2. Normal operating pressure at the point and time of the Incident (psig):     /    /    5    /    9    /    

\*3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):     /    /    6    /    0    /    

\*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
- Air Patrol
- Notification from Public
- Notification from Third Party that caused the Incident
- Local Operating Personnel, including contractors
- Ground Patrol by Operator or its contractor
- Notification from Emergency Responder
- 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)*

- 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: \_\_\_\_\_

**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.b 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





\*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  Unknown/Other

\*11. Were facility locate marks visible in the area of excavation?  No  Yes  Data not collected  Unknown/Other

\*12. Were facilities marked correctly?  No  Yes  Data not collected  Unknown/Other

\*13. Did the damage cause an interruption in service?  No  Yes  Data not collected  Unknown/Other

\*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"/> Body of Pipe	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"/> Butt Weld	2. Specify: <input type="radio"/> Pipe <input type="radio"/> Fabrication <input type="radio"/> Other _____
<input type="checkbox"/> Fillet Weld	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"/> Pipe Seam	4. Specify: <input type="radio"/> LF ERW <input type="radio"/> HF ERW <input type="radio"/> Flash Weld <input type="radio"/> DSAW <input type="radio"/> SAW <input type="radio"/> Spiral <input type="radio"/> Other _____
<input type="checkbox"/> Threaded Metallic Pipe	
<input type="checkbox"/> Mechanical Fitting	<p>5. Specify the mechanical fitting involved:  <input type="radio"/> Stub 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="checkbox"/> Steel            <input type="checkbox"/> Cast/Wrought Iron  <input type="checkbox"/> Ductile Iron    <input type="checkbox"/> Copper    <input type="checkbox"/> Plastic  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other ⇒ Specify: _____</p> <p>11.b If Plastic ⇒ Specify: <input type="radio"/> Polyvinyl Chloride (PVC)    <input type="radio"/> Polyethylene (PE)  <input type="radio"/> Cross-linked Polyethylene (PEX)    <input type="radio"/> Polybutylene (PB)  <input type="radio"/> Polypropylene (PP)    <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)  <input type="radio"/> Polyamide (PA)    <input type="radio"/> Cellulose Acetate Butyrate (CAB)  <input type="radio"/> Other ⇒ Specify: _____</p> <p>11.c Second material being joined:  <input type="checkbox"/> Steel            <input type="checkbox"/> Cast/Wrought Iron  <input type="checkbox"/> Ductile Iron    <input type="checkbox"/> Copper    <input type="checkbox"/> Plastic  <input type="checkbox"/> Unknown  <input type="checkbox"/> Other ⇒ Specify: _____</p> <p>11.d If Plastic ⇒ Specify: <input type="radio"/> Polyvinyl Chloride (PVC)    <input type="radio"/> Polyethylene (PE)  <input type="radio"/> Cross-linked Polyethylene (PEX)    <input type="radio"/> Polybutylene (PB)  <input type="radio"/> Polypropylene (PP)    <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)  <input type="radio"/> Polyamide (PA)    <input type="radio"/> Cellulose Acetate Butyrate (CAB)  <input type="radio"/> 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: <input type="radio"/> Cat. I    <input type="radio"/> Cat. II    <input type="radio"/> Cat. III    <input type="radio"/> DOT 192.283</p>

<input type="checkbox"/> <b>Compression Fitting</b>	<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:</p> <p><input type="checkbox"/> Steel      <input type="checkbox"/> Cast/Wrought Iron</p> <p><input type="checkbox"/> Ductile Iron    <input type="checkbox"/> Copper    <input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other ⇒ Specify: _____</p> <p>18.b If Plastic ⇒ Specify : <input type="radio"/> Polyvinyl Chloride (PVC)    <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)    <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)    <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)    <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p> <p>18.c Second material being joined:</p> <p><input type="checkbox"/> Steel      <input type="checkbox"/> Cast/Wrought Iron</p> <p><input type="checkbox"/> Ductile Iron    <input type="checkbox"/> Copper    <input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other ⇒ Specify: _____</p> <p>18.d If Plastic ⇒ Specify: <input type="radio"/> Polyvinyl Chloride (PVC)    <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)    <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)    <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)    <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p>
<input type="checkbox"/> <b>Fusion Joint</b>	<p>19. Specify: <input type="radio"/> Butt, Heat Fusion    <input type="radio"/> Butt, Electrofusion    <input type="radio"/> Saddle, Heat Fusion</p> <p><input type="radio"/> Saddle, Electrofusion    <input type="radio"/> Socket, Heat Fusion    <input type="radio"/> Socket, Electrofusion</p> <p><input type="radio"/> 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:</p> <p><input type="radio"/> Polyvinyl Chloride (PVC)    <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)    <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)    <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)    <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p> <p>22.b Second material being joined:</p> <p><input type="radio"/> Polyvinyl Chloride (PVC)    <input type="radio"/> Polyethylene (PE)</p> <p><input type="radio"/> Cross-linked Polyethylene (PEX)    <input type="radio"/> Polybutylene (PB)</p> <p><input type="radio"/> Polypropylene (PP)    <input type="radio"/> Acrylonitrile Butadiene Styrene (ABS)</p> <p><input type="radio"/> Polyamide (PA)    <input type="radio"/> Cellulose Acetate Butyrate (CAB)</p> <p><input type="radio"/> Other ⇒ Specify: _____</p>
<input type="checkbox"/> <b>Other Pipe, Weld, or Joint Failure</b>	<p>*23. Describe: _____</p>

Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.

\*24. Additional Factors: (select all that apply)  Dent  Gouge  Pipe Bend  Arc Burn  Crack  Lack of Fusion  
 Lamination  Buckle  Wrinkle  Misalignment  Burnt Steel  
 Other \_\_\_\_\_

25. Was the Incident a result of:  
 Construction defect, specify: ⇨  Poor workmanship  Procedure not followed  Poor construction/installation procedures  
 Material defect, specify: ⇨  Long seam  Other \_\_\_\_\_  
 Design defect  
 Previous damage

\*26. 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

**G6 – Equipment Failure** – \*only one sub-cause can be selected from the shaded left-hand column

**Malfunction of Control/Relief Equipment**

1. Specify: (select all that apply)  
 Control Valve  Instrumentation  SCADA  
 Communications  Block Valve  Check Valve  
 Relief Valve  Power Failure  Stopple/Control Fitting  
 Pressure Regulator  
 Other \_\_\_\_\_

**Threaded Connection Failure**

2. Specify:  Pipe Nipple  Valve Threads  Threaded Pipe Collar  
 Threaded Fitting  
 Other \_\_\_\_\_

**Non-threaded Connection Failure**

3. Specify:  O-Ring  Gasket  Other Seal or Packing  
 Other \_\_\_\_\_

**Valve**

4. Specify:  Manufacturing defect  Other \_\_\_\_\_  
 4.a Valve type: \_\_\_\_\_  
 4.b Manufactured by: \_\_\_\_\_  
 4.c Year manufactured: / / / / /

**Other Equipment Failure**

\*5. Describe: \_\_\_\_\_  
 \_\_\_\_\_

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

<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure	
<input type="checkbox"/> Pipeline or Equipment Overpressured	
<input type="checkbox"/> Equipment Not Installed Properly	
<input type="checkbox"/> Wrong Equipment Specified or Installed	
<input type="checkbox"/> Other Incorrect Operation	*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

<input type="checkbox"/> Miscellaneous	*1. Describe: _____ _____
<input type="checkbox"/> Unknown	*2. Specify: <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required)

**PART H – NARRATIVE DESCRIPTION OF THE INCIDENT**

*(Attach additional sheets as necessary) (See attachment PHMSA pg 18 tb)*

(Due to the fact typed information was going over the lines in this document, the description is in the entire word document labeled PHMSA pg 18tb)

**\*PART I – PREPARER AND AUTHORIZED SIGNATURE**

Preparer's Name (type or print)  
Patti Chartrey

Preparer's Telephone Number  
(360)-405-4231

Preparer's Title (type or print)  
Pipeline Safety Specialist

Date  
11-15-11

Preparer's Facsimile Number  
(360)-377-2091

Preparer's E-mail Address  
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Authorized Signature  
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Tina R. Beach

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