July 4, 2011

Dave Danner, Executive Director
Washington Utilities and Transportation Commission
Pipeline Safety Section
1300 S. Evergreen Park Drive S.W.
PO Box 47250
Olympia, WA 98504-7250

Attention: David Lykken, Director Pipeline Safety

On June 8th, 2011, PSE reported telephonically to Pipeline Safety Staff details of a third-party damage to a 16" diameter steel high pressure main at 3605 E Marginal Way S in Seattle, King County. The 16" line has an MAOP of 150 psig and operates at approximately 143 psig.

PSE believes that the incident occurred on June 4th while the contractor was removing a concrete base of a light pole with a track hoe. Following an evaluation of risks and damages, the Company deemed this event as significant.

Pursuant to Washington Administrative Code, Section 480-93-200(4), PSE is hereby providing additional information regarding the incident.

On June 4th 2011 at approximately 17:00 hours, PSE responded to a report of a damaged 2" gas main. Upon arrival Gas First Response squeezed off the 2" broken line and at approximately 21:00 hours discovered a dent in an adjacent 16" high pressure line. Following this discovery, PSE Operations and Engineering began evaluating repair options. Welding a full-encirclement steel fitting (pumpkin) over the compromised area was recommended.

On June 5th 2011 and while readying the above 16" line for the repair, PSE's service provider (InfraSource) discovered at approximately 10:00 a.m. a second dent on the line approximately two feet away from the one previously found. The pipe deflection in the dented area measured approximately one inch. At that point, PSE began pursuing a more expeditious repair than planned and temporary repairs were made by installing a PLIDCO split sleeve which was completed by 14:47.

PSE completed a preliminary estimate for the cost of the temporary and permanent repairs on June 6th and determined they would likely to exceed $50,000 which was communicated to the Response Planning Engineer at approximately 16:15 of that day. Subsequently and in conjunction with its continued risk assessment of the incident, PSE determined that the incident was significant and therefore reported it to the WUTC under 480-93-200.

Permanent repairs were made by welding a pumpkin over the damaged section of the pipe which encompassed both dents which was completed in the early morning of Friday June 10th.

As this series of events unfolded, PSE held several discussions with the Contractor (KLB Construction) and emphasized the importance of safety and taking damage prevention and mitigating measures when working around gas facilities. In addition PSE contacted the project owner the Port of Seattle (POS), WSDOT and the City of Seattle on June 6th and attended a meeting with the POS on June 10th. PSE also brought up the incident in a discussion with the Mayor of Seattle on June 7th. Furthermore a meeting is scheduled on July 8th with the POS to again address the incident.

The Company is currently devising a training plan for contractors with WSDOT, Seattle DOT and the Port of Seattle to help prevent similar recurrences.
The Commission was notified of this incident at 17:00 hours on June 6, 2011. Mr. Lex Vinsel received the call.

Locate markings were placed prior to the contractor commencing the work.

There were no injuries nor was any property damaged except for the main. Costs of the response and repair are being accumulated and the Commission will be notified when the total is known.

Best Regards,

Antoinette Imad

Antoinette Imad
Consulting Engineer, Compliance
Office - (425) 456-2970
Fax - (425) 462-3770

CC: Cathy Koch, Director Compliance
   Carol Wallace, Interim Director Gas Operations
   Cheryl McGrath, Manager Gas Compliance and Regulatory Audits
Re: Incident ID 5369 – Attachment to Incident Report

On June 6th 2011 at 17:12 hours, PSE reported telephonically to NRC a third-party damage to a 18" diameter steel high pressure main at 3605 E Marginal Way S in Seattle, King County. The 16" line has an MAOP of 150 psig and operates at approximately 143 psig.

PSE believes that the incident occurred on June 4th while the contractor was removing a concrete base of a light pole with a track hoe. Following an evaluation of risks and damages, the Company deemed this event as significant.

Following are additional details regarding the incident.

On June 4th 2011 at approximately 17:00 hours, PSE responded to a report of a damaged 2" gas main. Upon arrival Gas First Response squeezed off the 2" broken line and at approximately 21:00 hours discovered a dent in an adjacent 16" high pressure line. Following this discovery, PSE Operations and Engineering began evaluating repair options. Welding a full-encirclement steel fitting (pumpkin) over the compromised area was recommended.

On June 5th 2011 and while readying the pipe for the repair, PSE's service provider (InfraSource) discovered at approximately 10:00 a.m. a second dent on the line approximately two feet away from the one previously found. The pipe deflection in the dented area measured approximately one inch. At that point, PSE began pursuing a more expeditious repair than planned and temporary repairs were made by installing a PLIDCO split sleeve which was completed by 14:47.

PSE completed a preliminary estimate for the cost of the temporary and permanent repairs on June 6th and determined they would likely exceed $50,000 which was communicated to the Response Planning Engineer at approximately 16:15 of that day. Subsequently and in conjunction with its continued risk assessment of the incident, PSE determined that the incident was significant and therefore reported it to NRC under 49 CFR 191.5.

Permanent repairs were made by welding a pumpkin over the damaged section of the pipe which encompassed both dents which was completed in the early morning of Friday June 10th.

Costs of the response and repair are being accumulated and the DOT will be notified when the total is known.
INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

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 2137-0222. 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 (PHF-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 FHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.

PART A - KEY REPORT INFORMATION

<table>
<thead>
<tr>
<th>Report Type:</th>
<th>Original</th>
<th>Supplemental</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Revision Date</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Operator's OPIS-issued Operator Identification Number (OPID): Z2189
2. Name of Operator: FUSE SOUND ENERGY
3. Address of Operator:
   3a. Street Address: PO BOX 90868, EST-07W
   3b. City: BELLEVUE
   3c. State: Washington
   3d. Zip Code: 980090868
4. Local time (24-hr clock) and date of the incident: 05/04/2011 21:00
5. Location of incident:
   5a. Street Address or location description: 3505 E Marginal Way S
   5b. City: Seattle
   5c. County or Parish: King
   5d. State: Washington
   5e. Zip Code: 98134
   5f. Latitude: 47.57274
   5g. Longitude: -122.339778
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center: 05/04/2011 17:12
8. Incident resulted from: Reasons other than release of gas
9. Gas released: Natural Gas
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):
11. Were there fatalities?

   - If Yes, specify the number in each category:
     11a. Operator employees
     11b. Contractor employees working for the Operator
     11c. Non-Operator emergency responders
     11d. Workers working on the right-of-way, but NOT associated with this Operator
     11e. General public
     11f. Total fatalities (sum of above)
12. Were there injuries requiring inpatient hospitalization?

   - If Yes, specify the number in each category:
     12a. Operator employees
     12b. Contractor employees working for the Operator
     12c. Non-Operator emergency responders
     12d. Workers working on the right-of-way, but NOT associated with this Operator
     12e. General public
     12f. Total injuries (sum of above)
13. Was the pipeline/facility shut down due to the incident?

   - If No, Explain:
     - If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)
<table>
<thead>
<tr>
<th>Part B - Additional Location Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the incident on Federal land?</td>
</tr>
<tr>
<td>2. Location of incident</td>
</tr>
<tr>
<td>3. Area of Incident</td>
</tr>
<tr>
<td>Specify</td>
</tr>
<tr>
<td>If Other, Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part C - Additional Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicate the type of pipeline system:</td>
</tr>
<tr>
<td>2. Part of system involved in Incident:</td>
</tr>
<tr>
<td>2a. Year &quot;Part of system involved in Incident&quot; was installed:</td>
</tr>
<tr>
<td>3. When &quot;Main&quot; or &quot;Service&quot; is selected as the &quot;Part of system involved in Incident&quot; (from Part C, Question 2), provide the following:</td>
</tr>
<tr>
<td>3a. Nominal diameter of pipe (in):</td>
</tr>
<tr>
<td>3b. Pipe specification (e.g., API 5L, ASTM D2513):</td>
</tr>
<tr>
<td>3c. Pipe manufacturer:</td>
</tr>
<tr>
<td>3d. Year of manufacture:</td>
</tr>
<tr>
<td>4. Material involved in incident:</td>
</tr>
<tr>
<td>4a. If Steel, Specify seam type:</td>
</tr>
<tr>
<td>4b. If Steel, Specify wall thickness (inches):</td>
</tr>
<tr>
<td>4c. If Plastic, Specify type:</td>
</tr>
<tr>
<td>4d. If Plastic, Specify Standard Dimension Ratio (SDR):</td>
</tr>
<tr>
<td>4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4c:</td>
</tr>
<tr>
<td>- Specify PE Pipe Material Designation Code (i.e. 2406, 3406, etc.):</td>
</tr>
<tr>
<td>5. Type of release involved:</td>
</tr>
<tr>
<td>- If Mechanical Puncture - Specify Approx size:</td>
</tr>
<tr>
<td>Approx. size: in. (axial):</td>
</tr>
<tr>
<td>in. (circumferential):</td>
</tr>
<tr>
<td>- If Leak - Select Type:</td>
</tr>
<tr>
<td>- If Other, Describe:</td>
</tr>
<tr>
<td>- If Rupture - Select Orientation:</td>
</tr>
<tr>
<td>- If Other, Describe:</td>
</tr>
</tbody>
</table>
### PART D - ADDITIONAL CONSEQUENCE INFORMATION

1. Class Location of Incident: Class 4 Location

2. Estimated cost to Operator:
   - 2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator: $0
   - 2b. Estimated cost of gas released: $0
   - 2c. Estimated cost of Operator’s property damage & repairs: $100,000
   - 2d. Estimated cost of Operator’s emergency response: $10,000
   - 2e. Estimated other costs: $10,000
   - Total estimated costs: $120,000

3. Estimated number of customers out of service:
   - 3a. Commercial entities: 0
   - 3b. Industrial entities: 0
   - 3c. Residences: 0

### PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the incident (psig): 143.00

2. Normal operating pressure at the point and time of the incident (psig): 143.00

3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the incident (psig): 150.00

4. Was a Supervisory Control and Data Acquisition (SCADA) system in place on the pipeline or facility involved in the incident? Yes

   - If Yes:
     - 5a. Was it operational at the time of the incident? Yes
     - 5b. Was it fully functional at the time of the incident? Yes
     - 5c. 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? No
     - 5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the incident? No

5. How was the Incident initially identified for the Operator?
   - 6a. 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:
   - Local Operating Personnel, including contractors

6. 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? 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)

   - If 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)
   - The incident is a result of a third-party damage

    - If 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
      - No
      - Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue
      - No

   - 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

   - Provide an explanation for why not:

### 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?
   - If Yes:
     1a. Specify how many were tested:
     1b. 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?
   - If Yes:
     2a. Specify how many were tested:
     2b. Specify how many failed:

**PART G - CAUSE INFORMATION**

Select only one box from **PART G** in shaded column on 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).

**Apparent Cause:**

| G3 - Excavation Damage |

**Corrosion Failure Sub-Cause:**

- If **External Corrosion**:

1. Results of visual examination:
   - If Other, Specify:

2. Type of corrosion:
   - Galvanic
   - Atmospheric
   - Stray Current
   - Microbiological
   - Selective Seam
   - Other
   - If Other, Describe:

3. The type(s) of corrosion selected in Question 2 is based on the following:
   - Field examination
   - Determined by metallurgical analysis
   - Other
   - If Other, Describe:

4. Was the failed item buried under the ground?
   - If Yes:
     4a. Was failed item considered to be under cathodic protection at the time of the incident?
     - If Yes, Year protection started:
     4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?
     4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?

       - If "Yes, CP Annual Survey" – Most recent year conducted:
       - If "Yes, Close Interval Survey" – Most recent year conducted:
       - If "Yes, Other CP Survey" – Most recent year conducted:

   - If No:

4d. Was the failed item externally coated or painted?

5. Was there observable damage to the coating or paint in the vicinity of the corrosion?

6. Pipeline coating type, if steel pipe is involved:
   - If Other, Describe:

- If **Internal Corrosion**:

7. Results of visual examination:
   - If Other, Describe:

8. Cause of corrosion (select all that apply):
   - Corrosive Commodity
   - Water drop-out/Acid
   - Microbiological
   - Erosion
   - Other
   - If Other, Specify:

9. The cause(s) of corrosion selected in Question 8 is based on the following (select all that apply):
   - Field examination
10. Location of corrosion (select all that apply):
   - Low point in pipe
   - Elbow
   - Drop-out
   - Other
   - If Other, Describe:

11. Was the gas/liquid treated with corrosion inhibitor or biocides?

12. Were any liquids found in the distribution system where the incident occurred?

**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

14. Has one or more pressure test been conducted since original construction at the point of the incident?
   - if Yes:
     - Most recent year tested:
     - Test pressure:

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

**Natural Force Damage – Sub-Cause:**

- If Earth Movement, NOT due to Heavy Rains/Floods:
  1. Specify:
     - If Other, Specify:

- If Heavy Rains/Floods:
  2. Specify:
     - If Other, Specify:

- If Lightning:
  3. Specify:

- If Temperature:
  4. Specify:
     - If Other, Specify:

- If High Winds:

- Other Natural Force Damage:
  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?
   6.a If Yes, specify (select all that apply):
     - Hurricane
     - Tropical Storm
     - Tornado
     - Other
     - If Other, Specify:

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

**Excavation Damage – Sub-Cause:**

- If Excavation Damage by Operator (First Party):

- If Excavation Damage by Operator’s Contractor (Second Party):

- If Excavation Damage by Third Party:

- If Previous Damage due to Excavation Activity:

**Complete the following ONLY IF the “Part of system involved in incident” (from Part C, Question 2) is Main, Service, or Service Riser.**

1. Date of the most recent Leak Survey conducted

2. Has one or more pressure test been conducted since original construction at the point of the incident?
   - if Yes:
     - Most recent year tested:
     - Test pressure:
Complete the following if Excavation Damage by Third Party is selected.

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

5. Right-of-Way where event occurred (select all that apply):
   - Public
     - If Public, Specify: City Street
   - Private
     - If Private, Specify: 
   - Pipeline Property/Easement
   - Power/Transmission Line
   - Railroad
   - Dedicated Public Utility Easement
   - Federal Land
   - Data not collected
   - Unknown/Other

6. Type of excavator: Contractor

7. Type of excavation equipment: Backhoe/Trackhoe

8. Type of work performed: Pole

9. Was the One-Call Center notified? Yes
   9a. If Yes, specify ticket number: 11109551
   9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified: Utilities Underground Location Center

10. Type of Locator: Contract Locator

11. Were facility locate marks visible in the area of excavation? Yes

12. Were facilities marked correctly? Yes

13. Did the damage cause an interruption in service? 

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):
   - Root Cause Description: Excavation Practices Not Sufficient
     - If One-Call Notification Practices Not Sufficient, specify: 
     - If Locating Practices Not Sufficient, specify: Failure to maintain clearance
     - If Other/None of the Above (explain), specify: 

G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column

Other Outside Force Damage - Sub-Cause:
   - If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:

   - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged In Excavation:
     1. Vehicle/Equipment operated by: 

   - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:
     2. Select one or more of the following IF an extreme weather event was a factor:
        - Hurricane
        - Tropical Storm
        - Tornado
        - Heavy Rains/Flood
        - Other
         - If Other, Specify: 

   - If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:

   - If Electrical Arcing from Other Equipment or Facility:

   - If Previous Mechanical Damage NOT Related to Excavation:
   Complete the following ONLY if the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.

3. Date of the most recent Leak Survey conducted: 

Page 6 of 10
4. Has one or more pressure test been conducted since original construction at the point of the incident?  
   - If Yes:
      Most recent year tested:  
      Test pressure (psig):

   - If Intentional Damage:
      5. Specify:  
      - If Other, Specify:

   - If Other Outside Force Damage:
      6. Describe:

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

Pipe, Weld or Joint Failure – Sub-Cause:

   - If Body of Pipe:
      1. Specify:  
      - If Other, Describe:

   - If Butt Weld:
      2. Specify:  
      - If Other, Describe:

   - If Fillet Weld:
      3. Specify:  
      - If Other, Describe:

   - If Pipe Seam:
      4. Specify:  
      - If Other, Describe:

   - If Threaded Metallic Pipe:

   - If Mechanical Fitting:
      5. Specify the mechanical fitting involved:  
      - If Other, Describe:

      6. Specify the type of mechanical fitting:  
      - If Other, Describe:

    7. Manufacturer:

    8. Year manufactured:

    9. Year Installed:

   10. Other attributes:

    11. Specify the two materials being joined:
        11a. First material being joined:
            - Steel  
            - Cast/Wrought Iron  
            - Ductile Iron  
            - Copper  
            - Plastic  
            - Unknown  
            - Other  
            - If Other, Specify:

        11b. If Plastic, specify:  
            - If Other Plastic, specify:

        11c. Second material being joined:
            - Steel  
            - Cast/Wrought Iron  
            - Ductile Iron  
            - Copper  
            - Plastic  
            - Unknown  
            - Other  
            - If Other, Specify:

        11d. If Plastic, specify:  
            - If Other Plastic, Specify:

   12. If used on plastic pipe, did the fitting – as designed by the manufacturer – include restraint?

      12a. If Yes, specify:

   - If Compression Fitting:

   13. Fitting type:
14. Manufacturer:  
15. Year manufactured:  
16. Year installed:  
17. Other attributes:  
18. Specify the two materials being joined:  
   18a. First material being joined:  
      - Steel  
      - Cast/ wrought iron  
      - Ductile iron  
      - Copper  
      - Plastic  
      - Unknown  
      - Other  
      - If Other, specify:  
   18b. If Plastic, specify:  
      - If Other Plastic, specify:  
   18c. Second material being joined:  
      - Steel  
      - Cast/wrought iron  
      - Ductile iron  
      - Copper  
      - Plastic  
      - Unknown  
      - Other  
      - If Other, specify:  
   18d. If Plastic, specify:  
      - Other Plastic, specify:  
- If Fusion Joint:  
19. Specify:  
20. Year installed:  
21. Other attributes:  
22. Specify the two materials being joined:  
   22a. First material being joined:  
   22b. Second material being joined:  
   - If Other, Specify:  
- If Other Pipe, Weld, or Joint Failure:  
23. Describe:  
   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  
   - Material defect  
   - Design defect  
   - Previous damage  
   - If Other, Specify:  
26. Has one or more pressure test been conducted since original construction at the point of the Incident?  
   - If Yes:  
      Most recent year tested:  
      Test pressure:  

G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column.
### Equipment Failure – Sub-Cause:

- If Malfunction of Control/Relief Equipment:
  1. Specify:
     - Control Valve
     - Instrumentation
     - SCADA
     - Communications
     - Block Valve
     - Check Valve
     - Relief Valve
     - Power Failure
     - Stopple/Control Fitting
     - Pressure Regulator
     - Other
     - If Other, Specify:

- If Threaded Connection Failure:
  2. Specify:
  - If Other, Specify:

- If Non-threaded Connection Failure:
  3. Specify:
  - If Other, Specify:

- If Valve:
  4. Specify:
    - If Other, Specify:
      - 4a. Valve type:
      - 4b. Manufactured by:
      - 4c. Year manufactured:

- If Other Equipment Failure:
  5. Describe:

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

Incorrect Operation Sub-Cause:

- If Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage:
  - If Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure:
  - If Pipeline or Equipment Overpressured:
  - If Equipment Not Installed Properly:
  - If Wrong Equipment Specified or Installed:

- If "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
   - If Other, Describe:

3. What category type was the activity that caused the incident:

4. Was the task(s) that led to the incident identified as a covered task in your Operator Qualification Program?
   - 4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?

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

Other Incident Cause – Sub-Cause:

- If Miscellaneous:
  1. Describe:

- If Unknown:
  2. Specify:

### PART II - NARRATIVE DESCRIPTION OF THE INCIDENT
PART I - PREPARER AND AUTHORIZED SIGNATURE

<table>
<thead>
<tr>
<th>Preparer's Name</th>
<th>Antoinette Imad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer's Title</td>
<td>Consulting Engineer</td>
</tr>
<tr>
<td>Preparer's Telephone Number</td>
<td>425 456 2870</td>
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<tr>
<td>Preparer's E-mail Address</td>
<td><a href="mailto:Antoinette.imad@pse.com">Antoinette.imad@pse.com</a></td>
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<tr>
<td>Preparer's Facsimile Number</td>
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<td>Authorized Signature</td>
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<tr>
<td>Authorized Signature's Name</td>
<td>Catherine Koch</td>
</tr>
<tr>
<td>Authorized Signature's Title</td>
<td>Director</td>
</tr>
<tr>
<td>Authorized Signature Telephone Number</td>
<td>425 482 3877</td>
</tr>
<tr>
<td>Authorized Signature's Email Address</td>
<td><a href="mailto:cathy.koch@pse.com">cathy.koch@pse.com</a></td>
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<tr>
<td>Date</td>
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