

**PUBLIC AWARENESS PROGRAM EFFECTIVENESS INSPECTION
SPECIFIC INFORMATION**

Control Information

| | | |
|---|--|---|
| Inspection Start Date*: | 04-25-2017 | |
| Inspection End Date*: | 04-25-2017 | |
| OpID: | 13840 | |
| Parent Operator Name: | NW Natural | |
| Unit ID (s): | 13840 | |
| State/Other ID: | NA | |
| Activity Record ID No. | NA | |
| Address of Company Official*: 220 NW Second Ave Portland, OR 97209 | Company Official*: | Grant Yoshihara |
| | Title*: | Vice President, Utility Operations |
| | Phone Number*: | 503-226-4211 x2374 503-887-4947 (Cell) |
| | Fax Number: | 503-273-4822 |
| | Email Address*: | Grant.yoshihara@nwnatural.com |
| Web Site: | www.nwnatural.com | |
| Total Mileage (from page 3)*: | 1,798.9 mi. in WA/ 11,805.4 mi. in OR | |
| Total Mileage in HCA: | 1.84 mi. in WA/ 185 mi. in OR | |
| Number of Services (For Distribution): | 74,484 in WA / 625,962 in OR | |
| Alternate MAOP (80% Rule): | None | |
| No. of Special Permits: | NA | |

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|---|---|
| Initial Date of Public Awareness Program*: | December 2005 |
| Title of Current PAP*: | NW Natural Pipeline Public Awareness Plan |
| Current PAP Version*: | 2017 |
| Current PAP Date*: | March 2017 |

| Post Inspection Information | |
|-------------------------------------|--|
| Date Submitted for Approval: | |
| Director Approval: | |
| Approval Date: | |

* Required field

PHMSA Form 21 Public Awareness Program Effectiveness Inspection, July 21, 2011, Rev 0

| Persons Interviewed* | Title/Organization* | Phone Number | Email Address |
|-----------------------------|---|--|----------------------------|
| Jaimie Lemke | Compliance Specialist | (503) 226-4211 (503) 799-5727 (Cell) | jaimie.lemke@nwnatural.com |
| Cory Beck | Senior Manager- External Communications & Digital Strategy | (503) 220-2576 (503) 721-2508 (Fax) | cary.beck@nwnatural.com |
| Margaret L. Locke | Code Compliance- Compliance Engineer | (503) 226-4211 (503) 789-0154 (Cell) | mll@nwnatural.com |
| Scott Gallegos | Damage Prevention Supervisor | (503) 226-4211 (503) 803-9032 (Cell) | smg@nwnatural.com |
| Samantha Burt | Compliance Specialist | (503) 226 4211 (503) 750-7264 (Cell) | S7b@nwnatural.com |
| | | | |
| | | | |

To add rows, press TAB with cursor in last cell.

| External Support Entity Name* | Part of Plan and/or Evaluation* | Phone Number | Email Address |
|--------------------------------------|--|---------------------|----------------------|
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To add rows, press TAB with cursor in last cell.

| Inspector Representative(s)* | PHMSA/State* | Region/State* | Email Address | Lead* |
|-------------------------------------|---------------------|----------------------|----------------------|--|
| Anthony Dorough | Washington | Western | adorroug@utc.wa.gov | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

To add rows, press TAB with cursor in last cell.

*** Required field**

Mileage Covered by Public Awareness Program (by Company and State)

Based on the **most recently submitted annual report**, list each company and subsidiary separately, broken down by state (using 2-letter designation). Also list any new lines in operation that are not included on the most recent annual report. If a company has intrastate and/or interstate mileage in several states, use one row per state. If there are both gas and liquid lines, use the appropriate table for intrastate and/or interstate.

Jurisdictional to Part 192 (Gas) Mileage (Interstate)

| Company Name (Gas Operator) | Operator ID | Product Type* | State* | Interstate Gathering Mileage* | Interstate Transmission Mileage | Interstate Distribution Mileage [^] * | Remarks (new or in HCA) |
|--------------------------------|----------------|------------------|--------|-------------------------------------|---------------------------------------|--|----------------------------|
| NA | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(To add rows, press TAB with cursor in last cell.)

Jurisdictional to Part 192 (Gas) Mileage (Intrastate)

| Company Name (Gas Operator) | Operator ID | Product Type* | State* | Intrastate Gathering Mileage* | Intrastate Transmission Mileage* | Intrastate Distribution Mileage [^] * | Remarks (new or in HCA) |
|--------------------------------|----------------|------------------|--------|-------------------------------------|--|--|----------------------------|
| NW Natural | 13840 | Natural gas | WA | | 3.4 | 1799 | |
| NW Natural | 13840 | Natural gas | OR | | 614.4 | 11805 | |
| | | | | | | | |

(To add rows, press TAB with cursor in last cell.)

Jurisdictional to Part 195 (Hazardous Liquid) Mileage (Interstate)

| Company Name (Liquid Operator) | Operator ID | Product Type* | State* | Interstate Transmission Mileage* | Remarks (new or in HCA~) |
|-----------------------------------|----------------|------------------|--------|----------------------------------|-----------------------------|
| NA | | | | | |
| | | | | | |
| | | | | | |

(To add rows, press TAB with cursor in last cell.)

Jurisdictional to Part 195 (Hazardous Liquid) Mileage (Intrastate)

| Company Name (Liquid Operator) | Operator ID | Product Type* | State* | Intrastate Transmission Mileage* | Remarks (new or in HCA~) |
|-----------------------------------|----------------|------------------|--------|----------------------------------|-----------------------------|
| NA | | | | | |
| | | | | | |
| | | | | | |

(To add rows, press TAB with cursor in last cell.)

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|-----------------------|-------------------------------|
| Total Mileage: | Total Mileage 14,241.8 |
|-----------------------|-------------------------------|

- Supply company name and Operator ID, if not the master operator from the first page (i.e., for subsidiary companies).
 - Use OPS-assigned Operator ID. Where not applicable, leave blank or enter N/A
 - Use only 2-letter State codes, e.g., TX for Texas.
 - Enter number of applicable miles in applicable columns. (Only positive values. No need to enter 0 or N/A.)
- [^] Please do not include Service Line footage. This should only be MAINS.
^{*} Required Field
[~] Use Total HCA as reported on annual reports.

Please provide a comment or explanation for each inspection question.

1. Administration and Development of Public Awareness Program

1.01 Written Public Education Program

Does the operator have a written continuing public education program or public awareness program (PAP) in accordance with the general program recommendations in the American Petroleum Institute's (API) Recommended Practice (RP) 1162 (incorporated by reference), by the required date, except for master meter or petroleum gas system operators?

(Reference: § 192.616 (h); § 195.440 (h))

- Verify the operator has a written public awareness program (PAP).
- Review any Clearinghouse deficiencies and verify the operator addressed previous Clearinghouse deficiencies, if any, addressed in the operator's PAP.
- Identify the location where the operator's PAP is administered and which company personnel is designated to administer and manage the written program.
- Verify the date the public awareness program was initially developed and published.

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: Verified; PAP is administered at HQ Portland, OR |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

1.02 Management Support

Does the operator's program include a statement of management support (i.e., is there evidence of a commitment of participation, resources, and allocation of funding)?

(Reference: § 192.616 (a); § 195.440 (a); API RP 1162 Section 2.5 and 7.1)

- Verify the PAP includes a written statement of management support.
- Determine how management participates in the PAP.
- Verify that an individual is named and identified to administer the program with roles and responsibilities.
- Verify resources provided to implement public awareness are in the PAP. Determine how many employees involved with the PAP and what their roles are.
- Determine if the operator uses external support resources for any implementation or evaluation efforts.

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Sections 1.5; 1.5.1; 1.5.2; & 1.6 PAP - Meets once a year with VP and reviews recommended improvements. - There are still [14] employees dedicated to PA |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

1.03 Unique Attributes and Characteristics

Does the operator's program clearly define the specific pipeline assets or systems covered in the program and assess the unique attributes and characteristics of the pipeline and facilities?

(Reference: § 192.616 (b); § 195.440 (b); API RP 1162 Section 2.7 and Section 4)

- Verify the PAP includes all of the operator’s system types/assets covered by PAP (gas, liquid, HVL, storage fields, gathering lines etc).
- Identify where in the PAP the unique attributes and characteristics of the pipeline and facilities are included (i.e. gas, liquids, compressor station, valves, breakout tanks, odorizer).

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 2.1 PAP |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

1.04 Stakeholder Audience Identification

Does the operator’s program establish methods to identify the individual stakeholders in the four affected stakeholder audience groups: (1) affected public, (2) emergency officials, (3) local public officials, and (4) excavators, as well as affected municipalities, school districts, businesses, and residents?

(Reference: § 192.616 (d), (e), (f); § 195.440 (d), (e), (f); API RP 1162 Section 2.2 and Section 3)

- Identify how the operator determines stakeholder notification areas and distance on either side of the pipeline.
- Determine the process and/or data source used to identify each stakeholder audience.
- Select a location along the operator’s system and verify the operator has a documented list of stakeholders consistent with the requirements and references noted above.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 3 PAP– Also Review & Effectiveness Evaluation PDF |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

1.05 Message Frequency and Message Delivery

Does the operator’s program define the combination of messages, delivery methods, and delivery frequencies to comprehensively reach all affected stakeholder audiences in all areas in which the operator transports gas, hazardous liquid, or carbon dioxide?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Sections 3-5)

- Identify where in the operator’s PAP the combination of messages, delivery methods, and delivery frequencies are included for the following stakeholders:

- Affected public

- Emergency officials
- Public officials
- Excavators

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Annual Plan Section 1.2 and PAP 5.1 Also Review & Effectiveness Evaluation - |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

1.06 Written Evaluation Plan

Does the operator's program include a written evaluation process that specifies how the operator will periodically evaluate program implementation and effectiveness? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c), (i); § 195.440 (c), (i))

- Verify the operator has a written evaluation plan that specifies how the operator will conduct and evaluate self-assessments (annual audits) and effectiveness evaluations.
- Verify the operator’s evaluation process specifies the correct frequency for annual audits (1 year) and effectiveness evaluations (no more than 4 years apart).
- Identify how the operator determined a statistical sample size and margin-of-error for stakeholder audiences’ surveys and feedback.

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 8 (Pg. 30-32) Also Review & Effectiveness Evaluation - Upon recommendation from a previous inspection, NWN now states in the PAP that they will do an effectiveness evaluation annually, (referenced above). |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

1. Program Implementation

2.01 English and other Languages

- Did the operator develop and deliver materials and messages in English and in other languages commonly understood by a significant number and concentration of non-English speaking populations in the operator’s areas?

(Reference: § 192.616 (g); § 195.440 (g); API RP 1162 Section 2.3.1)

- Determine if the operator delivers material in languages other than English and if so, what languages.
- Identify the process the operator used to determine the need for additional languages for each stakeholder audience.
- Identify the source of information the operator used to determine the need for additional languages and the date the information was collected.

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Annual Plan Section 3.2 –Will reevaluate |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |

| | |
|--|---------------------------------|
| <input type="checkbox"/> N/A - Not Applicable (explain)* | when new census data comes out. |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

2.02 Message Type and Content

Did the messages the operator delivered specifically include provisions to educate the public, emergency officials, local public officials, and excavators on the:

- Use of a one-call notification system prior to excavation and other damage prevention activities;
- Possible hazards associated with unintended releases from a gas, hazardous liquid, or carbon dioxide pipeline facility;
- Physical indications of a possible release;
- Steps to be taken for public safety in the event of a gas, hazardous liquid, or carbon dioxide pipeline release; and
- Procedures to report such an event (to the operator)?

(Reference: § 192.616 (d); (f); § 195.440 (d), (f))

- Verify all required information was delivered to **each** of the primary stakeholder audiences.
- Verify the phone number listed on message content is functional and clearly identifies the operator to the caller.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Annual Plan Book Section 2, TV section 2.1, radio section 2.2, newspaper section 2.3, online section 2.4, media and PR is section 2.5 Also Review & Effectiveness Evaluation - Note: Staff was not put on hold this time during the test call. |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

2.03 Messages on Pipeline Facility Locations

Did the operator develop and deliver messages to advise affected municipalities, school districts, businesses, and residents of pipeline facility location?

(Reference: § 192.616 (e), (f); § 195.440 (e), (f))

- Verify that the operator developed and delivered messages advising municipalities, school districts, businesses, residents of pipeline facility locations.

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 5 PAP; Annual Plan Book Sections 1.1, 1.3, 1.8, 3.1 & 3.6 Also Review & Effectiveness Evaluation - Upon recommendation from the past audit NWN has included municipalities and schools under Section 5. |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

2.04 Baseline Message Delivery Frequency

Did the operator’s delivery for materials and messages meet or exceed the baseline frequencies specified in API RP 1162, Table 2-1 through Table 2.3? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c))

- Identify message delivery (using the operator’s last five years of records) for the following stakeholder audiences:

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: Reviewed Annual Plan book |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

2.05 Considerations for Supplemental Program Enhancements

Did the operator consider, along all of its pipeline systems, relevant factors to determine the need for supplemental program enhancements as described in API RP 1162 for each stakeholder audience?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 6.2)

- Determine if the operator has considered and/or included other relevant factors for supplemental enhancements.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: Reviewed Annual Plan book |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

2.06 Maintaining Liaison with Emergency Response Officials

Did the operator establish and maintain liaison with appropriate fire, police, and other public officials to: learn the responsibility and resources of each government organization that may respond, acquaint the officials with the operator’s ability in responding to a pipeline emergency, identify the types of pipeline emergencies of which the operator notifies the officials, and plan how the operator and other officials can engage in mutual assistance to minimize hazards to life or property?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 4.4)

- Examine the documentation to determine how the operator maintains a relationship with appropriate emergency officials.

- Verify the operator has made its emergency response plan available, as appropriate and necessary, to emergency response officials.
- Identify the operator’s expectations for emergency responders and identify whether the expectations are the same for all locations or does it vary depending on locations.
- Identify how the operator determined the affected emergency response organizations have adequate and proper resources to respond.
- Identify how the operator ensures that information was communicated to emergency responders that did not attend training/information sessions by the operator.

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|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 3.1 Annual Plan Book. Also Review & Effectiveness Evaluation |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

2. Program Evaluation & Continuous Improvement (Annual Audits)

3.01 Measuring Program Implementation

Has the operator performed an audit or review of its program implementation annually since it was developed? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c), (i); § 195.440 (c), (i); API RP 1162 Section 8.3)

- Verify the operator performed an annual audit or review of the PAP for each implementation year.

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 8.2 PAP; Section 1.1 Annual Plan Book. - Upon recommendation from the past audit NWN has included the four year effectiveness evaluation in the PAP. |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

3.02 Acceptable Methods for Program Implementation Audits

Did the operator use one or more of the three acceptable methods (i.e., internal assessment, 3rd-party contractor review, or regulatory inspections) to complete the annual audit or review of its program implementation? If not, did the operator provide valid justification for not using one of these methods?

(Reference: § 192.616 (c); § 195.440 (c), API RP 1162 Section 8.3)

- Determine how the operator conducts annual audits/reviews of its PAP.

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 9.2 in PAP Also Review & Effectiveness Evaluation -Reviewed postal receipts -Upon recommendation from the past audit NWN has included postage reports to the PAP. |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |

| | |
|---|--|
| | |
| Check exactly one box above. * Required field | |

3.03 Program Changes and Improvements

Did the operator make changes to improve the program and/or the implementation process based on the results and findings of the annual audit? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.3)

- Determine if the operator assessed the results of its annual PAP audit/review then developed and implemented changes in its program, as a result.
- If not, determine if the operator documented the results of its assessment and provided justification as to why no changes were needed.

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 1.1, 1.4, 3.1 thru 3.6 |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

3. Program Evaluation & Continuous Improvement (Effectiveness)

4.01 Evaluating Program Effectiveness

Did the operator perform an effectiveness evaluation of its program (or no more than 4 years following the effective date of program implementation) to assess its program effectiveness in all areas along all systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4)

- Verify the operator conducted an effectiveness evaluation of its program (or no more than 4 years following the effective date of program implementation).
- Document when the effectiveness evaluation was completed.
- Determine what method was used to perform the effectiveness evaluation (in-house, by 3rd party contractor, participation in and use the results of an industry group or trade association).
- Identify how the operator determined the sample sizes for audiences in performing its effectiveness evaluation.

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 1.3 Annual Plan Book Also Review & Effectiveness Evaluation - Upon recommendation from a previous inspection, NWN now states in the PAP that they will do an effectiveness evaluation annually. |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4.02 Measure Program Outreach

In evaluating effectiveness, did the operator track actual program outreach for each stakeholder audience within all areas along all assets and systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.1)

- Examine the process the operator used to track the number of individuals or entities reached within each intended stakeholder audience group.
- Determine the outreach method the operator used to perform the effectiveness evaluation (e.g., questionnaires, telephone surveys, etc).
- Determine how the operator determined the statistical sample size and margin-of-error for each of the four intended stakeholder audiences.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 1.3 Annual Plan Also Review & Effectiveness Evaluation -Reviewed 2011-2016 |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4.03 Measure Percentage Stakeholders Reached

Did the operator determine the percentage of the individual or entities actually reached within the target audience within all areas along all systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616) (c); § 195.440 (c); API RP 1162 Section 8.4.1)

- Document how the operator determined the statistical sample size and margin-of-error for each of the four intended stakeholder audiences.
- Document how the operator estimated the percentage of individuals or entities actually reached within each intended stakeholder audience group.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 2.1 Annual Plan Book Also Review & Effectiveness Evaluation - Reviewed latest surveys |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4.04 Measure Understandability of Message Content

In evaluating effectiveness, did the operator assess the percentage of the intended stakeholder audiences that understood and retained the key information in the messages received, within all areas along all assets and systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.2)

- Examine the operator’s evaluation results and data to assess the percentage of the intended stakeholder audience that understood and retained the key information in each PAP message.
- Verify the operator assessed the percentage of the intended stakeholder audience that (1) understood and (2) retained the key information in each PAP message.
- Determine if the operator pre-tests materials.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|--|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 1.3 Annual Plan Also Review & Effectiveness Evaluation - Reviewed historical charts and surveys |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4.05 Measure Desired Stakeholder Behavior

In evaluating its public awareness program effectiveness, did the operator attempt to determine whether appropriate preventive behaviors have been understood and are taking place when needed, and whether appropriate response and mitigative behaviors would occur and/or have occurred? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.3)

- Examine the operator’s evaluation results and data to determine if the stakeholders have demonstrated the intended learned behaviors.
- Verify the operator determined whether appropriate prevention behaviors have been understood by the stakeholder audiences and if those behaviors are taking place or will take place when needed.

- Affected public
- Emergency officials
- Public officials
- Excavators

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 1.3 Annual Plan book Also Review & Effectiveness Evaluation |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4.06 Measure Bottom-Line Results

In evaluating its public awareness program effectiveness, did the operator attempt to measure bottom-line results of its program by tracking third-party incidents and consequences including: (1) near misses, (2) excavation damages resulting in pipeline failures, (3) excavation damages that do not

result in pipeline failures? Did the operator consider other bottom-line measures, such as the affected public's perception of the safety of the operator's pipelines? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.4)

- Examine the operator's process for measuring bottom-line results of its program.
- Verify the operator measured bottom-line results by tracking third-party incidents and consequences.
- Determine if the operator considered and attempted to measure other bottom-line measures, such as the affected public's perception of the safety of the operator's pipelines. If not, determine if the operator has provided justification in its program or procedural manual for not doing so.

| | |
|---|---|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: See Section 1.3 & 6 Annual Plan book Also Review & Effectiveness Evaluation |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4.07 Program Changes

Did the operator identify and document needed changes and/or modifications to its public awareness program(s) based on the results and findings of its program effectiveness evaluation? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 2.7 Step 12 and 8.5)

- Examine the operator's program effectiveness evaluation findings.
- Identify if the operator has a plan or procedure that outlines what changes were made.
- Verify the operator identified and/or implemented improvements based on assessments and findings.

| | |
|---|------------------------------|
| <input checked="" type="checkbox"/> S – Satisfactory (explain)* | Comments: Verified |
| <input type="checkbox"/> U - Unsatisfactory (explain)* | |
| <input type="checkbox"/> N/A - Not Applicable (explain)* | |
| <input type="checkbox"/> N/C – Not Checked (explain)* | |
| Check exactly one box above. * Required field | |

4. Inspection Summary & Findings

5.01 Summary

-NWN does a PAP assessment every year and then an analysis every four years.
-HCA's in WA are located within these three counties, Clark, Klickitat, and Skamania

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5.02 Findings

Staff found no apparent violations or areas of concern at this time.

Staff recommends NWN utilize existing channels of communication with Fire Department First Responders more effectively in order to better determine at an incident when evacuations have or have not taken place.