

Comparison of Pipeline Performance Tracking System (PPTS) and Office of Pipeline Safety RSPA 7000-1 (OPS) Reporting Forms, June 2002

	Item Description	PPTS Part	PPTS Language	OPS Section	OPS Language	Comparison Notes
<i>Note: See definitions and explanatory notes on page 15. Colored cells highlight substantive differences between PPTS and OPS.</i>						
1.	Report Type			Part A	<input type="checkbox"/> Original Report <input type="checkbox"/> Supplemental Report <input type="checkbox"/> Final Report	PPTS: no equiv OPS: all reports
2.	Operator ID	Beginning	API-assigned User Name	Part A	Operator's OPS 5-digit ID Pipeline owner's OPS 5-digit ID if operator not owner Name and address of Operator	For all reports
3.	Date	DS	Date of release	Part A	Time and date of the accident Hr/month/day/year	OPS also asks for time
4.	Inter/Intra	DS	Is pipeline or facility: <input type="checkbox"/> interstate <input type="checkbox"/> intrastate	Part C	Is pipeline interstate? <input type="radio"/> Yes <input type="radio"/> No	Inter/Intra v Y/N; PPTS asks question for all, OPS only for Long Form
5.	Gathering	DS	Is pipeline/facility a gathering line (acc. to function not Part 195 defn.) Under Part 195 or state equiv., is it <input type="checkbox"/> regulated <input type="checkbox"/> unregulated			No OPS equiv.; OPS doesn't regulate rural gathering lines ($\leq 8"$ Ndiam)
6.	DOT 7000-1	DS	Was or will a DOT 7000-1 report be submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			No OPS equiv. necessary.
7.	State Report	DS	Was or will a telephonic or written release report be made to any State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			OPS: no equiv.
8.	NRC Report	DS	Was a telephonic report made to the National Response Center for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Part A	Telephone Report NRC Report Number month/day/year	Y/N v report reference number and date
9.	Spill			Part A	Commodity Spilled <input type="radio"/> Yes <input type="radio"/> No	PPTS only covers releases. Incidents can be reportable to OPS for other reasons, e.g. injury.
10.	Commodity Type	DS	Transported commodity released (check one): HVL's etc./CO2, N2 etc./Petroleum products/Crude oil	Part A	Classification of commodity spilled: HVL's etc./CO2 etc./Petroleum products/Crude oil	Commodity class detail identical except PPTS lists N2 as well as CO2 as example for its Commodity Class 2.
11.	Commodity			Part A	Name of commodity spilled	PPTS only requires

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					commodity class
12. Company Property	SM, CQ	Was the area affected by the release contained on the company-controlled facility (excluding right-of-way)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Part C2	Location of system involved (<i>check all that apply</i>) <input type="checkbox"/> Operator's Property <input type="checkbox"/> Pipeline Right of Way + 1 other option (see next)	Company property info: PPTS collects for all incidents. OPS only for larger spills. OPS also asks about right-of-way
13. HCA	DS	Did this release reach any "high consequence areas" (HCA's) (49 CFR Part 195.452)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If yes, specify HCA types (Comm navig.; High pop; Other pop; USA water; USA ecological) and whether identified/not identified in Integrity Management Program	Part C2	Location of system involved (<i>check all that apply</i>) <input type="checkbox"/> High Consequence Area (HCA) + 2 other options (see previous) If HCA, describe	PPTS collects info on HCA for all incidents, and requires more detail. OPS asks only for larger spills.
14. Size range	DS	Approximate size range of release: <input type="checkbox"/> <1 gal sheen on water (Part SM) <input type="checkbox"/> 1 gal – 4.99 bbls (Part SM) <input type="checkbox"/> ≥5 bbls			OPS requires specific volume for each release; for spills <5 barrels, PPTS relies on size range alone and directs user to Part SM (Short Form)
15. Amounts Released and Recovered	DS	Estimated size of release: _____ bbls Amount of commodity recovered: _____ bbls	Part A	Estimated amount of commodity involved : <input type="radio"/> Barrels <input type="radio"/> Gallons (check only if spill is less than one barrel) Amounts Spilled : _____ Amounts Recovered: _____	PPTS only requires specific volumes for spills of ≥5 barrels; all units are barrels. OPS requires reporting in gallons for spills <1 barrel
16. Additional Recovery	DS	Is recovery of additional commodity anticipated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			No specific OPS question, but Supplemental or Final report to OPS could provide actual
17. Segment			Part C	Line segment name/ID _____	No PPTS equiv. OPS: all larger spills
18. Federal			Part C	Accident on Federal land other than Outer Continental Shelf <input type="radio"/> Yes <input type="radio"/> No	No PPTS equiv. OPS: all larger spills
19. Onshore/ Offshore	DS, SM	Did release occur: <input type="checkbox"/> Onshore <input type="checkbox"/> Offshore	Part C	(Is pipeline) Offshore: <input type="radio"/> Yes <input type="radio"/> No	On/Off v Y/N. On 7000-1, must use detailed form for any spill to water
20. Onshore	DS	State _____	Part A	Location of accident:	Onshore spills only. PPTS for

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	Location				Latitude; Longitude; City; County or Parish; State; Mile post/valve station or survey station no.	larger spills only; less detail than OPS
21.	Onshore Non-rural	DS , SM	Did release occur in "non-rural" area (Part 195 definition)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			No OPS equiv.
22.	Offshore	DS	<input type="checkbox"/> Federal OCS waters <input type="checkbox"/> State waters Offshore area (without block number e.g. Ship Shoal) _____ Approximate water depth: ____ feet	Part C	Area _____ Block # _____ State / / / or Outer Continental Shelf <input type="checkbox"/>	Offshore spills only. PPTS for larger spills only; does not require Block #. OPS requires detailed form for all spills to water.
23.	Accident Area			Part E	Area of accident <input type="radio"/> Open ditch <input type="radio"/> Under pavement <input type="radio"/> Above ground <input type="radio"/> Underground <input type="radio"/> Under water <input type="radio"/> Inside/under building <input type="radio"/> Other _____	OPS: all larger spills PPTS: no direct equiv., but some detail in Part FA
24.	Fire	CQ , SM	Was there a fire? <input type="checkbox"/> No <input type="checkbox"/> Yes	Part F	Product ignited <input type="radio"/> Yes <input type="radio"/> No	N/Y v Y/N. PPTS covers any fire linked to incident; OPS limits to fire involving the transported product. If fire/explosion linked to spill <5 gallons, PPTS user switched back to Long Form. Separately, may report fire or explosion to OPS (Part H4) or fire to PPTS (Part TP, Pop-up #3) as the primary cause of a Third Party accident
25.	Explosion	CQ , SM	Was there an explosion? <input type="checkbox"/> No <input type="checkbox"/> Yes	Part F	Explosion <input type="radio"/> Yes <input type="radio"/> No	N/Y v Y/N For spill <5 gallons (Part SM), PPTS combines with prior question on fire, and participant is redirected to Long Form. See also note in previous section on Third Party accidents.
26.	Death/Injury	CQ , SM	Any deaths or injuries? <input type="checkbox"/> No <input type="checkbox"/> Yes			If death/injury linked to spill <5 gallons, PPTS user switched back to Long Form. Part CQ is a portal to Part PB in PPTS.

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27. Numbers dead/injured	PB	Fatalities and/or injuries: Number of operator employees/Number of contractor employees working for the operator/Number of others/Total _____ killed _____ injured	Part F	Same as PPTS (but with slightly different wording)	All reportable incidents with a death or injury.
28. Evacuation	CQ	Public evacuation necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes (below)	Part F	<input type="checkbox"/> Evacuation (<i>general public only</i>) / / / / people	Only OPS requires numbers of people evacuated
29. Evacuation type	PB	Public evacuation undertaken (check all that apply): <input type="checkbox"/> Precautionary evacuation undertaken by company <input type="checkbox"/> Evacuation required by or initiated by a public official	Part F	Reason for Evacuation: Same choices as PPTS (but with slightly different wording)	
30. Water Impact	CQ, SM	Type of water impacted (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Surface water, Was intake shut? <input type="checkbox"/> Groundwater, Was well shut? <input type="checkbox"/> Drinking water for human cons. <input type="checkbox"/> Unusually environmentally sensitive drinking water source	Part F	Water Contamination: <input type="radio"/> Yes <input type="radio"/> No (<i>If Yes, provide the following</i>) Amount in water _____ barrels Ocean/Seawater <input type="radio"/> No <input type="radio"/> Yes Surface <input type="radio"/> No <input type="radio"/> Yes Groundwater <input type="radio"/> No <input type="radio"/> Yes Drinking water <input type="radio"/> No <input type="radio"/> Yes <i>If Yes, <input type="radio"/> Private well <input type="radio"/> Public water intake</i>	For small releases (Part SM), PPTS asks this for onshore spills only.
31. Ecological Impact	CQ	Type of ecology impacted (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Vegetation/plant life <input type="checkbox"/> Fish/aquatic life (excl livestock) <input type="checkbox"/> Birds (excl. livestock) <input type="checkbox"/> Other wildlife (excl. livestock) <input type="checkbox"/> Livestock	Part F	Wildlife Impact: Fish/aquatic <input type="radio"/> Yes <input type="radio"/> No Birds <input type="radio"/> Yes <input type="radio"/> No Terrestrial <input type="radio"/> Yes <input type="radio"/> No	All larger spills OPS is limited to wildlife impacts. PPTS also includes impacts to vegetation and livestock.
32. Soil Contamination			Part F	Soil Contamination <input type="radio"/> Yes <input type="radio"/> No If Yes, estimated number of cubic yards: _____	No PPTS equivalent, even though has subsequent question on soil remediation.
33. Remediation	CQ	Remediation activities undertaken related to the following (check all that apply): None needed; Vegetation /plant life; Soil; Surface water; Ground-water;	Part F	Anticipated remediation <input type="radio"/> Yes <input type="radio"/> No If Yes, check all that apply: <input type="checkbox"/> Surface water <input type="checkbox"/> Groundwater <input type="checkbox"/> Soil <input type="checkbox"/> Vegetation <input type="checkbox"/> Wildlife	PPTS refers to work done and OPS to work anticipated. PPTS breakout is more detailed.

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			Drinking water; Fish/aquatic life; Birds; Other wildlife; Livestock			
34.	Other Environmental	CQ	Were other environmental projects performed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <i>If Yes</i> Is it: <input type="checkbox"/> Underway <input type="checkbox"/> Anticipated <input type="checkbox"/> Planned			PPTS: larger spills No OPS equiv
35.	Endangered Species	CQ	Were threatened or endangered species or plants injured (animal, plant, fish, or bird)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know			PPTS: larger spills No OPS equiv
36.	Damage Assessment	CQ	Has a Natural Resources Damage Assessment been performed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <i>If Yes</i> , Corrective action performed or planned? <input type="checkbox"/> No <input type="checkbox"/> Yes	Part F	Long term impact assessment performed: <input type="radio"/> Yes <input type="radio"/> No	N/Y v Y/N Larger spills only. Only PPTS specifies NRDA and asks about corrective action
37.	Property Damage	CQ	Public or commercial property disrupted or damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <i>If Yes, check all that apply:</i> (Residential-Personal/Recreation/Bus-Comm'l/Comm'l/Navig/Farm-Agric.)			No direct equiv. in OPS, but OPS Part A asks for estimated cost for damage to public/private property.
38.	Financial Losses			Part A	Losses (<i>Estimated</i>) Public/Community Losses reimbursed by operator: (property damage/emergency response/remediation/Other) Operator Losses:(product lost/Op. property damage/Other) (specify in \$ by type)	No PPTS equiv. OPS requires for all reportable spills

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39.	Facility Involved	SM, FA	Part of system involved (check one) <input type="checkbox"/> Aboveground storage tank <input type="checkbox"/> Cavern/ belowground storage <input type="checkbox"/> Pump station/terminal/tankfarm piping & equipment, including sumps <input type="checkbox"/> Onshore pipeline, including valve site <input type="checkbox"/> Offshore pipeline, including platforms.....	Part C	Part of system involved in accident Same choices as PPTS plus "Other".	OPS: larger spills only. PPTS for both Short and Long Forms, but in different locations
40.	Facility Detail	FA	Part of system involved (check one main category & one subcategory) Each system category in Q.39 expanded with 2-4 subcategories e.g. <input type="checkbox"/> Aboveground storage tank <input type="checkbox"/> Low pressure <input type="checkbox"/> pressurized			For larger spills, PPTS requires additional detail on facility where spill happened. No OPS equiv.
41.	SMYS	FA	Does facility operate above 20% SMYS? <input type="checkbox"/> Yes <input type="checkbox"/> No			PPTS: Large spills at pump station/terminal/ tank farm or pipeline. PPTS asks specifics only for pipe (see below). OPS: Wants specifics, not range, for all (see below)
42.	SMYS level	PI	SMYS (psi) _____ <input type="checkbox"/> Don't know	Part D	SMYS / / / / / / /	PPTS: If spill covered by Q.41 is at pipe or pipe seam, needs specific SMYS OPS: All large spills
43.	Type of Failed Item	FA	Item involved (check one): <input type="checkbox"/> Pipe/Pipe Seam <input type="checkbox"/> Weld <input type="checkbox"/> Valve <input type="checkbox"/> Pump <input type="checkbox"/> Meter Prover <input type="checkbox"/> Scraper Trap <input type="checkbox"/> Sump/Separator <input type="checkbox"/> Weld Fitting <input type="checkbox"/> Repair Fitting <input type="checkbox"/> Threaded or Other Fitting <input type="checkbox"/> Other	Part C	Failure occurred on <input type="checkbox"/> Body of Pipe <input type="checkbox"/> Pipe Seam <input type="checkbox"/> Scraper Trap <input type="checkbox"/> Pump <input type="checkbox"/> Sump <input type="checkbox"/> Joint <input type="checkbox"/> Component <input type="checkbox"/> Valve <input type="checkbox"/> Metering Facility <input type="checkbox"/> Repair Sleeve <input type="checkbox"/> Welded Fitting <input type="checkbox"/> Bolted Fitting <input type="checkbox"/> Girth Weld <input type="checkbox"/> Other (<i>specify</i>)	Differences in item lists are numerous. PPTS: Large spills involving pump station/terminal/ tank farm or pipeline. OPS: All large spills
44.	Seam Failure	PI	Was this a seam-related failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			PPTS: Large spills involving pipe or pipe seam. 'Pipe seam' separate failure category for OPS in Q.43

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45. Failed Item Install Date	FA	Year item was installed (actual or estimated if necessary) _____	Part C	Year the component that failed was installed: <u>yyyy</u>	PPTS: Large spills at pump station/terminal/ tank farm or pipeline. OPS: All large spills
46. Pipe Details	PI	Nominal pipe size ___ inches Wall thickness ___ inches Type of pipe (check one): (13 options) Manufacturer _____ Year of manufacture _____	Part D	Nominal pipe size _____ in. Wall thickness _____ in. Specification _____ Seam type _____ Valve type _____ Manufactured by _____ in year <u>yyyy</u>	PPTS: Large spill involving pipe or pipe seam. OPS: All large spills For pipe type, PPTS has 13 options; OPS has open response.
47. Pipe Failure	PI, WL	For Pipe/Pipe Seam: Nature of failure (check one): <input type="checkbox"/> Pinhole leak or crack <input type="checkbox"/> Rupture <input type="checkbox"/> Puncture <input type="checkbox"/> Other For Girth, Fabrication or repair weld: Nature of failure (check one): <input type="checkbox"/> Pinhole leak or crack <input type="checkbox"/> Total separation of weldment <input type="checkbox"/> Partial separation of weldment	Part C	Type of leak or rupture ○ Leak: ○ Pinhole ○ Connection Fail ○ Puncture, diam. (inches) _____ ○ Rupture: ○ Circumferential – Separation ○ Longitudinal Tear/Crack (inches) _____ Propagation (feet) _____ ON/A ○ Other _____	PPTS: Large spill from pipe/pipe seam or where girth weld, fabrication or repair weld is involved OPS: Any large spill where system failure on pipeline Only OPS asks for size detail.
48. Release Cause	CA, TK, SM	Primary cause of release (check one): <input type="checkbox"/> 3rd party damage (current/ past) <input type="checkbox"/> Corrosion <input type="checkbox"/> Pipe matl/seam/weld, repair weld <input type="checkbox"/> Equip malfn/failure non-pipe <input type="checkbox"/> Operator error/other incorrect op. <input type="checkbox"/> Natural forces <input type="checkbox"/> Other	Part A	Causes for small spills only (5 gallons to under 5 barrels) Matches PPTS list except <i>Third Party Damage</i> split into <i>Excavation</i> and <i>Other Outside Force</i>	PPTS uses same list of first-level causes for both small and large spills, then looks for second-level causes for larger spills. OPS does not specifically ask for first level causes for large spills, but Part H groups second level causes according to first-level list.
49. Operating Pressure	CD	Max. op. pressure of failed comp. (psig): _____ <input type="checkbox"/> Don't Know Est. pressure at time/location failure (psig): _____ <input type="checkbox"/> Don't know	Part C	Max operating pressure (MOP) Est. at point/time accident ___PSIG MOP at time accident: ___PSIG	OPS: all large spills PPTS: large spills at pipeline or pump station/terminal/ tank farm excl. sumps/separators
50. Pressure Test	CD	Had there been a pressure test on the system?	Part H	Was part which leaked pressure tested before accident occurred? ○Yes, ○No	OPS: all large spills caused by material or weld failures.

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			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <i>If Yes (answer for most recent test)</i> Duration (hrs.) _____ <input type="checkbox"/> Don't know Max. press (psig) ___ <input type="checkbox"/> Don't know Year _____ <input type="checkbox"/> Don't know		(If yes, answer following about test) Date: yr/mo/day Medium: Water/Inert Gas/Other Time held at test pressure: ___hr. Press. at accident point: _____PSIG	PPTS: all large spills at pipeline or pump station/terminal/ tank farm excl. sumps/separators, regardless of cause OPS seeks more test detail.
51.	Inspection Device Inspection Device (cont'd)	CD	Had an in-line internal inspection device been run at point of failure? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify all types (High res. mag. flux; Low res. mag. flux ; UT; Geometry; Caliper; Crack; Hard spot; Other) tools run and year each last run	Part C	Is segment configured for internal inspection tools? <input type="radio"/> Yes <input type="radio"/> No Had an in-line inspection device been run at point of failure? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Not Possible due to physical constraints in the system If Yes, specify (This part identical to second part of PPTS question)	Both OPS and PPTS for large spills from a pipeline. PPTS: also for spills at a pump station/terminal/ tank farm excl. sumps/separators OPS allows for infeasible inspection
52.	Initial Leak Detection	CD	Was the release initially detected by? (Check one) CPM/SCADA; Remote operator. personnel; Pressure/leak test; Local op personnel/Proc/equip; Air/ground surveillance; Third party; Other	Part G	Identical to PPTS question	OPS: all large spills PPTS: large spills at pipeline or pump station/terminal/ tank farm excl. sumps/separators
53.	Leak Confirmation	CD	Was the presence of the release confirmed by? (Check one) (Same list as in prior question)			PPTS: large spills at pipeline or pump station/terminal/ tank farm excl. sumps/separators No OPS equiv.
54.	Detection Tool Performance	CD	Did the applied leak detection tools perform as expected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If No, Reason for non-performance (check one): Field instrumentation failure/ Communications failure/ Software failure/ Human error/ Other			PPTS: large spills at pipeline or pump station/terminal/ tank farm excl. sumps/separators No OPS equiv.
55.	Leak Duration			Part G	Estimated leak duration days _____ hours _____	OPS: All Large spills No PPTS equiv
56.	Computer-based Capability			Part G	Computer based leak detection capability in place? <input type="radio"/> Yes <input type="radio"/> No	OPS: All Large spills No direct PPTS equiv.
57.	Federal Control	CD	Did the Federal Government take control			PPTS: large spills at pipeline

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			of the response? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			or pump station/terminal/ tank farm excl. sumps/seps No OPS equiv.
58.	Isolation Isolation (cont'd)	CD	Was there an isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if No, skip remainder of section)</i> Approx. distance between valves closed for initial isolation? ____ miles <input type="checkbox"/> Don't know How long from release detection/confirmation to initial isolation? ____ mins <input type="checkbox"/> Don't know Approx. distance between valves closed for final isolation, if needed? ____ miles <input type="checkbox"/> Don't know How long from release detection/confirmation to final isolation? ____ mins <input type="checkbox"/> Don't know	Part C	Type of block valve used for isolation of immediate section: Upstream/Downstream Manual/ Automatic/Remote Control/ Check Valve Length of segment isolated ____ ft Distance between valves ____ ft	OPS: large spills from a pipeline PPTS: spills ≥ 50 barrels that involve a pipeline. OPS assumes any pipeline incident involves an isolation. OPS focus is equipment and distance; PPTS focus is time and distance
59.	Weld Failure	WL	Nature of failure (check one): <input type="checkbox"/> Pinhole leak or crack <input type="checkbox"/> Total separation of weldment <input type="checkbox"/> Partial separation of weldment Was this an acetylene weld? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			PPTS: large spills "involving a weld, including heat-affected zone" No OPS equiv.
60.	AST Release	TK	Description of failure (check one): Single Bottom System; Double Bottom System; Shell or Head; Overfill/overpressure (Operator error/ Equipment malfunction/ Other); Appurtenance (Roof drain failure/Other); Damage by Third Party/Operator/Natural Force; Other Was this a catastrophic failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			PPTS: Large spills from aboveground storage tanks OPS: No equiv.
61.	AST Testing	TK	Tank hydrotested/pressure tested upon construction or major repair? Bottom cathodically protected? internally			PPTS: Large spills from aboveground storage tanks OPS: No direct equiv., but

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			lined/coated? Year most recent API 653 internal tank inspectn. and shell thickness external tank inspectn. (or equiv)			pressure test question in section on material and weld failure, H5
62.	Type Third Party Damage	TP	Failure occurred due to (check one): <input type="checkbox"/> 3rd party excavation/constrn etc. at time <input type="checkbox"/> Prior 3rd party excvtn/constrn. <input type="checkbox"/> Other (vandalism, 3rd party vehicle contact with facility, other intentional/unintentional acts)	Part H3/H4	Excavation Damage <input type="checkbox"/> Operator [not Third Party] <input type="checkbox"/> Third Party Other Outside Force Damage <input type="checkbox"/> Rupture of Prev. Damaged Pipe + fire/expl, vehicle, vandalism	PPTS has three broad categories (Excavation at the time, Prior excavation, other). OPS has two broad categories (Excavation and Other), with Rupture of Prev. Dmgd Pipe a subcategory in Other.
63.	Third Party Excavation	TP	Damaging party or activity (check one): Pipeline operator; Underground facility operator (7 subclasses); Agriculture; Homeowner; Resid/comml dev; Road; Railroad; Waterway/reservoir; Offshore; Inland waterway; Other	Part H3	Excavator group: <input type="checkbox"/> General Public <input type="checkbox"/> Government <input type="checkbox"/> Excavator not Op./subcontractor Type: Road; Pipeline; Water; Electric; Sewer; Phone/Cable; Landowner; Farming; Railroad; Pipeline op/subcontractor; Nautical Ops; Other (specify)	PPTS: large spills due 3 rd party activity at time failure OPS: large spills due 3 rd party excavation Only OPS identifies broad excavator group: Gen'l Public/ Gov't / Excavator. Excavation types not identical, but will largely allow comparison.
64.	Depth of Cover	TP , TP	If on land, depth cover at damage site: _____ inches <input type="checkbox"/> Don't know	Part E	Depth of cover: _____ inches	PPTS: large spills due 3 rd party activity (Q for both concurrent and prior damage) OPS: all large spills
65.	Type of Excavation	TP	Did damage result from(check one): <input type="checkbox"/> Drilling, boring, augering <input type="checkbox"/> Blasting, tunnelling, mining <input type="checkbox"/> Trenching, grading, backfilling <input type="checkbox"/> Other	Part H3	Excavation was: <input type="checkbox"/> Open Trench <input type="checkbox"/> Sub-strata (boring, directional drilling, etc...)	PPTS: large spills due 3 rd party at time accident. OPS: large spills due 3 rd party excavation. PPTS 4 poss, OPS 2
66.	One-Call	TP	Was OneCall system utilized? <input type="checkbox"/> None Available <input type="checkbox"/> Yes <input type="checkbox"/> No Pipeline oper's response to One-Call notfcn. (check all that apply): Marked centerline; On-site during excvtn; Excv. line for 3rd party; Unaware excvtn. (Patrol frequency: Weekly/Bi-	Part H3	Excavation was ongoing (≥month) <input type="checkbox"/> Yes mm/dd/yyyy <input type="checkbox"/> No Prior notification of excavation? <input type="checkbox"/> Yes mm/dd/yyyy; <input type="checkbox"/> No Notification received from: <input type="checkbox"/> One Call System <input type="checkbox"/> Excavator <input type="checkbox"/> Contractor <input type="checkbox"/> Landowner	PPTS: large spills due 3 rd party at time accident. OPS: large spills due 3 rd party excavation. PPTS does not ask about duration of excavation; OPS allows for other than One Call notification; PPTS asks

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			weekly/Other) Pipeline ROW permanently marked and visible to 3rd party at site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Job-specific excvsn. plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		Was pipeline marked as result of location request for excavation? <input type="radio"/> No <input type="radio"/> Yes (Temporary (how?) Permanent; Accurate/Inaccurate; within required time)	additional detail about response to One-Call and about patrol frequency [if unaware excavation].
67.	Cause for 3 rd Party damage at time failure	TP	Apparent primary cause of damage (check one): <input type="checkbox"/> Failure of 3rd party to: Use One-Call; Wait; Respect pipeline directions/proc; Protect facilities <input type="checkbox"/> Failure of pipeline operator to respond/properly mark pipeline <input type="checkbox"/> Other			PPTS: large spills due 3 rd party at time accident. OPS: no equiv.
68.	Cause Prior 3rd Party Damage	TP	Poss cause damage (check one): <input type="checkbox"/> Onshore constrn/excvsn equip. <input type="checkbox"/> Offshore/inland waterway activity Approx. water depth: ___ft <input type="checkbox"/> Other <input type="checkbox"/> No clues to cause			PPTS: large spills due prior 3 rd party activity. OPS: no equiv.
69.	Evidence Of Prior Damage	TP	Evidence of damage (check one): Coating; Dent/buckle w/o metal loss; Gouge/metal loss; Other Posn damage on pipe (check one): Top (10-2 o'clock); Side (8-10 & 2-4 o'clock); Bottom (4-8 o'clock)			PPTS: large spills due prior 3 rd party activity. OPS: No direct equiv.
70.	Cause Other 3rd Party Damage	TP	Cause 3rd party damage (check one): Vandalism/theft/mischief; Sabotage; Vehicle (not driven by op employee); Other party; Fire Other	Part H4	<input type="checkbox"/> Fire/Explosion: <input type="radio"/> Man made <input type="radio"/> Natural <input type="checkbox"/> Vehicle unrelated to excavation damaging pipe <input type="checkbox"/> Rupture of Previously Damaged Pipe <input type="checkbox"/> Vandalism	PPTS: large non-work related 3 rd party spills OPS: Large spills (sub set of primary cause options) No direct OPS equiv. to PPTS Sabotage; Part H4 is the place to report Rupture of Prev. Dmgd Pipe as a cause in OPS; no add'l detail
71.	Corrosion Location	CR	Location of corrosion <input type="checkbox"/> External <input type="checkbox"/> Internal	Part H1	<input type="checkbox"/> External Corrosion <input type="checkbox"/> Internal Corrosion	PPTS: large non-AST spills due corrosion OPS: Large spills (sub set of primary cause options)

Comparison of PPTS and OPS Reporting Forms, June 2002

	Item Description	PPTS Part	PPTS Language	OPS Section	OPS Language	Comparison Notes
72.	Corrosion Near Prior Damage			Part H1	Pipe previously damaged in area of corrosion? <input type="radio"/> No <input type="radio"/> Yes If yes, time prior to accident: __years __months Unknown <input type="checkbox"/>	PPTS: No equiv. OPS: Large spills from pipeline due to corrosion
73.	External Corrosion	CR	Type of corrosion (check one): Galvanic; Microbiologically-induced; Atmospheric; Stress corrosion cracking; Stray current Selective seam; Other	Part H1	Cause of Corrosion Same as PPTS options + "Cathodic Protection Disrupted"	PPTS: large non-AST spills due external corrosion OPS: Large spills due any corrosion No "CP Disrupted" question in PPTS.
74.	Cathodic Protection	CR	Facility under cathodic protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Year CP installed: _____ Close Interval Survey performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Year of most recent CIS: _____	Part H1	Was corroded part of pipeline under cathodic protection prior to discovering accident? <input type="radio"/> No <input type="radio"/> Yes Year Protection Started yyyy	PPTS: large non-AST spills due external corrosion OPS: Large spills due any corrosion No CIS question in OPS
75.	Coating	CR	Facility externally coated/painted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Type (check one): Coal Tar; Tape; Extruded plastic; Fusion-bonded epoxy; Paint; Other; Unknown Was shielding/tenting/ disbanded coating a factor in this failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Was damaged coating a factor in this failure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Part H1	Pipe Coating <input type="radio"/> Bare <input type="radio"/> Coated	PPTS: large non-AST spills due external corrosion OPS: Large spills due any corrosion PPTS asks for much more detail on coatings, coating defect and coating failures
76.	Operating Temperature	CR	Was pipeline or equipment at site of failure operating > 100 degrees F? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			PPTS: large non-AST spills due external corrosion. OPS: no equiv.
77.	Visible Corrosion			Part H1	Visual Examination <input type="radio"/> Localized Pitting <input type="radio"/> General Corrosion <input type="radio"/> Other _____	PPTS: No equiv. OPS: Large spills from pipeline due to corrosion
78.	Road Crossing	CR	Did failure occur within or just outside of a road crossing casing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			PPTS: large non-AST spills due external corrosion. OPS: no equiv.

Comparison of PPTS and OPS Reporting Forms, June 2002

	Item Description	PPTS Part	PPTS Language	OPS Section	OPS Language	Comparison Notes
79.	Internal Corrosion Mitigation	CR	Were Internal corrosion mitigation systems/procedures used, e.g. inhibitors, dewatering pigs run <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If yes, continuous since: <u>yyyy</u>			PPTS: large non-AST spills due internal corrosion. OPS: no equiv.
80.	Type of Pipe Failure	PI		Part H5	<input type="checkbox"/> Body of Pipe: Dent; Gouge; Bend; Arc Burn; Other <input type="checkbox"/> Component: Valve; Fitting; Vessel; Extruded Outlet; Other <input type="checkbox"/> Joint: Gasket; O-Ring; Threads; Other	PPTS: No direct equiv.; but some detail asked in Part FA. PPTS asks about evidence of damage if accident due to Prior TP Damage OPS: Large spills due to material or weld failure (sub set of primary cause options)
81.	Type of Weld Failure	PI	Type of pipe (check one): Seamless; Flash welded; Spiral welded SAW; ERW; Butt-welded; Spiral welded ERW; Single SAW; Lap-welded; Plastic/non-metallic; DSAW; Continuous welded; Other; Unknown	Part H5	<input type="checkbox"/> Butt: Pipe; Fabrication; Other <input type="checkbox"/> Fillet: Branch; Hot Tap; Fitting; Repair Sleeve; Other <input type="checkbox"/> Pipe Seam: LF ERW; DSAW; Seamless; Flash Weld; HF ERW; SAW; Spiral; Other	PPTS: Pipe seam question in Part PI; No PPTS detail for "butt" or "fillet" categories. OPS: Large spills (sub set of primary cause options) Differences in seam choices.
82.	Cause of Pipe or Weld Failure	PW	Failure due to (check one): <input type="checkbox"/> Defective pipe body <input type="checkbox"/> Defective pipe seam <input type="checkbox"/> Defective girth weld <input type="checkbox"/> Defective fabn/repair weld <input type="checkbox"/> Orig constn/fabn damage/defect <input type="checkbox"/> Pipe transport damage <input type="checkbox"/> Prior third party damage <input type="checkbox"/> Other defective weld or material	Part H5	Type of failure/defect: <input type="radio"/> Construction: Poor Work; Procedure not followed; Poor Constn Procedure. <input type="radio"/> Material Was failure due to pipe damage during transport to constn/fabn site? <input type="radio"/> Yes <input type="radio"/> No	PPTS: large non-AST spills due pipe/weld failure OPS: Large spills with primary cause pipe/weld failure [Significant differences in structure of questions here]
83.	Other factors; Overpressurization	PW	What other factors do you suspect played a role in the incident? (check all that apply) <input type="checkbox"/> Fatigue crack growth; <input type="checkbox"/> Over-pressurization; <input type="checkbox"/> Ground settling/loss support; <input type="checkbox"/> Other factors; <input type="checkbox"/> None	Part C	Did an overpressurization occur relating to the accident? <input type="radio"/> Yes <input type="radio"/> No	PPTS: large spills caused by pipe material or weld failure. PPTS also asks about overpressurization for incidents due to Operator Error OPS: all large spills; no detail on fatigue crack growth, etc. [Differences again]

Comparison of PPTS and OPS Reporting Forms, June 2002

	Item Description	PPTS Part	PPTS Language	OPS Section	OPS Language	Comparison Notes
84.	Cause of Equipment Failure Equip. Failure (cont'd)	EQ	Failure due to (check one): <input type="checkbox"/> Malfunction control/relief equip <input type="checkbox"/> Stripped threads, defective/loose fitting/tubing, failed coupling <input type="checkbox"/> Seal/packing failure <input type="checkbox"/> Gasket/O-ring failure <input type="checkbox"/> Other equip/non-pipe failure	Part H6	<input type="checkbox"/> Malfunction Control/Relief Equip: Control valve; SCADA; Instrumentation; Communication; Block valve; Relief valve; Power failure; Other <input type="checkbox"/> Threads Stripped, Broken Pipe Coupling: Nipples; Valve Threads; Dresser Couplings; Other <input type="checkbox"/> Seal Failure: Gasket; O-Ring; Seal/Pump Packing; Other	PPTS: large non-AST spills caused by equipment failure OPS: Large spills with primary cause equip. failure OPS asks for sub-category detail PPTS defective/loose fitting/tubing has no specific OPS equiv
85.	Operator Error - Excavation	OP	Nature of failure (check one): <input type="checkbox"/> Excvn or damage to facility/pipeline by operator/subcontractor There are 5 others [see below]	Part H3	<input type="checkbox"/> Operator Excavation Damage (including their contractors/Not Third Party)	PPTS: large non-AST spills caused by Operator Error OPS: Large spills with primary cause Excavation Damage
86.	Operator Error - Other	OP	Nature of failure (check one): <input type="checkbox"/> Excvn or damage to facility/pipeline by operator/subcontractor <input type="checkbox"/> Valve left/placed in wrong posn. <input type="checkbox"/> Pipeline/equip overpressured <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Tank overfilled <input type="checkbox"/> Other human error	Part H7	<input type="checkbox"/> Incorrect Operation Type: <input type="radio"/> Inadequate Procedures <input type="radio"/> Inadequate Safety Practices <input type="radio"/> Failure to Follow Procedures <input type="radio"/> Other _____	PPTS: large non-AST spills caused by Operator Error OPS: Large spills with primary cause Incorrect Operation Differences in choices
87.	Direct Employee	OP	Was the individual involved: <input type="checkbox"/> Direct employee of operator <input type="checkbox"/> Contract employee engaged by the operator			PPTS: large non-AST spills caused by Operator Error OPS: no equiv.
88.	Drug Test			Part H7	Number of employees involved who failed a post-accident test: drugs: _____ alcohol: _____	PPTS: no equiv. OPS: Large spills caused by incorrect operation
89.	Natural Force Damage	NF	Which Natural Forces were involved in this failure (check all that apply): <input type="checkbox"/> Landslide or mudslide <input type="checkbox"/> Earthquake <input type="checkbox"/> Subsidence/other earth movement <input type="checkbox"/> Wind, hurricane, or tornado <input type="checkbox"/> Cold weather <input type="checkbox"/> Frostheave <input type="checkbox"/> Lightning <input type="checkbox"/> Heavy rains/floods incl. washout	Part H2	Natural Forces <input type="checkbox"/> Earth Movement: Earthquake; Subsidence; Landslide; Other ____ <input type="checkbox"/> Lightning <input type="checkbox"/> Heavy Rains/Floods: Wash-outs; Flotation; Mudslide; Scouring; Other; ____ <input type="checkbox"/> Temperature: Thermal stress; Frost heave; Frozen components; Other ____ <input type="checkbox"/> High Winds	PPTS: large non-AST spills caused by Natural Forces OPS: large spills with primary cause Natural Force Options are similar but not identical, e.g. PPTS combines landslide & mudslide; subsidence & other earth movement.

Comparison of PPTS and OPS Reporting Forms, June 2002

	Item Description	PPTS Part	PPTS Language	OPS Section	OPS Language	Comparison Notes
			<input type="checkbox"/> Riverbed or seabed scouring <input type="checkbox"/> Other			
90.	Other Causes	OT	Which of following best describes this failure cause (check one): <input type="checkbox"/> Unknown at this time <input type="checkbox"/> Could not be determined <input type="checkbox"/> Does not fit in any of the other classifications	Part H8	OTHER <input type="checkbox"/> Miscellaneous; <i>describe</i> ____ <input type="checkbox"/> Unknown ○ Investigation Complete ○ Still Under Investigation (<i>submit supplemental report when complete</i>)	PPTS: large non-AST spills caused by OPS: large spills with primary cause Other OPS provides indication of where revisions likely. Also allows for more detail on the unusual
91.	Feedback	Feedback	Allows user to suggest improvements to Record Release form			PPTS: continuously available as menu item OPS: no equiv
92.	Narrative			Part I	Narrative description of factors contributing to the event	PPTS: no equiv OPS: all large spills
<p>Notes: The term "larger spills" or "large spills" for both PPTS and OPS refers to those that must report detailed information on a "Long Form." For PPTS, these incidents involve a release of 5 barrels or more, or a death, an injury, a fire or an explosion. For OPS, these incidents include the same thresholds as PPTS, plus any spill to water. "AST": Aboveground Storage Tank; "Non-AST": any system part other than an Aboveground Storage Tank</p>						

PPTS Reporting Form

01/01/02 *New changes are shown in Bold, Italic, and Red*

RELEASE RECORD – HAZARDOUS LIQUID PIPELINE FACILITY

API-assigned User Name _____ [\(back\)](#)

PART DS. DESCRIPTION OF RELEASE

Date of release: __/__/__ [\(back\)](#)

Is pipeline or facility: interstate
 intrastate [\(back\)](#)

Is pipeline or facility: a gathering line (based on function, not Part 195 definition)
If so, is it regulated under Part 195 or its state equivalent
 unregulated under Part 195 [\(back\)](#)

Was or will a DOT 7000-1 report be submitted? Yes No Don't know [\(back\)](#)

Was or will a telephonic or written release report be made to any State agency?
 Yes No Don't know [\(back\)](#)

Was a telephonic report made to the National Response Center for this incident?
 Yes No Don't know [\(back\)](#)

Transported commodity released (check one):
 HVL's or other flammable or toxic fluid which is a gas at ambient conditions
 CO2, N2 or other non-flammable, non-toxic fluid which is a gas at ambient conditions
 Gasoline, diesel, fuel oil, or other petroleum product which is a liquid at ambient conditions
 Crude oil [\(back\)](#)

Did this release reach any "high consequence areas" (49 CFR Part 195.452)? [note: to be added in new PPTS system]
 Yes No Don't know

If yes, specify below the types of HCA's affected and whether they were identified or not identified in your Integrity Management Program as HCA's that the pipeline segment "could affect." If a particular type of HCA was not affected, leave blank.

Commercially navigable waterway identified not identified
High population area identified not identified
Other populated area identified not identified
Unusually Sensitive Area – Water identified not identified
Unusually Sensitive Area – Ecological identified not identified [\(back\)](#)

Approximate size range of release: <1 gal sheen on water —————> PART SM
 1 gal – 4.99 bbls —————> PART SM
 ≥5 bbls [\(back\)](#)

Estimated size of release: _____ bbls

Amount of commodity recovered: _____ bbls [\(back\)](#)

Is recovery of additional commodity anticipated? Yes No Don't know [\(back\)](#)

Did release occur: Onshore Offshore [\(back\)](#)

PPTS Reporting Form

<p>State _____ (back)</p> <p>Did release occur in "non-rural" area (Part 195 definition)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know (back)</p>	<p><input type="checkbox"/> Federal OCS waters <input type="checkbox"/> State waters</p> <p>Offshore area (without block number e.g. Ship Shoal) _____</p> <p>Approximate water depth: _____ feet (back)</p>
---	--

PPTS Reporting Form

PART CQ. CONSEQUENCE OF RELEASE

Was there a fire? No Yes ([back](#))

Was there an explosion? No Yes ([back](#))

Any deaths or injuries? No Yes *If Yes* \longrightarrow Complete also PART PB ([back](#))

Public evacuation necessary? No Yes *If Yes* \longrightarrow Complete also PART PB ([back](#))

Was the area affected by the release contained on the company-controlled facility (excluding right-of-way)?

Yes No Don't know ([back](#))

Type of water impacted (check all that apply): ([back](#))

- None
- Surface water *If checked, Was an intake shutdown?* Yes No Don't know
- Groundwater *If checked, Was a well shutdown?* Yes No Don't know
- Drinking water for human consumption

A drinking water source identified as an area unusually sensitive to environmental damage (USA)

Type of ecology impacted (check all that apply):

- None
- Vegetation/plant life
- Fish/aquatic life (excluding livestock)
- Birds (excluding livestock)
- Other wildlife (excluding livestock)
- Livestock such as commercially raised fish, animals, birds and other livestock ([back](#))

Remediation activities undertaken related to the following (check all that apply):

- None needed
- Vegetation/plant life
- Soil
- Surface water
- Groundwater
- Drinking water for human consumption
- Fish/aquatic life
- Birds
- Other wildlife (excluding livestock)
- Livestock such as commercially raised fish, animals, birds and other livestock ([back](#))

Were other environmental projects performed which are not listed above?

No Yes Unknown at this time
If Yes \longrightarrow Is it: Underway Anticipated Planned ([back](#))

Were threatened or endangered species or plants injured (animal, plant, fish, or bird)?

No Yes Don't know ([back](#))

PPTS Reporting Form

Has a Natural Resources Damage Assessment been performed? No Yes Don't know
If Yes → Corrective action performed or planned? No Yes ([back](#))

Public or commercial property disrupted or damaged? No Yes Don't know
If Yes, check all that apply:
 Homes and/or personal property Recreational resources
 Businesses/commercial Commercial navigation
 Farming/agricultural business ([back](#))

PART FA. FACILITY INVOLVED

Part of system involved (check one main category and one subcategory):

- Aboveground storage tank
 - Atmospheric or Low Pressure
 - Pressurized→ Go to PART TK, for Cause of Release
- Cavern or other belowground storage facility
 - Sub-surface facility
 - Wellhead equipment
- Pump/meter station; terminal/tank farm piping & equipment, including sumps
 - Does facility operate above 20% SMYS? Yes No ([SMYS back only](#))
 - Aboveground equipment or pipe
 - Belowground equipment or pipe
 - At aboveground/belowground transition
- Onshore pipeline, including valve sites
 - Does facility operate above 20% SMYS? Yes No ([SMYS back only](#))
 - Belowground equipment or pipe
 - At unintentional exposure of buried pipe
 - At designed aboveground/belowground transition
 - Aboveground equipment or pipe
- Offshore pipeline, including platforms
 - Does facility operate above 20% SMYS? Yes No ([SMYS back only](#))
 - Shoreline crossing or shore approach
 - Below water
 - Splash zone
 - Above water ([back](#))

PPTS Reporting Form

If Station/Terminal/Tank Farm, Onshore Pipeline, or Offshore Pipeline, complete "Item involved".

Item involved (check one):
 Pipe or Pipe Seam → Also complete PART PI
 Weld, including heat-affected zone → Also complete PART WL
 Valve Pump Meter/Prover Scraper Trap Sump/Separator
 Weld Fitting Repair Fitting Threaded or Other Fitting Other [\(back\)](#)

Year item was installed (actual or estimated if necessary) _____ [\(back\)](#)

PART CA. CAUSE OF RELEASE

Primary cause of release (check one):

- Third party damage (current or past)
- Corrosion
- Pipe material, pipe seam, pipe weld or repair weld failure
- Equipment malfunction or failure of non-pipe component
- Operator error or other incorrect operation
- Natural forces
- Other



PART TP
PART CR
PART PW
PART EQ
PART OP
PART NF
PART OT [\(back\)](#)

Part CD NOT to be completed when the facility involved is an Aboveground Storage Tank, a Cavern or Other Belowground Storage Facility, or Sumps/Separators.

PART CD. CONDITIONS RELATED TO RELEASE

Maximum operating pressure of failed component (psig): _____ Don't know
Estimated pressure at time and location of failure (psig): _____ Don't know [\(back\)](#)

System Tests and Inspections

Had there been a pressure test on the system? Yes No Don't know
If Yes → Duration of most recent test (hrs.) _____ Don't know
Maximum pressure of most recent test (psig) _____ Don't know
Year of most recent test _____ Don't know [\(back\)](#)

Had there been an in-line internal inspection device run at the point of failure?

Yes No
If Yes → Type of device run (check all that apply including combination tools):
 High resolution magnetic flux tool Year of latest in-line inspection: _____
 Low resolution magnetic flux tool Year of latest in-line inspection: _____
 UT tool Year of latest in-line inspection: _____
 Geometry tool Year of latest in-line inspection: _____
 Caliper tool Year of latest in-line inspection: _____
 Crack tool Year of latest in-line inspection: _____
 Hard spot tool Year of latest in-line inspection: _____
 Other Year of latest in-line inspection: _____ [\(back\)](#)

Leak Detection

Was the release initially detected by? (check one):

- CPM/SCADA-based system with automated leak detection (alert/alarm)
- Remote operating personnel, including controllers
- Static shut-in test or other pressure or leak test
- Local operating personnel, procedures, or equipment
- Air patrol or ground surveillance
- A third party
- Other [\(back\)](#)

Was the presence of the release confirmed by? (check one):

- CPM/SCADA-based system with automated leak detection (alert/alarm)

PPTS Reporting Form

- Remote operating personnel, including controllers
- Static shut-in test or other pressure or leak test
- Local operating personnel, procedures, or equipment
- Air patrol or ground surveillance
- A third party
- Other ([back](#))

Did the applied leak detection tools perform as expected? Yes No Don't know

If No \longrightarrow Reason for non-performance (check one):

- Field instrumentation failure
- Communications failure
- Software failure
- Human error
- Other ([back](#))

Emergency Response

Did the Federal Government take control of the response? Yes No Don't know ([back](#))

If: 1) the volume released is greater than or equal to 50 bbls; and 2) the release involved an Onshore or Offshore Pipeline, complete "Isolation Response" section below:

Isolation Response

Was there an isolation? Yes No (*if No, skip remainder of section*)

What is the approximate distance between valves which were closed for the initial isolation?

_____ miles Don't know

How long did it take from release detection/confirmation to perform this initial isolation?

_____ minutes Don't know

What is the approximate distance between valves which were closed for the final isolation, if needed?

Don't know

_____ miles

How long did it take from release detection/confirmation to perform this final isolation, if needed?

_____ minutes Don't know ([back](#))

PPTS Reporting Form

These instructions should appear as one of the first screens the User sees upon entering the Release Record program

Feedback or Suggested Improvements

This section describes a feature which is built into the database program which allows you to provide valuable feedback and suggested improvements to this Release Record Form "online". As you enter the data, a "Feedback" menu item is continuously available to you. This menu item can be activated while you are entering data for any data field. It will then allow you to make either: 1) a comment relating to that particular data field; or, 2) a more general comment relating to the overall database program. Selecting the "Feedback" menu item will activate the following pop-up screen where you will be able to register your feedback or suggested improvements:

- General comment on overall database program
- A definition is needed for this term
- The definition which exists is not clear enough
- This data element or question is not appropriate
- This data element or question needs to be stated more clearly
- A new data element or question needs to be added
- Other feedback or suggested improvement

Explain your selection above:

Definitions – Terms contained in the Release Record program should be bolded to indicate that a definition and/or explanation is available via a pop-up screen. ([back](#))

PPTS Reporting Form

POP-UP SCREEN FOR SMALL RELEASES

PART SM. SHORT FORM FOR SMALL RELEASES

- Any deaths or injuries? No Yes *If Yes* ~~return to~~ Long Form [\(back\)](#)
- Fire or explosion? No Yes *If Yes* ~~return to~~ Long Form [\(back\)](#)
- Did release occur: Onshore Offshore [\(back\)](#)

If onshore:

Was the area affected by the release contained on the company-controlled facility (excluding right-of-way)?
 Yes No Don't know [\(back\)](#)

Did release occur in "non-rural" area (Part 195 definition)? Yes No Don't know [\(back\)](#)

Type of water impacted (check all that apply):

- None
- Surface water *If checked, Was an intake shutdown?* Yes No Don't know
- Groundwater *If checked, Was a well shutdown?* Yes No Don't know
- Drinking water for human consumption
- A drinking water source identified as an area unusually sensitive to environmental damage (USA)** [\(back\)](#)

Part of system involved (check one):

- Aboveground storage tank
- Cavern or other belowground storage facility
- Pump/meter station; terminal/tank farm piping & equipment, including sumps
- Onshore pipeline, including valve sites
- Offshore pipeline, including platforms [\(back\)](#)

Cause of release (check one):

- Third party damage (current or past)
- Corrosion
- Pipe material, pipe seam, pipe weld or repair weld failure
- Equipment malfunction or failure of non-pipe component
- Operator error or other incorrect operation
- Natural forces
- Other [\(back\)](#)

PPTS Reporting Form

POP-UP SCREEN FOR DETAILS OF PUBLIC SAFETY CONSEQUENCES

PART PB. DETAILS OF PUBLIC SAFETY CONSEQUENCES

Fatalities and/or injuries:

Number of operator employees	_____ killed	_____ injured
Number of contractor employees working for the operator	_____ killed	_____ injured
Number of others	_____ killed	_____ injured
Total	_____ killed	_____ injured (back)

Public evacuation undertaken (check all that apply):

- Precautionary evacuation undertaken by company
- Evacuation required by or initiated by a public official ([back](#))

PPTS Reporting Form

POP-UP SCREENS WHEN PIPE OR WELDS ARE INVOLVED

PART PI. DETAILS WHEN PIPE IS INVOLVED [\(back\)](#)

- Nominal pipe size _____ inches Don't know
- Wall thickness _____ inches Don't know
- SMYS (psi) _____ Don't know [\(SMYS back only\)](#)
- Type of pipe (check one):
- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Seamless | <input type="checkbox"/> Flash welded | <input type="checkbox"/> Spiral welded SAW |
| <input type="checkbox"/> ERW | <input type="checkbox"/> Butt-welded | <input type="checkbox"/> Spiral welded ERW |
| <input type="checkbox"/> Single SAW | <input type="checkbox"/> Lap-welded | <input type="checkbox"/> Plastic/non-metallic |
| <input type="checkbox"/> DSAW | <input type="checkbox"/> Continuous welded | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Unknown |

- Manufacturer (if known) _____ Don't know
- Year of manufacture (if known) _____ Don't know [\(back\)](#)
- Was this a seam-related failure? Yes No Don't know [\(back\)](#)
- Nature of failure (check one):
- Pinhole leak or crack
 - Rupture
 - Puncture
 - Other [\(back\)](#)

PART WL. DETAILS WHEN A GIRTH WELD OR FABRICATION OR REPAIR WELD IS INVOLVED

- Nature of failure (check one): [\(back\)](#)
- Pinhole leak or crack
 - Total separation of weldment
 - Partial separation of weldment
- Was this an acetylene weld? Yes No Don't know [\(back\)](#)

PPTS Reporting Form

POP-UP SCREENS FOR ABOVEGROUND STORAGE TANKS

PART TK. CAUSE OF RELEASE – ABOVEGROUND STORAGE TANKS [\(back\)](#)

Description of failure (check one):

- Single Bottom System failure
- Double Bottom System failure
- Shell or Head failure
- Overfill/overpressure (check one)
 - Operator error
 - Equipment malfunction
 - Other
- Appurtenance failure (check one)
 - Roof drain failure
 - Other
- Damage by Third Party _____ → *Go to PART TP*
- Damage by Operator _____ → *Go to PART OP*
- Damage by Natural Force _____ → *Go to PART NF*
- Other failure

Was this a catastrophic failure? Yes No Don't know [\(back\)](#)

Was the tank hydrotested or otherwise pressure tested upon construction or major repair?
 Yes No Don't know

Is the tank bottom cathodically protected? Yes No Don't know

Is the tank bottom internally lined or coated? Yes No Don't know

Year of most recent API 653 internal tank inspection or equivalent _____ Don't know

Year of most recent API 653 shell thickness external tank inspection or equivalent
_____ Don't know [\(back\)](#)

PPTS Reporting Form

POP-UP SCREENS FOR THIRD PARTY DAMAGE

PART TP. THIRD PARTY DAMAGE

Failure occurred due to (check one):

- Third party excavation, construction, or other work activity occurring at the time of the failure ————→ #1 Pop-up screen below
- Third party excavation, construction, or other work activity occurring at some time prior to the failure ————→ #2 Pop-up screen below
- Other, including vandalism, third party vehicle contact with facility, and other intentional or unintentional acts. ————→ #3 Pop-up screen below [\(back\)](#)

#1 POP-UP SCREEN – OCCURRING AT TIME OF FAILURE

Damaging party or activity (check one):

- Pipeline operator or their contractor ————→ *Will be recorded as "Operator Error", and NOT "Third Party Damage"*
- Other liquid or gas transmission pipeline operator or their contractor
- Other underground facility operator or their contractor (check one):
 - Power or electric company
 - Cable television
 - Water utility
 - Other industry or party
 - Gas distribution
 - Telecommunications
 - Sewer utility
- Farming or agricultural business
- Homeowner or other activity related to homeowner's residence
- Residential or commercial development
- Road construction or maintenance, including ditch grading, traffic light construction, etc.
- Railroad construction, maintenance, or repair
- Waterway or reservoir construction or maintenance, including dredging
- Some type of offshore oil production, maritime, shipping, or fishing activity or equipment
- Some type of inland waterway oil production, maritime, shipping, or fishing activity or equipment
- Other damaging party or activity [\(back\)](#)

If on land, depth of cover at site of damage: _____ inches Don't know [\(back\)](#)

Did damage result from (check one):

- Drilling, boring, augering
- Blasting, tunnelling, mining
- Trenching, grading, backfilling
- Other [\(back\)](#)

Was OneCall system utilized? None Available Yes No

Pipeline operator's response to One-Call notification (check all that apply):

- Marked or staked centerline of pipe
- Provided on-site representation during excavation

PPTS Reporting Form

- Excavated own line for the third party
- Pipeline operator was unaware of excavation activity
Patrol frequency: Weekly Bi-weekly Other

Was pipeline right-of-way permanently marked and visible to third party at the site?
 Yes No Don't know

Was there a job-specific excavation plan in effect? Yes No Don't know ([back](#))

Apparent primary cause of damage (check one):

- Failure of third party to utilize One-Call System
- Failure of third party to wait the proper time
- Failure of third party to respect pipeline company directions or procedures
- Failure of third party to take reasonable care to protect facilities
- Failure of pipeline operator to respond or to properly mark the pipeline
- Other ([back](#))

#2 POP-UP SCREEN – PRIOR DAMAGE

Possible or probable cause of damage (check one):

- Some type of onshore construction, boring, or excavation equipment
- Some type of offshore or inland waterway oil production, maritime, shipping, or fishing activity or equipment
Approx. water depth: _____ feet Don't know
- Other source
- There are no clues as to the possible cause ([back](#))

Evidence of damage (check one):

- Coating damage only
- Dent or buckle without metal loss
- Gouge or other metal loss (with or without dent or buckle)
- Other ([back](#))

Position of damage on pipe (check one):

- Top (10-2 o'clock position)
- Side (8-10 & 2-4 o'clock position)
- Bottom (4-8 o'clock position)

If onshore, depth of cover at site of damage: _____ inches Don't know ([back](#))

#3 POP-UP SCREEN – OTHER

Cause of third party damage (check one):

- Vandalism/theft/mischief
- Sabotage
- Vehicle impact
If checked, Was vehicle driven by:
 - A direct employee of the operator or a contract employee engaged by the operator
If checked → retrace your steps, this is an operator error, not a third party damage
 - Other party
- Fire ([back](#))
- Other ([back](#))

PPTS Reporting Form

POP-UP SCREENS FOR CORROSION

PART CR. CORROSION

Location of corrosion: External Internal ([back](#))

If External Corrosion, complete the following:

Type of corrosion (check one):

- | | |
|---|--|
| <input type="checkbox"/> Galvanic | <input type="checkbox"/> Microbiologically-induced corrosion |
| <input type="checkbox"/> Atmospheric | <input type="checkbox"/> Stress corrosion cracking |
| <input type="checkbox"/> Stray current corrosion | <input type="checkbox"/> Selective seam corrosion |
| <input type="checkbox"/> Other (back) | |

Facility externally coated or painted?

If Yes _____ → Type of coating (check one):

- | | | |
|--|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Coal Tar | | |
| <input type="checkbox"/> Tape | | |
| <input type="checkbox"/> Extruded plastic | | |
| <input type="checkbox"/> Fusion-bonded epoxy | | |
| <input type="checkbox"/> Paint | | |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Unknown | | |

Was shielding, tenting, or disbanded coating a factor in this failure? Yes No Don't know

Was damaged coating a factor in this failure? Yes No Don't know ([back](#))

Was the pipeline or equipment at the site of the failure operating above 100 degrees F?

Yes No Don't know ([back](#))

Facility under cathodic protection?

Yes No Don't know

Year that CP was installed: _____

Has a Close Interval CP Survey been performed?

Yes No Don't know

Year of most recent CIS: _____ ([back](#))

Did failure occur within or just outside of a road crossing casing?

Yes No Don't know ([back](#))

If Internal Corrosion, complete the following:

Were inhibitors being injected, dewatering pigs run, or other internal corrosion mitigation systems or procedures employed?

Yes No Don't know

Year since mitigation system or procedures have been continuously employed:

_____ Don't know ([back](#))

PPTS Reporting Form

POP-UP SCREENS FOR PIPE & MATERIAL FAILURES AND EQUIPMENT & OPERATIONS FAILURES

PART PW. DETAILS OF PIPE, PIPE MATERIAL, & WELD FAILURE

Failure occurred due to (check one):

- Defective pipe body
- Defective pipe seam
- Defective girth weld
- Defective fabrication weld or repair weld
- Original construction or fabrication damage or defect
- Pipe transport damage
- Prior third party damage _____ ~~Go to PART TP~~
- Other defective weld or material ([back](#))

What other factors do you suspect played a role in the incident? (check all that apply)

- Fatigue crack growth
- Overpressurization
- Ground settling or other loss of support
- Other factors
- None ([back](#))

PART EQ. DETAILS OF EQUIPMENT & NON-PIPE COMPONENT FAILURE

Failure occurred due to (check one):

- Malfunction of control or relief equipment
- Stripped threads, defective or loose fitting or tubing, failed coupling
- Seal or packing failure
- Gasket or O-ring failure
- Other equipment or non-pipe component failure ([back](#))

PPTS Reporting Form

POP-UP SCREENS FOR NATURAL FORCE DAMAGE AND OTHER CAUSES

PART OP. OPERATOR ERROR OR INCORRECT OPERATION

Nature of the failure (check one):

- Excavation or physical damage to facility or pipeline by operator or operator's contractor ([back](#))
- Valve left or placed in wrong position
- Pipeline or equipment overpressured
- Motor Vehicle
- Tank overfilled
- Other human error ([back](#))

Was the individual involved:

- A direct employee of the operator
- A contract employee engaged by the operator ([back](#))

PART NF. NATURAL FORCE DAMAGE

Which of the following Natural Forces were involved in this failure (check all that apply):

- Landslide or mudslide
- Earthquake
- Subsidence or other earth movement
- Wind, hurricane, or tornado
- Cold weather
- Frostheave
- Lightning
- Heavy rains or floods including washout
- Riverbed or seabed scouring
- Other ([back](#))

PART OT. OTHER CAUSE

Which of the following best describes this failure cause (check one):

- The cause of failure is unknown at this time
- The cause of failure could not be determined
- The cause of failure does not fit in any of the other classifications ([back](#))

OPS Reporting Form (RSPA 7000-1)

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$25,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$500,000 as provided in 49 USC 60122 Form Approved OMB No. 2137-0047



U.S. Department of Transportation
Research and Special Programs
Administration

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date _____
No. _____
(DOT Use Only)

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 Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A – GENERAL REPORT INFORMATION

Check: Original Report Supplemental Report Final Report [\(back\)](#)

1. a. Operator's OPS 5-digit Identification Number (if known) / / / / / /
2. b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known) / / / / / /
- c. Name of Operator _____
- d. Operator street address _____
- e. Operator address _____ [\(back\)](#)
City, County, State and Zip Code

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident [\(back\)](#)

/ /	/ /	/ /	/ /
hr.	month	day	year
3. Location of accident
(If offshore, do not complete a through d. See Part C.1)
 - a. Latitude: _____ Longitude: _____
(if not available, see instructions for how to provide specific location)
 - b. _____
City, and County or Parish
 - c. _____
State and Zip Code
 - d. Mile post/valve station or survey station no.
(whichever gives more accurate location)
_____ [\(back\)](#)
4. Telephone report [\(back\)](#)

/ / / / / /	/ / /	/ / /	/ / /
NRC Report Number	month	day	year

5. Losses (Estimated)

Public/Community Losses reimbursed by operator:	
Public/private property damage	\$ _____
Cost of emergency response phase	\$ _____
Cost of environmental remediation	\$ _____
Other Costs	\$ _____
(describe) _____	
Operator Losses:	
Value of product lost	\$ _____
Value of operator property damage	\$ _____
Other Costs	\$ _____
(describe) _____	
Total Costs	\$ _____

[\(back\)](#)

6. Commodity Spilled Yes No [\(back\)](#)
(If Yes, complete Parts a through c where applicable)
 - a. Name of commodity spilled [\(back\)](#) _____
 - b. Classification of commodity spilled: [\(back\)](#)
 - HVLs /other flammable or toxic fluid which is a gas at ambient conditions
 - CO₂ or other non-flammable, non-toxic fluid which is a gas at ambient conditions
 - Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
 - Crude oil

- c. Estimated amount of commodity involved :
 - Barrels
 - Gallons (check only if spill is less than one barrel)

Amounts:
Spilled : _____
Recovered: _____ [\(back\)](#)

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :

- (For large spills [5 barrels or greater] see Part H)
- Corrosion Natural Forces Excavation Damage Other Outside Force Damage
- Material and/or Weld Failures Equipment Incorrect Operation Other [\(back\)](#)

PART B – PREPARER AND AUTHORIZED SIGNATURE


_____ (type or print) Preparer's Name and Title	_____ Area Code and Telephone Number
_____ Preparer's E-mail Address	_____ Area Code and Facsimile Number
_____ Authorized Signature	_____ Area Code and Telephone Number

OPS Reporting Form (RSPA 7000-1)

PART C – ORIGIN OF THE ACCIDENT (Check all that apply)

1. Additional location information
 a. Line segment name or ID _____ (back)
 b. Accident on Federal land other than Outer Continental Shelf Yes No (back)
 c. Is pipeline interstate? Yes No (back)

2. Location of system involved (check all that apply)
 Operator's Property
 Pipeline Right of Way
 High Consequence Area (HCA)? Describe HCA _____ (back)

3. Part of system involved in accident
 Above Ground Storage Tank
 Cavern or other below ground storage facility
 Pump/meter station; terminal/tank farm piping and equipment, including sumps
 Other Specify: _____
 Onshore **pipeline**, including valve sites
 Offshore **pipeline**, including platforms (back) 

If failure occurred on **Pipeline**, complete items a - g:

4. Failure occurred on
 Body of Pipe Pipe Seam Scraper Trap
 Pump Sump Joint
 Component Valve Metering Facility
 Repair Sleeve Welded Fitting Bolted Fitting
 Girth Weld
 Other (specify) _____ (back)

Year the component that failed was installed: / / / / / / (back)

5. Maximum operating pressure (MOP)
 a. Estimated pressure at point and time of accident: _____ PSIG
 b. MOP at time of accident: _____ PSIG (back)
 c. Did an overpressurization occur relating to the accident? Yes No (back)

Offshore: Yes No (back) (complete if offshore)
 d. Area _____ Block # _____
 State / / / or Outer Continental Shelf (back)

a. Type of leak or rupture
 Leak: Pinhole Connection Failure (complete sec. H5)
 Puncture, diameter (inches) _____
 Rupture: Circumferential – Separation
 Longitudinal – Tear/Crack, length (inches) _____
 Propagation Length, total, both sides (feet) _____
 ON/A
 Other _____ (back)

b. Type of block valve used for isolation of immediate section:
 Upstream: Manual Automatic Remote Control
 Check Valve
 Downstream: Manual Automatic Remote Control
 Check Valve

c. Length of segment isolated _____ ft
 d. Distance between valves _____ ft (back)
 e. Is segment configured for internal inspection tools? Yes No
 f. Had there been an in-line inspection device run at the point of failure? Yes No Don't Know
 Not Possible due to physical constraints in the system
 g. If Yes, type of device run (check all that apply)
 High Resolution Magnetic Flux tool Year run: _____
 Low Resolution Magnetic Flux tool Year run: _____
 UT tool Year run: _____
 Geometry tool Year run: _____
 Caliper tool Year run: _____
 Crack tool Year run: _____
 Hard Spot tool Year run: _____
 Other tool Year run: _____ (back)

PART D – MATERIAL SPECIFICATION

1. Nominal pipe size (NPS) / / / / / in.
 2. Wall thickness / / / / / in.
 3. Specification _____ SMYS / / / / / / (back)
 4. Seam type _____
 5. Valve type _____
 6. Manufactured by _____ in year / / / / / (back)

PART E – ENVIRONMENT

1. Area of accident In open ditch
 Under pavement Above ground
 Underground Under water
 Inside/under building Other _____ (back)

2. Depth of cover: _____ inches (back)

PART F – CONSEQUENCES

[continuation of Page 2 of 4]

1. Consequences (check and complete all that apply)
 a. Fatalities Injuries
 Number of operator employees: _____
 Contractor employees working for operator: _____
 General public: _____
Totals: (back) _____
 b. Was pipeline/segment shutdown due to leak? Yes No
 If Yes, how long? _____ days _____ hours _____ minutes

2. Environmental Impact
 a. Wildlife Impact: Fish/aquatic Yes No
 Birds Yes No
 Terrestrial Yes No (back)
 b. Soil Contamination Yes No
 If Yes, estimated number of cubic yards: _____ (back)
 c. Long term impact assessment performed: Yes No (back)
 d. Anticipated remediation Yes No
 If Yes, check all that apply: Surface water Groundwater Soil Vegetation Wildlife (back)

c. Product ignited Yes No (back)
 d. Explosion Yes No (back)
 e. Evacuation (general public only) / / / / / people (back)
 Reason for Evacuation:
 Precautionary by company
 Evacuation required or initiated by public official (back)
 f. Elapsed time until area was made safe:
 / / / hr. / / / min.

e. Water Contamination: Yes No (If Yes, provide the following)
 Amount in water _____ barrels
 Ocean/Seawater No Yes
 Surface No Yes
 Groundwater No Yes
 Drinking water No Yes (If Yes, check below.) (back)
 Private well Public water intake

OPS Reporting Form (RSPA 7000-1)

PART G – LEAK DETECTION INFORMATION

- 1. Computer based leak detection capability in place?
2. Was the release initially detected by? (check one):
3. Estimated leak duration days hours

PART H – APPARENT CAUSE

Important: There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident.

H1 – CORROSION

- 1. External Corrosion
2. Internal Corrosion
a. Pipe Coating
b. Visual Examination
c. Cause of Corrosion
d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?
e. Was pipe previously damaged in the area of corrosion?

H2 – NATURAL FORCES

- 3. Earth Movement
4. Lightning
5. Heavy Rains/Floods
6. Temperature
7. High Winds

H3 – EXCAVATION DAMAGE

- 8. Operator Excavation Damage
9. Third Party
a. Excavator group
b. Type
c. Excavation was
d. Excavation was an ongoing activity
e. Did operator get prior notification of excavation activity?
f. Was pipeline marked as result of location request for excavation?

H4 – OTHER OUTSIDE FORCE DAMAGE

- 10. Fire/Explosion as primary cause of failure
11. Car, truck or other vehicle not relating to excavation activity damaging pipe
12. Rupture of Previously Damaged Pipe
13. Vandalism

OPS Reporting Form (RSPA 7000-1)

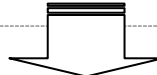
H5 – MATERIAL AND/OR WELD FAILURES

Material

- | | | | | | | |
|---|---|---------------------------------|----------------------------------|----------------------------------|--|--------------------------------------|
| 14. <input type="checkbox"/> Body of Pipe | ⇒ | <input type="checkbox"/> Dent | <input type="checkbox"/> Gouge | <input type="checkbox"/> Bend | <input type="checkbox"/> Arc Burn | <input type="checkbox"/> Other _____ |
| 15. <input type="checkbox"/> Component | ⇒ | <input type="checkbox"/> Valve | <input type="checkbox"/> Fitting | <input type="checkbox"/> Vessel | <input type="checkbox"/> Extruded Outlet | <input type="checkbox"/> Other _____ |
| 16. <input type="checkbox"/> Joint | ⇒ | <input type="checkbox"/> Gasket | <input type="checkbox"/> O-Ring | <input type="checkbox"/> Threads | <input type="checkbox"/> Other _____ | (back) |

Weld

- | | | | | | | |
|--|---|---------------------------------|--------------------------------------|-----------------------------------|--|--------------------------------------|
| 17. <input type="checkbox"/> Butt | ⇒ | <input type="checkbox"/> Pipe | <input type="checkbox"/> Fabrication | | | <input type="checkbox"/> Other _____ |
| 18. <input type="checkbox"/> Fillet | ⇒ | <input type="checkbox"/> Branch | <input type="checkbox"/> Hot Tap | <input type="checkbox"/> Fitting | <input type="checkbox"/> Repair Sleeve | <input type="checkbox"/> Other _____ |
| 19. <input type="checkbox"/> Pipe Seam | ⇒ | <input type="checkbox"/> LF ERW | <input type="checkbox"/> DSAW | <input type="checkbox"/> Seamless | <input type="checkbox"/> Flash Weld | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> HF ERW | <input type="checkbox"/> SAW | <input type="checkbox"/> Spiral | <input type="checkbox"/> Other _____ | (back) |



Complete a-g if you indicate **any** cause in part H5.

a. Type of failure:

- Construction Defect ⇒ Poor Workmanship Procedure not followed Poor Construction Procedures
 Material Defect

b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? Yes No [\(back\)](#)

c. Was part which leaked pressure tested before accident occurred? Yes, complete d-g No

d. Date of test: / / / / yr. / / / mo. / / / day

e. Test medium: Water Inert Gas Other _____

f. Time held at test pressure: / / / hr.

g. Estimated test pressure at point of accident: _____ PSIG [\(back\)](#)

H6 – EQUIPMENT

- | | | | | | |
|--|---|--|--|--|---|
| 20. <input type="checkbox"/> Malfunction of Control/Relief Equipment | ⇒ | <input type="checkbox"/> Control valve | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> SCADA | <input type="checkbox"/> Communications |
| | | <input type="checkbox"/> Block valve | <input type="checkbox"/> Relief valve | <input type="checkbox"/> Power failure | <input type="checkbox"/> Other _____ |
| 21. <input type="checkbox"/> Threads Stripped, Broken Pipe Coupling | ⇒ | <input type="checkbox"/> Nipples | <input type="checkbox"/> Valve Threads | <input type="checkbox"/> Dresser Couplings | <input type="checkbox"/> Other _____ |
| 22. <input type="checkbox"/> Seal Failure | ⇒ | <input type="checkbox"/> Gasket | <input type="checkbox"/> O-Ring | <input type="checkbox"/> Seal/Pump Packing | <input type="checkbox"/> Other _____ |

H7 – INCORRECT OPERATION

23. Incorrect Operation

- a. Type: Inadequate Procedures Inadequate Safety Practices Failure to Follow Procedures
 Other _____ [\(back\)](#)

b. Number of employees involved who failed a post-accident test: drug test: / / / / alcohol test / / / / [\(back\)](#)

H8 – OTHER

24. Miscellaneous, describe: _____
25. Unknown
 Investigation Complete Still Under Investigation (submit a supplemental report when investigation is complete) [\(back\)](#)

PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT [\(back\)](#)