NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0047 EXPIRATION DATE: 01/31/2014

U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Original Report Date:**	06/21/2010
	No.	20100119 - 17791 --- (DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

INSTRUCTIONS

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

PART A - KEY REPORT INFORMATION

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

Last Revision Date:	04/03/2013
1. Operator's OPS-issued Operator Identification Number (OPID):	32334
2. Name of Operator	TC OIL PIPELINE OPERATIONS INC
3. Address of Operator:	
3a. Street Address	717 TEXAS AVE
3b. City	HOUSTON
3c. State	Texas
3d. Zip Code	77002
4. Local time *(24-hr clock)* and date of the Accident:	05/21/2010 13:45
5. Location of Accident:	
Latitude:	44.62351
Longitude:	-97.92161
6. National Response Center Report Number (if applicable):	941193
7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if applicable):	05/21/2010 18:41
8. Commodity released: *(select only one, based on predominant volume released)*	Crude Oil
- Specify Commodity Subtype:	
- If "Other" Subtype, Describe:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: %:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): B	
9. Estimated volume of commodity released unintentionally (Barrels):	.11
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):	
11. Estimated volume of commodity recovered (Barrels):	
12. Were there fatalities?	No
- If Yes, specify the number in each category:	
12a. Operator employees	
12b. Contractor employees working for the Operator	
12c. Non-Operator emergency responders	
12d. Workers working on the right-of-way, but NOT associated with this Operator	
12e. General public	
12f. Total fatalities (sum of above)	
13. Were there injuries requiring inpatient hospitalization?	No
- If Yes, specify the number in each category:	
13a. Operator employees	
13b. Contractor employees working for the Operator	
13c. Non-Operator emergency responders	

13d. Workers working on the right-of-way, but NOT associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No, Explain:	
- If Yes, complete Questions 14a and 14b: *(use local time, 24-hr clock)*	
14a. Local time and date of shutdown:	05/21/2010 14:00
14b. Local time pipeline/facility restarted:	05/27/2010 09:00
- Still shut down? (* Supplemental Report Required)	
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	
18. Time sequence *(use local time, 24-hour clock)*:	
18a. Local time Operator identified Accident:	
18b. Local time Operator resources arrived on site:	

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the origin of Accident onshore?	Yes
If Yes, Complete Questions (2-12)	
If No, Complete Questions (13-15)	
- If Onshore:	
2. State:	South Dakota
3. Zip Code:	57322
4. City	Carpenter
5. County or Parish	Beadle
6. Operator-designated location:	Milepost/Valve Station
Specify:	311.0
7. Pipeline/Facility name:	Carpenter Pump Station
8. Segment name/ID:	Glacial Lakes
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Totally contained on Operator-controlled property
11. Area of Accident (as found):	Underground
Specify:	Under soil
- If Other, Describe:	
Depth-of-Cover (in):	96
12. Did Accident occur in a crossing?	No
- If Yes, specify below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the Accident:	
- Select:	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident:	
- In State waters - Specify:	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) - Specify:	
- Area:	
- Block #:	
15. Area of Accident:	

PART C - ADDITIONAL FACILITY INFORMATION

1. Is the pipeline or facility:	Interstate
2. Part of system involved in Accident:	Onshore Pump/Meter Station Equipment and Piping
- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	
3. Item involved in Accident:	Valve

- If Pipe, specify:	
3a. Nominal diameter of pipe (in):	
3b. Wall thickness (in):	
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
3d. Pipe specification:	
3e. Pipe Seam , specify:	
- If Other, Describe:	
3f. Pipe manufacturer:	
3g. Year of manufacture:	
3h. Pipeline coating type at point of Accident, specify:	
- If Other, Describe:	
- If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	Mainline
- If Mainline, specify:	Ball
- If Other, Describe:	
3i. Manufactured by:	Cameron
3j. Year of manufacture:	2009
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	2009
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	Connection Failure
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION

1. Wildlife impact:	No
1a. If Yes, specify all that apply:	
- Fish/aquatic	
- Birds	
- Terrestrial	
2. Soil contamination:	Yes
3. Long term impact assessment performed or planned:	No
4. Anticipated remediation:	No
4a. If Yes, specify all that apply:	
- Surface water	
- Groundwater	
- Soil	
- Vegetation	
- Wildlife	
5. Water contamination:	No
5a. If Yes, specify all that apply:	
- Ocean/Seawater	
- Surface	
- Groundwater	
- Drinking water: *(Select one or both)*	
- Private Well	
- Public Water Intake	
5b. Estimated amount released in or reaching water (Barrels):	
5c. Name of body of water, if commonly known:	
6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	No
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	No
7a. If Yes, specify HCA type(s): *(Select all that apply)*	
- Commercially Navigable Waterway:	
Was this HCA identified in the "could affect"	

determination for this Accident site in the Operator's Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Other Populated Area	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Ecological	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
8. Estimated Property Damage:	
8a. Estimated cost of public and non-Operator private property damage	$ 0
8b. Estimated cost of commodity lost	$ 8
8c. Estimated cost of Operator's property damage & repairs	$ 2,500
8d. Estimated cost of Operator's emergency response	$ 155,000
8e. Estimated cost of Operator's environmental remediation	$ 50,000
8f. Estimated other costs	$ 0
Describe:	
8g. Total estimated property damage (sum of above)	$ 207,508

PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Accident (psig):	500.00
2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig):	1,440.00
3. Describe the pressure on the system or facility relating to the Accident (psig):	Pressure did not exceed MOP
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?	No
- If Yes, Complete 4.a and 4.b below:	
4a. Did the pressure exceed this established pressure restriction?	
4b. Was this pressure restriction mandated by PHMSA or the State?	
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?	No
- If Yes - (*Complete 5a. – 5e. below)*	
5a. Type of upstream valve used to initially isolate release source:	
5b. Type of downstream valve used to initially isolate release source:	
5c. Length of segment isolated between valves (ft):	
5d. Is the pipeline configured to accommodate internal inspection tools?	
- If No, Which physical features limit tool accommodation? (*select all that apply)*	
- Changes in line pipe diameter	
- Presence of unsuitable mainline valves	
- Tight or mitered pipe bends	
- Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)	
- Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	
- Other -	
- If Other, Describe:	
5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	
- If Yes, Which operational factors complicate execution? (*select all that apply*)	
- Excessive debris or scale, wax, or other wall buildup	

- Low operating pressure(s)	
- Low flow or absence of flow	
- Incompatible commodity	
- Other -	
- If Other, Describe:	
5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission
6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?	No
If Yes -	
6a. Was it operating at the time of the Accident?	
6b. Was it fully functional at the time of the Accident?	
6c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	
6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	
7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?	No
- If Yes:	
7a. Was it operating at the time of the Accident?	
7b. Was it fully functional at the time of the Accident?	
7c. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	
7d. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	
8. How was the Accident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including contractors", "Air Patrol", or "Guard Patrol by Operator or its contractor" is selected in Question 8, specify the following:	Operator employee
9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident?	No, the facility was not monitored by a controller(s) at the time of the Accident
- If No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)*	
- If Yes, specify investigation result(s): *(select all that apply)*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above:	
Describe:	

PART F - DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	

2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	

PART G – APPARENT CAUSE

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

Apparent Cause:	G6 - Equipment Failure

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

External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: *(select all that apply)*	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes :	
4a. Was failed item considered to be under cathodic protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other:	
7. Type of corrosion *(select all that apply)*: -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the following *(select all that apply)*: -	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
9. Location of corrosion *(select all that apply)*: -	
- Low point in pipe	
- Elbow	
- Other:	

- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?	
13. Were corrosion coupons routinely utilized?	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Tank/Vessel.	
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
15. Has one or more internal inspection tool collected data at the point of the Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
- Magnetic Flux Leakage Tool	
Most recent year:	
- Ultrasonic	
Most recent year:	
- Geometry	
Most recent year:	
- Caliper	
Most recent year:	
- Crack	
Most recent year:	
- Hard Spot	
Most recent year:	
- Combination Tool	
Most recent year:	
- Transverse Field/Triaxial	
Most recent year:	
- Other	
Most recent year:	
Describe:	
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
If Yes -	
Most recent year tested:	
Test pressure:	
17. Has one or more Direct Assessment been conducted on this segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident::	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
18a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
G2 - Natural Force Damage - only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	

- If Other, Describe:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event?	
6a. If Yes, specify: *(select all that apply)*	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
1. Has one or more internal inspection tool collected data at the point of the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	

5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is selected as the sub-cause.	
6. Did the operator get prior notification of the excavation activity?	
6a. If Yes, Notification received from: *(select all that apply)* -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.	
7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	
8. Right-of-Way where event occurred: *(select all that apply)* -	
- Public	
- If "Public", Specify:	
- Private	
- If "Private", Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator:	
10. Type of excavation equipment:	
11. Type of work performed:	
12. Was the One-Call Center notified?	
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
13. Type of Locator:	
14. Were facility locate marks visible in the area of excavation?	
15. Were facilities marked correctly?	
16. Did the damage cause an interruption in service?	
16a. If Yes, specify duration of the interruption (hours)	
17. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):*	
Root Cause:	
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - *only one **sub-cause** can be selected from the shaded left-hand column*	
Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	

2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:	
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
3. Has one or more internal inspection tool collected data at the point of the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
6. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
- If Intentional Damage:	
8. Specify:	
- If Other, Describe:	
- If Other Outside Force Damage:	
9. Describe:	

G5 - Material Failure of Pipe or Weld - only one **sub-cause** can be selected from the shaded left-hand column	
Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."	
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: *(select all that apply)*	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
- If Construction, Installation, or Fabrication-related:	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Original Manufacturing-related (NOT girth weld or other welds formed in the field):	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- Other - Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.	
4. Additional factors: (*select all that apply*):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	
- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	

Describe:	
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident -	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
G6 – Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	Threaded Connection/Coupling Failure
- If Malfunction of Control/Relief Equipment:	
1. Specify: *(select all that apply)* -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- Other	
- If Other – Describe:	
- If Pump or Pump-related Equipment:	
2. Specify:	
- If Other – Describe:	
- If Threaded Connection/Coupling Failure:	
3. Specify:	Threaded Fitting
- If Other – Describe:	
- If Non-threaded Connection Failure:	
4. Specify:	
- If Other – Describe:	
- If Defective or Loose Tubing or Fitting:	
- If Failure of Equipment Body (except Pump), Tank Plate, or other Material:	
- If Other Equipment Failure:	
5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected.	
6. Additional factors that contributed to the equipment failure: *(select all that apply)*	
- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	

- Loss of electricity	
- Improper installation	Yes
- Mismatched items (different manufacturer for tubing and tubing fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	Yes
- Thermal stress	
- Other	
- If Other, Describe:	

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

Incorrect Operation – Sub-Cause:	
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	
1. Specify:	
- If Other, Describe:	
Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	
Pipeline or Equipment Overpressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Other Incorrect Operation	
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
3. Was this Accident related to *(select all that apply)*: -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	

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

Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	

PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

TransCanada Keystone regional operations staff discovered signs of crude oil within the vicinity of the station by-pass, station discharge and station suction valves located at the Carpenter pump station. The facility was isolated and the station valves were excavated. The excavation revealed that a threaded 1½¿union on the body bleed piping assembly on the pump station suction valve was leaking. The body bleed assembly piping was removed and the port plugged. The repair plan for the body bleed assembly piping is addressed in the Keystone Valve Body Repair Plan which is attached.

File Full Name

PART I - PREPARER AND AUTHORIZED SIGNATURE

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