



Company Name							
Incident Type							
Response Level¹				Serious Accident Per CORP 25?²		YES	NO
Address/Location							
District		City		County		State	
Description of the incident or hazardous condition:							
Reason why the incident or hazardous condition occurred:							
Name(s) and address(es) of any person or persons injured or killed, or whose property was damaged (if applicable):							
Description of the extent of the injuries or property damage (if applicable):							
The date and time the Company was first notified of the incident or hazardous condition:				Date		Time	
Who at the Company received the report (Call Center, etc.)?							
Who reported the incident to the Company (Public, Emergency Resp., etc.)?							
If the Company was not immediately notified, date and time the incident or hazardous condition occurred:				Date		Time	
The date and time the Company first responders arrived on site:				Date		Time	
The date and time the gas pipeline was made safe:				Date		Time	
The date, time and type of any temporary repair that was made (if applicable):							
The date, time and type of any permanent repair that was made:							
Description of the gas pipeline involved in the incident or hazardous condition:							
PIPE TYPE:				and	LINE TYPE:		
DIAMETER:				and	DEPTH OF PIPE	As Found:	As Left:
System Operating Pressure (psig)				As Found:	As Left:		MAOP (psig):
Other pertinent information (if applicable):							
Management Signature							
Printed Name & Job Title							

¹ If the response level of this incident is Major or Catastrophic (per OPS 613), complete page 5 of this form.

² For serious accidents as defined in CORP 25, this report is prepared in anticipation of litigation and contains the mental impressions, conclusions, or opinions of authorized representatives of (the division or subsidiary) and is made for the purpose of communicating information to facilitate the rendition of legal services to MDU Utilities Group. This Report and the contents hereof are privileged and confidential and shall not be disclosed to persons not authorized to receive the Report without approval from the General Counsel of MDU Resources Group, Inc. or his or her designee.

SITE ASSESSMENT			
Was 911 called (required for blowing gas incidents)?	YES	NO	
If YES, who called 911:			
If NO, state why 911 was not notified:			
Were EMERGENCY RESPONDERS on-site?	YES	NO	
If YES, provide Name(s) of Agency and CONTACT information:			
Was the MEDIA on-site?	YES	NO	
If YES, what MEDIA:			
Were any ROADS BLOCKED or TRAFFIC REROUTED ?	YES	NO	
If YES, provide LOCATIONS:			
Was a SAFETY PERIMETER established?	YES	NO	
If NO, explain:			
Did Company Employee or Contractor enter the HAZARDOUS ATMOSPHERE ?	YES	NO	
If YES, explain why and who authorized entry:			
Did Excavator have a completed LOCATE ticket?	YES	NO	N/A
If NO, explain:			
If YES, were locate MARKS visible ?	YES	NO	N/A
If YES, were locate MARKS accurate ?	YES	NO	N/A
Were PICTURES taken (required for excavation damage)?	YES	NO	
If NO, explain:			
Was PUBLIC AWARENESS pamphlet offered by MDUG personnel?	YES	NO	
If YES, when:	Prior to Damage	During the response	At a later date
If NO, explain:			
Was PUBLIC AWARENESS training offered by district management, or designee?	YES	NO	
If NO, explain:			
Did the EXCAVATOR agree to receive training?	YES	NO	Not Offered
COST OF THE INCIDENT OR HAZARDOUS CONDITION AND GAS LOSS CALCULATION			
The estimated COST OF THE INCIDENT OR HAZARDOUS CONDITION to the Company including overhead rates, excluding the cost of gas lost:		\$	
Was GAS LOSS calculated? (for all blowing gas events)	YES	NO	N/A
If YES, what was the quantity of gas lost (therms):			

POST INCIDENT REVIEW (49CFR§192.615 (b)(3))			
(If NO, provide reasoning)			
Required for this incident?		YES	NO
The date and time of post incident review:	Date		Time
EMPLOYEES present for post incident review OR see attached list:			
Was OPS – 613 Gas Emergency Response Plan effectively followed during the emergency?	YES		NO
What were the contributing factors to this incident?			
What other procedures were applicable to this incident?			
Based on the above review, were procedures EFFECTIVELY followed during the emergency?	YES		NO
If NO, was training conducted and effective for the procedures?	YES		NO
Are procedure updates recommended?	YES		NO
If YES, list recommended changes:			
Were any improvement opportunities identified?	YES		NO
If YES, what were the improvement opportunities?			
Were there any TRAINING related issues?	YES		NO
If YES, explain:			
Were employees or Contractors involved suspended from performing OQ Covered Task(s) ?	YES		NO
If YES, list Covered Task(s) – <i>Do not include employee or Contractor names.</i>			
Was RESPONSE TIME acceptable per 49CFR§192.615(a)(3)??	YES		NO
If NO, what could be done to improve response time:			
Was RESPONSE TIME greater than 30 minutes?	YES		NO
If YES, explain:			

I have reviewed the Form 23001 for this incident. All information is complete and accurate.

Manager (or Director) Signature and Date:	Director (or VP, Engineering and Ops Services) Signature and Date:

GENERAL OFFICE TO COMPLETE			
Incident reported to the National Reporting Center:	NO	YES	If YES, NRC #:
General Office Reviewer			

The 5-Why root cause analysis tool is used to find the exact reason that caused the identified problem. The analysis is completed by asking the question “Why?” until the root cause of the problem is identified, and actions can be taken to prevent a future reoccurrence. Not all 5-Why analyses will result in 5 whys (i.e., in some instances the root cause is identified after 3 or 4 whys).

If more than 2 problems have been identified as contributing factors to this incident, or if you would like assistance completing the 5-Whys, please contact the QA/SMS department.

<u>Problem</u>	
Why	
Why	
Why	
Why	
Why	

<u>Problem</u>	
Why	
Why	
Why	
Why	
Why	

COST CALCULATION WORKSHEET

All relevant costs available must be included. This includes (but is not limited to) costs due to property damage to the companies facilities and to the property of others, facility repair and replacement, gas distribution service restoration and relighting, leak locating, and environmental cleanup and damage. Do NOT include cost of gas lost or litigation/other legal expenses related to the incident. Additionally, do NOT include costs incurred for facility repair, replacement, or changes that are NOT related to the incident and which are done solely for convenience. An example of doing work solely for convenience is working on non-leaking facilities unearthed because of the incident.

- 1) **Estimated cost of public and non-utilities private property damage** estimates generally include physical damage to the property of others, the cost of investigation and remediation of a site not owned or operated by the utility, laboratory costs, third party expenses such as engineers or scientists, and other reasonable costs, excluding litigation and other legal expenses related to the incident.
- 2) **Estimated cost of the utilities property damage & repair** estimates generally include physical damage to the property of the utility such as the estimated installed value of the damaged pipe, coating, component, materials, or equipment due to the incident, excluding the cost of any gas lost. Also, to be excluded are litigation and other legal expenses related to the incident.

When estimating the **repair cost** to the utilities facilities, the standard shall be the cost necessary to safely restore property to its predefined level of service. Property damage estimates include the cost to access, excavate, and repair the facility using methods, materials, and labor necessary to re-establish operations at a predetermined level. These costs may include the cost of repair sleeves or clamps, re-routing of piping, or the removal from service of an appurtenance or facility component. When more comprehensive repairs or improvements are justified but not required for continued operation, the cost of such repairs or replacement is not attributable to the incident. Costs associated with improvements to the gas distribution system to mitigate the risk of future failures are not included.

- 3) **Estimated cost of the utilities emergency response** includes emergency response operations necessary to return the incident site to a safe state, actions to minimize the volume of gas released, conduct reconnaissance, and to identify the extent of incident impacts. They include materials, supplies, labor, and benefits. Costs related to stakeholder outreach, media response, etc. are not to be included.
- 4) **Estimated other costs** are to include any and all costs which are not included above. Cost of any gas lost is NOT to be reported here, but is to be reported under **Cost of Gas Released**.

Costs are to be reported in only one category and are not to be double counted. Costs can be split between two or more categories when they overlap more than one reporting category. ES&GA overhead rates must be included.

ESTIMATED COST WORKSHEET	
1-Estimated cost of public and non-utilities private property damage	\$
2-Estimated cost of the utilities property damage & repairs	\$
3-Estimated cost of the utilities emergency response	\$
4-Estimated other costs	\$
Total estimated property damage (Sum total of 1-4 must match the value reported on pg. 2)	\$

ESTIMATED COST OF GAS RELEASED WORKSHEET	
Estimated cost of gas released	\$