

## 2015 South Dakota Pipeline Safety Field Inspection Form

GENERAL INFORMATION			
<b>Operator Evaluated</b>			
<b>Operator IOCS ID</b>			
<b>Inspection Unit IOCS ID</b>			
<b>Portions of Unit Inspected</b>			
<b>Contact Person / Title</b> (person interviewed)		<b>Phone Number</b>	
<b>Responsible Party/Title</b>		<b>Phone Number</b>	
<b>Mailing Address</b>			
<b>Inspection Date</b>			
<b>Location of Inspection</b>			
<b>Inspector Name</b>			





<b>Cathodic Protection Reads –</b>			
<i>Town</i>	<i>Locations</i>	<i>Read</i>	<i>Follow-Up Needed</i>

<b>Above Ground Piping</b>			
<i>Town</i>	<i>Locations</i>	<i>Condition</i>	<i>Follow-Up Needed</i>