

## 2017 South Dakota Pipeline Safety Field Inspection Form

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

[illegible]

[illegible]

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

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