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> </u>	Original Report Date:	03/07/2011
U.S Department of Transportation	No.	20110081 - 19268
Pipeline and Hazardous Materials Safety Administration		(DOT Use Only)

## ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

## **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 <a href="http://www.phmsa.dot.gov/pipeline">http://www.phmsa.dot.gov/pipeline</a>.

## **PART A - KEY REPORT INFORMATION**

Depart Torre (select all that and b)	Original:	Supplemental:	Final:
Report Type: (select all that apply)	<b>J</b>	Yes	
Last Revision Date:	04/17/2014		•
Operator's OPS-issued Operator Identification Number (OPID):	32334		
Name of Operator		OPERATIONS INC	
Address of Operator:	10012111221112	0. 2.00.10	
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:	02/03/2011 14:10		
5. Location of Accident:			
Latitude:	35.9303		
Longitude:	-96.7514		
National Response Center Report Number (if applicable):	966497		
7. Local time (24-hr clock) and date of initial telephonic report to the	20/20/20/		
National Response Center (if applicable):	02/03/2011 16:05		
8. Commodity released: (select only one, based on predominant	Courds Oil		
volume released)	Crude Oil		
- Specify Commodity Subtype:			
- If "Other" Subtype, Describe:			
If Biofuel/Alternative Fuel and Commodity Subtype is			
Ethanol Blend, then % Ethanol Blend:			
%:			
<ul> <li>If Biofuel/Alternative Fuel and Commodity Subtype is</li> </ul>			
Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100):			
В			
9. Estimated volume of commodity released unintentionally (Barrels):	.36		
10. Estimated volume of intentional and/or controlled release/blowdown			
(Barrels):			
11. Estimated volume of commodity recovered (Barrels):	.36		
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:	02/03/2011 14:15
14b. Local time pipeline/facility restarted:	02/06/2011 08:00
- Still shut down? (* Supplemental Report Required)  15. Did the commodity ignite?	Yes
16. Did the commodity explode?	No
17. Number of general public evacuated:	0
18. Time sequence (use local time, 24-hour clock):	
18a. Local time Operator identified Accident:	02/03/2011 14:10
18b. Local time Operator resources arrived on site:	02/03/2011 14:10
PART B - ADDITIONAL LOCATION INFORMATION	
Was the origin of Accident onshore?	Yes
If Yes, Complete Quest	
If No. Complete Questi	
- If Onshore:	
2. State:	Oklahoma
3. Zip Code:	74032
4. City	Cushing
5. County or Parish	Payne
6. Operator-designated location:	Milepost/Valve Station
Specify:	298.2
7. Pipeline/Facility name:	Cushing Delivery Station
8. Segment name/ID:	Gateway Region - Cushing Extension
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):	Aboveground
Specify: - If Other, Describe:	Typical aboveground facility piping or appurtenance
Depth-of-Cover (in):	
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:	
- On the Outer Continental Shell (OCS) - Specify: - Area:	
- Alea. - Block #:	
15. Area of Accident:	
PART C - ADDITIONAL FACILITY INFORMATION	
1. Is the nineline or facility:	Interetate
Is the pipeline or facility:     Part of system involved in Accident:	Interstate Onshore Pump/Meter Station Equipment and Piping
- If Onshore Breakout Tank or Storage Vessel Including Attached	Change of uniprivided Station Equipment and riping
<ul> <li>If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:</li> </ul>	Onshole Fulliphieter Station Equipment and Figure
If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:      Item involved in Accident:	Sump/Separator

I Pipe, Specify.  3. Normal disaneter of pipe (in):  3. SchWS (Specified Minimum Yield Strength) of pipe (psi):  3. SchWS (Specified Minimum Yield Strength) of pipe (psi):  3. Pipe specification:  3. Pipe paschication:  3. Pipe manufacturer:  4. Pi Weld, including heat-affected zone, specify.  4. Piber, Describe:  3. Manufacturer by:  4. Wainfactured by:  5. Material movel of in Accident was installed:  6. Material movel of in Accident was installed:  6. Waterial movel of in Accident by:  6. Wainfactured by:  6. Wainfactured by:  6. Wainfactured by:  7. Wainfactured by:  8. Wainfactured by:  9. Wainfactu	1/ D: 1/	T
3b. Wall thickness (In): 3c. SMYS (Specification: 3c. Phys Specification: 3c. Phys Seam: specify: 3c. Phys Innovatorure: 3c. Phys or manufacture: 4. If Weld. including heat-affected zone, specify: 4. If White, Describe: 4. If Wall. including heat-affected zone, specify: 4. If Other, Describe: 4. If Wall. including heat-affected zone, specify: 4. If Other, Describe: 4. If Other, Describe: 4. If Tank/Yessel, specify: 4. If Other, Describe: 4. If Tank/Yessel, specify: 4. If Other, Describe: 4. If Other, Gescribe: 4. If Anti-affected and the specify: 4. If Other, Describe: 4. If Martinal involved in Accident: 4. If Material involved in Accident: 4. If Material involved in Accident: 4. If Material involved in Accident: 5. Material involved in Accident: 5. Material involved in Accident: 5. Material involved in Accident: 6. Type of Accident involved: 7. If Other, Describe: 8. If Other, Describe: 9. If Other Describe	- If Pipe, specify:	
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): 3d. Pipe specification: 3e. Pipe Seam, specify:  3l. Pipe manufacturer: 3g. Year of manufacture: 3g. Year of manufacture: 3g. Year of manufacture: 3g. Year of manufacture: 1f Weld, including heat affected zone, specify: - If Maintine, specify: - If Maintine, specify: - If Maintine, specify: - If Other, Describe: - If Other Accident was installed: - If Other, describe: - If Other Accident was installed: - If Material other than Carbon Steel, specify: - If Other, Describe: - If Rugiture - Select Orientation: - If Charp, Describe: - If Rugiture - Select Orientation: - If Other, Describe: - Approx. size: in, (widest opening) by in, (circumferential) - If Leak - Select Type: - If Other - Describe: - Approx. size: in, (widest opening) by in, (length circumferential) - If Uther, Describe: - PART D - ADDITIONAL CONSEQUENCE INFORMATION - In, Wildfile: Impact - If It was specify all that apply: - If Other - Describe: - Fish/approx Select Orientation: - Vest Select Orientation: - Fish/approx Select Orientation: - Fish		
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): 3d. Pipe specification: 3e. Pipe Seam, specify:  3l. Pipe manufacturer: 3g. Year of manufacture: 3g. Year of manufacture: 3g. Year of manufacture: 3g. Year of manufacture: 1f Weld, including heat affected zone, specify: - If Maintine, specify: - If Maintine, specify: - If Maintine, specify: - If Other, Describe: - If Other Accident was installed: - If Other, describe: - If Other Accident was installed: - If Material other than Carbon Steel, specify: - If Other, Describe: - If Rugiture - Select Orientation: - If Charp, Describe: - If Rugiture - Select Orientation: - If Other, Describe: - Approx. size: in, (widest opening) by in, (circumferential) - If Leak - Select Type: - If Other - Describe: - Approx. size: in, (widest opening) by in, (length circumferential) - If Uther, Describe: - PART D - ADDITIONAL CONSEQUENCE INFORMATION - In, Wildfile: Impact - If It was specify all that apply: - If Other - Describe: - Fish/approx Select Orientation: - Vest Select Orientation: - Fish/approx Select Orientation: - Fish	3b. Wall thickness (in):	
Sat. Pipe Seam, specify:  3e. Pipe Seam, specify:  3f. Pipe manufacturer: 3g. Year of manufacturer: 3h. Pipeline coating type at point of Accident, specify:  -If Weld, including heat-affected zone, specify: -If Wather, Describe: -If Wather, Specify: -If Manine, Specify: -If Manine, Specify: -If Manine, Specify: -If Manufactured by: -If Wather, Specify: -If Manufactured by: -If Tank-Vassed, specify: -If Other, Describe: -If Ot		
Se. Pipe Seant, specify:  3f. Pipe manufacturer: 3g. Year of manufacturer: 3g. Year of manufacturer: 3g. Year of manufacturer: 4g. Pipeline coating type at point of Accident, specify: - If Weld, including heat-affected zone, specify: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Weld and John Steel, specify: - If Wechanical Puncture - Specify Approx. size: - If Material involved: - If Wechanical Puncture - Specify Approx. size: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other - Describe: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other - Describe: - I		
### St. Pipe manufacture:  38, Pipe manufacture:  38, Pipeline coating type at point of Acadent, specify:  - If Weld, including heat-affected zone, specify:  - If Weld, including heat-affected zone, specify:  - If Walve, specify:  - If Valve, specify:  - If Valve, specify:  - If Other, Describe:  - If Other - Describe:  - If Other, Describe:  - If Other - Describe:  - If Other - Describe:  - If Material other than Carbon Steel, specify:  - If Material other than Carbon Steel, specify:  - If Material other than Carbon Steel, specify:  - If Mechanical Puncture - Specify Approx. size:  - If Mechanical Puncture - Specify Approx. size:  - If Other, Describe:  - If Other - Describe:  - If O		
3. Pipe manufacture: 3. Pipeline coating type at point of Accident, specify: 3. Pipeline coating type at point of Accident, specify: - If Weld, including heat-affected zone, specify: - If Weld, including heat-affected zone, specify: - If Wahe, specify: - If Mainline, specify: - If Mainline, specify: - If Mainline, specify: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other, Cescribe: - If Material involved in Accident was installed: - Sea Material involved in Accident was installed: - If Material involved in Accident was installed: - Sea Material involved: - If Mechanical Puncture - Specify Approx. size: - If Other, Describe: - If Ceruminerential) - If Leak - Select Type: - If Other, Describe: - If Other, Describe		
39. Year of manufacture: 31. Pipeline coating type at point of Accident, specify: - If Weld, including heat-affected zone, specify: - If Weld, including heat-affected zone, specify: - If Ushve, specify: - If Wahr, specify: - If Other, Describe: - If Other of Poscribe: - If Other of Poscribe: - If Other of Poscribe: - If Other of Specify: - If Other of Ot		
39. Pipeline coating type at point of Accident, specify:  - If Weld, including heat-affected zone, specify: - If Weld, including heat-affected zone, specify: - If Wahe, specify: - If Mainline, specify: - If Mainline, specify: - If Other, Describe: - If Toher, Vescribe: - If Toher, Vescribe: - If Toher, Vescribe: - If Toher, Vescribe: - If Other, describe: - If Other, describe: - If Material other than Carbon Steel, specify: - If Material other than Carbon Steel, specify: - If Material other than Carbon Steel, specify: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Chier, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other - Describe: - If It Yes, specify all that apply: - If It Yes, specify all that apply: - If Yes, specify all that apply: - Yes - Ocean/Seavater - Groundwater - Groundwater - Groundwater - Groundwater - Groundwater - Groundwater - Describe: Information (Select on that apply) - Private Well - Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,		
- If Weld, including heat-affected zone, specify: - If Valve, specify: - If Walnine, specify: - If Mainline, specify: - If Other, Describe: - If Marien involved in Accident was installed: - Other of		
- If Weld, including heat-affected zone, specify: - If Valve, specify: - If Mainline, specify: - If Mainline, specify: - If Tother, Describe: - If Tother, Vessel, specify: - If Other, Describe: - If Tother, Vessel, specify: - If Other, Describe: - If Tother, describe: - If Tother, describe: - If Other, describe: - If Material other than Carbon Steel, specify: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Chier, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other Describe: - Approx. size: in, (widest opening) by - In, (length circumferentially or axially) - If Other - Describe: - If Other - Describe: - If If Yes, specify all that apply: - Yes - Soil - Vegetation - Yes - Output yes and the specify of the Yes of Yes o	3h. Pipeline coating type at point of Accident, specify:	
- If Weld, including heat-affected zone, specify: - If Valve, specify: - If Mainline, specify: - If Mainline, specify: - If Tother, Describe: - If Tother, Vessel, specify: - If Other, Describe: - If Tother, Vessel, specify: - If Other, Describe: - If Tother, describe: - If Tother, describe: - If Other, describe: - If Material other than Carbon Steel, specify: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Chier, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Other Describe: - Approx. size: in, (widest opening) by - In, (length circumferentially or axially) - If Other - Describe: - If Other - Describe: - If If Yes, specify all that apply: - Yes - Soil - Vegetation - Yes - Output yes and the specify of the Yes of Yes o	- If Other, Describe:	
- If Other, Describe: - If Valve, specify: - If Mainline, specify: - If Other, Describe: - If Other, Describe: - If Other, Describe: - If Tank/Vessel, specify: - If Other, Describe: - If Other Necdent: - If Material involved in Accident was installed: - If Material other than Carbon Steel, specify: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - Approx. size: In, lividest opening) by - If Other - Describe: - Approx. size: In, lividest opening) by - If Other - Describe: - If Other - Describe	- If Weld, including heat-affected zone, specify:	
- If Valve, specify: - If Mainine, specify: - If Other, Describe:  3i. Manufactured by: 3j. Year of manufacture: - If Tank-Vessel, specify: - If Other, describe: - If Tother, describe: - If Tother, describe: - If Other, describe: - If Other, describe: - If Material other than Carbon Steel - If Material other than Carbon Steel - If Material other than Carbon Steel, specify: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Cother, Describe: - If Repture - Select Type: - If Cother, Describe: - If Cother, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other		
- If Other, Describe:  3i. Manufactured by: 3i. Year of manufacture: - If Tank/Vessel, specify: - If Other, describe: - If Material involved in Accident was installed: - If Material other than Cardon Steel, specify: - If Mechanical Puncture – Specify Approx. size: - If Material other than Cardon Steel, specify: - If Mechanical Puncture – Specify Approx. size: - If Mechanical Puncture – Specify Approx. size: - If Other, Describe: - If Cher, Describe: - If Rupture - Select Onentation: - If Other, Describe: - If Other, Describe: - 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: - Is If Yes, specify all that apply: - Fish/aquatic - Surface water - Coroundwater - Surface water - Groundwater - Surface water - Groundwater - Surface water - Coroundwater - Surface - Vegetation - Vegetation - Vegetation - Fish/aquatic - Public Water Intake - Fish water, If commonly known: - Surface - Groundwater - Dinking water, (Select one or both) - Public Water Intake - Surface - Groundwater - Dinking water, (Select one or both) - Fish/aquatic and not releasing line segment or facility been identified as one that "could affect" a High Consequence Area - HCAP) - Consequence Area (HCAP) - Commercially Navigates Watereys:		
If Other, Describe:		
3. Manufactured by:		
Sy Year of manufacture: - If Tank/Vessel, specify: - If Other, describe: - If Other, describe: - If Other, describe: - If Material other than Carbon Steel, specify: - If Material other than Carbon Steel, specify: - If Material other than Carbon Steel, specify: - If Methanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Cither, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - If Other - Describe: - If		
# If Tank/Vessel, specify:  # If Other, describe:  # If Other, describe:  # If Other, describe:  # If Wear lim wolved in Accident was installed:  # Year liem involved in Accident was installed:  ## If Material involved in Accident was installed:  ## If Material other than Carbon Steel, specify:  ## If Material other than Carbon Steel, specify:  ## If Mechanical Puncture – Specify Approx. size:  ## If Mechanical Puncture – Specify Approx. size:  ## If Content Involved:  ## If Content Involved:  ## If Content Involved:  ## If Other, Describe:  ## If Other, Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially or axially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially)  ## If Other – Describe:  ## Approx. size: in. (widest opening) by in. (length circumferentially)  ## If Other – Describe:  ## Approx. size: in. (widest opening)  ## Ap		
-If Other - Describe:  4. Year item involved in Accident was installed: 5. Material involved in Accident was installed: -If Material other than Carbon Steel, specify: -If Material other than Carbon Steel, specify: -If Material other than Carbon Steel, specify: -If Mechanical Puncture - Specify Approx. size: -If Mechanical Puncture - Specify Approx. size: -If Mechanical Puncture - Specify Approx. size: -If Colter, Describe: -If Cher, Describe: -If Cher, Describe: -If Rupture - Select Orientation: -If Other, Describe: -If Other, Describe: -If Other, Describe: -If Other - Describe: -If Other, Describe: -If Other, Describe: -If Other - Describe: -If Other	3j. Year of manufacture:	
- If Other, describe:  1. Year tiern involved in Accident:  2010  5. Material involved in Accident:  2011  6. Type of Accident Involved:  2017  6. Type of Accident Involved:  2018  2019  301  301  401  401  401  401  401  401	- If Tank/Vessel, specify:	
4. Year item involved in Accident was installed:  5. Material involved in Accident:  - If Material other than Carbon Steel, specify:  6. Type of Accident Involved:  - If Mechanical Puncture – Specify Approx. size:  - If Mechanical Puncture – Specify Approx. size:  - If Cher, Describe:  - If Leak - Select Type:  - If Other, Describe:  - Approx. size: in. (widest opening) by in. (length circumferentially)  - If Other – Describe:  - PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:  1a. If Yes, specify all that apply:  - Fish/aquatic  - Birds  - Terrestrial  2. Soil contamination:  3. Long term impact assessment performed or planned:  A Anticipated remediation:  4a. If Yes, specify all that apply:  - Surface water  - Groundwater  - Soil  - Vegetation  - Wildlife  5. Water contamination:  - Private Well  5b. Estimated amount released in or reaching water (Barrels):  5c. Name of body of water, if commonly forms apply in No  1. The Cherchical of the Cherchical Contamination:  - Private Well  5c. Name of body of water, if commonly fromer.  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);  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA);  7. If Yes, specify HCA type(s): (Select all that apply):  - Consequence Area (HCA);  - If Yes, specify HCA type(s): (Select all that apply):  - Consequence Area (HCA);  - If Yes, specify HCA type(s): (Select all that apply):  - Consequence Area (HCA);  - Consequence Area (	- If Other - Describe:	
4. Year item involved in Accident was installed:  5. Material involved in Accident:  - If Material other than Carbon Steel, specify:  6. Type of Accident Involved:  - If Mechanical Puncture – Specify Approx. size:  - If Mechanical Puncture – Specify Approx. size:  - If Cher, Describe:  - If Leak - Select Type:  - If Other, Describe:  - Approx. size: in. (widest opening) by in. (length circumferentially)  - If Other – Describe:  - PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:  1a. If Yes, specify all that apply:  - Fish/aquatic  - Birds  - Terrestrial  2. Soil contamination:  3. Long term impact assessment performed or planned:  A Anticipated remediation:  4a. If Yes, specify all that apply:  - Surface water  - Groundwater  - Soil  - Vegetation  - Wildlife  5. Water contamination:  - Private Well  5b. Estimated amount released in or reaching water (Barrels):  5c. Name of body of water, if commonly forms apply in No  1. The Cherchical of the Cherchical Contamination:  - Private Well  5c. Name of body of water, if commonly fromer.  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);  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA);  7. If Yes, specify HCA type(s): (Select all that apply):  - Consequence Area (HCA);  - If Yes, specify HCA type(s): (Select all that apply):  - Consequence Area (HCA);  - If Yes, specify HCA type(s): (Select all that apply):  - Consequence Area (HCA);  - Consequence Area (		
5. Material involved in Accident:  - If Material other than Carbon Steel, specify:  6. Type of Accident Involved:  - If Mechanical Puncture – Specify Approx. size:  - in. (axial) by  - in. (circumferential)  - if Leak - Select Type:  - if Cother, Describe:  - if Rupture - Select Orientation:  - if Other, Describe:  - Approx. size: in. (widest opening) by  in. (length circumferentially or axially)  - 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:  - Fish/aquatic  - Birds  - Birds  - Terrestrial  - Soil contamination:  3. Long term impact assessment performed or planned:  4. Anticipated remediation:  4. If Yes, specify all that apply:  - Surface water  - Groundwater  - Soil  - Vegetation  - Wildlife  - Wildlife  - Dinking 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, it commonly know:  6. At the location of this Accident, had the pipeline segment or facility been identified as one that 'could affect' a High Consequence Area  (KCA) as determined in the Operator's Integrity Management Program?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7. If Yes, specify HCA type(s): (Select all that apply)  - Consequence Area (HCA)?  7. If Yes, specify HCA type(s): (Select all that apply)  - Consequence Area (HCA)?  7. If Yes, specify HCA type(s): (Select all that apply)  - Connercially Navigable Watervay:		2010
- If Material other than Carbon Steel, specify:  6. Type of Accident Involved: - If Mechanical Puncture – Specify Approx. size: - In (circumferential) - If Leak - Select Type: - If Other, Describe: - If Rupture - Select Onentation: - If Other, Describe: - 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: - Is specify all that apply: - Fish'aquatic - Birds - Terrestrial 2. Soil contamination: - An impact assessment performed or planned: - No - Anticipated remediation: - As If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife - Wildlife - Swiftace - Groundwater - Soil - Firshage - Groundwater - Soil - Vegetation - Wildlife - Dinking water (Select one or both) - Private Well		
6. Type of Accident Involved:  - If Mechanical Puncture – Specify Approx. size:  in. (axial) by in. (circumferential)  - If Leak - Select Type:  - If Other, Describe:  - 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:  1. Wildlife impact:  - Fish'aquatic  - Birds  - Terrestrial  2. Soil contamination:  3. Long term impact assessment performed or planned: 4. Antiopated remediation: 4. If Yes, specify all that apply:  - Surface water  - Groundwater  - Soil  - Vegetation  - Vegetation  - Wildlife  - Surface  - Groundwater  - Soil  - Dirinking water: (Select one or both)  - Prustae Well  - Public Water Intake  55. Estimated amount released in or reaching water (Barrels):  - Sc. Name of body of water, if commonly known:  6. At the location of this Accident, had the pipeline segment or grant?  7. Did the released commodity reach or occur in one or more High  Consequence Area (HCA)?  7. Lif Yes, specify HCA type(s); (Select all that apply)  - Consequence Area (HCA)?  - Consequence Area (HCA) and that apply)  - Consequence Area (HCA)?  7. Lif Yes, specify HCA type(s); (Select all that apply)  - Connencically Navigable Waterway:		Carbuil Steel
- If Mechanical Puncture – Specify Approx. size:  in. (axial) by in. (circumferential) - If Leak - Select Type: - 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: - Fish/aquatic - Birds - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: - No 4a. If Yes, specify all that apply: - Surface water - Groundwater - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: - No - Soil - Vegetation - Wildlife - Private Well - Sufface - Soil Vegetation - Private Well - Private Well - Private Well - Private Well - Sestimated amount released in or reaching water (Barrels): - Sc. Name of body of water, if commonly known: - 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? - To the tree search or cour in one or more High Consequence Area (HCA)? - Connenercially Navigable Waterway:		
in. (aixial) by in. (circumferential)  - If Leak - Select Type: - 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: - If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: - Birds - Terrestrial - Terrestrial - Terrestrial - Terrestrial - Terrestrial - Soli contamination: - Anticipated remediation: - No - 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soli - Vegetation - Vildlife - Wildlife - Surface - Groundwater - Surface		Overfill or Overflow
in. (aixial) by in. (circumferential)  - If Leak - Select Type: - 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: - If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: - Birds - Terrestrial - Terrestrial - Terrestrial - Terrestrial - Terrestrial - Soli contamination: - Anticipated remediation: - No - 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soli - Vegetation - Vildlife - Wildlife - Surface - Groundwater - Surface	- If Mechanical Puncture – Specify Approx. size:	
in. (circumferential)  - If Leak - Select Type:  - 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: 1a. If Yes, specify all that apply: - Fish/aquatic  - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: Anticipated remediation: No  4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife  5. Water contamination: Soil - Vegetation - Wildlife 5. Water contamination: Soil - Private Well - Public Water Indake  55. Same of body of water, if commonly known: 61. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA)?  7. Did the released commodity solves or socur in one or more High Consequence Area (HCA)? - Commercially Navigable Waterway:		
- If Leak - Select Type: - 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: - Fish/aquatic - Birds - Birds - Terrestrial - Terrestrial - Soil contamination: - No  4. Anticipated remediation: - Surface water - Groundwater - Soil - Wegetation - Wildlife - Wildlife - Sware contamination: - No  5a. If Yes, specify all that apply: - Coean/Seawater - Groundwater - Dinking water: (Select one or both) - Private Well - Private Well - Public Water Intake - So. Name of body of water, if Comnonly known: - S. Name of body of water, if Comnonly known: - S. Name of body of water, if comnonly known: - S. Name of body of water, if comnonly known: - S. Name of body of water, if comnonly known: - S. Name of body of water, if comnonly known: - Comercially Navigable Water way: - No - Consequence Area (HCA)? - Ta. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:		
- 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:  - Is Birds - Fish/aquatic - Birds - Terrestrial  2. Soil contamination: - Yes 3. Long term impact assessment performed or planned: - No 4. Anticipated remediation: - Groundwater - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: - Soil - Selection - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake  5b. Estimated amount released in or reaching water (Barrels): - Sc. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment Program? 7. Did the released commodity reach or no er or mere High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? - All Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:		
- If Other, Describe:		
- 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: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: Yes 3. Long term impact assessment performed or planned: A Anticipated remediation: No 4. Anticipated remediation: Soil - Groundwater - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Soil H'es, specify all that apply: - Surface - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Soil H'es, specify all that apply: - Dirinking 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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA); Pa. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:		
Approx. size: in. (widest opening) by in. (length circumferentially or axially)  - if Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: - Fish/aquatic - Fish/aquatic - Birds - Terrestrial - Terrestrial - Terrestrial - Soil contamination: - Surface water - Groundwater - Soil - Vegetation - Vidilife - Vegetation - Wildlife - Wildlife - Soil - Vegetation - Wildlife - Soil - Ocean/Seawater - Sourface - Groundwater - Soil - Drinking water: (Select one or both) - Private Well - So. 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)? - Told the released commodity reach or occur in one or more High Consequence Area (HCA)? - All TYes, specify Nangagement Program? - Comercially Navigable Waterway:  No - Commercially Navigable Waterway:  No - Commercially Navigable Waterway:		
in. (length circumferentially or axially)  - If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: - It is impact: - Fish/aquatic - Birds - Terrestrial - Perrestrial - Soli contamination: - Yes - Consequence Area - Groundwater - Groundwater - Soli - Vegetation - Wildlife - Wildlife - Private Well - Private Well - Private Well - Public Water (Ibarrels): - Se Stimated amount released in or reaching water (Barrels): - Se Stimated amount released in or reaching water (Barrels): - Se Stimated amount released in or reaching water (Barrels): - Se Stimated amount released in or reaching water (Barrels): - Se Name of body of water, if commonly known: - At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA)? - Toil the released commodity reach or occur in one or more High No Consequence Area (HCA)? - Ta. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:		
in. (length circumferentially or axially)  - If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: - It is impact: - Fish/aquatic - Birds - Terrestrial - Perrestrial - Soli contamination: - Yes - Consequence Area - Groundwater - Groundwater - Soli - Vegetation - Wildlife - Wildlife - Private Well - Private Well - Private Well - Public Water (Ibarrels): - Se Stimated amount released in or reaching water (Barrels): - Se Stimated amount released in or reaching water (Barrels): - Se Stimated amount released in or reaching water (Barrels): - Se Stimated amount released in or reaching water (Barrels): - Se Name of body of water, if commonly known: - At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA)? - Toil the released commodity reach or occur in one or more High No Consequence Area (HCA)? - Ta. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	Approx. size: in. (widest opening) by	
- 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 5. Soil - Soil - Soil - Vegetation - Wildlife 5. Water contamination: No 5a. If Yes, specify all that apply: - Cocan/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Private Well - Private	in (length circumferentially or axially)	
PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:  1a. If Yes, specify all that apply:  - Fish/aquatic  - Birds  - Terrestrial  2. Soil contamination:  3. Long term impact assessment performed or planned:  4. Anticipated remediation:  No  4a. If Yes, specify all that apply:  - Surface water  - Groundwater  5. Soil  - Vegetation  - Wildlife  5. Water contamination:  No  5a. If Yes, specify all that apply:  - Coean/Seawater  - 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 the Kocident, had the pipelin Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:		
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- Fish/aquatic - Birds - Terrestrial  2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4. Anticipated remediation: 4. Anticipated remediation: 5. Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5. Water contamination: 5. Water contamination: 5. Water contamination: 5. 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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other - Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION	
- Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: No 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Coean/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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	
2. Soil contamination: 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4. Anticipated remediation:  - Surface water - Groundwater - Soil - Vegetation - Wildlife - S. Water contamination:  5. Water contamination:  No  5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Private Well - Private Well - Private Well - 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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: 1a. If Yes, specify all that apply:	
2. Soil contamination: 3. Long term impact assessment performed or planned: No 4. Anticipated remediation:  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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: 1a. If Yes, specify all that apply:	
2. Soil contamination: 3. Long term impact assessment performed or planned: No 4. Anticipated remediation:  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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic	
3. Long term impact assessment performed or planned:  4. Anticipated remediation:  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  - 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:  1a. If Yes, specify all that apply:  - Fish/aquatic  - Birds	
4. Anticipated remediation:  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)?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:     1a. If Yes, specify all that apply:     - Fish/aquatic     - Birds     - Terrestrial  2. Soil contamination:	No Yes
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:     1a. If Yes, specify all that apply:     - Fish/aquatic     - Birds     - Terrestrial  2. Soil contamination:	No Yes
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No
- Groundwater - Soil - Vegetation - Wildife  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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No
- Soil - Vegetation - Wildlife  5. Water contamination: 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? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No
- Vegetation - Wildlife  5. Water contamination:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No
- Wildlife  5. Water contamination:  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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No
5. Water contamination:  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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
- 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?  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:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
(HCA) as determined in the Operator's Integrity Management Program?  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:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	Yes No No
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	No Yes No No No
Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	No Yes No No No
Consequence Area (HCA)?  7a. If Yes, specify HCA type(s): (Select all that apply)  - Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	No Yes No No No
- Commercially Navigable Waterway:	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	No Yes No No No No No No
	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:  1a. If Yes, specify all that apply:  - Fish/aquatic  - Birds  - Terrestrial  2. Soil contamination:  3. Long term impact assessment performed or planned:  4. Anticipated remediation:  4a. If Yes, specify all that apply:  - Surface water  - Groundwater  - Soil  - Vegetation  - Wildlife  5. Water contamination:  5a. If Yes, specify all that apply:  - Ocean/Seawater  - Surface  - Groundwater  - 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?  7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	No Yes No No No No No No
Was this HCA identified in the "could affect"	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	No Yes No No No No No No
Trad this Front Identified in the Sould direct	- If Other – Describe:  PART D - ADDITIONAL CONSEQUENCE INFORMATION  1. Wildlife impact:	No Yes No No No No No No

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	T
	\$ 0
damage	\$ 65
8b. Estimated cost of commodity lost     8c. Estimated cost of Operator's property damage & repairs	\$ 65 \$ 0
8d. Estimated cost of Operator's property damage & repairs  8d. Estimated cost of Operator's emergency response	\$ 5,000
8e. Estimated cost of Operator's environmental remediation	\$ 20,000
8f. Estimated other costs	\$ 0
81. Estimated other costs  Describe:	\$ U
	\$ 25.065
8g. Total estimated property damage (sum of above)	<u> </u>
PART E - ADDITIONAL OPERATING INFORMATION	
TAKT L'ADDITIONAL OF EKATING INFORMATION	
Estimated pressure at the point and time of the Accident (psig):	50.00
Maximum Operating Pressure (MOP) at the point and time of the	
Accident (psig):	1,440.00
Describe the pressure on the system or facility relating to the	
	Pressure did not exceed MOP
Accident (psig):	
Accident (psig):  4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility	
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	No
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	No
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
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?  - If Yes, Complete 4.a and 4.b below:	No
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?  - If Yes, Complete 4.a and 4.b below:  4a. Did the pressure exceed this established pressure	No
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?  - If Yes, Complete 4.a and 4.b below:  4a. Did the pressure exceed this established pressure restriction?	No
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?  - 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	No
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?  - 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?	No
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?  - 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	
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?  - 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	No No
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?  - 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?	
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?  - 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?  - If Yes - (Complete 5a. – 5e. below)	
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?  - 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?  - If Yes - (Complete 5a. – 5e. below)  5a. Type of upstream valve used to initially isolate release	
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?  - 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?  - If Yes - (Complete 5a. – 5e. below)  5a. Type of upstream valve used to initially isolate release source:	
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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?  - 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?  - 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	
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?  - 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?  - 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?	No
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?  - 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?  - 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?	No
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?  - 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?  - 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?  - Changes in line pipe diameter	No
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?  - 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?  - 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?  - Changes in line pipe diameter  - Presence of unsuitable mainline valves	No
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?  - 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?  - 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?  - Changes in line pipe diameter  - Presence of unsuitable mainline valves  - Tight or mitered pipe bends	No
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?  - 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?  - 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?  - Changes in line pipe diameter  - Presence of unsuitable mainline valves  - Tight or mitered pipe bends  - Other passage restrictions (i.e. unbarred tee's,	No
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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?  - 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?  - 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?  - 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	No (select all that apply)

- Low flow or arbance of flow - incompatible commodity - Other - it Other, Desorbe:  5. Function of pipeline system: - it Other, Desorbe: - 20% SMYS Regulated Trunkline/Transmission yes my place on the pipeline or facility involved in the Accident? Wes - Wes - Commodity of the	- Low operating pressure(s)	
- Incompatible commodity - Other -  - If Other, Describe:  5f. Function of pipeline system: - If Other, Describe: - St. Function of pipeline system: - 20% SMYS Regulated Trunkline/Transmission - 20%		
- Other If Other, Describe:  5. Function of pipeline system:  5. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?  1/Yes - Ga. Was it operating at the time of the Accident?  9. Was It will brunchional at the time of the Accident?  9. Was It will brunchional at the time of the Accident?  9. Was a CPM leader of Accident?  16. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?  17. Was a CPM lead detection system in place on the pipeline or facility involved in the Accident?  17. Was a CPM lead detection system in place on the pipeline or facility involved in the Accident?  17. Was a CPM lead detection system in place on the pipeline or facility involved in the Accident?  17. Was a CPM lead detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?  17. Was a CPM lead detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?  17. Was a CPM lead detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the continuation of the Accident?  18. How was the Accident milatily identified for the Poperator?  19. Was an investigation individed into the Accident?  19. Was an investigation individed into whether or not the Controller(s) or contractor's is selected in Question 8, specify the following:  19. Was an investigation individed into whether or not the controller(s) or control oron issues were the cause of or a contributing factor to the Accident?  19. Was an investigation individed into whether or not the controller(s) or control oron issues were necessary due to provide a replantion for why the operator of an investigation of the Controller or controller in the provided work Schedule rotations, continuous hours of service (while working fo		
S. Function of pipeline system:  A. Was a Superisony Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?  If Yes -  B. Was it operating at the time of the Accident?  On the State of the Accident of the Accident?  7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?  7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?  7. Was a CPM leak detection system information (such as alarmés), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?  7. D. Was it fully functional at the time of the Accident?  7. D. Did CPM leak detection system information (such as alarmés), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?  8. How was the Accident initially identified for the Operator?  8. How was the Accident initially identified for the Operator or its contractors', "Air Patrol", or "Guard Patrol by Operator or its contractors," "Air Patrol", or "Guard Patrol by Operator or its contractors is selected in Outcoin 8, specify the following:  9. Was an investigation initiated into whether or not the controller(s) or contractors or accident initially identified for the Operator, and other factors associated with fatigue  1. If Yes, specify investigation initiated in whether or not the controller(s) are not part of the Accident or an explanation for with the operator, and other factors associated with fatigue  1. If yes, specify investigation initiated in contract or impacts the investigation of the Accident or control room escale in Patrol or one insues service (while working for the Operator), and othe	,	
8. Was a Supervisory Control and Data Acquisation (SCADA)-based system in place on the pipeline of scilitity involved in the Acquident?  6. Was it uply functional at the time of the Acquident?  7. Bo. Was it uply functional at the time of the Acquident?  8. Dot SCADA-based information (such as alarm(s), alart(s), event(s), and/or volume calculations) assist with the detection of the Acquident?  8. Dot SCADA-based information (such as alarm(s), alart(s), event(s), and/or volume calculations) assist with the detection of the Acquident?  8. Dot SCADA-based information (such as alarm(s), alart(s), event(s), and/or volume acquidations) assist with the detection of the Acquident?  7. Was a CPM leak detection system in place on the pipeline or facility involved in the Acquident?  7. Dot SCADA-based information (such as alarm(s), alart(s), event(s), and/or volume calculations) assist with the detection of the Acquident?  7. Dot GPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Acquident?  7. Dot GPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the continuation of the Acquident?  8. How was the Acquident mitigate with detection of the Acquident?  8. How was the Acquident mitigate indufficate for Departure?  9. Was an investigation indufficate in the Operator?  9. Was an investigation indufficate in the Operator?  1. If Controller, "Local Operating Personnel, including contractors with the controller(s) are selected in Question 8, specify the following:  9. Was an investigation indufficate in the controller(s) or control or missues were the cause of or a contributing factor to the Accident?  1. If No, the Operator did not find that an investigation of the controller(s) actions or control or with with early controller and the acquident with failing personnel.  1. If Yes, peoply investigation indufficate or controller(s) response  1. Investigation identified in correct	- If Other, Describe:	
## System in place on the pipeline or facility involved in the Accident?    Yes	5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission
If Yes I Was it operating at the time of the Accident?  9. Was it fully functional at the time of the Accident?  9. Was it fully functional at the time of the Accident?  9. Was it fully functional at the time of the Accident?  9. Was a CPM leave fully functional at the time of the Accident?  16. Did SCADA-based informatic (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?  17. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?  17. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?  17. Was it operating at the time of the Accident?  17. Was it operating at the time of the Accident?  17. Was it operating at the time of the Accident?  17. Was it operating at the time of the Accident?  17. 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?  17. 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?  18. How was the Accident initially identified for the Operator?  19. Was an investigation initiated into whether or not the controller(s) or contractors.  19. Was an investigation initiated into whether or not the controller(s) or control or one susses were the cause of or a contriburing factor to the Accident with faigue or control or one susses were the cause of or a contriburing factor to the Controller(s) actions or control room issues when consults or control contro		Vas
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60. Did SCADA-based information (such as alarm(s), aler(s), event(s), and/or volume calculations) assist with the detection of the Accident?  60. Did SCADA-based information (such as alarm(s), aler(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?  7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?  7. Was it operating at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug CPM leak detection system information (such as alarm(s), aler(s), event(s), and/or volume calculations) assist with the detection of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  7. Dug at fully functional at the time of the Accident?  8. If Controller(s), event(s), and or volume calculations) assist with the detection of the Accident?  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?  1. If Yes, specify investigation result(s): (select at the apply)  1. Investigation identified at factors associated with fatigue  1. Investigation identified maintenance activities that affected control or or oper		T
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Operator), and other factors associated with fatigue  Investigation id 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 procedures  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?  If Yes:  1a. Specify how many were tested:		
- 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? - If Yes:  1a. Specify how many were tested:		
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 procedures - Investigation identified maintenance activities that affected control room operation - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response - Investigation identified areas other than those above:  - 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? - If Yes:  1a. Specify how many were tested:	Operator), and other factors associated with fatigue	
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:  - 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? - If Yes:  1a. Specify how many were tested:		
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- 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:  - 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? - If Yes:  1a. Specify how many were tested:	Provide an explanation for why not:	
- 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? - If Yes:  1a. Specify how many were tested:	•	
- 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:  - 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? - If Yes:  1a. Specify how many were tested:		
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?  - If Yes:  1a. Specify how many were tested:		
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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? - If Yes:  1a. Specify how many were tested:		
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- 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?  - If Yes:  1a. Specify how many were tested:	<u>'</u>	
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? - If Yes:  1a. Specify how many were tested:		
- 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?  - If Yes:  1a. Specify how many were tested:		
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?  - If Yes:  1a. Specify how many were tested:		
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? - If Yes:  1a. Specify how many were tested:		
- 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?  - If Yes:  1a. Specify how many were tested:		
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?  - If Yes:  1a. Specify how many were tested:	<ul> <li>Investigation identified areas other than those above:</li> </ul>	
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?  - If Yes:  1a. Specify how many were tested:	Describe:	
under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:  1a. Specify how many were tested:	PART F - DRUG & ALCOHOL TESTING INFORMATION	
under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:  1a. Specify how many were tested:	1 As a result of this Accident, were any Operator employees tested	
Drug & Alcohol Testing regulations? - If Yes:  1a. Specify how many were tested:		No
- If Yes:  1a. Specify how many were tested:		
1a. Specify how many were tested:	<del> </del>	
ib. Specify now many railed:	• • •	
	ib. Specify now many falled:	

2. As a result of this Accident, were any Operator contractor employees	
tested under the post-accident drug and alcohol testing requirements of	Yes
DOT's Drug & Alcohol Testing regulations?	
- If Yes:	
2a. Specify how many were tested:	2
2b. Specify how many failed:	0
PART G – APPARENT CAUSE	
Select only one box from PART G in shaded column on left represent the questions on the right. Describe secondary, contributing or root	
Apparent Cause:	G7 - Incorrect Operation
G1 - Corrosion Failure - only one sub-cause can be picked from shad	ded left-hand column
External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
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	g: (select all that apply)
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
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:	
Results of visual examination:	
Nesults 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 follow	ring (select all that apply): -
- Field examination	V 1
- 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 A	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	NID the "Item Involved in Accident" (from PART C
Question 3) is Pipe or Weld.	the item involved in Accident (noin FART 6,
15. Has one or more internal inspection tool collected data at the point of the second	he
Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool	and indicate most recent vear run: -
- Magnetic Flux Leakage Tool	
Most recent ye	ear:
- Ultrasonic	
Most recent ye	ear:
- Geometry	
Most recent ye	ear:
- Caliper	or:
- Crack Most recent ye	di.
Most recent ye	par:
- Hard Spot	cai.
Most recent ye	ar:
- Combination Tool	
Most recent ye	ar:
- Transverse Field/Triaxial	
Most recent ye	ear:
- Other	
Most recent ye	
Descri	
16. Has one or more hydrotest or other pressure test been conducted sinc original construction at the point of the Accident?	ie
If Yes -	
Most recent year test	ed:
Test pressur	
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 Acciden	t::
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:	type of non destructive examination and indicate most
- 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	
- Dry Magnetic Particle Test  Most recent year conducted:	
- Other	
Most recent year conducted:	
Descri	be:
<b>G2 - Natural Force Damage</b> - only one <b>sub-cause</b> can be picked from	shaded left-handed column
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
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:	
	atod
Complete the following if any Natural Force Damage sub-cause is sele	l cied.
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:	
<b>G3 - Excavation Damage</b> - only one <b>sub-cause</b> can be picked from s	naded left-hand column
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
If Executation Demons by Third Deuty	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
	DADTO O (I O): DI WILL
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from	PART C, Question 3) is Pipe or Weld.
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 a	nd 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: - Caliper  Most recent year conducted:	
Most recent year conducted:  - Caliper  Most recent year conducted:  - Crack	
Most recent year conducted:  - Caliper  Most recent year conducted:  - Crack  Most recent year conducted:	
Most recent year conducted:  - Caliper  Most recent year conducted:  - Crack  Most recent year conducted:  - Hard Spot	
Most recent year conducted:  - Caliper  Most recent year conducted:  - Crack  Most recent year conducted:  - Hard Spot  Most recent year conducted:	
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:  - Caliper  Most recent year conducted:  - Crack  Most recent year conducted:  - Hard Spot  Most recent year conducted:  - Combination Tool  Most recent year conducted:	
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:  - 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:	
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:  - 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:	
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:	
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	
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:	
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?	
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:  - 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 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:  - 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 conducted:	
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:  - 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):	
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:  - 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	
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  Specifies:  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?	dont
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:  - Other  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 Accidented.	dent:
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  Specifies:  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?	dent:

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:	<i>71</i>
- 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:	
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	ed 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	y 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 predom available as a choice, the one predominant second level CGA-DIRT Root	
Root Cause:	Cause as well).
- 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 se	elected 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:
y made in, man, made, or enter in o, expression do i fillidiy	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NO	T Engaged in Excavation:
Vehicle/Equipment operated by:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipm	nent 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 Engage	ed in Excavation:
in reducing of recommendation in a recovery from Engage	W III EXCUTATION
- If Electrical Arcing from Other Equipment or Facility:	
If Draviava Machanical Damaga NOT Daleted to Evaporation	
- If Previous Mechanical Damage NOT Related to Excavation:	TO DART O Constitute (Via River on World
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weid.
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 in	dicate 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?	
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, s recent year the examination was conducted:	elect type of non-destructive examination and indicate most
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted: - Handheld Ultrasonic Tool	
- Handried Oltrasonic 100i  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	at 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:		
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 for	med in the field):	
List contributing factors: (select all that apply)  Fairman Vibration and the description of the contribution of the cont		
- 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-cau	se is selected.	
4. Additional factors: (select all that apply):		
- Dent		
- Gouge		
- Pipe Bend		
- Arc Burn		
- Crack		
- Lack of Fusion		
- Lamination - Buckle		
- Buckie - Wrinkle		
- Misalignment		
- Burnt Steel		
- Other:		
- If Other, Describe:		
5. Has one or more internal inspection tool collected data at the point of the Accident?		
<ul> <li>5a. If Yes, for each tool used, select type of internal inspection tool a</li> <li>- Magnetic Flux Leakage</li> </ul>	na inaicate most recent year run:	
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 Acci	dont
Most recent year conducted:	dent -
- 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, so	elect 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 t	he shaded left-hand column
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
Specify: (select all that apply) -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block 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:	
- 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 M	aterial:
- 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 the	nat apply)
- Excessive vibration	
- Overpressurization	
·	
- No support or loss of support	
- Manufacturing defect	

- Loss of electricity	
- Improper installation	
- Mismatched items (different manufacturer for tubing and tubing	
fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with	
transported commodity	
<ul> <li>Valve vault or valve can contributed to the release</li> </ul>	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Other	
- Other - If Other, Describe:	
- II Other, Describe.	
<b>G7 - Incorrect Operation -</b> only one <b>sub-cause</b> 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	Yes
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	
Tipeline of Equipment Overpressured	
Equipment Not Installed Properly	
_quipmont net metanea i reperty	
Wrong Equipment Specified or Installed	
Other Incorrect Operation	
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected	ed.
Was this Accident related to (select all that apply): -	<del></del>
- Inadequate procedure	Yes
- No procedure established	100
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	Commissioning
Was the task(s) that led to the Accident identified as a covered task	•
in your Operator Qualification Program?	No
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	om the shaded left-hand column
Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
·	
PART H - NARRATIVE DESCRIPTION OF THE ACCIDEN	т

During commissioning of the 36 inch Cushing Mainline pipeline, the pipeline was being purged by pigging operations. Vapors (mixture of hydrocarbons and nitrogen) in the pipeline were being purged from the pipeline and vented through a series of separators and flared. The separators were for capture of pipeline liquids (crude oil). Liquids filled up the secondary separator and due to incorrect position of the 6 inch outlet valve, an overflow of the secondary separator occurred resulting in crude oil in the flare line, and causing ignition. The overflow of crude oil ignited and spilled on the surface of the ground. Upon discovery by operations personnel and contractors, the source of crude oil was shut in resulting in the product to self extinguish. Crude oil continued

to spray from the flare stack emitting a mist on the location, dimensions of 20 feet by 60 feet. Cleanup of the facility commenced and was completed. Commisioning activities was suspended until a rrt cause analysis was conducted by Keystone.

File Full Name	

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