## **2015 South Dakota Pipeline Safety Field Inspection Form**

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

VALVE INSPECTION- % of emergency valves.			
Town	Valve Name	Location	Valve Operated OK?

FIELD LINE MARKERS – % checked				
Town	Line Marker Locations	Line Marker OK	Follow-Up Needed	

Cathodic Protection Reads –			
Town	Locations	s Read Follow-Up Needed	

Above Ground Piping			
Town	Locations	Condition	Follow-Up Needed