

## **Distribution Integrity Management Program**

### **Implementation Inspection Form**

This inspection form is for the evaluation of an operator's implementation of its gas distribution integrity management program (DIMP) through a review of its records and actions performed on pipeline facilities. This inspection form is applicable to operators, other than Master Meter and Small LPG operators, that have developed and implemented a DIMP under §192.1005. The form asks inspectors to review records and perform field observations regarding the implementation of the DIMP required elements. Following a review of the operator's DIMP plan, inspectors will observe actions taken by the operator to ensure that procedures have been followed. There are instances when actions by an operator could be deemed satisfactory by an inspector for an implementation question while still not meeting the procedural requirements in the DIMP plan resulting in an unsatisfactory rating for a corresponding procedural question.

Questions with code references beside them are enforceable. "S/Y" stands for "satisfactory" or "yes"; "U/N" stands for "unsatisfactory" or "no"; "N/A" stands for "not applicable"; and "N/C" stands for "not checked". If an item is marked U/N, N/A, or N/C, an explanation must be included in the comments section. Due to the unique characteristics of some operator's system, there are instances where an operator is not required to perform an action, and some of the questions requesting a review of documents may not apply and would be rated as "N/A" (rather than rating "U/N"). For instance, in Question #8, if the operator has NOT acquired any new information relevant to threat identification, rate as "N/A". Correspondingly, if the operator had acquired new information that needed to be included in the threat identification and had not, then the rating would be "U/N".

This inspection form includes two types of activities – records review and field observation activities:

- The Records Review questions are to be performed on records used by an operator for implementing its DIMP plan. Not all parts of this form may be applicable to a specific Records Review Inspection, and only those applicable portions of this form need to be completed.
- The Field Observation questions are to be used on field activities being performed by an operator in support of its DIMP plan. Field Observation inspection activities may also include review of data, environmental conditions, and assumptions being used by an operator in support of its DIMP plan. Not all parts of this form may be applicable to a specific Field Observation Inspection, and only those applicable portions of this form need to be completed.

A review of applicable Operations and Maintenance (O&M) and DIMP processes and procedures applicable to the field activity being inspected should be considered by the inspector to ensure the operator is implementing its O&M Manuals and DIMP in a consistent manner.

Operator Contact and System Information

***Operator Information:***

Name of Operator (legal entity):	
PHMSA Operator ID:	
Type of Operator:	<input type="checkbox"/> Investor Owned <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> LPG <input type="checkbox"/> Other (Identify - e.g., cooperative)
State(s) included in this inspection	
Headquarters Address:	
Company Contact:	
Phone Number:	
Email:	
Date(s) of Inspection	
Date of this Report	
Date of Current DIMP Plan/Revision	

***Persons Interviewed:***

<b>Persons Interviewed</b> <i>(list primary contact first)</i>	<b>Title</b>	<b>Phone Number</b>	<b>Email</b>

***State/Federal Representatives:***

<b>Inspector Name and Agency</b>	<b>Phone Number</b>	<b>Email</b>

***System Description Narrative:***

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
<b>192.1005 Issues Identified in previous Integrity Management Inspection(s)</b>						
1	* - If not satisfactory, insert appropriate code section(s)	Have all issues raised in previous DIMP inspections been satisfactorily addressed? Provide comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
<b>192.1007(a) Knowledge of the system</b>						
2	.1007 (a)(3)	Is the operator collecting the missing or incomplete system information and data needed to fill knowledge gaps to assess existing and potential threats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
3	.1007 (a)(3)	Is the operator collecting the missing or incomplete system information and data using the procedures prescribed in its DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
4	.1007 (a)(3)	Has the operator incorporated into the DIMP plan any new or missing information identified or acquired during normal operations, maintenance, and inspection activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
5	.1007(a)(5)	Has the operator captured required data on any new pipeline installations? For pipe, fittings, valves, EFVs, risers, regulators, shut-offs, etc., examples of data and records required to be collected by operator since August 2, 2011 include, but are not limited to, the following: <ul style="list-style-type: none"> <li>• Location</li> <li>• Material type and size</li> <li>• Wall thickness or SDR</li> <li>• Manufacturer</li> <li>• Lot or production number</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
6	.1007 (a)	Are data collection forms used in conjunction with the operator's DIMP plan being fully and accurately completed? Note: This question can be answered by office review of records and/or comparison of field conditions to information in the reviewed records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
7	.1007 (a)	If new Subject Matter Experts (SMEs) input is incorporated into the DIMP plan, do SMEs have the necessary knowledge and/or experience (skills sets) regarding the areas of expertise for which the SME provided knowledge or supplemental information for input into the DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
8	.1007 (a)	Do operator personnel in the field understand their responsibilities under DIMP plan? (Below are possible questions for field personnel) <ul style="list-style-type: none"> <li>• Would you explain what DIMP training you have received?</li> <li>• What instructions have you received to address the discovery of pipe or components not documented in the company records?</li> <li>• What instructions have you received if you find a possible issue? (ex: corrosion, dented pipe, poor fusion joints, missing coating, excavation damage, mechanical fitting failures)</li> <li>• If you find situations where the facilities examined (e.g., size of the pipe, coating) are different than records indicate, what documentation do you prepare?</li> <li>• If you are repairing a leak and find that a fitting was improperly installed, what documentation do you prepare?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	<b>192.1007 (b) and (c)</b>	<b>Identify Threats; Evaluate and Rank Risk</b>				
9	.1007(b)	Has the operator acquired any new information relevant to system knowledge that may affect its threat identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
10	.1007 (b)	<p>Have any changes occurred that require re-evaluation of threats and risks? Examples include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Acquisition of new systems</li> <li>• Completion of pipe replacement program</li> <li>• New threats (e.g., first time natural forces damage, etc.)</li> <li>• Increase in existing threats (e.g., washouts, land subsidence, etc.)</li> <li>• Increase in consequences (e.g., new wall-to-wall pavement, etc.)</li> <li>• Organization changes (e.g., downsizing of staff, company restructuring, etc.)</li> <li>• Applicable code revisions</li> <li>• Other (describe below)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
11	.1007 (b)	Has the operator identified information or data from external sources (e.g. trade associations, operator’s consultants, government agencies, other operators, manufacturers, etc.) that may require re-evaluation of threats and risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
12	.1007 (c)	Since the last DIMP plan review by the regulatory agency, has the operator updated its threat identification and risk assessment based on newly acquired information or data (see Questions 9, 10, and 11) relevant to system knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	<b>192.1007 (b) and (c)</b>	<b>Identify Threats; Evaluate and Rank Risk</b>				
13	.1007 (c)	If the operator has modified its threat identification and risk evaluation and ranking, were the revisions made in accordance with the procedure in the operator's DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
14	.1007 (c)	Does the operator's current subdivision process (grouping of materials, geographic areas, etc.) adequately meet the need to properly evaluate and rank the existing and potential threats to the integrity of its system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
15	.1007 (c)	Has the operator added or modified system subdivisions within its risk evaluation and ranking since the last plan review by the regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
16	.1007 (c)	If the operator has added or modified system subdivisions, was it done in accordance with the procedures described in the operator's DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
17	.1007 (c)	If the operator has added or modified system subdivisions, did the new system subdivision result in modifications to the risk evaluation and ranking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	<b>192.1007(d)</b>	<b>Identify and implement measures to address risks</b>				
18	.1007 (d)	Does the documentation reviewed demonstrate the operator is implementing the measures to reduce risks per the DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	.1007 (d)	Has the operator completed any measures to reduce risks resulting in the elimination/mitigation of the associated identified threat? (e.g., pipe replacement program completed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
20	.1007 (d)	If answering "Satisfactory/Yes" to question 19, has the operator re-evaluated and ranked its risks (1007(c)) because of the elimination/mitigation of an identified threat to ensure that risk reduction measures in place are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
21	.1007 (d)	Does each implemented risk reduction measure identified in the DIMP plan address a specific risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
22	.1007 (d)	Can the operator provide documentation to demonstrate that an effective leak management program is being implemented? Important components in an effective program include, but are not limited to, the following: <u>Locate</u> the leaks in the distribution system; <u>Evaluate</u> the actual or potential hazards associated with these leaks; <u>Act</u> appropriately to mitigate these hazards; <u>Keep</u> records; and <u>Self-assess</u> to determine if additional actions are necessary to keep people and property safe. Answer "N/A" if operator repairs all leaks when found.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1007(e)	<b>Measure performance, monitor results, and evaluate effectiveness</b>				
23	.1007 (e)	<p>Is the operator collecting data for the required performance measures in §192.1007(e)?</p> <p>i) Number of hazardous leaks either eliminated or repaired, categorized by cause? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>ii) Number of excavation damages? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>iii) Number of excavation tickets? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>iv) Total number of leaks either eliminated or repaired, categorized by cause? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>v) Number of hazardous leaks either eliminated or repaired, categorized by material? (Note: Not required in PHMSA Distribution Annual Report Form 7100.1-1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>vi) Any additional measures the operator determines are needed to evaluate the effectiveness of the DIMP plan in controlling each identified threat? (Note: Not required in PHMSA Distribution Annual Report Form 7100.1-1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>				
Inspector Comments						
24	.1007 (e)	Based on field observations and/or record reviews, is the operator accurately collecting the data used to measure performance in accordance with the procedures in its DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
25	.1007 (e)	Is the operator monitoring each performance measure from an established baseline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
26	.1007 (e)	Is each performance measure added since the DIMP plan was last updated tied to a specific risk reduction measure or group of measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						



Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	<b>192.1007(f)</b>	<b>Periodic Evaluation and Improvement</b>				
27	.1007 (f)	Has the operator performed a periodic evaluation of its DIMP plan on the frequency specified in the plan?  If a periodic evaluation has not been required since plan implementation or the last inspection, mark questions 27-32 as "N/A".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
28	.1007 (f)	Did the periodic evaluation include the following: <ul style="list-style-type: none"> <li>• Verification of general system information (e.g., contact information; form names; action schedules, etc.)?</li> <li>• New information acquired since the previous evaluation?</li> <li>• Review of threats and risks?</li> <li>• Was the risk model re-run?</li> <li>• Review of performance measures?</li> <li>• Review of measures to reduce risks?</li> <li>• Evaluation of the effectiveness of measures to reduce risks?</li> <li>• Modification of measures to reduce risks, if necessary?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
29	.1007 (e)	If any established performance measures indicated an increase in risk beyond an acceptable level (as established in the DIMP plan), did the operator implement new risk reduction measures along with their associated performance measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
30	.1007 (f)	If the periodic evaluation indicates that <u>implemented measures to reduce risks</u> are NOT effective, were risk reduction measures modified, deleted or added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

*PHMSA Form 24 - Gas Distribution System DIMP Implementation Inspection, July 7, 2014, Rev 0*

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
31	.1007 (f)	Did the periodic evaluation indicate that the selected <u>performance measures</u> are assessing the effectiveness of risk reduction measures?  If not, were performance measures modified, deleted or added? (describe in Inspector comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
32	.1007 (f)	Did the operator follow its procedures in conducting periodic evaluation and program improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
	<b>192.1007 (g)</b>	<b>Report results</b>				
33	.1007(g)	Did the operator complete Parts C and D of the PHMSA Distribution Annual Report (Form 7100.1-1) in its submission to PHMSA and the state regulatory authority having jurisdiction, if required, for each year since the last inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
	<b>192.1009</b>	<b>What must an operator report when mechanical fittings fail?</b>				
34	.1009	Has the operator maintained accurate records documenting mechanical fitting failures resulting in hazardous leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
35	.1009	<p>Did the operator report all mechanical fitting failures that resulted in a hazardous leak for the previous calendar year to PHMSA and State authorities, as appropriate, by March 15<sup>th</sup> of the next calendar year?</p> <p>Did the reports contain the information required by Department of Transportation Form PHMSA F-7100.1-2?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
36	.1009	<p>Did the operator follow its procedure(s) for collecting the appropriate information and submitting PHMSA Form F-7100.1-2? Methods to verify include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Field observation of the excavation of a failed mechanical fitting</li> <li>• Examination of failed fittings or photographs that have been retained by the operator</li> <li>• Interview with field personnel responsible for collecting information</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

*PHMSA Form 24 - Gas Distribution System DIMP Implementation Inspection, July 7, 2014, Rev 0*

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	<b>192.1011</b>	<b>What records must an operator keep?</b>				
37	.1011	Is the operator retaining the records demonstrating compliance with Subpart P, as specified in its DIMP plan, for 10 years (or since 08/02/2011)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
38	.1011	Did the operator retain for 10 years (or since 08/02/2011) copies of superseded DIMP plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
39	.1011	Did the operator follow its DIMP procedures applicable to records retention?  If answered "Unsatisfactory/No", then list those procedures not followed below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
	<b>192.1013</b>	<b>When may an operator deviate from required periodic inspections under this part?</b>				
40	.1013 (c)	Has the operator received approval from PHMSA or the appropriate State Regulatory Authority for alternate (less strict than code) periodic inspection intervals?  (If no, mark questions 40-44 "N/A")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
41	.1013 (c)	Has the operator conducted the periodic inspections at the specified alternate intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
42	.1013 (c)	Has the operator complied with all conditions that were required as part of the alternate inspection interval approval?  If answered "Unsatisfactory/No", then provide comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
43	.1013 (c)	Do performance measure records indicate that an equal or greater overall level of safety has been achieved since the alternate inspection frequency was implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
44	.1013 (c)	If that an equal or greater overall level of safety has not been achieved, is the operator taking corrective action?  Provide comments below regarding corrective actions taken or lack thereof.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

**Additional Inspector Comments:**

Conditions observed in the field can provide insights into the effectiveness of the operator’s DIMP plan implementation. Please comment on your general field observations.

Please comment on the operator’s safety culture. Safety Culture is the collective set of attitudes, values, norms and beliefs, which pipeline operator’s employees share that demonstrate a commitment to safety over competing goals and demands. A positive safety culture is essential to an organization's safety performance regardless of its size or sophistication. Characteristics of a positive safety culture include the following:

1. Embraces safety (personnel, public, and asset) as a core value,
2. Ensures everyone understands the organization's safety culture goals,
3. Inspires, enables, and nurtures culture change when necessary,
4. Allocates adequate resources to ensure individuals can successfully accomplish their safety management system responsibilities,
5. Encourages employee engagement and ownership,
6. Fosters mutual trust at all levels, with open and honest communication,
7. Promotes a questioning and learning environment,
8. Reinforces positive behaviors and why they are important ,
9. Encourages non-punitive reporting and ensures timely response to reported issues.