Notice: Each report of a safety-related condition under §191.23(a) for natural gas pipelines and LNG facilities and under §195.55(a) for hazardous liquid pipelines must be filed within 5 working days after the day the operator first determines the condition exists, but not later than 10 working days after the day the operator discovers the condition.

Form Approved
No. xxxx-xxxx
mm/dd/yyyy

U.S. Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

SAFETY-RELATED CONDITION REPORT

INITIAL REPORT ☐
SUPPLEMENTAL REPORT ☐

Instructions: *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 Office Of Pipeline Safety Web Page at* http://www.phmsa.dot.gov/pipeline.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The filling out of this information is mandatory and will take XX minutes to complete.

Part A – Operator Information

1. Pipeline/Facility Type: *(select only one)* ☐ Natural and Other Gas ☐ Hazardous Liquid ☐ LNG Facility

2. Operator ID: /___/___/___/___/___/ 3. Operator Name:_____

4. Operator Address:
a) _____ b) _____
(Street) (City)

d) /__/__/ e) /__/__/__/__/__/
State) (Zip Code)

Part B – Reporter Information

1. Date of Report: : /__/__/__/__/__/__/__/ *(mm/dd/yy)*

2. Name of Person Submitting Report: _____
a): Job Title: _____
b): Phone Number: /__/__/__/-/__/__/__/-/__/__/__/__/
c): Email Address: _____

3. Name of Person who Determined the Condition Exists: _____
a): Job Title: _____
b): Phone Number: : /__/__/__/-/__/__/__/-/__/__/__/__/

Part C – Condition Information:

1. Name of Pipeline or Facility: _____

2. Date Condition was Discovered: /__/__/__/__/__/__/__/ *(mm/dd/yy)*

3. Date Condition was First Determined to Exist: /__/__/__/__/__/__/__/ *(mm/dd/yy)*

4. **Onshore** Location of Condition: *(if offshore do not complete a through i, go to item 5)*

(a)_____ (b) _____ (c) _____
(Street address) (nearest City) (County)

(d) /__/__/ (e) /__/__/__/__/__/ (f) _____ **or**
(State) (Zip code) (Milepost)

(g)_____ **or** (h)_____
(Landmark) (Survey Station Number)

(i): Latitude: /__/__/ . /__/__/__/__/__/
Longitude: - /__/__/ . /__/__/__/__/__/

5. **Offshore** Location of Condition: ☐ OCS waters ☐ State waters

(a) State or nearest State: _____ (b) If on Platform, name of Platform: _____

(c): Block/Tract #: /___/___/___/___/___/___/___/___

(d): Latitude: /__/__/ . /__/__/__/__/__/

Longitude: - /__/__/ . /__/__/__/__/__/

Part D – Description of Condition:

1. Reason for Reporting Safety Related Condition (per §191.23/195.55): *(select only one)*

- ☐ General corrosion pitting *(not a choice for an LNG Facility)*
- ☐ Unintended movement or abnormal loading
- ☐ Material defect or physical damage *(not a choice for an LNG Facility)*
- ☐ Malfunction or operating error
- ☐ Leak that constitutes an emergency
- ☐ Condition that could lead to an imminent hazard
- ☐ Crack or material defect of an LNG facility *(not a choice for Natural and Other Gas or Hazardous Liquid Pipelines)*
- ☐ Inner tank leakage, ineffective insulation of an LNG storage tank *(not a choice for Natural and Other Gas or Hazardous Liquid Pipelines)*

2. Further Description of Condition selected above: _____
_____
_____
_____

3. Commodity Transported or Stored: *(select only one of the three primary categories shown and – for Natural and Other Gas or Hazardous Liquid Pipeline Facilities, only one sub-category based on the predominant commodity involved)*

- ☐ LNG *(for LNG Facility only)*
- ☐ For Natural and Other Gas Pipeline Facility
  - ☐ Natural Gas
  - ☐ Propane Gas
  - ☐ Synthetic Gas
  - ☐ Hydrogen Gas
  - ☐ Other Gas → Name: _____
- ☐ For Hazardous Liquid Pipeline Facility
  - ☐ Crude Oil
  - ☐ Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions
  - ☐ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions
  - ☐ CO_2 (Carbon Dioxide)
  - ☐ Biofuel (including ethanol blends)

4. Describe the Circumstances Leading to the Discovery of the Condition: _____
_____
_____
_____

5. Describe the Significant Effects of the Condition on Safety: _____
_____
_____
_____

Part E – Corrective Action Taken:

1. Corrective Action Taken Before the Report was Submitted: *(select all that apply)*
   - ☐ Reduction of pressure
   - ☐ Shutdown
   - ☐ Other ⇨Describe: _____

_____
_____

2. Describe the Planned Follow-up or Future Corrective Action: _____
_____
_____

a): Anticipated Date for Start of Follow-up or Future Corrective Action: / / / / / / / *(mm/dd/yy)*

b): Anticipated Date for Conclusion of Follow-up or Future Corrective Action: / / / / / / / *(mm/dd/yy)*

INSTRUCTIONS FOR FORM PHMSA F XXXX.XX
SAFETY-RELATED CONDITION REPORT

GENERAL INSTRUCTIONS

Reporting requirements are in Part 191 of Title 49 of the Code of Federal Regulations (CFR) Transportation of Natural and Other Gas by Pipeline: Annual Reports, Incident Reports, and Safety-Related Condition Reports and Part 195 Transportation of Hazardous Liquids by Pipeline, Subpart B – Annual, Accident, and Safety-Related Condition Reporting.

As stipulated in §191.25 for natural gas pipelines and §195.56 for hazardous liquid pipelines, filing safety-related condition reports are required of each operator reporting safety-related conditions per §191.23(a) or §195.55(a). Each operator within 5 working days after the day a representative of the operator first determines that the condition exists, but not later than 10 working days after the day a representative of the operator discovers the condition. Separate conditions may be described in a single report if they are closely related.

Note: Per §191.23(b) A report is not required for any safety-related condition that—

(1) Exists on a master meter system or a customer-owned service line;

(2) Is an incident or results in an incident before the deadline for filing the safety-related condition report;

(3) Exists on a pipeline (other than an LNG facility) that is more than 220 yards (200 meters) from any building intended for human occupancy or outdoor place of assembly, except that reports are required for conditions within the right-of-way of an active railroad, paved road, street, or highway; or

(4) Is corrected by repair or replacement in accordance with applicable safety standards before the deadline for filing the safety-related condition report, except that reports are required for conditions under paragraph (a)(1) of this section other than localized corrosion pitting on an effectively coated and cathodically protected pipeline.

(see Part D of these instructions for a listing of conditions noted in the above paragraph)

Note: Per §195.55(b) A report is not required for any safety-related condition that—

(1) Exists on a pipeline that is more than 220 yards (200 meters) from any building intended for human occupancy or outdoor place of assembly, except that reports are required for conditions within the right-of-way of an active railroad, paved road, street, or highway, or that occur offshore or at onshore locations where a loss of hazardous liquid could reasonably be expected to pollute any stream, river, lake, reservoir, or other body of water;

(2) Is an accident that is required to be reported under §195.50 or results in such an accident before the deadline for filing the safety-related condition report; or

(3) Is corrected by repair or replacement in accordance with applicable safety standards before the deadline for filing the safety-related condition report, except that reports are required for all conditions under paragraph (a)(1) of this section other than localized corrosion pitting on an effectively coated and cathodically protected pipeline.

(see Part D of these instructions for a listing of conditions noted in the above paragraph)

If you need copies of the Form PHMSA F XXXX.XX and/or instructions they can be found on the Pipeline Safety Community main page, http://phmsa.dot.gov/pipeline, by clicking the Forms hyperlink and scrolling down to the section entitled "Accident/Incident/Annual Reporting Forms." If you have questions about this report or these instructions, please call (202) 366-8075. Please type or print all entries when submitting forms by mail or Fax.

REPORTING METHODS

Use one of the following methods to submit your report. We prefer online reporting over hardcopy submissions. If you prefer, you can mail or fax your completed reports to DOT/PHMSA.

Note: Submit a copy of your report directly to the State Regulatory Agency in addition to submitting to DOT/PHMSA, if that is the requirement in your state.

1. Online:

a. Navigate to the Pipeline Safety Community main page http://phmsa.dot.gov/pipeline, click the ONLINE DATA ENTRY link listed in the fourth column of hyperlinks

b. Click on the Safety-Related Condition Report link
c. Enter Operator ID and PIN [If an operator does not have an Operator ID or a PIN, the website (http://opsweb.rspa.dot.gov/cfdocs/opsapps/pipes/main.cfm) includes directions on how to obtain one.]
d. Click "add" to begin
e. Click "submit" when finished. A confirmation page will appear for you to print and save for your records

If you submit your report online, PLEASE DO NOT MAIL OR FAX the completed report to DOT as this may result in duplicate entries.

2. Mail to:

DOT/PHMSA Office of Pipeline Safety
Information Resources Manager,
1200 New Jersey Ave., SE
East Building, 2nd Floor, (PHP-10)
Room Number E22-321
Washington, DC 20590

3. Fax to: Information Resources Manager at (202) 366-4566.

SPECIFIC INSTRUCTIONS

Check **Initial Report** if this is the original filing for this safety-related condition. Check **Supplemental Report** if this is a follow-up to a previously filed safety-related condition report to amend or correct information. On Supplemental Reports, please complete Part A and only amended, revised, or added information for Parts B, C, D and E.

PART A - OPERATOR INFORMATION

Complete the next four items to finish Part A

1. Pipeline Type/Facility Type – Please select the type of pipeline system/facility this safety-related condition report is being submitted for (i.e., is this a natural gas pipeline system that you file annual reports for using the "Natural or Other Gas Transmission & Gathering System" annual report form; is this an LNG facility that you file annual reports for using the "Liquefied Natural Gas" annual report form; or is this a hazardous liquid pipeline system which you file annual reports for using the "Hazardous Liquid or Carbon Dioxide System" annual report form).

2. Operator's 5 Digit Identification Number _/ _/ _/ _/ _/.
(Note: Depending on when your ID was issued, it may not contain five digits)

3. Operator Name - This is the company name used when registering for an Operator ID and PIN in the Online Data Entry System.

The Pipeline and Hazardous Materials Safety Administration (PHMSA) assigns the operator's five-digit identification number. Contact us at (202) 366-8075 if you need assistance with an identification number.

A company may submit separate reports for subsidiaries or affiliate operations under the appropriate operator name and ID number.

4. Operator Address – This should be the operator location office filing the safety-related condition report. If there is no location office, please use the headquarters address of the operator as submitted on the annual reports.

PART B – Reporter Information

For the items in this section, please provide the specific information related to the person submitting the safety-related condition report.

1. Date of Report – refers to the actual date the safety-related condition report is submitted to PHMSA.

2. Name of Person Submitting Report – Please provide the name of the person submitting the safety-related condition report.

a): **Job Title** – Please provide the official job title of the person submitting the safety-related condition report.

b): **Phone Number** – Please provide the business telephone number of the person submitting the safety-related condition report.

c): **Email Address** – Please provide the email address of the person submitting the safety-related condition report.

3. Name of Person who Determined the Condition Exists – Please provide the name of the person who made the determination that the safety-related condition exists.

a): **Job Title** – Please provide the official job title of the person who made the determination that the safety-related condition exists.

b): **Phone Number** – Please provide the business telephone number of the person who made the determination that the safety-related condition exists.

PART C – Condition Information

1. Name of Pipeline or Facility – Multiple pipeline systems and/or facilities are often operated by a single operator. This information identifies the particular pipeline system or pipeline facility name commonly used by the operator on which the accident occurred, for example, the "West Line 24" Pipeline", or "Gulf Coast Pipeline" or "Yankee Gas Services peak shaving plant".

2. Date Condition was Discovered – Provide the date in mm/dd/yyyy format for when the operator discovered the condition.

3. Date Condition was First Determined to Exist – Provide the date in mm/dd/yyyy format for when the operator first determined the condition to exist. *Note: The dates for item 2 and 3 will usually be the same, but may be different.*

4. <u>Onshore</u> Location of Condition – For onshore locations *(items a-i)*, provide the street address, nearest city, state, zip code, and either one of the following [milepost or landmark or survey station number]

and the latitude and longitude of where the safety-related condition is located. *(see guidance below on determining latitude and longitude)*

5. Offshore Location of Condition – For offshore locations *(items a-d)*, select whether the condition is located in OCS waters or State waters and then provide the state or nearest state of the offshore area, the offshore platform name, block/tract number, and/or latitude and longitude of the location of the safety-related condition.

***Note**: Block/Tract numbers should be provided for either State or Outer Continental Shelf (OCS) waters, whichever is applicable.*

Please follow the guidance below when determining the GPS coordinates.

The latitude and longitude of the offshore pipeline condition are to be reported as Decimal Degrees with a minimum of 5 decimal places (e.g. Lat: 38.89664 Long: -77.04327). If you have coordinates in degrees/minutes or degrees/minutes/seconds, use the formula below to convert to decimal degrees:

degrees + (minutes/60) + (seconds/3600) = decimal degrees
e.g. 38° 53' 47.904" = 38 + (53/60) + (47.904/3600) = 38.89664°

All locations in the United States will have a **negative** longitude coordinate. Be sure a negative (-) sign precedes your longitude coordinate on your report. If you cannot locate the incident with a GPS or some other means, the U.S. Census Bureau provides a tool for determining them at the following URL http://tiger.census.gov/cgi-bin/mapbrowse-tbl. You can use the online tool to identify the geographic location of the incident. The tool displays the latitude and longitude in decimal degrees below the map. Any questions regarding the required format, conversion or how to use the tool noted above can be directed to PHMSA's GIS Manager at (202)493-0591.

PART D – Description of Condition

1. Reason for Reporting Safety-Related Condition: For item 1, select the corresponding regulation in either A or B which dictated your reason for submitting the safety-related condition report. ***Note: If you selected as your pipeline type in Part A natural gas or LNG facility, you should select item A; however, if you selected hazardous liquid as your pipeline type in Part A, then you should check item B.*** After selecting the appropriate regulation governing your safety-related condition report submission, select all applicable conditions listed under the corresponding regulation.

Conditions Per §191.23/§195.55 – Reporting Safety-Related Conditions
(select only one)

☐ In the case of a pipeline (other than an LNG facility) that operates at a hoop stress of 20 percent or more of its specified minimum yield strength, ***general corrosion*** that has reduced the wall thickness to less than that required for the maximum allowable operating pressure, and localized corrosion ***pitting*** to a degree where leakage might result.

☐ ***Unintended movement or abnormal loading*** by environmental causes, such as an earthquake, landslide, or flood, that impairs the serviceability of a pipeline or the structural integrity or reliability of an LNG facility that contains, controls, or processes gas or LNG.

☐ Any ***material defect or physical damage*** that impairs the serviceability of a pipeline that operates at a hoop stress of 20 percent or more of its specified minimum yield strength. *(Note: Not a choice for LNG)*

☐ Any ***malfunction or operating error*** that causes the pressure of a pipeline or LNG facility that contains or processes gas or LNG to rise above its maximum allowable operating pressure (or working pressure for LNG facilities) plus the build-up allowed for operation of pressure limiting or control devices.

☐ A ***leak*** in a pipeline or LNG facility that contains or processes gas or LNG ***that constitutes an emergency***.

☐ Any ***crack or other material defect*** that impairs the structural integrity or reliability ***of an LNG facility*** that contains, controls, or processes gas or LNG.

☐ ***Inner tank leakage, ineffective insulation***, or frost heave that impairs the structural integrity of an LNG storage tank.

☐ Any safety-related ***condition that could lead to an imminent hazard*** and causes (either directly or indirectly by remedial action of the operator), for purposes other than abandonment, a 20 percent or more reduction in operating pressure or shutdown of operation of a pipeline or an LNG facility that contains or processes gas or LNG.

2. Further Description of Condition selected above: For item 2, provide additional description of the safety-related condition selected in item 1 above.

3. Commodity Transported or Stored: For item 3, select only one of the three primary categories shown and – for Natural and Other Gas or Hazardous Liquid Pipeline Facilities, only one sub-category based on the predominant commodity involved)

- ☐ LNG *(for LNG Facility only)*
- ☐ For Natural and Other Gas Pipeline Facility
  - ☐ Natural Gas
  - ☐ Propane Gas
  - ☐ Synthetic Gas
  - ☐ Hydrogen Gas
  - ☐ Other Gas → Name: _____
- ☐ For Hazardous Liquid Pipeline Facility
  - ☐ Crude Oil
  - ☐ Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions

Note: Refined and/or Petroleum Product *includes gasoline, diesel, jet fuel, kerosene, fuel oils, or other refined or petroleum products which are a liquid at ambient conditions. They are flammable, toxic, or corrosive products obtained from distilling or processing of crude oil, unfinished oils, natural gas liquids, blend stocks, and other miscellaneous hydrocarbon compounds. For a non-HVL petrochemical feedstock such as propylene report as "other" and specify "propylene" in the space provided.*

  - ☐ HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions

Note: Highly Volatile Liquids (HVLs) *are hazardous liquids or liquid mixtures which will form a vapor cloud when released to the atmosphere and have a vapor pressure exceeding 276 kPa at 37.8 C.*

Note: Other Flammable or Toxic Fluids *are those defined under 49 CFR 173.120 Class 3—Definitions*
Other flammable or toxic fluids which fall under this category include gases at ambient conditions, such as anhydrous ammonia (NH_3) and propane. For a petrochemical feedstock such as ethane or ethylene which is also classified as a highly volatile liquid, report as "Other HVL" and specify the appropriate name ("ethane" or "ethylene") in the space provided.

  - ☐ CO_2 (Carbon Dioxide)
  - ☐ Biofuel (including ethanol blends)

Note: Fuel Grade Ethanol *is denatured ethanol before it has been mixed with a petroleum product or other hydrocarbon; sometimes also referred to as neat ethanol.*

Ethanol Blend *is ethanol plus a petroleum product such as gasoline. Such mixtures may be referred to as E10 or E85, for example, representing a 10% or 85% blend respectively. In the space provided, specify the percentage of ethanol in the mixture.*

Biodiesel *is a diesel liquid distilled from biological feedstocks vs. crude oil. Biodiesel is typically shipped as a blend mixed with a petroleum product. Report the percentage biodiesel in the blend as shown.*

4. Describe the Circumstances Leading to the Discovery of the Condition: For item 4, please describe the circumstances that lead to the discovery of the condition.

5. Describe the Significant Effects of the Condition on Safety: For item 5, please describe any significant effects the condition will have on safety.

PART E – Corrective Action Taken

1. Describe the Corrective Action Taken Before the Report was Submitted: For item 1, select all applicable corrective actions taken by the operator before the safety-related condition report was submitted. If you select other, please describe in complete detail the corrective actions taken prior to the safety-related condition report was submitted.

2. Describe the Planned Follow-up or Future Corrective Action: For item 2, please describe in complete detail the planned follow-up or future corrective action for the condition in this safety-related condition report. In addition, **under item (a)** include the anticipated start date of follow-up or future corrective action for the condition in this safety-related condition report. Finally, **under item (b)**, include the anticipated date for conclusion of follow-up or future corrective action for the condition in this safety-related condition report. Note: Date format for items (a) and (b) should be mm/dd/yyyy.