

NOTICE: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty as provided in 49 USC 60122.		OMB No. 2137-0635 Expiration Date: 1/31/2029	
 U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Original Report Date:	12/05/2019	
	No.	20190126-33025 (DOT Use Only)	
INCIDENT REPORT - GAS TRANSMISSION, GAS GATHERING, AND UNDERGROUND NATURAL GAS STORAGE FACILITIES			
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 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, 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			
<i>Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-2.</i>			
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 http://www.phmsa.dot.gov/pipeline/library/forms.			
PART A - KEY REPORT INFORMATION			
Report Type: <i>(select all that apply)</i>	Original:	Supplemental:	Final:
	Yes		Yes
Last Revision Date:			
A1. Operator's OPS-issued Operator Identification Number (OPID):			
5304			
A2. Name of Operator			
FLORIDA GAS TRANSMISSION CO			
A3. Address of Operator:			
A3a. Street Address			
1300 MAIN STREET			
A3b. City			
Houston			
A3c. State			
Texas			
A3d. Zip Code			
77002			
A4. Local time (24-hr clock) and date of incident:			
11/07/2019 21:48			
A4a. Time Zone for local time: <i>(select only one)</i>			
A4b. Daylight Saving in effect?			
A5. Location of Incident:			
Latitude / Longitude			
28.521042, -81.488926			
A6. Gas released: <i>(select only one, based on predominant volume released)</i>			
Natural Gas			
- Other Gas Released Name:			
A7. Estimated volume of commodity released unintentionally - thousand standard cubic feet (mcf)			
3,900.00			
A8. Estimated volume of intentional and controlled release/blowdown - thousand standard cubic feet (mcf)			
0			
A9. Estimated volume of accompanying liquid release (Barrels):			
0			
A10. Were there fatalities?			
No			
- If Yes, specify the number in each category:			
A10a. Operator employees			
A10b. Contractor employees working for the Operator			
A10c. Non-Operator emergency responders			
A10d. Workers working on the right-of-way, but NOT associated with this Operator			
A10e. General public			
A10f. Total fatalities (sum of above)			
0			
A11. Were there injuries requiring inpatient hospitalization?			
No			
- If Yes, specify the number in each category:			
A11a. Operator employees			
A11b. Contractor employees working for the Operator			
A11c. Non-Operator emergency responders			
A11d. Workers working on the right-of-way, but NOT associated with this Operator			
A11e. General public			
A11f. Total injuries (sum of above)			
0			
A12. What was the Operator's initial indication of the Failure? <i>(select only one)</i>			
Notification From Public			

If Other, Describe:	
A12a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 12, specify the following: <i>(select only one)</i>	
A13. Local time Operator identified failure	11/07/2019 21:48
A14. Part of system involved in Incident: <i>(select only one)</i>	Onshore Compressor Station Equipment and Piping
A15. Operational Status at time Operator identified failure: <i>(select only one)</i>	
A16. If A15 = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the incident?	No
- If No, Explain:	The ESD system tripped the station shutdown temporarily
- If Yes, complete Questions 16a and 16b: <i>(use local time, 24-hr clock)</i>	
A16a. Local time and date of shutdown	
A16b. Local time pipeline/facility restarted	
- Still shut down? (* Supplemental Report Required)	
- If A12. = <i>Notification from Emergency Responder</i> , skip A17.	
A17a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident?	
- If No, skip A17b and c.	
A17b. Which party initiated communication about the incident?	
A17c. Local time of initial Operator and Local/State/Federal Emergency Responder communication	
A18. Local time operator resources arrived on site	11/07/2019 22:43
A19. Local time of confirmed discovery:	
A20a. Local time (24-hr clock) and date of initial operator report to the National Response Center	11/08/2019 10:25
A20b. Initial Operator National Response Center Report Number	1263440
NRC Notification Required but Not Made	
A20c. Additional NRC Report numbers submitted by the operator	
A21. Did the gas ignite?	No
- If A21. = Yes, then answer A21a through d:	
A21a. Local time of ignition:	
A21b. How was the fire extinguished?	
Specify:	
A21c. Estimated volume of gas consumed by fire (mcf): (must be less than or equal to A7.)	
A21d. Did the gas explode?	No
- If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A22a through f	
A22a. Initial action taken to control flow upstream of failure location	
- If Valve Closure, answer A22.b and c:	
A22b. Local time of final upstream valve closure	
A22c. Type of upstream valve used to complete upstream isolation of release source:	
A22d. Initial action taken to control flow downstream of failure location	
- If Valve Closure, answer A22e and f.:	
A22e. Local time of final downstream valve closure	
A22f. Type of downstream valve used to complete downstream isolation of release source	
A23. Number of general public evacuated:	0
PART B - ADDITIONAL LOCATION INFORMATION	
B1. Was the origin of the Incident onshore? Auto-populated based on A14	Yes
Yes (Complete Questions B2-B11)	
No (Complete Questions B12-B14)	
B1a. Pipeline/Facility name:	Orlando Compressor Station 18
B1b. Segment name/ID:	Station Yard
If Onshore:	
B2. State:	Florida
B3. Zip Code:	32835
B4. City	Orlando
B5. County or Parish	Orange

B6. Operator designated location: <i>(select only one)</i>	Milepost
B7. Describe:	668.8
B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)?	No
B9. Location of Incident:	Operator-controlled property
B10. Area of Incident: <i>(select only one)</i>	Aboveground
Specify:	Typical aboveground facility piping or appurtenance
If Other, Describe:	
B10a. Depth-of-Cover (in):	
B10b. Were other underground facilities found within 12 inches of the failure location?	
B11. Did Incident occur in a crossing?	No
- If Yes, specify type 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 Incident:	
Select:	
Is this water crossing 100 feet or more in length from high water mark to high water mark?	
If Offshore:	
B12. Approx. water depth (ft) at the point of the Incident:	
B13. Origin of Incident:	
- If "In State waters":	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- If "On the Outer Continental Shelf (OCS)":	
<i>(select only one)</i>	
- Area:	
- Block/Tract #:	
B14. Area of Incident:	
PART C - ADDITIONAL FACILITY INFORMATION	
C1. Is the pipeline or facility: - Interstate - Intrastate	Interstate
C2. Material involved in Incident: <i>(select only one)</i>	Carbon Steel
- If Material other than Carbon Steel or Plastic – Specify:	
C3. Item involved in Incident:	Valve
- If Pipe – Specify:	
C3a. Nominal Pipe Size:	
- If Pipe Body: Was this a Puddle/Spot Weld?	
- If C2. is Carbon Steel	
C3b. Wall thickness (in):	
C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
C3d. Pipe specification:	
Unknown	
C3e. Pipe Seam – Specify:	
- If Other, Describe:	
C3f. Pipe manufacturer:	
Unknown	
C3g. Pipeline coating type at point of Incident – Specify:	
- If Other, Describe:	

C3h. Coating field applied?	
- If C2. is Plastic	
C3i. Specify type:	
- If Other, Describe	
C3j. Specify Standard Dimension Ratio (SDR):	
Wall Thickness	
Unknown	
C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.)	
Unknown	
- If Weld/Fusion, including heat-affected zone – Specify:	
- If Pipe Girth Weld is selected, complete items C3a through h above	
Are any of the C3b through h values different on either side of the girth weld?	
- If Yes, enter the different value(s) below:	
C3l. Wall thickness (in):	
C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
C3n. Pipe specification	
Unknown	
C3o. Pipe Seam	
Describe:	
C3p. Pipe manufacturer	
Unknown	
C3q. Pipeline coating type at point of Accident	
Describe:	
C3r. Coating field applied?	
- If Plastic Pipe Fusion is selected, complete items C3a and C3i through k above	
- If Valve, excluding Regulator/Control Valves – Specify:	Auxiliary or Other Valve
- If Mainline – Specify:	
- If Other, Describe:	
C3s. Mainline valve manufacturer:	
Unknown	
C3t. Tubing material: <i>(select only one)</i>	
C3u. Type of tubing: <i>(select only one)</i>	
- If Other, Describe:	
C4. Year item involved in Incident was installed:	2003
Unknown	
C5. Year item involved in Incident was manufactured:	
Unknown	
C6. Type of release involved: <i>(select only one)</i>	Other
- 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:	Compressor Station ESD system was initiated as a result of a failed fiber optics communication cable. The ESD sequence process failed, the fire gate valve did not close completely due to a failed pilot. As a result of the open valve a reportable volume of gas was released.
PART D - ADDITIONAL CONSEQUENCE INFORMATION	
D1. Class Location of Incident:	Class 3 Location
D2. Did this Incident occur in a High Consequence Area (HCA)?	Yes
- If Yes:	
D2a. Specify the Method used to identify the HCA:	Method2
D3. What is the PIR (Potential Impact Radius) for the location of this Incident? Feet:	646
Not Flammable	

D4. Were any structures outside the PIR impacted or otherwise damaged due to heat/fire resulting from the Incident?	No
D5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident?	No
D6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR?	No
- If Yes, Describe the cause of the fatalities or injuries	
D7. Estimated Property Damage:	
D7a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed	\$0
D7b. Estimated cost of Operator's property damage & repairs	\$550
D7c. Estimated cost of emergency response	\$1,200
D7d. Estimated other costs	\$0
Describe:	
D7e. Property damage subtotal (sum of above)	\$1,750
Cost of Gas Released	
Cost of Gas in \$ per thousand standard cubic feet (mcf):	
D7f. Estimated cost of gas released unintentionally	\$12,051
D7g. Estimated cost of gas released during intentional and controlled blowdown	\$0
D7h. Total estimated cost of gas released (sum of D7f and D7g above)	\$12,051
D7i. Estimated Total Cost (sum of D7e and D7h)	\$13,801
Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. If a person is included in A11, do not include them in D8.	
D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:	
If a person is included in D8, do not include them in D9.	
D9. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident	
Buildings Affected	
D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted):	
D11. Number of business buildings affected (evacuated or required repair or gas service interrupted):	
D12. Wildlife impact:	
12a. If Yes, specify all that apply:	
Fish/aquatic	
Birds	
Terrestrial	
D13. If D2. Is No, answer D13a.	
13a. Did this incident occur in a Moderate Consequence Area (MCA)?	
If D13a. is Yes, answer D13b.	
13b. Select each of the items below that were present within the potential impact circle:	
5 or more buildings intended for human occupancy	
Paved surface for a designated interstate, freeway, expressway, or other principal 4-lane arterial roadway	
PART E - ADDITIONAL OPERATING INFORMATION	
E1. Estimated pressure at the point and time of the Incident (psig):	867.00
E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D):	
E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	973.00
E2a. MAOP established by 49 CFR section:	192.619(a)(1)
- If Other, specify:	
E2b. Date MAOP established:	
E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction?	
E3. Describe the pressure on the system or facility relating to the Incident:	Pressure did not exceed MAOP
E4. Was the system or facility relating to the Incident operating under an "established pressure restriction" with pressure limits below those normally allowed by the MAOP?	No

- If Yes - (Complete 4a and 4b below)	
E4a. Did the pressure exceed this established pressure restriction?	
E4b. Was this pressure restriction mandated by PHMSA or the State?	
E5. Was the gas at the point of failure required to be odorized in accordance with §192.625?	
- If Yes, Was the gas at the point of failure odorized in accordance with §192.625?	
- If A14 is "Onshore Pipeline, Including Valve Sites" or "Offshore Pipeline, Including Riser and Riser Bend", complete E6 through E8	
E6. Length of segment between upstream and downstream shut-off valves closest to failure location (ft):	
E7. Is the pipeline configured to accommodate internal inspection tools?	
- If No, Which physical features limit tool accommodation? (select all that apply)	
- 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:	
E8. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	
- If Yes, Which operational factors complicate execution? (select all that apply)	
- Excessive debris or scale, wax or other wall build-up	
- Low operating pressure(s)	
- Low flow or absence of flow	
- Incompatible commodity	
- Other	
- If Other, Describe:	
E9. Function of pipeline system: (select only one)	Transmission System
E10. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?	Yes
- If Yes:	
E10a. Was it operating at the time of the Incident?	Yes
E10b. Was it fully functional at the time of the Incident?	Yes
E10c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident?	Yes
E10d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident?	Yes
E11. 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 Incident?	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	Equipment failure in the field.
- If Yes, Describe investigation result(s): (select all that apply)	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the operator) and other factors associated with fatigue	
- 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	
F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
F1a. How many were tested:	
F1b. How many failed:	
F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
F2a. How many were tested:	
F2b. How many failed:	
PART G - APPARENT CAUSE	
Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part K – Contributing Factors.	
Apparent Cause:	G6 - Equipment Failure
G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column	
Corrosion Failure – Sub-cause:	
- If External Corrosion:	
1. 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:	
2a. If 2 is Stray Current, specify	
2b. Describe the stray current source:	
3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply)	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other – Describe:	
4. Was the failed item buried or submerged?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)	
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:	
Describe other CP survey	
- 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:	
6. Results of visual examination:	
- If Other, Describe:	
7. Cause 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 following: <i>(select all that apply)</i>	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
9. Location of corrosion: <i>(select all that apply)</i>	
- Low point in pipe	
- Elbow	
- Drop-out	
- Dead Leg	
- Other	
- If Other, Describe:	
10. Was the gas/fluid 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?	
G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. 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 Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6a. If Yes, specify: <i>(select all that apply)</i>	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one sub-cause can be picked from shaded left-hand column	
Excavation Damage – Sub-Cause:	
Complete the following if any Excavation Damage sub-cause is selected.	
1. Did the operator get prior notification of the excavation activity?	
1a. If Yes, Notification received from: <i>(select all that apply)</i>	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
1b. Per the primary Incident Investigator results, did State law exempt the excavator from notifying the one-call center?	
- If Yes, answer 1c through 1e	

1c. select one of the following:	
	Describe:
1d. Exempting authority	
1e. Exempting criteria	
2. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	
3. Right-of-Way where event occurred: <i>(select all that apply)</i>	
- Public	
	- If Public, Specify:
- Private	
	- If Private, Specify:
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Unknown/Other	
4. Was the facility part of a Joint Trench:	
5. Did this event involve a Cross Bore:	
6. Measured Depth from Grade:	
	Measured depth From Grade in inches
7. Type of excavator:	
8. Type of excavation equipment:	
9. Type of work performed:	
10. Was the One-Call Center notified? - Yes - No	
- If No, skip to question 11	
10a. If Yes, specify ticket number:	
10b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
10c. Was work area white lined:	
11. Type of Locator:	
12. Were facility locate marks visible in the area of excavation?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption: (hours)	
14. Description of the CGA-DIRT Root Cause <i>(select the predominant CGA-DIRT Root Cause)</i> :	
- Root Cause Category:	
- Root Cause Type:	
	(Comment required)
G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
2. Vehicle/Equipment operated by:	
- If this sub-section is picked, please complete questions 5-11 below	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment 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 Intentional Damage:	
3. Specify:	
	- If Other, Describe:
- If Other Outside Force Damage:	
4. Describe:	
Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.	

5. Was the driver of the vehicle or equipment issued one or more citations related to the incident?	
- If 5 is Yes, what was the nature of the citations: <i>(select all that apply)</i>	
5a. Excessive Speed	
5b. Reckless Driving	
5c. Driving Under the Influence	
5d. Other	
Describe:	
6. Was the driver under control of the vehicle at the time of the collision	
7. Estimated speed of the vehicle at the time of impact (miles per hour)?	
Unknown	
8. Type of vehicle?	
9. Where did the vehicle travel from to hit the pipeline facility?	
10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet):	
11. At the time of the Incident, were protections installed to protect the damaged pipeline facility from vehicular damage?	
- If 11. is Yes, specify type of protection: <i>(select all that apply)</i>	
11a. Bollards/Guard Posts	
11b. Barricades - include Jersey barriers and fences in instructions	
11c. Guard Rails	
11d. Other	
Describe:	
G5 - Pipe, Weld, or Joint Failure	Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld."
	Only one sub-cause can be selected from the shaded left-hand column
Pipe, Weld or Join Failure – Sub-Cause:	
1. The sub-cause shown above is based on the following: <i>(select all that apply)</i>	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i>	
- Design-, Construction-, Installation-, or Fabrication-related	
2. List contributing factors: <i>(select all that apply)</i>	
- Fatigue or Vibration related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress	
- Other	
- If Other, Describe:	
- Original Manufacturing-related (NOT girth weld or other welds formed in the field)	
2. List contributing factors: <i>(select all that apply)</i>	
- Fatigue or Vibration related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- If Other, Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.	
4. Additional Factors: <i>(select all that apply)</i>	
- Dent	

- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
- If Other, Describe:	
5. Post-construction pressure test value (psig)	
Unknown	
G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	Malfunction of Control/Relief Equipment
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- ESD System Failure	Yes
- Other	Yes
- If Other, Describe:	Compressor Station ESD system was initiated as a result of a failed fiber optics communication cable. The ESD sequence process failed, the fire gate valve did not close completely due to a failed pilot. As a result of the open valve a reportable volume of gas was released.
- If Compressor or Compressor-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 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: <i>(select all that apply)</i>	

- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	
- Loss of electricity	
- Improper installation	
- Improper maintenance	
- Mismatched items (different manufacturer for tubing and tubing fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with transported gas/fluid	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Erosion/abnormal wear	
- Other	Yes
- If Other, Describe:	Soft goods inside the pilot regulator failed
G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column	
Incorrect Operation - Sub-Cause:	
- If Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure:	
1. Specify:	
- If Other, Describe:	
- If Other Incorrect Operation:	
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
3. Was this Incident related to: <i>(select all that apply)</i>	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Incident:	
5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Incident Cause - only one sub-cause can be selected from the shaded left-hand column	
Other Incident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
Unknown	
PART H - NARRATIVE DESCRIPTION OF THE INCIDENT	

11/7/19

Compressor Station ESD system was initiated as a result of a failed fiber optics communication cable at 21:48.

11/8/19

NRC Telephonic notification made at 10:25 NRC#1263440. PHMSA AID notified 10:39.

11/9/19

48-Hour update NRC Notification made at 18:42 NRC#1263560. PHMSA AID updated at 19:25.

11/11/19

PHMSA AID updated at 11:34.

The Compressor Station ESD system was initiated as a result of a failed fiber optics communication cable. The ESD sequence process failed, the fire gate valve did not close completely due to a failed pilot. Soft goods inside the pilot regulator failed. As a result of the open valve a reportable volume of gas was released. The soft goods inside the pilot regulator were replaced to prevent recurrence.

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Nathan Hlavaty
Preparer's Title	Director - Interstate Regulatory Compliance
Preparer's Telephone Number	713-857-5479
Preparer's E-mail Address	nathan.hlavaty@energytransfer.com
Preparer's Facsimile Number	
Local Contact Name	
Optional Local Contact Email	
Optional Local Contact Phone	
Authorized Signer's Name	Nathan Hlavaty
Authorized Signer's Title	Director - Interstate Regulatory Compliance
Authorized Signer's Telephone Number	713-857-5479
Authorized Signer's Email	nathan.hlavaty@energytransfer.com

PART J - INTEGRITY INSPECTIONS

Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:

Corrosion (any subCause in Part G1); or

Previous Damage due to Excavation Activity (subCause in Part G3); or

Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or

Material Failure of Pipe or Weld (any subCause in Part G5)

J1. Have internal inspection tools collected data at the point of the Incident?

J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs:

Axial Magnetic Flux Leakage

Most recent run Year:

Most recent run Propulsion Method (*select only one*):

Most recent run Attuned to Detect (*select only one*):

Describe:

- If Metal Loss, specify (*select only one*):

Describe:

Previous run Year:

Previous run Propulsion Method (*select only one*):

Previous run Attuned to Detect (*select only one*):

Describe:

- If Metal Loss, specify (*select only one*):

Describe:

Circumferential/Transverse Wave Magnetic Flux Leakage

Most recent run Year:

Most recent run Propulsion Method (*select only one*):

Most recent run Resolution (*select only one*):

Describe:

Previous run Year:

Previous run Propulsion Method (*select only one*):

Previous run Resolution (*select only one*):

Describe:

Ultrasonic

Most recent run Year:

Most recent run Propulsion Method (*select only one*):

Most recent run Attuned to

Describe:

- If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one):	
Describe:	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Previous run Attuned to	
Describe:	
- If Attuned to Wall Measurement, previous run Metal Loss Resolution (select only one):	
Describe:	
Geometry/Deformation	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Most recent run Resolution (select only one):	
Describe:	
Most recent run Measurement Cups (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Previous run Resolution	
Describe:	
Previous run Measurement Cups (select only one):	
Electromagnetic Acoustic Transducer (EMAT)	
(EMAT) Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Cathodic Protection Current Measurement (CPCM)	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Other	
Specify tool:	
Most recent run Year:	
Most recent run Propulsion Method (select only one):	
Previous run Year:	
Previous run Propulsion Method (select only one):	
Answer J1b only when the cause is:	
Previous Damage due to Excavation Activity (subCause in Part G3); or	
Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4)	
J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? (initial post construction pressure test is NOT reported here)	
Most recent year tested:	
Test pressure (psig):	
J3. Has 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	
- If Yes, J3a. For each type, indicate the year of the most recent assessment:	
External Corrosion Direct Assessment (ECDA)	
Internal Corrosion Direct Assessment (ICDA)	
Stress Corrosion Cracking Direct Assessment (SCCDA)	
Confirmatory Direct Assessment	
Other, specify type	
J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002?	

J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted:	
Radiography	
Guided Wave Ultrasonic	
Handheld Ultrasonic Tool	
Wet Magnetic Particle Test	
Dry Magnetic Particle Test	
Other	
Specify Type:	
PART K - CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part K. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:	
External Corrosion	
External Corrosion, Galvanic	
External Corrosion, Atmospheric	
External Corrosion, Stray Current Induced	
External Corrosion, Microbiologically Induced	
External Corrosion, Selective Seam	
Internal Corrosion	
Internal Corrosion, Corrosive Commodity	
Internal Corrosion, Water drop-out/Acid	
Internal Corrosion, Microbiological	
Internal Corrosion, Erosion	
Natural Forces	
Earth Movement, NOT due to Heavy Rains/Floods	
Heavy Rains/Floods	
Lightning	
Temperature	
High Winds	
Tree/Vegetation Root	
Excavation Damage	
Excavation Damage by Operator (First Party)	
Excavation Damage by Operator's Contractor (Second Party)	
Excavation Damage by Third Party	
Previous Damage due to Excavation Activity	
Other Outside Force	
Nearby Industrial, Man-made, or Other Fire/Explosion	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	
Intentional Damage	
Other underground facilities buried within 12 inches of the failure location	
Pipe/Weld Failure	
Design-related	
Construction-related	
Installation-related	
Fabrication-related	
Original Manufacturing-related	
Environmental Cracking-related, Stress Corrosion Cracking	
Environmental Cracking-related, Sulfide Stress Cracking	
Environmental Cracking-related, Hydrogen Stress Cracking	
Environmental Cracking-related, Hard Spot	
Equipment Failure	
Malfunction of Control/Relief Equipment	
Compressor or Compressor-related Equipment	
Threaded Connection/Coupling Failure	
Non-threaded Connection Failure	

Defective or Loose Tubing or Fitting	
Failure of Equipment Body (except Compressor), Vessel Plate, or other Material	
Incorrect Operation	
Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage	
Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure	
Pipeline or Equipment Overpressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Inadequate Procedure	
No procedure established	
Failure to follow procedures	