

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:	01/24/2013
	No.	20130007-16271 (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

Use this form for Type A, B, and C gas gathering. Type R gas gathering is reported on Form PHMSA F 7100.2-2.

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: (select all that apply)	Original:	Supplemental:	Final:
		Yes	Yes
Last Revision Date:	02/12/2014		
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:	12/26/2012 05:55		
A4a. Time Zone for local time: (select only one)			
A4b. Daylight Saving in effect?			
A5. Location of Incident:			
Latitude / Longitude	28.0609, -80.7219		
A6. Gas released: (select only one, based on predominant volume released)	Natural Gas		
- Other Gas Released Name:			
A7. Estimated volume of commodity released unintentionally - thousand standard cubic feet (mcf)	293,976.00		
A8. Estimated volume of intentional and controlled release/blowdown - thousand standard cubic feet (mcf)	0		
A9. Estimated volume of accompanying liquid release (Barrels):			
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? (select only one)	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	12/26/2012 05:55
A14. Part of system involved in Incident: <i>(select only one)</i>	Onshore Pipeline, Including Valve Sites
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?	Yes
- If No, Explain:	
- If Yes, complete Questions 16a and 16b: <i>(use local time, 24-hr clock)</i>	
A16a. Local time and date of shutdown	12/26/2012 05:55
A16b. Local time pipeline/facility restarted	04/19/2013 14:00
- 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	12/26/2012 06:30
A19. Local time of confirmed discovery:	
A20a. Local time (24-hr clock) and date of initial operator report to the National Response Center	12/26/2012 07:41
A20b. Initial Operator National Response Center Report Number	1034170
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:	Automatic
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	Manual
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:	FLMEA-18
B1b. Segment name/ID:	Valve Section 18-3
If Onshore:	
B2. State:	Florida
B3. Zip Code:	32904
B4. City	Melbourne
B5. County or Parish	Brevard

B6. Operator designated location: <i>(select only one)</i>	Survey Station No.
B7. Describe:	1613+22
B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)?	No
B9. Location of Incident:	Pipeline Right-of-way
B10. Area of Incident: <i>(select only one)</i>	Underground
	Specify: Under soil
	If Other, Describe:
B10a. Depth-of-Cover (in):	30
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:	Pipe
- If Pipe – Specify:	Pipe Seam
C3a. Nominal Pipe Size:	20
- If Pipe Body: Was this a Puddle/Spot Weld?	
- If C2. is Carbon Steel	
C3b. Wall thickness (in):	.250
C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	52,000
C3d. Pipe specification:	API 5L
	Unknown
C3e. Pipe Seam – Specify:	Longitudinal ERW - Low Frequency
	- If Other, Describe:
C3f. Pipe manufacturer:	Youngstown Sheet & Tube
	Unknown
C3g. Pipeline coating type at point of Incident – Specify:	Cold Applied Tape
	- 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:	
- 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:	1959
Unknown	
C5. Year item involved in Incident was manufactured:	1959
Unknown	
C6. Type of release involved: <i>(select only one)</i>	Rupture
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	Longitudinal
- If Other, Describe:	
Approx. size: in. (widest opening):	54
by in. (length circumferentially or axially):	360
- If Other, Describe:	
PART D - ADDITIONAL CONSEQUENCE INFORMATION	
D1. Class Location of Incident:	Class 1 Location
D2. Did this Incident occur in a High Consequence Area (HCA)?	No
- If Yes:	
D2a. Specify the Method used to identify the HCA:	
D3. What is the PIR (Potential Impact Radius) for the location of this Incident? Feet:	422
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	\$14,000
D7b. Estimated cost of Operator's property damage & repairs	\$132,077
D7c. Estimated cost of emergency response	\$0
D7d. Estimated other costs	\$0
Describe:	
D7e. Property damage subtotal (sum of above)	\$146,077
Cost of Gas Released	
Cost of Gas in \$ per thousand standard cubic feet (mcf):	
D7f. Estimated cost of gas released unintentionally	\$1,022,154
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)	\$1,022,154
D7i. Estimated Total Cost (sum of D7e and D7h)	\$1,168,231
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):	927.00
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):	936.00
E2a. MAOP established by 49 CFR section:	Not on OMB-approved form when submitted
- 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):	74,976
E7. Is the pipeline configured to accommodate internal inspection tools?	Yes
- If No, Which physical features limit tool accommodation? <i>(select all that apply)</i>	
- 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?	No
- If Yes, Which operational factors complicate execution? <i>(select all that apply)</i>	
- 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: <i>(select only one)</i>	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?	Yes, specify investigation result(s): <i>(select all that apply)</i>
- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: <i>(provide an explanation for why the operator did not investigate)</i>	
- If Yes, Describe investigation result(s): <i>(select all that apply)</i>	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the operator) and other factors associated with fatigue	Yes
- 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	Yes
- Investigation identified no controller issues	Yes
- 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?	Yes

- If Yes:	
F1a. How many were tested:	3
F1b. How many failed:	0
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:	G5 - Material Failure of Pipe or Weld
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:	Original Manufacturing-related (NOT girth weld or other welds formed in the field)
1. The sub-cause shown above is based on the following: <i>(select all that apply)</i>	
- Field Examination	
- Determined by Metallurgical Analysis	Yes
- 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	Yes
- If Other, Describe:	Hook crack, hard spot, low toughness
- 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	Yes
- 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:	
- 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	
- Other	
- If Other, Describe:	
- 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	
- If Other, Describe:	
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	
This supplemental/final being submitted, is to update the information in Section G5 - Cause.	
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?	Yes
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	Yes
Most recent run Year:	2007
Most recent run Propulsion Method (<i>select only one</i>):	
Most recent run Attuned to Detect (<i>select only one</i>):	
Describe:	
- If Metal Loss, specify (<i>select only one</i>):	
Describe:	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
Previous run Attuned to Detect (<i>select only one</i>):	
Describe:	
- If Metal Loss, specify (<i>select only one</i>):	
Describe:	
Circumferential/Transverse Wave Magnetic Flux Leakage	
Most recent run Year:	
Most recent run Propulsion Method (<i>select only one</i>):	
Most recent run Resolution (<i>select only one</i>):	
Describe:	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
Previous run Resolution (<i>select only one</i>):	
Describe:	
Ultrasonic	
Most recent run Year:	
Most recent run Propulsion Method (<i>select only one</i>):	
Most recent run Attuned to	
Describe:	
- If Attuned to Wall Measurement, most recent run Metal Loss Resolution (<i>select only one</i>):	
Describe:	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
Previous run Attuned to	
Describe:	
- If Attuned to Wall Measurement, previous run Metal Loss Resolution (<i>select only one</i>):	
Describe:	
Geometry/Deformation	Yes
Most recent run Year:	2007
Most recent run Propulsion Method (<i>select only one</i>):	
Most recent run Resolution (<i>select only one</i>):	
Describe:	
Most recent run Measurement Cups (<i>select only one</i>):	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
Previous run Resolution	
Describe:	
Previous run Measurement Cups (<i>select only one</i>):	
Electromagnetic Acoustic Transducer (EMAT)	

(EMAT) Most recent run Year:	
Most recent run Propulsion Method (<i>select only one</i>):	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
Cathodic Protection Current Measurement (CPCM)	
Most recent run Year:	
Most recent run Propulsion Method (<i>select only one</i>):	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
Other	Yes
Specify tool:	Combination Tool
Most recent run Year:	2012
Most recent run Propulsion Method (<i>select only one</i>):	
Previous run Year:	
Previous run Propulsion Method (<i>select only one</i>):	
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)	Yes
Most recent year tested:	2000
Test pressure (psig):	1,235.00
J3. Has Direct Assessment been conducted on the pipeline segment?	Yes, but the point of the Accident was not identified as a dig site
- 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	2012
- 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?	No
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	