

| | | |
|---|---------------------|--|
| | 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 | | 05/28/2024 10:09 |
| 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> | | Normal Operation, includes pauses during maintenance |
| 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 | | 05/28/2024 13:09 |
| A16b. Local time pipeline/facility restarted | | 06/29/2024 11:38 |
| - Still shut down? (* Supplemental Report Required) | | |
| - If A12. = <i>Notification from Emergency Responder, skip A17.</i> | | |
| A17a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? | | Yes |
| - If No, skip A17b and c. | | |
| A17b. Which party initiated communication about the incident? | | Operator |
| A17c. Local time of initial Operator and Local/State/Federal Emergency Responder communication | | 05/28/2024 10:09 |
| A18. Local time operator resources arrived on site | | 05/28/2024 10:09 |
| A19. Local time of confirmed discovery: | | 05/28/2024 10:09 |
| A20a. Local time (24-hr clock) and date of initial operator report to the National Response Center | | 05/29/2024 17:25 |
| A20b. Initial Operator National Response Center Report Number | | 1400298 |
| NRC Notification Required but Not Made | | |
| A20c. Additional NRC Report numbers submitted by the operator | | 1400487 |
| 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? | | |
| - 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 | | Valve Closure |
| | | |
| - If Valve Closure, answer A22.b and c: | | |
| A22b. Local time of final upstream valve closure | | 05/28/2024 13:09 |
| A22c. Type of upstream valve used to complete upstream isolation of release source: | | Manual |
| A22d. Initial action taken to control flow downstream of failure location | | Valve Closure |
| | | |
| - If Valve Closure, answer A22e and f.: | | |
| A22e. Local time of final downstream valve closure | | 05/28/2024 13:09 |
| 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: | | FL052 |
| B1b. Segment name/ID: | | None |
| If Onshore: | | |
| B2. State: | | Utah |
| B3. Zip Code: | | 84074 |
| B4. City | | Tooele |

| | |
|--|--------------------------------------|
| B5. County or Parish | Tooele |
| B6. Operator designated location: <i>(select only one)</i> | Not Applicable |
| B7. Describe: | |
| 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): | 36 |
| B10b. Were other underground facilities found within 12 inches of the failure location? | No |
| 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 | Intrastate |
| 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 Body |
| C3a. Nominal Pipe Size: | 14 |
| - If Pipe Body: Was this a Puddle/Spot Weld? | No |
| - If C2. is Carbon Steel | |
| C3b. Wall thickness (in): | .250 |
| C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): | 42,000 |
| C3d. Pipe specification: | API 5L |
| Unknown | |
| C3e. Pipe Seam – Specify: | Longitudinal ERW - Unknown Frequency |
| - If Other, Describe: | |
| C3f. Pipe manufacturer: | |
| Unknown | Yes |
| C3g. Pipeline coating type at point of Incident – Specify: | Coal Tar |

| | | |
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| | - If Other, Describe: | |
| C3h. Coating field applied? | | Unknown |
| - 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: | | 1971 |
| | Unknown | |
| C5. Year item involved in Incident was manufactured: | | |
| | Unknown | Yes |
| C6. Type of release involved: <i>(select only one)</i> | | Mechanical Puncture |
| - If Mechanical Puncture – Specify Approx. size: | | |
| | in. (axial) by | 4.00 |
| | in. (circumferential) | 4.00 |
| - 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: | |
| 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: | | 182 |
| | Not Flammable | |
| D4. Were any structures outside the PIR impacted or otherwise damaged due to heat/fire resulting from the Incident? | | No |

| | |
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| 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? | |
| - 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 | \$72,016 |
| D7c. Estimated cost of emergency response | \$0 |
| D7d. Estimated other costs | \$0 |
| | Describe: |
| D7e. Property damage subtotal (sum of above) | \$72,016 |
| Cost of Gas Released | |
| Cost of Gas in \$ per thousand standard cubic feet (mcf): | 4.1000 |
| D7f. Estimated cost of gas released unintentionally | \$49,713 |
| D7g. Estimated cost of gas released during intentional and controlled blowdown | \$2,870 |
| D7h. Total estimated cost of gas released (sum of D7f and D7g above) | \$52,583 |
| D7i. Estimated Total Cost (sum of D7e and D7h) | \$124,599 |
| 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: | 0 |
| 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 | 0 |
| Buildings Affected | |
| D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted): | 0 |
| D11. Number of business buildings affected (evacuated or required repair or gas service interrupted): | 0 |
| D12. Wildlife impact: | No |
| 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)? | No |
| 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): | 300.00 |
| E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): | .00 |
| E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): | 354.00 |
| E2a. MAOP established by 49 CFR section: | 192.619(a)(4) |
| | - If Other, specify: |
| E2b. Date MAOP established: | 12/30/2010 |
| E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction? | No |
| 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? | |

| | |
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| 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? | Yes |
| - If Yes, Was the gas at the point of failure odorized in accordance with §192.625? | Yes |
| - 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): | 13,200 |
| E7. Is the pipeline configured to accommodate internal inspection tools? | No |
| - If No, Which physical features limit tool accommodation? <i>(select all that apply)</i> | |
| - Changes in line pipe diameter | Yes |
| - 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 | Yes |
| - If Other, Describe: | No receiver facility. |
| E8. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? | Yes |
| - 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 | Yes |
| - Incompatible commodity | |
| - Other | |
| - If Other, Describe: | |
| E9. Function of pipeline system: <i>(select only one)</i> | Transmission Line of Distribution System |
| E10. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident? | No |
| - If Yes: | |
| E10a. Was it operating at the time of the Incident? | |
| E10b. Was it fully functional at the time of the Incident? | |
| 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? | |
| 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? | |
| 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: <i>(provide an explanation for why the operator did not investigate)</i> | Due to the cause being a third party damage. |
| - 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 | |
| - 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 | |
| <i>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.</i> | |
| Apparent Cause: | G3 - Excavation Damage |
| G1 - Corrosion Failure - only one <i>sub-cause</i> 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: <i>(select all that apply)</i> | |
| - 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: <i>(select all that apply)</i> | |
| - 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? <i>(select all that apply)</i> | |
| | 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: <i>(select all that apply)</i> | |
| - Corrosive Commodity | |
| - Water drop-out/Acid | |
| - Microbiological | |
| - Erosion | |

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| - 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: | Excavation Damage by Third Party |
| Complete the following if any Excavation Damage sub-cause is selected. | |
| 1. Did the operator get prior notification of the excavation activity? | Yes |
| 1a. If Yes, Notification received from: <i>(select all that apply)</i> | |
| - One-Call System | Yes |
| - Excavator | |
| - Contractor | |
| - Landowner | |
| 1b. Per the primary Incident Investigator results, did State law exempt the excavator from notifying the one-call center? | No |
| - If Yes, answer 1c through 1e | |
| 1c. select one of the following: | |
| Describe: | |

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| 1d. Exempting authority | |
| 1e. Exempting criteria | |
| 2. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? | No |
| 3. Right-of-Way where event occurred: <i>(select all that apply)</i> | |
| - Public | |
| - If Public, Specify: | |
| - Private | |
| - If Private, Specify: | |
| - Pipeline Property/Easement | Yes |
| - Power/Transmission Line | |
| - Railroad | |
| - Dedicated Public Utility Easement | |
| - Federal Land | |
| - Unknown/Other | |
| 4. Was the facility part of a Joint Trench: | No |
| 5. Did this event involve a Cross Bore: | No |
| 6. Measured Depth from Grade: | 18" – 36" |
| Measured depth From Grade in inches | |
| 7. Type of excavator: | Contractor |
| 8. Type of excavation equipment: | Backhoe/Trackhoe |
| 9. Type of work performed: | Sewer (Sanitary/Storm) |
| 10. Was the One-Call Center notified? - Yes - No | Yes |
| - If No, skip to question 11 | |
| 10a. If Yes, specify ticket number: | C041310119 |
| 10b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified: | ELM |
| 10c. Was work area white lined: | No |
| 11. Type of Locator: | Contract Locator |
| 12. Were facility locate marks visible in the area of excavation? | No |
| 13. Did the damage cause an interruption in service? | No |
| 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: | Locating Issue |
| - Root Cause Type: | Facility not marked due to Incomplete marks at damage location |
| (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? | |

| | |
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| - 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: | |
| - 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: *(select all that apply)*

- 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

Enbridge Gas (Company) high pressure pipeline (FL052) was damaged on 5/28/2024 at 1987 W Erda Way, Tooele at approximately 1200' south of the Tooele Valley Airport by a third party contractor while excavating for a pressurized 4" sewer line. The 14" HP pipe incurred a 4" hole from a trackhoe striking the pipe causing a release of gas. Company high pressure personnel had the line isolated, blown down, and secured at approx. 12:27 on 5/28/2024. Repairs were made by cutting out and replacing a 13' 9" pre-tested pipe section of X52, 0.375 wall pipe. Pipeline was then purged and gas was introduced into the feederline on Wednesday, 05/29/2024 at 11:38. Stations TO0009 and bird cage WA1515 were then turned back on by Measurement and Control with the line being fully operational.

PART I - PREPARER AND AUTHORIZED SIGNATURE

| | |
|-----------------------------|--------------------------------|
| Preparer's Name | Steve Bursett |
| Preparer's Title | Supervisor Pipeline Compliance |
| Preparer's Telephone Number | 801-548-7520 |
| Preparer's E-mail Address | steven.bursett@enbridge.com |
| Preparer's Facsimile Number | |
| Local Contact Name | Steve Bursett |

| | |
|--------------------------------------|-----------------------------|
| Optional Local Contact Email | steven.bursett@enbridge.com |
| Optional Local Contact Phone | 801-548-7520 |
| Authorized Signer's Name | Ryan Jamison |
| Authorized Signer's Title | Manager Gas Operations |
| Authorized Signer's Telephone Number | 801-574-0111 |
| Authorized Signer's Email | ryan.jamison@enbridge.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 (<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 | | |
| Specify tool: | | |
| 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>): | | |
| 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 | Yes |
| 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 | |