

Rural Gas Program		LEAK/DAMAGE REPORT		Report No.	Entered
01 Facility Owner:		02 District Office		03 Ref./Serv./Tap No.	04 AB 1-Call Date:
05 Site Location(Street Address/Legal Land Description/Lot, Block, Rural Subd'n):				05 Municipality/MD/ID/County:	
<u>Area</u> <input type="checkbox"/> 07 Urban <input type="checkbox"/> 08 Rural		<u>Site</u> <input type="checkbox"/> 09 Private Property <input type="checkbox"/> 11 Road Allowance <input type="checkbox"/> 13 Other Public Property		<u>Plant</u> <input type="checkbox"/> 14 Trunk <input type="checkbox"/> 16 Service <input type="checkbox"/> 18 Surface	
		<input type="checkbox"/> 10 Easement/ROW/Lease <input type="checkbox"/> 12 Lane		<input type="checkbox"/> 15 Main <input type="checkbox"/> 17 Underground <input type="checkbox"/> 19 Aerial	
<u>Type of Incident</u> <input type="checkbox"/> 20 Dig Up <input type="checkbox"/> 23 Vandalism <input type="checkbox"/> 26 Thaw-Deliberate (coal burn) <input type="checkbox"/> 29 Vehicle Accident – Not Ident.		<input type="checkbox"/> 21 Near Miss <input type="checkbox"/> 24 Animal, i.e. Rodent <input type="checkbox"/> 27 Fire/Water Damage <input type="checkbox"/> 30 Other _____		<input type="checkbox"/> 22 High Load (Overhead Power) <input type="checkbox"/> 25 Natural Elements <input type="checkbox"/> 28 Vehicle Accident-Identified <input type="checkbox"/> Pipeline failure <input type="checkbox"/> Fitting/Fusion Failure	
<u>Activity</u> <input type="checkbox"/> 31 Backhoe/Trackhoe Excavation <input type="checkbox"/> 34 Grader/Dozer/Scraper Excavation <input type="checkbox"/> 37 Blasting/Vibrosis <input type="checkbox"/> 40 Cable/Pipe Plowing <input type="checkbox"/> 43 Landscape/Tree Planting <input type="checkbox"/> 46 Driving Bars/Stakes/Posts/Anchors		<input type="checkbox"/> 32 Bobcat/Loader Excavation <input type="checkbox"/> 35 Ditch Shaping <input type="checkbox"/> 38 Demolition/Breakout <input type="checkbox"/> 41 Deep Tilage <input type="checkbox"/> 44 Vertical Augering/Drilling <input type="checkbox"/> 47 Hand Excavation		<input type="checkbox"/> 33 Trencher Excavation <input type="checkbox"/> 36 Saw Cutting/Jack Hammer <input type="checkbox"/> 39 Snow Removal <input type="checkbox"/> 42 General Agriculture <input type="checkbox"/> 45 Horizontal Auger/Bore/Push <input type="checkbox"/> 48 Other _____	
<u>Damaged By:</u> <input type="checkbox"/> 49 Landowner/Tenant <input type="checkbox"/> 52 Fed. Gov't Dept. <input type="checkbox"/> 55 Elec Mech Contractor <input type="checkbox"/> 58 Excavation Contractor <input type="checkbox"/> 61 House Builder <input type="checkbox"/> 64 General Contractor <input type="checkbox"/> 67 Surveyor/Engineer <input type="checkbox"/> 70 Road/Grading Contractor <input type="checkbox"/> 73 Other _____		<input type="checkbox"/> 50 Municipality <input type="checkbox"/> 53 Indian Band <input type="checkbox"/> 56 Drilling Contractor <input type="checkbox"/> 59 Landscaper <input type="checkbox"/> 62 Irrigation District <input type="checkbox"/> 65 Fence/Sign Contractor <input type="checkbox"/> 68 Seismic Contractor <input type="checkbox"/> 71 Sewer/Water Contractor		<input type="checkbox"/> 51 Prov. Gov't Dept. <input type="checkbox"/> 54 Elec/Gas/Tel Utility <input type="checkbox"/> 57 Utility Contractor <input type="checkbox"/> 60 Pipeliner <input type="checkbox"/> 63 Railway <input type="checkbox"/> 66 Well Site Contractor <input type="checkbox"/> 69 Concrete/Paving Contractor <input type="checkbox"/> 72 Petroleum Resource Co	
74 Company Name:			75 Contact:		
76 Mailing Address:				77 Phone:	
78 Working For:					
<u>Locates Requested?</u> <input type="checkbox"/> 79 Yes <input type="checkbox"/> 80 No <input type="checkbox"/> 81 N/A		<u>Locates Done?</u> <input type="checkbox"/> 82 Yes <input type="checkbox"/> 83 No		<u>Locates Accurate?</u> <input type="checkbox"/> 84 Yes <input type="checkbox"/> 85 No	
<u>Hand Exposed?</u> <input type="checkbox"/> 86 Yes <input type="checkbox"/> 87 No					
88 Locate Ticket No.	89 Date Located:	Facility Marked By: <input type="checkbox"/> 90 Flags <input type="checkbox"/> 92 Stakes <input type="checkbox"/> 94 Verbally	<input type="checkbox"/> 91 Paint <input type="checkbox"/> 93 Maps <input type="checkbox"/> 95 Not Marked	Contact Auth'd? <input type="checkbox"/> 96 Yes <input type="checkbox"/> 97 No	Damage Preventable? <input type="checkbox"/> 98 Yes <input type="checkbox"/> 99 No
<u>Line Size (O.D.)</u> <input type="checkbox"/> 01 26.7 mm <input type="checkbox"/> 02 33.4 mm <input type="checkbox"/> 03 48.3 mm <input type="checkbox"/> 04 60.3 mm <input type="checkbox"/> 05 Other _____					
<u>Pipe Material</u> <input type="checkbox"/> 06 Polyethylene <input type="checkbox"/> 07 Steel <input type="checkbox"/> 08 PVC <input type="checkbox"/> 09 Aluminum					
<u>Pipe Manufacturer</u> <input type="checkbox"/> 10 DomX <input type="checkbox"/> 11 Phillips <input type="checkbox"/> 12 Polytubes <input type="checkbox"/> 13 KWH <input type="checkbox"/> 14 Other _____					
<u>Classification</u> <input type="checkbox"/> 15 2306 <input type="checkbox"/> 16 3406 <input type="checkbox"/> 2406 <input type="checkbox"/> 17 Other _____ 18 Operating Pressure _____ mpa/psi					
<u>Pipe Depth</u> <input type="checkbox"/> 19 80 mm (30") or Greater <input type="checkbox"/> 20 80 mm (30") or Less 21 Or Less, Specify Depth _____					
<u>Repair Joint Type</u> <input type="checkbox"/> 22 Mechanical - Stablock – Continental—Dresser <input type="checkbox"/> 23 Fusion <input type="checkbox"/> 24 Electrofusion <input type="checkbox"/> 25 Other _____					
<u>Description of Break</u> Coupling Failure <input type="checkbox"/> 26 Fusion <input type="checkbox"/> 27 Longitudinal Rupture <input type="checkbox"/> 28 Pinhole <input type="checkbox"/> 29 Rodent <input type="checkbox"/> 30 Mechanical <input type="checkbox"/> Severed <input type="checkbox"/> 31 Other _____					
<u>Time and Date of Line Break</u> Approx.: __: __ <input type="checkbox"/> 32 am / <input type="checkbox"/> 33 pm 34 Day __ 35 Mo. __ 36 Year __ <input type="checkbox"/> 37 Unknown					
<u>Time incident reported:</u> __: __ <input type="checkbox"/> 38 am/ <input type="checkbox"/> 39 pm					
<u>Time/day emergency crew arrived</u> __: __ <input type="checkbox"/> 40 am/ <input type="checkbox"/> 41 pm 42 Day __ 43 Mo. __ 44 Yr. __					
<u>Comments:</u>					