



PS-0401 Rev. 2/09

CORROSION INSPECTION REPORT OF A GAS DISTRIBUTION OPERATOR

OPERATOR INSPECTION-SPECIFIC INFORMATION

Inspection Date(s):	
Name of Operator:	
System Representative(s) / Title	
Email Address	
Emergency Phone Number	
TRA Representative(s)	

CORROSION INSPECTION REPORT OF A GAS DISTRIBUTION OPERATOR

Unless otherwise noted, all code references are to 49CFR Part 192.

1 – Plans, Procedures, and Forms

1.01 a) Has O&M been reviewed/updated at intervals not exceeding fifteen months, but at least once each calendar year? (192.12(c)) Revision Date: _____

b) Does operator have a written Operation & Maintenance Plan that includes? (192.605(a))

1) Procedures for conducting a cathodic protection survey in accordance with 192.465?

Location: _____

2) Procedures for the testing of rectifiers, interference bonds, diodes, in accordance with 192.465(b) and (c)? Location: _____

3) Procedures for checking the system for electrical isolation in accordance with 192.467?

4) Procedures for clearing or monitoring shorted casings? Location: _____

5) Procedures for recording the condition of mains and services when exposed in accordance with 192.459? Location: _____

6) Procedures for protective coatings in accordance with 192.461? Location: _____

7) Procedures for adequate test stations in accordance with 192.469? Location: _____

8) Procedures for test leads in accordance with 192.471? Location: _____

9) Procedures for the evaluation of internal corrosion in accordance with 192.475? Location: _____

10) Procedures for the evaluation of atmospheric in accordance with 192.481? Location: _____

11) Procedures for maintaining corrosion control records in accordance with 192.461? Location: _____

12) Procedures for cast iron or bare steel pipeline replacement program? Location: _____

13) Procedures for operating under a selected criterion within Appendix D of Part 192?

Location: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1.02 Have you had a reportable incident in the past 12 months? (191.3, 191.9) What defines a reportable incident? Has the operator experienced any non-reportable incidents such as a release of gas where there are building evacuations, road closures and/or that draw media attention? Do you know the telephone numbers and persons to call at the TRA and Washington to report a gas incident? (TRA- (800)342-8359) (D.O.T. Washington-(800)424-8802)

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

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2 – Corrosion Control

2.01 a) Has a periodic survey been performed at intervals not exceeding 15 months, but at least once each calendar year on your cathodically protected system? (192.465(a), 192.491) Date: _____

b) Did the operator have any shorts found during this survey?

c) Are these shorts indicated on the survey?

d) Has operator taken prompt remedial action to correct any deficiencies found during his monitoring of the system (192.465(d))?

e) Does the operator have OQ records for the person(s) performing this task? Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.02 a) What cathodic protection criterion is used by operator? (Appendix D) _____
 What type cathodic protection is applied to your pipeline system? (192.463, 192.491)

Galvanic Impressed Current Both

b) If rectified, how many? _____

Are rectifiers inspected 6 times each year not to exceed 2 1/2 months? (192.465(b)) Dates of inspection: _____

c) Does the operator consider IR drop when performing cathodic protection readings?

d) Does the operator have OQ records for the person(s) performing this task? Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.03 a) Does the operator have any separately protected short sections of main not to exceed 100 feet, or isolated service lines that are impractical to test during the annual cathodic protection survey? (192.465 (a)) If yes, how many? _____

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b) Does the operator have separately protected short sections of main or isolated services that are impractical to survey each calendar year? If yes, what makes them impractical to survey? _____

If yes, how many checked in Current year: _____
 Prior year(s): _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.04 a) Are buried or submerged pipelines electrically isolated from other metallic structures? (192.467(d), 192.491) How? _____

b) Does the operator use one or more insulating devices to electrically isolate that portion of his system that will be cathodically protected (192.467(b))? If yes, what type insulating device is used? _____

c) Does the operator have a pipeline that is located in close proximity to electrical transmission tower footings, ground cables or counterpoise, or in other areas where unusual risk of lightning may be anticipated (192.467(f))? If yes, is protection against damage provided? If yes what type? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.05 Are atmospheric corrosion inspections conducted at intervals not exceeding three (3) years? (192.481, 192.491) Date: _____

Was remedial action taken whenever necessary?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.06 a) Does the operator maintain maps or records showing location of cathodically protected piping, cathodic protection facilities, galvanic anodes, and neighboring structures bonded to the CP system? (192.491(a))

b) Are these maintained for the life of the system? (192.491(b))

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c) Records of each test, survey, or inspection to demonstrate the adequacy of corrosion control measures. Where is information located? (192.491(c)) _____

d) Is a corrosion leak map or other records being maintained for each leak found during the year? If yes, where? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.07 a) How many corrosion leaks were found within the past year? _____

b) Why did the pipe corrode? _____

c) Has the corrosion problem been repaired?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.08 a) Whenever a portion of buried pipeline is exposed or whenever a section of pipe is removed, are you recording condition of the protective coating and the internal condition of the pipeline? (192.459, 192.475) On what form? _____

b) In the past 12 months does this documentation indicate that there is a problem with the pipe in this area?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.09 a) Does the operator have any casings in the gas system? (192.455, 192.457, 192.467(c))

Total number of casings in your system: _____

Steel main/ Steel casing: _____

b) How many shorted casings in your system? (192.465, 192.467(c)) _____

c) What action has been performed to remove or attempt to remove the short? (192.467) _____

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d) If it is impractical to achieve isolation of a shorted casing what method is being performed to minimize corrosion? (192.465(d), 192.467)

- Fill space with dielectric material
- If short is in Class I and II location, do you monitor with leak detection equipment?
Date(s) monitored: _____
- If short is in Class III and IV location, do you monitor with leak detection every 3 months?
Date(s) monitored: _____
- Use smart pig to check condition of pipe and replace as needed

e) Do you leakage monitor shorted casings on bridge crossings four times a year? (192.467, 192.721)

Date(s) monitored: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.10 a) If the results of pipe-to-soil potential measurements taken at service risers are used to determine the effectiveness of the cathodic protection, is the operator confident that the results at these locations provide an accurate indication that steel mains are adequately protected and are not just indicative of steel service line protection from anodes attached to the service lines? Should test stations or additional contact points for electrical measurement of your cathodic protection be installed in your system? (192.469, 192.471, 192.491)
If so, where? _____

b) Do you have any interference bonds whose failure would jeopardize the structure protection of your system? If yes, are you monitoring every 2 1/2 months? (192.465(c), 192.491) Date: _____

c) Do you have any other interference bonds? If yes, are they checked at intervals not to exceeding 15 months, but at least once each calendar year, and recorded? (192.465(c), 192.473, 192.491) Date: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.11 a) Does the operator have bare steel pipe? (192.457) If yes, when was it installed? _____ If before August 1, 1971 does it have area(s) of active corrosion? If so, where _____ Has this section been cathodically protected?

b) Do system maps indicate the areas of bare steel pipe?

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c) Does your system have any bare or ineffectively coated transmission or distribution lines(192.457(b), 192.455 (a))? If yes:

Location	Type line

To add rows, press TAB with cursor in last cell.

d) Has operator reevaluated his unprotected pipelines within 3 years, by close interval survey or other means, and cathodically protected them in areas where active corrosion was found (192.465(e))?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.12 a) Do you have any records showing the areas of active corrosion in your system? An example of a record would be an electrical survey, corrosion and leak history map, or leak detection survey (192.457(b)(3))? If yes, what type record: _____

b) Does the operator have any localized corrosion pitting in the distribution lines to a degree where leakage might result (192.487(b))? If yes, date(s) to be repaired: _____

c) Does the operator have any cast iron or ductile iron pipelines where general or localized graphitization has been found (192.489)? If yes, date(s) to be repaired/replaced: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.13 a) Has the operator ever transported a corrosive gas in any of their pipelines (192.477)? If yes, what action has been taken to minimize the internal corrosion? _____ Is suitable monitoring in accordance with 192.477 in place to monitor the internal corrosion?

b) Does the operator have any localized corrosion pitting in the distribution lines to a degree where leakage might result (192.487(b))? If yes, date(s) to be repaired: _____

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c) Does the operator have any cast iron or ductile iron pipelines where general or localized graphitization has been found (192.489)? If yes, date(s) to be repaired/replaced: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3 – Miscellaneous Activities

3.01 a) Has the operator complied with HR 5787 and installed EFV's on all new or renewed services after June 1, 2008?

b) Has the operator added EFV installation procedures to their O&M manual?

c) Has the operator qualified or re-evaluated personnel on their EFV procedures?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3.02 a) Were there any "hits" or damages to your facilities in the previous calendar year?

If yes, were these "hits" or damages reported to TN One-Call? Yes No

b) Number of the following that caused these "hits" or damages?

Contractors _____

Utilities _____

Landscapers _____

Home Owners _____

Farmers _____

Others _____

c) Estimated total cost of damages and repair \$ _____

Did the damage cause any interruption of service to customers? If yes, how many customers were affected by the outage? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

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3.03 Which master meter operator(s) do you serve natural gas? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3.04 What is your mapping capability (hard copy, electronic, pipe size, pressures, material type)?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3.05 a) What is the operator's unaccounted for gas? _____

b) Is the operator able to demonstrate how this number was calculated?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3.06 a) Has the operator sent out Public Awareness messages?

b) How is the operator performing the effectiveness evaluation for their Public Awareness Plan? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

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4 – Drug and Alcohol

4.01 a) Is a Drug Plan meeting the requirements of Part 199 and Part 40 in place? (Part 40 Part 199)

b) Who provides your anti-drug program? (199.101)

Operator

Consortium Name of Consortium: _____

c) Has the operator made any major change(s) to its anti-drug program based upon the amended requirements to Part 40 and 199 effective 8/1/01? If yes, explain: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.02 a) List the number of covered employees and drug test performed in the past calendar year? (199.105, 40.1, 199.119)

	Operator	Consortium
# of Covered Employees		
Pre-employment		
Random		
Return to Duty		
Follow up		
Post accident		
Reasonable Cause		
Blind Samples Submitted		

b) Is the annualized testing rate meeting the 25% requirement? (199.105) If yes, what is the rate? _____

c) Are records confirming required supervisor and employee training maintained? (199.117)

d) Who has had the supervisory training? (199.117) _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.03 a) Number of companies contracted to work for your organization in covered positions? (199.115)

1		4	
2		5	
3		6	

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b) Do you or your company representatives inspect contractor drug plans for compliance with Part 199 and 40 of the MFSS? (199.115) If yes, name of representative(s): _____

c) Are contractor drug and alcohol plans available for review?

d) What are the contractor's annual random drug testing rates? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.04 a) Is the Alcohol Misuse Prevention Plan meeting the requirements of Part 199 and Part 40 in place? (Part 40 Part 199) Date of start up? _____

b) Who provides your Alcohol Misuse Prevention Plan? (199.202)

Operator

Consortium Name of Consortium: _____

c) Has the operator made any major change(s) to its Alcohol Misuse Prevention Plan based upon the amended requirements to Part 40 and 199 effective 8/1/01? If yes, explain: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.05 a) List the number of covered employees and alcohol tests performed in the past calendar year? (199.209, 199.105, 40.1, 199.119)

	Operator	Consortium
# of Covered Employees		
Return to Duty		
Follow up		
Post accident		
Reasonable Cause		

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

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4.06 a) Name of person(s) interviewed or responsible for recordkeeping: _____

b) Are records maintained in a secure location?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	