



PS-0399 Rev. 2/09

VALVE, LEAK & PATROLLING 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)	

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 leakage surveys in accordance with 192.723 and/or 192.706? Location _____
 - 2) Procedures for leak repairs in accordance with 192.703(c) and/or 192.717? Location _____
 - 3) Procedures for responding to leak in accordance with 192.615(a)(3)? Location _____
 - 4) Procedures for patrolling in accordance with 192.721 and/or 192.705? Location _____
 - 5) Procedures for valve maintenance in distribution systems in accordance with 192.747 and/or 192.745? Location _____
 - 6) Do the valve maintenance procedures address critical valve criteria? Location _____
 - 7) Procedures for vault maintenance in accordance with 192.749? 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 a) Does the operator have a written Damage Prevention Program? (192.614)

Company program Member of one-call system

- b)** Does the above comply with the following requirements?
- 1) Identify persons who engage in excavating
 - 2) Provide for notification of the public in the one-call area
 - 3) Provide means for receiving and recording notifications of pending excavations
 - 4) Provide for notification of pending excavations to members
 - 5) Provide for notification to the excavator as to the type of marking to be provided
 - 6) Provide temporary marking of the pipeline in the vicinity of excavations
 - 7) Provide for follow up inspection of the pipeline where there is reason to believe the pipeline could be damaged:
 - i) Inspection must be done to verify integrity of pipeline
 - ii) After blasting, a leak survey must be conducted as part of the inspection by the operator

<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.	

1.03 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.	

2 – Valve Operation and Maintenance Activities.

2.01 a) Is each valve, the use of which may be necessary for the safe operation of a distribution system, checked and serviced at intervals not to exceed 15 months, but at least once each calendar year? (192.181(a), 192.747) Date: _____
 Total number of valves: _____

b) Does the valve maintenance documentation indicate action that was performed on the valve (ie greased, leak checked, repaired)?

c) Has the operator designated valves that can sectionalize portions of each system in case of emergency? (§192.747) If yes, number of Critical Valves: _____
 Are non-critical valves checked and serviced? Frequency: _____

d) Does each regulator station have inlet valves installed at a safe distance from the station that can be used in case of an emergency 192.181? If no, locations: _____

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) Does the operator have any transmission line valves (192.179)? If no, skip to d).

b) What type of valves are installed in the transmission line(s)(192.179)? In what class location(s) are the transmission valves located (192.179)? _____

c) Does the operator have a blow-down valve between each main line valve to allow the transmission line to be blown down as rapidly as practicable (192.179(c))? If yes, their location(s)? _____

d) Is each valve that is installed in plastic pipe designed to protect the plastic material against excessive torsional or shearing loads (192.193)? If yes, the most common type and manufacturer of plastic valves in your system: _____

<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) Is each riser valve located upstream of the regulator and/or meter at an accessible location (192.365)?

b) Is each valve that is closed to prevent the flow of gas to a customer provided with a locking device to prevent the opening of the valve by persons other than those authorized (192.379, 192.727 (d))? If yes, what type/model locking device? _____

c) Do written procedures clearly indicate when a meter set is to be locked off? After notification, in what amount of time is this to be done? _____ days

<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) Does the operator's gas system have any vaults which are used to house valves (192.183)? If yes, their locations? If no, skip to 3 – Leak Survey Activities.

b) Do vault areas include enough space for adequate installation, operation and maintenance of required equipment (192.183 (b))?

c) What type and size pipe is used within and entering into a regulator/vault or pit (192.183 (c))?
Type: _____ Size: _____

d) Is each vault in the operator's system located in an area that is accessible and away from street intersections or points where traffic is heavy (192.185)?

e) Does the operator have any vaults in which the internal volume exceeds 200 cubic feet (192.187)? If yes, their location(s)? _____

f) Does the operator have any vaults in which the internal volume is more than 75 cubic feet but less than 200 cubic feet (192.187 (b))? If yes, their location(s)? _____

g) Does the design of vaults include a method of minimizing the entrance of water (192.189)?

h) Has the operator inspected each vault having a volumetric internal content of 200 feet³ or more once each calendar year with intervals not to exceed 15 months (192.749)? Date(s) last inspected: _____

<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 – Leak Survey Activities.

3.01 a) Have you conducted a leak survey inside the business district at intervals not exceeding fifteen months, but at least once each calendar? (192.706)

Inside Business District								
Most Recent Survey					Previous Survey			
Date					Date			
By					By			
Found		Repaired			Found		Repaired	
ABV	BLW	ABV	BLW		ABV	BLW	ABV	BLW
				Grade I				
				Grade II				
				Grade III				
				Total				

b) Have you conducted a leak survey outside the business district at least once every 5 calendar years, but at intervals not exceeding 63 months? (192.723)

Outside Business District				
Date				
By				
	Found		Repaired	
	ABV	BLW	ABV	BLW
Grade I				
Grade II				
Grade III				
Total				

c) Does the operator have transmission lines? If yes, are they leaks surveyed at intervals not exceeding 15 months but at least once each calendar year? (191.706)

d) Have all Grade 1 (hazardous) leaks been repaired in accordance with 192.13 (c)?

e) Have all leaks been repaired as specified in the operator’s O & M procedures? (192.605)

f) What type of leak detection equipment was used for the survey? _____
Last calibrated? _____

g) 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.	

3.02 a) Does the operator respond to leak calls?

b) What documentation is kept from each leak call? _____

c) 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.	

4 – Patrolling Activities.

4.01 a) Are all pipelines where failure, leakage, encroachment or other risk which may occur, being patrolled? (192.613, 192.721(a), 192.705)

Frequency: _____ Date: _____

b) Does the operator perform aerial patrols of your transmission pipelines? (192.705(c)) If yes, where and date last patrolled? Frequency: _____

c) Does the operator patrol mains in place or on structures where anticipated physical movement could cause failure or leakage at intervals not to exceeding 4 1/2 months, but at least four times each calendar year, (business district) or at intervals not to exceeding 7 1/2 months, but at least twice a calendar year (outside business district). (192.721(b)) Frequency: _____

d) Does the documentation indicate what was inspected (i.e. location, coating, supports, ground movement)?

e) Do you have any submerged mains in navigable waterways and/or other areas where washout is possible? (192.721, 192.327) Frequency: _____

f) Does the documentation indicate what was inspected (ie. location, signs, bubbling water)?

g) 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.	

4.02 a) Number of casings in your system (192.455, 192.457, 912.467(c)): _____

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) _____

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

<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	

4.03 Are pipeline markers maintained and installed as required on (192.707):

a) All public roads and railroad crossings.

b) Mains on public right-of-way in Class I and II locations.

c) At any location where identification may reduce possibility of damage or interference, i.e., regulator station, bridge and river

d) What information is printed on the markers?

- | | | | |
|-------------|--------------------------|-----------------|--------------------------|
| “Warning” | <input type="checkbox"/> | Telephone # | <input type="checkbox"/> |
| “Caution” | <input type="checkbox"/> | “Gas Pipeline” | <input type="checkbox"/> |
| “Danger” | <input type="checkbox"/> | Operator’s name | <input type="checkbox"/> |
| TN 1-Call # | <input type="checkbox"/> | | |

<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.	

5 – Miscellaneous Activities.

5.01 a) Have you abandoned any pipeline facilities in the past year? (192.605(b)(1), 192.727)

If yes, where: _____

b) When facilities are abandoned/deactivated:

- 1) Are pipelines abandoned in place?
If no, list procedures: _____
- 2) Are lines purged and sealed?
If no, list 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.	

5.02 a) Are any customer meters located under a crawl space or inside building walls? (192.353, 192.357) If

yes, number: _____

b) How many customer-owned service lines are in your system? _____

Have these customer(s) been notified that it's their responsibility to maintain these lines? (912.16) If yes, how were customers notified? _____

Have new customers been notified?

<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.	

5.03 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.	

5.04 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.	

5.05 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.	

5.06 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.	

5.07 a) What is the operator’s unaccounted for gas? _____

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

c) If excessive, has operator determined why?

<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.	

5.08 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.	

6 – Drug and Alcohol

6.01 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.	

6.02 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.	

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

1		4	
2		5	
3		6	

- 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.	

6.04 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.	

6.05 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.	

6.06 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.	