Plastic Pipe & Components Failure Verification

Date:	_ Inspector:	
Operator		Natural Gas Company
Have you participated in the Plastic Pipe Database Committee?		
Where in your records ha	ve you documented	I the issue(s)?
What is being done to pre	event the safety issu	ie?
What is being done to mit	igate the safety cor	ncerns?
What type of pipe or com	ponent is being use	d?
No Yes [Please	follow up below:
have shown a record of do	•	ents in your natural gas system that