

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