



National Energy Board
Calgary, Alberta

Appendix 1 DETAILED INCIDENT REPORT

Type or print in black pen

Board Use Only

NEB Incident No. _____ Date Received _____ NEB Investigator _____

Investigator's Comments _____

Secretary
National Energy Board
444 Seventh Avenue S.W.
Calgary, Alberta T2P 0X8 • Fax: (403) 292-5503

PART A - OPERATOR INFORMATION

Name of Company _____

Address of Company _____

Pipeline Name _____

PART B - TIME, WEATHER AND LOCATION OF INCIDENT

Date (month) _____ (day) _____ (year) _____

Hour (24 hour system & time zone) _____

Weather temperature: _____ °C precipitation: _____ windspeed & direction: _____

CSA Class Location 1 2 3 4

Location (provide specific location using a chainage description (MLV, kmP), land survey description or prominent landmarks)

PART C - ORIGIN OF SPILL/RELEASE

Facility Involved:

Line Pipe Tank Farm Pump Station Compressor Station Regulator/Meter Station Gas Plant

Other Related Facility (specify) _____

Equipment Involved:

Pipe Valve Pressure relief device Fitting Compressor Pump Pressure vessel Tank

Instrumentation

Other (specify) _____

PART D - SPILLS AND RELEASES (Report LVP and HVP spills only if in excess of 1.5 m³)

Gas LVP HVP Toxic Substance

Name of product/substance _____

Volume spilled/released _____ m³ Volume recovered _____ m³

Was there a fire? Yes No Was there an explosion? Yes No

PART E - IMMEDIATE CAUSE FOR INCIDENTS ON OPERATING PIPELINES (Immediate Cause: means unsafe acts or unsafe conditions)

- Failed pipe Operator personnel error Other (specify) _____
- Failed weld External loading or natural forces _____
Refer to Part H
- Corrosion Equipment malfunction/failure _____
Refer to Part G Refer to Part I

PART F - LINE PIPE DATA

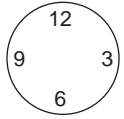
Type of Failure _____
 Nominal Diameter (mm) _____ Wall Thickness (mm) _____ Date of Manufacture _____
 Weld Process _____ SMYS (MPa) _____
 Pipe Specification Z 245 Other (specify) _____ Pipe Location: Below Ground Above Ground
 Maximum Operating Pressure (kPa) _____ Pressure at Time of Incident (kPa) _____
 Latest Pressure Test Date _____ Maximum Test Pressure (kPa) _____ Test Duration (hrs) _____

PART G - CORROSION FAILURES

Corrosion location: Internal External Circumferential Position Looking Downstream (mark an X)

Type of Corrosion (specify) _____

Type of Coating _____



PART H - FAILURES DUE TO EXTERNAL LOAD OR NATURAL FORCES

- Damage by operator or its contractor Damage by other parties Earth movement Lightning/Fire
 - Other (specify) _____
- Name or Contractor/Other Party _____
 Address _____
 Telephone () _____ Name of Representative _____

PART I - EQUIPMENT MALFUNCTION/FAILURE

Equipment _____ Manufacturer _____ Model# _____
 Year Equipment Installed _____ Year Equipment Manufactured _____

PART J - ESTIMATE OF TOTAL INCIDENT COST (Including repair, cleanup and restoration)

\$ _____

PART K - REPAIR DESCRIPTION (Description of all repairs to the pipeline made necessary by the incident and date of return to service of the pipeline)

PART L - INJURY AND FATALITY DESCRIPTIONS

Serious Injury - includes an injury that results in: fracture of a major bone, amputation of a body part, loss of sight - one or both eyes, internal haemorrhage, third degree burns, unconsciousness, or loss of a body part or function of a body part

Number of Fatalities Number of Serious Injuries

NAME	AFFILIATION	FATALITY OR INJURY DESCRIPTION AND CURRENT PATIENT CONDITION
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	
	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contractor Public	

PART M - IMMEDIATE INCIDENT CAUSE OF SERIOUS INJURY/FATALITY (*Immediate Cause - means unsafe acts and conditions*)

- Defective/inadequate safety devices, tools or equipment
- Improper loading or placement
- Congested work area/disorderly workplace
- Improper operation of safety devices, tools or equipment
- Hazardous environment (gases, dust, smoke, fumes or vapours)
- Other (*specify*)

PART N - NARRATIVE OF INCIDENT

Provide a complete description of the incident, including events leading up to, and following the incident. Also include additional information as specified in the guidelines to section 52 of the Onshore Pipeline Regulations. Attach any additional information that may supplement the narrative such as 1) drawing of the incident site 2) photographs 3) schematics 4) maps 5) reports (metallurgical, NDT, inspection, pressure test, etc.) Attach additional sheets of narrative as required.

PART O - WITNESS INFORMATION

NAME _____	TELEPHONE NO. () _____
_____	() _____
_____	() _____
_____	() _____
_____	() _____

PART P - BASIC CAUSES OF INCIDENT *(Identify all basic causes contributing to the incident. Basic Cause - means the real or root causes of why the unsafe acts and unsafe conditions as described in the immediate cause occurred. Several Basic Causes may be assigned for one incident.)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Inadequate training | <input type="checkbox"/> Inadequate work standards or procedures | <input type="checkbox"/> Inadequate materials, tools or equipment |
| <input type="checkbox"/> Inadequate design/maintenance | <input type="checkbox"/> Non-compliance with work standards or procedures | |
| <input type="checkbox"/> Other (specify) _____ | | |

Additional comments on selected basic cause: _____

PART Q - CORRECTIVE ACTIONS TAKEN TO PREVENT SIMILAR INCIDENTS *(If no corrective action taken, state reasons why)*

PART R - NAME OF PERSON CONDUCTING A COMPANY INCIDENT INVESTIGATION

Name _____
 Title _____
 Telephone () _____ Fax () _____

PART S - NAMES OF OTHER AGENCIES INVESTIGATING INCIDENT

Agency _____	Agency _____
Telephone _____	Telephone _____
Contact Name _____	Contact Name _____
Agency _____	Agency _____
Telephone _____	Telephone _____
Contact Name _____	Contact Name _____

PART T - NAME AND TITLE OF COMPANY REPRESENTATIVE FILING REPORT

Name _____ Signature _____
 Title _____
 Telephone () _____ Fax () _____ Date (time) _____ (month) _____ (day) _____ (year) _____