



PIPELINE INTEGRITY MANAGEMENT

Operator Name: _____

Operator ID: _____

1. When was first Pipeline system acquired? _____

2. When was last Pipeline system acquired? _____

3. Do you have a State Integrity Management Plan? Yes No

a. If yes, date of implementation? _____

4. Do you have a Federal Integrity Management Plan? Yes No

a. If yes, date of implementation? _____

5. Total mile of jurisdictional Pipeline? (Gas Trans) _____ (Liquid Trans) _____

6. Total miles of Pipeline assessed? (Gas Trans) _____ (Liquid Trans) _____

7. Any HCA's if applicable? Yes No

a. Miles of HCA's (Gas Trans) _____ (Liquid Trans) _____

8. Total miles of HCA's Assessed? (Gas Trans) _____ (Liquid Trans) _____

9. What assessment methods are being used? _____

10. Have there been any required repairs? Yes No

11. Who is the primary contact for IMP within your company?

Name: _____

Phone: _____

