Texas Damage Reporting Form (TDRF) - Pipeline Operator

Excavation Information

Type of Excavator: ____________________________

‘Type of Excavator’ choices are: Contractor; County; Farmer; Municipality; Occupant; Railroad; State; Utility; Developer; Home Owner; Data Not Collected; Unknown/Other

Pipeline damage with: ____________________________

‘Type of Excavation Equipment’ choices are: Auger; Backhoe/Trackhoe; Boring; Drilling; Directional Drilling; Explosives; Grader/Scraper; Hand Tools; Vacuum Equipment; Probing Device; Trencher; Farm Equipment; Milling Equipment; Data Not Collected; Unknown/Other

Type of Work Performed: ____________________________

‘Type of Work Performed’ choices are: Agriculture; Cable TV; Bldg Construction; Curb/Sidewalk; Bldg Demolition; Drainage; Driveway; Electric; Engineering/Survey; Fencing; Natural Gas, Irrigation; Landscaping; Grading; Pole; Public Transit Authority; Railroad Maintenance; Road Work; Sewer (Sanitary/Storm); Site Development; Steam; Storm Drain/Culvert; Street Light; Telecommunications; Traffic Signal; Traffic Sign; Water; Water Improvement; Liquid Pipeline; Milling; Data Not Collected; Unknown/Other

Damaged By: ____________________________

Choices are: Third party; Operator’s Contractor; Operator

Excavator Downtime

Did the excavator incur down time?: ☐ Yes ☐ No ☐ Unknown

If yes, how much down time?: ____________

‘How much down time’ choices are: unknown; less than 1 hour; 1 hour; 2 hours; 3 or more hours

Estimate cost of down time: $________

‘Cost of down time’ choices are: unknown; 0; 1-500; 501-1000; 1001-2500; 2501-5000; 5001-25,000; 25,001-50,000; 50,001 or more

Description of Damage

Was there damage to a pipeline facility?: ☐ Yes ☐ No

Damage Occurred to: ____________________________

Choices are: Body of Pipe; Coating; Housing; Other Protective Device

Was there a release of product (blowing gas, hissing noise, odor, bubbles in water or fluid leaking)?: ☐ Yes ☐ No ☐ Unknown

Did the excavator notify emergency services (911)?: ☐ Yes ☐ No ☐ Unknown

Did the excavator notify the pipeline operator of damage through the notification center?: ☐ Yes ☐ No ☐ Unknown

One Call Notification Center: ____________________________

‘Notification Center’ choices are: Texas 811 or Lone Star 811

Dig Up ticket Number: ____________________________

Did the excavator notify the pipeline operator of the damage directly?: ☐ Yes ☐ No ☐ Unknown

Did the damage cause an interruption in service?: ☐ Yes ☐ No ☐ Unknown

If yes, duration of interruption of service (hours): ____________

If yes, approximately how many customers were affected?: ____________

If yes, what was the estimated cost of repair or restoration?: $________

Number of people injured: ____________ All injuries resulting from excavation damage.

Type of Injuries: ____________________________

Number of fatalities: ____________
Was the type of pipeline damaged interstate or intrastate?:  

| ‘Type of pipeline’ choices are: Intrastate; Unknown; Interstate |

Did this incident or accident meet the Pipeline Safety telephonic or written reportable criteria in Title 16 TX Admin. Code Chapter 8?:  ☐ Yes ☐ No ☐ Unknown

If telephonically reported to the commission’s 24-hour emergency phone number, what is the incident call-in ID number?: ______

### Underground Pipeline Information

| Type of underground pipeline facility affected: |
| ‘Type of facility affected’ choices are: Distribution; Gathering; Service/Drop; Transmission; Unknown/Other. |

Pipeline is:  

| ‘Pipeline’ choices are: Active; Idle; New Pipe (no product); Abandoned. |

Pipeline Material:  

| ‘Pipeline Material’ choices are: Bare Steel; Coated Steel; Cast Iron; Polyethylene Plastic; Poly-Vinyl-Chloride Plastic; Other |

Nominal Diameter of Damaged Pipe: ______ inches  
What was the depth of the damaged pipeline at the point of contact?: _____ feet _____ inches  
Year pipeline installed:__________

Was the pipeline facility part of a joint trench?:  ☐ Yes ☐ No ☐ Unknown
Is pipeline operator a member of One-Call Notification Center?:  ☐ Yes ☐ No ☐ Unknown

### What product was being transported

| Type of Product Transported: |
| ‘Type of product transported’ choices are: Hazardous Liquid; Natural or Other Gases; Unknown/Other |

### Impact of Incident

Did ignition/fire occur?:  ☐ Yes ☐ No Comment:___________________________

Were people evacuated?:  ☐ Yes ☐ No Comment:___________________________

How many people were evacuated?: ______________________

Was there media coverage?:  ☐ Yes ☐ No Comment:___________________________

Were any streets blocked?:  ☐ Yes ☐ No Comment:___________________________

Was there any explosion?:  ☐ Yes ☐ No Comment:___________________________

Other Impact?:  ☐ Yes ☐ No Comment:___________________________