

RAILROAD COMMISSION OF TEXAS

LPG FORM 20

Oversight and Safety Division Alternative Fuels Safety Department

REPORT OF LP-GAS INCIDENT/ACCIDENT

Please Type or Print

INSTRUCTIONS: Section 9.36 of the *LP-Gas Safety Rules* requires the licensee making the telephonic report of an LP-Gas incident/accident to submit a properly completed Form 20 postmarked within 14 calendar days of the date of initial notification, or within 5 business days of receipt of a fire department report, whichever occurs first. An authorized representative of the licensee must sign this report.

PART A 1. COMPANY NAME:		LICE	NSF #	Tel No (
PRINCIPAL BUSINESS ADDRESS:				7 (1 (1 ())
3. □ LPG STATIONARY INSTALLATION	HICLE OR OTHER MOBILE EQUIPMENT			
PART B 1. NAME OF ENTITY INVOLVED: Telephone No ()	(Nar	me of: owner, occ	supant, business, licensee, f	acility, or operator)
2. FULL MAILING ADDRESS:				
3. DATE OCCURRED: Month 4. LOCATION OF INCIDENT/ACCIDENT: a) Identify Physical Location:			Time: ghway, street, intersection o	
b) In State			g,,	
c) Out of State		, ,	nty, state)	
	PG transport or b	obtail registered	d with the commission:	est Four Digits' of S.S. #:
c) c) Licensee name servicing/ownin	License Number:			
PART C DEATHS/INJURIES (If multiple de	aths or injuries co	ontinue on sepa	rate sheet) TOTAL: fatal	ities injuries
NAME:		☐ Fatality	☐ Licensee employee	Other
NAME:		☐ Fatality	☐ Licensee employee	Other
NAME:		☐ Fatality	☐ Licensee employee	Other
PART D PRODUCT INFORMATION 1. Specify name of product storage/release (Propar)	: e, Normal Butane, l	Propylene, Isobut	2.Odorization: ☐ a ane, and Butylenes)) odorized 🗖 b) non-odorized
3. Were bulkheads/emergency shut-off valv	res installed? 🗖 🗅	res 🗖 No	□ N/A	
4. Did product ignite? ☐ Yes ☐ No	5. Did explosion	n occur? 🗖 Yes	s 🗖 No If yes, expl	ain under part F.

PART E CONTAINER IDENTIFICATION/OWNER INFORMATION (If more than two containers, continue on separate sheet) Container No. 1 Container No. 2 1. Manufacturer Name: 2. Manufacture Serial No: Working Pressure: 3. Water Capacity: Year Built: 5. Date tank/cylinder was last serviced with LPG Gross gallons ___ 6. delivered. Nameplate damaged/destroyed? ☐ Yes ☐ No 7. Were container(s) subjected to severe heat impingement or damaged? Yes If LPG container(s) are involved in incident/accident or vehicle collision/rollover, attach 9. photograph(s). (Number) 10. If bobtail or transport unit, specify RRC LPG Form 4 decal no. If owner of container(s) is different from licensee, give mailing address of tank owner below. (Name) (Address) (City, State) (Zip Code) PART F SUMMARY OF INCIDENT/ACCIDENT (Please specify manufacturer name, model, and date manufactured for any defective LPG equipment involved in incident/accident) PART G NAME OF OFFICIAL SUBMITTING REPORT I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, I prepared this report, and the data and facts stated therein are true and complete to the best of my knowledge. Additionally, I agree that this form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. 1. Printed Name 2. Authorized signature Date of initial knowledge of incident/accident: Date report completed: This report is made to comply with the provisions of 16 TAC Section 9.36 and is NOT a determination of responsibility or fault.

Return to: Railroad Commission of Texas Alternative Fuels Safety PO Box 12967 Austin, TX 78711-2967 Fax (512) 682-9066

Accident Reporting (24-hours) (512) 463-6788 844-773-0305 (toll free)