

PUBLIC UTILITY ACCIDENT REPORT

Submittal Date of this Report:		Date of Initial Notification:	Approx. Time:
Type of Utility Filing Report:	Electric; Gas; Telecom – <u>Large</u> Competitive Supplier; Telecom – <u>Small</u> Scale Provider of Last Resort; Water		
Name of Utility Filing Report:			
Principle Business Address:			
Name of Utility Representative Making this Report:			
Position:	Office/Dept:	Telephone #:	
Name of Utility Representative That Made Initial Notification:			
Position:	Office/Dept:	Telephone #:	
Accident Reporting Criteria (Select all below that apply)			
Death	Injury requiring inpatient overnight hospitalization	\$50,000 in Property Damage	
Additional Criteria for Gas	Evacuation where release of gas from operator's pipeline AND accumulation of natural gas in a structure at 1% gas in air, or outside at base of a structure at 2% natural gas in air, is confirmed by operator personnel using equipment capable of detecting and measuring gas concentration. Damage incurred to a pipeline operating above 100 psig that requires an immediate pressure reduction, repair or replacement of a pipeline section. An event that causes the pressure in a pipeline section to rise above its MAOP <u>plus</u> TWICE the build-up allowed for operation of pressure limiting or control devices (the greater of 6 psig or 10% of MAOP)		
Start Date of Accident: Approx. Time:	Date of Discovery: Approx. Time:		
Location of Accident:			
Description of Accident:			
Identified Root Cause:	1 st /2 nd Party (Utility or Utility Contractor) Excavation; 3 rd Party Excavation; Vehicular Impact; Natural Forces Damage; Equipment Malfunction; Operator Error; Joint/Connection Failure; Leak/Short; Pipe/Wire Corrosion/Degradation; Pipe/Wire Failure/Rupture; Fitting Failure; Unknown/Other:		
If Death(s) occurred, what is the confirmed # of Fatalities :		Utility: ; Utility Contractor: ;	Other (Public, 3 rd Party Excavator, etc):
If Injuries occurred, what is the confirmed # of injured parties requiring Over-Night Hospitalization :		Utility: ; Utility Contractor: ;	Other (Public, 3 rd Party Excavator, etc):
If Injuries occurred, what is the confirmed # of injured parties Not requiring Over-Night Hospitalization :		Utility: ; Utility Contractor: ;	Other (Public, 3 rd Party Excavator, etc):
If \$50,000 or more in Property Damage was incurred, what were the primary cost factors? (Select all that apply):		Structural Damage/Repairs; Facility Damage/Repairs; Commodity Loss; Injuries/Medical Treatment; Outage/Restoration; Paving Repair	
If Evacuation due to gas release occurred, how many structures and people were evacuated?			
Approximate Geographical Area Evacuated:			
If a Significant Service Outage resulted from the Accident being reported the Utility needs to submit a "Public Utility Significant Service Outage Report" in conjunction with this report.			