

CITY OF _____ LIST OF OPERATION & MAINTENANCE FORMS
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Abandoned Main or Service Line Report Form

Atmospheric Corrosion Control Inspection Form

Continuing Surveillance Report Form

Distribution Main Installation Form

Emergency Check List Form

General Instructions for Leak Investigating Personnel

Georgia Public Service Commission GC-1 Form

Internal Corrosion Control Form

Leak Investigation Inside Building – Customer Home

Leak Investigation Inside Building – Customer Not Home

Leak Investigation Outside Building

Main and Service Line Inspection Report Form

Monthly Operating Report Form

Odorization Injection Rate Form

Patrolling of Distribution System Form

Rectifier Inspection Report Forms

Safety Related Condition Report

Service Line Installation / Reactivation Form

Sniff Test / Odorization Check Form

Telephonic Gas Leak & Repair Report Form

Valve Maintenance Record Form

Valuable Information

CITY OF _____
ABANDONED MAIN OR SERVICE LINE REPORT FORM

WHEN TO COMPLETE: Complete this form each time a gas line is abandoned.

Date Abandoned: _____ Location: _____

Type Customer: Residential [] Commercial [] School [] Industrial [] Interruptible []

Main: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Service: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Class Location: [1] [2] [3] [4] Operating Pressure: _____ C.P. Installed: Yes [] No []

Length of Pipe Abandoned: _____ Condition of Pipe: Good [] Average [] Poor []

Reason For Abandonment: _____

If applicable, description of Pressure Control Equipment removed. List make, serial number, model, size, etc of each piece of equipment.

Sketch Gas Line Location on Back of Form

Date: _____

Signature: _____

CITY OF _____
ATMOSPHERIC CORROSION CONTROL INSPECTION FORM

WHEN TO COMPLETE: Complete this form for above ground piping inspected for atmospheric corrosion (rust) or corrosive conditions. All above ground exposed piping must be inspected at a minimum of three years.

- 1. Location: _____ Date: _____

- 2. Name of Inspector: _____ Line Size: _____

- 3. Designation of Line: Main [] Service [] Meter-set [] Other [] _____

- 4. Area of Corrosion: Pipe [] Fitting [] Meter-set [] Other [] _____
Vent [] Support [] Regulator [] Flange []
Light [] Moderate [] Heavy [] Other [] _____

- 6. Corrective Measures Taken: Painted [] Coated [] Other [] _____
Type of Paint or Coating Used: _____

- 7. If general painting of exposed piping is under taken, list addresses:

Signature

**CITY OF _____
CONTINUING SURVEILLANCE REPORT FORM**

WHEN TO COMPLETE: Complete this form annually.

Distribution System Patrolling Completed: ___ Yes ___ No Date Completed: _____

Distribution Gas Leak Survey Completed: ___ Yes ___ No Date Completed: _____

Number of Gas Leaks Pending From: Last Review: _____ This Review: _____

Pressure Regulator Stations Inspected: ___ Yes ___ No Date Completed: _____

Gas System Pressure Records Reviewed: ___ Yes ___ No Date Completed: _____

Relief Valves Inspected & Adjusted if Needed: ___ Yes ___ No Date Completed: _____

Valve Maintenance & Inspection Completed: ___ Yes ___ No Date Completed: _____

Atmospheric Corrosion Control Completed: ___ Yes ___ No Date Completed: _____

External Corrosion Control Completed: ___ Yes ___ No Date Completed: _____

Internal Corrosion Control Completed: ___ Yes ___ No Date Completed: _____

Monthly CP Rectifier Inspection Completed: ___ Yes ___ No Date Completed: _____

Annual Class Location Reviews Completed: ___ Yes ___ No Date Completed: _____

Unaccounted For Review Completed: ___ Yes ___ No Date Completed: _____

Unaccounted For This Review: _____% Unaccounted For Last Review: _____%

LIST ANY IRREGULARITIES FOUND IN ABOVE REVIEWS: _____

CONTINUING SURVEILLANCE REPORT SUMMARY: _____

Signed

Title

CITY OF _____
DISTRIBUTION MAIN INSTALLATION FORM

WHEN TO COMPLETE: Complete this form for each new or replacement main installed.

Installation Location: _____

Installation Is: Replacement [] New [] Start Date: _____ Completion Date: _____

Pipe: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Operating Pressure: _____ PSIG Class Location: [1] [2] [3] [4] Test Medium: _____

Test Pressure: _____ PSIG Test Period Duration: _____ Date & Time: _____

Test Conducted By: _____ If Welded – Welder's Name: _____

Comments on Installation / Repair and Test: _____

Entered on System Map: Date _____ By: _____

Sketch Gas Line Location on Back of Form

Date: _____

Signature: _____

CITY OF _____
EMERGENCY CHECK LIST FORM

- ___ 1. Has fire department been called?
- ___ 2. Have persons been evacuated and area blockaded?
- ___ 3. Has police department been notified?
- ___ 4. Has repair crew been notified?
- ___ 5. Has company call list been executed?
- ___ 6. Has communication been established?
- ___ 7. Has outside help been requested?
- ___ 8. Have ambulances been called?
- ___ 9. Has leak been shut off or brought under control?
- ___ 10. Has civil defense been notified?
- ___ 11. Have emergency valves or proper valves to shut down or reroute gas been identified and located?
- ___ 12. If an area has been cut off from a supply of gas, has the individual service of each customer been cut off?
- ___ 13. Is the situation under control and has the possibility of recurrence been eliminated?
- ___ 14. Has surrounding area, including buildings adjacent to and across streets, been probed for the possibility of further leakage?
- ___ 15. Has proper tag been put on meter?
- ___ 16. Has telephonic report to the state been made?
- ___ 17. Has telephonic report to DOT been made?
- ___ 18. Has radio station been given instructions (if necessary)?

Date: _____

CITY OF _____
GENERAL INSTRUCTIONS FOR LEAK INVESTIGATING PERSONNEL

1. Do not use open flames when searching for a gas leak or as a source of light where the possibility of explosion or fire exists.
2. NO SMOKING.
3. Turn on flashlights and combustible gas indicators before entering a building.
4. Attempt to gain entrance to a building by knocking. DO NOT use the door bell.
5. Never use the telephone when there is suspected gas leakage in the building.
6. Keep bystanders away from dangerous areas.
7. Keep a fire extinguisher accessible to the area of the leak.
8. Stop or bypass vehicular traffic where large volumes of escaping gas are present.
9. Always use the required safety equipment.

IMPORTANT: Call the radio dispatcher whenever the assistance of the police or fire department is required. Do not call the police or fire department personnel yourself.

Investigator's Signature: _____ Date: _____

**GEORGIA PUBLIC SERVICE COMMISSION
FORM GC-1
REPORT OF SPECIFICATIONS OF PROPOSED CONSTRUCTION**

WHEN TO COMPLETE: Complete this form for any new construction or rehabilitation of gas main that is 2" diameter or larger, or 2,500 feet or more in length, or 60 or more pounds pressure.

City of _____
Post Office Box _____
_____, Georgia 39823

Authorized Representative & Title: _____ **Date:** _____

Construction Route – _____ County

From: Street / Mile Post Number _____

To: Street / Mile Post Number _____

Type of Construction: New Construction [] Reconstruction []

Estimated Dates

Start of Construction: _____

Completion of Construction: _____

Length of Pipeline (s): _____ Size of Pipeline (s): _____

Type and / or Grade of Pipeline (s): _____ Operating Pressure: _____

Mail to:

Georgia Public Service Commission
Gas Safety Office
244 Washington Street, SW
Atlanta, Georgia 30334

CITY OF _____
INTERNAL CORROSION CONTROL FORM

WHEN TO COMPLETE: Complete this form each time steel pipe is removed from a pipeline. The internal surface must be inspected for corrosion.

1. Date Pipe Removed: _____ Maximum Operating Pressure: _____
2. Location Pipe Removed From: _____
3. Reason Pipe Removed: _____
4. Name of Inspector: _____
5. This Line is: Main [] Service [] Above Ground [] Below Ground []
6. Line: Size _____(in) Age _____ (years) Coated [] Bare [] Coating Type _____
7. Internal Condition: Smooth [] Pitted [] Depth of Pits []
8. Cathodic Protection: Yes [] No [] Anodes [] Rectifier []
9. Anodes Installed: Yes [] No [] Number _____ Size _____ Depth _____
10. Corrective Action: _____
11. Natural Gas Supplier: Southern Natural Gas Company

Signed: _____

Date: _____

CITY OF _____
LEAK INVESTIGATION INSIDE BUILDING – CUSTOMER HOME

WHEN TO COMPLETE: Complete when required. Use as checklist for leak investigation.

1. Determine the condition inside the building.
 - Find out if building is occupied.
 - Question occupants regarding location of the gas odor.
 - Test for the presence of gas.

2. If there is indication of gas inside the building.
 - Advise occupants not to smoke or operate electrical devices.
 - Open doors and windows for ventilation.
 - Shut off the gas service, if one exists.
 - Evacuate if ventilation doesn't dissipate the gas or if the leak is a broken or open fuel line.
 - Call the radio dispatcher.

3. Perform a safety check in the immediate area of the building.
 - Check for an odor of gas outside the building.
 - Check adjacent buildings for the presence of gas.
 - Check buildings across the street for the presence of gas.

4. When the building is safe for entry.
 - Search for the leak until it is located.
 - Advise customer regarding procedure for repair.

IMPORTANT: Call the radio dispatcher whenever the assistance of the police or fire department is required. Do not call the police or fire department personnel yourself.

Investigator's Signature: _____ Date: _____

CITY OF _____
LEAK INVESTIGATION INSIDE BUILDING – CUSTOMER NOT HOME

WHEN TO COMPLETE: Complete when required. Use as checklist for leak investigation.

1. Make every attempt to determine the condition inside the building.

Test any available openings in the building.

Bar hole test next to the building foundation.

2. If there is indication of gas inside the building.

Shut off the gas service, if one exists.

Call the radio dispatcher for assistance.

Do not allow entry into the building until it is tested safe.

3. Perform a safety check in the immediate area of the building.

Check for an odor of gas outside the building.

Check adjacent buildings for the presence of gas.

Check building across the street for the presence of gas.

IMPORTANT: Call the radio dispatcher whenever the assistance of the police or fire department is required. Do not call the police or fire department personnel yourself.

Investigator's Signature: _____ Date: _____

CITY OF _____
LEAK INVESTIGATION OUTSIDE BUILDING

WHEN TO COMPLETE: Complete when required. Use as checklist for leak investigation.

- A. Perform a safety check in the immediate area of the leak.
- Check for sources of ignition.
 - Check nearby buildings for the presence of gas.
 - Check utility manholes, sewers, etc. for the presence of gas.
- B. If there is indication of gas inside a building.
- Follow the investigation procedures for LEAK INSIDE A BUILDING.
 - Excavate a vent opening in the path of escaping gas to prevent gas from entering building.
- C. If there is indication of gas in utility manholes, sewers, etc.
- Check additional manholes & substructures to determine direction and extent of gas path.
 - Excavate a vent opening in the path of escaping gas to prevent gas from entering building.
 - Call the radio dispatcher if assistance is required from other utility personnel.
- D. Make the area of the leak safe and repair the leak.
- Install barricades where necessary.
 - Have a fire extinguisher and breathing apparatus at source of leak.

IMPORTANT: Call the radio dispatcher whenever the assistance of the police or fire department is required. Do not call the police or fire department personnel yourself.

Investigator's Signature: _____ Date: _____

CITY OF _____
MAIN AND SERVICE LINE INSPECTION REPORT FORM

WHEN TO COMPLETE: Complete this form each time a gas line is uncovered.

Date: _____ Location: _____

Type Customer: Residential [] Commercial [] School [] Industrial [] Interruptible []

Main: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Service: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Class Location: [1] [2] [3] [4] Operating Pressure: _____ C.P. Installed: Yes [] No []

Reason For Uncovering: _____

Structures in Area Endangering Pipeline: _____

Condition of Right-of-Way: _____

Corrective Measures Taken or Scheduled: _____

Coating: Wrapped [] Bare [] Fusion [] Other [] _____ Condition: Good [] Avg [] Poor []

Soil Cond: Sand [] Clay [] Loam [] Other [] _____ Moisture: Damp [] Dry [] Wet []

Repairs Made: _____

Crew Members: _____

Remarks: _____

Signature of Inspector: _____

**CITY OF _____
MONTHLY OPERATING REPORT FORM**

FROM: _____ TO: _____ DATE: _____

GAS SALES:	NUMBER OF CONSUMERS	VOLUME	COST
1) Residential Sales	_____	_____ MCF	_____
2) Commercial Sales	_____	_____ MCF	_____
3) _____ Sales	_____	_____ MCF	_____
4) _____ Sales	_____	_____ MCF	_____
5) _____ Sales	_____	_____ MCF	_____
6) Total Sales	_____	_____ MCF	_____

GAS PURCHASES:

5) Total Firm Gas Purchased	_____ MCF	_____
6) Total Interruptible Gas purchased	_____ MCF	_____
7) Total All Gas Purchased	_____ MCF	_____

UNACCOUNTED FOR GAS:

8) Gas Lost (Total purchased – Total Sold)	_____ MCF
9) Cost Per MCF Purchased	_____ Firm _____ Interruptible
10) Cost per MCF Sold	_____ Res _____ Comm _____ Int.
11) Dollars Unaccounted for (8 x 9)	_____
12) Dollars Lost In Revenue	_____
13) Percentage of unaccounted for (8 / 7)	_____ % + -
14) Average BTU per cubic Foot	_____

By: _____

CITY OF _____
ODORIZATION INJECTION RATE FORM

WHEN TO COMPLETE: Complete this form monthly. All odorizer readings are in pounds.

ODORIZATION RATE FOR THE MONTH OF _____

Pounds of Odorant on First Day of This Month: _____ pounds

Pounds of Odorant Added This Month: _____ pounds

Pounds of Odorant on Last Day of This Month: _____ pounds

Pounds of Odorant Lost Due to Service or Repair: _____ pounds

Pounds of Odorant Used this Month: _____ pounds

Divide Pounds of Odorant used by 5.80 Pounds _____ gallons

Volume of Gas Delivered This Month in MMCF _____ MMCF

Divide Gallons Used by Gas Delivered _____ #/MMCF

Recommended Rate is Between .5 gallon and 1.0 gallon per Thousand MCF

Odorizer Location: _____

Odorizer Tank Capacity: _____

Odorizer Type: _____

Odorant Type: _____

Form Completed By: _____

Date: _____

CITY OF _____
ODORIZATION INJECTION RATE FORM

WHEN TO COMPLETE: Complete this form monthly. All odorizer readings are in pounds.

ODORIZATION RATE FOR THE MONTH OF _____

Gallons of Odorant on First Day of This Month:	_____ gallons
Gallons of Odorant Added This Month:	_____ gallons
Gallons of Odorant on Last Day of This Month:	_____ gallons
Gallons of Odorant Lost Due to Service or Repair:	_____ gallons
Gallons of Odorant Used this Month:	_____ gallons
Multiply Gallons of Odorant Used by 6.76 Pounds	_____ pounds
Volume of Gas Delivered This Month in MMCF	_____ MMCF
Divide Pounds Used by Gas Delivered	_____ #/MMCF

Recommended Rate is Between .3 pounds and 1.0 pounds per Thousand MCF

Odorizer Location: _____

Odorizer Tank Capacity: _____

Odorizer Type: _____

Odorant Type: _____

Form Completed By: _____

Date: _____

**CITY OF _____
PATROLLING OF DISTRIBUTION SYSTEM FORM**

WHEN TO COMPLETE: Complete this form each time the gas system is patrolled, at least 4 times per calendar year, not to exceed 4 months between patrols.

Date Patrol Started: _____ Area Patrolled by: Vehicle Foot
Date Patrol Ended: _____ Number of People In Patrol: _____
Patrol Number This Year: 1 2 3 4 Person In Charge of Patrol: _____

Area Covered During Patrol

Residential Churches Schools Housing Authority
Industrial Downtown Mall Transmission

Leakage Conditions Discovered

Bubble Customer Odors Vegetation

Leak Location: _____
Leak Location: _____
Leak Location: _____
Leak Conditions Reported to: _____ Date: _____

Construction Activity in Patrolled Area

None Telephone DOT Contractor

Location and Description of Activity: _____
Describe Unusual Condition at Highway or Railroad Crossings: _____

Signature: _____ Date: _____

CITY OF _____
SAFETY RELATED CONDITION REPORT

WHEN TO COMPLETE: Complete this form on occurrence as required. Form must be filed in writing within 5 days of discovery that a safety related condition exists. Not necessary to file this report if the condition results in an incident before the filing deadline of the report or the condition is corrected before the filing deadline.

City of _____
Post Office Box _____
_____, Georgia 31816
_____ Phone

Date of Report: _____ Report Submitted By: _____ Job Title: _____

Condition Determined to Exist by:

Name: _____ Job Title: _____ Telephone Number: _____

Date Condition Discovered: _____ Date Condition First Determined to Exist: _____

Location of Condition: _____, Meriwether County, Georgia - Nearest Street Address:

Milepost, landmark or other reference if applicable: _____

Description of Safety Related Condition: _____

Circumstances Leading to Discovery of Condition: _____

Significant Effects of the Condition on Safety: _____

Corrective Action, if any: _____

Pressure Reduced:

From: _____ psig to _____ psig Shutdown: Yes [] No [] Commodity: Natural Gas

Date Action Taken: _____ Planned Follow-Up/Future Corrective Action: _____

Start Date: _____ Completion Date: _____ Signed: _____

Mail to:

Associate Administrator
Office of Pipeline Safety, RSPA
U. S. Department of Transportation
Room 8417, 400 Seventh Street SW
Washington, D.C. 20590
[FAX] 202.366.7128

**CITY OF _____
SERVICE LINE INSTALLATION / REACTIVATION FORM**

WHEN TO COMPLETE: Complete this form for each new, inserted or reactivated service line.

Customer Name: _____ Location: _____

Customer Mailing Address: _____ Account Number: _____

Type Customer: Residential [] Commercial [] School [] Industrial [] Interruptible []

Main: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Service: Size _____ Depth _____ Type: Steel [] PE [] Coating: Fusion [] Enamel [] Bare []

Class Location: [1] [2] [3] [4] Operating Pressure: _____ EFV Installed: Yes [] No []

Type of Tapping Tee: Bolt-On [] Weld [] Manufacturer: _____

Test Pressure: _____ Duration: _____ Medium: _____ Date & Time: _____

Service Cut-Off: Size & Make: _____ Rating: _____ Lockable: Yes [] No []

Service Regulator: Size & Make: _____ Model: _____ Orifice: _____ Range: _____

Service Meter: Swivel Size: _____ Make & Size: _____ Reading: _____

Distance: Main to Property Line: _____ Property Line to Meter: _____ Total: _____

Tap Location: _____

Date Service Installed: _____ Installed By: _____

Sketch Installation of Service on Back

Date: _____ Signature: _____

Meter Information			
Existing Gas Meter		New Gas Meter	
Meter #		Meter #	
Manufacture		Manufacture	
Meter Size		Meter Size	
Meter Reading		Meter Reading	
Size Regulator		Size Regulator	

CITY OF _____
SNIFF TEST / ODORIZATION CHECK FORM

WHEN TO COMPLETE: Complete this form quarterly at locations near the end of your system.

Location : _____	Date & Time: _____		
Odor Level			
No Gas Smell []	Barely Detectable []	Readily Detectable []	Strong []
Remarks: _____			
Sniff Test By: _____		City Employee: _____	

Location : _____	Date & Time: _____		
Odor Level			
No Gas Smell []	Barely Detectable []	Readily Detectable []	Strong []
Remarks: _____			
Sniff Test By: _____		City Employee: _____	

Location : _____	Date & Time: _____		
Odor Level			
No Gas Smell []	Barely Detectable []	Readily Detectable []	Strong []
Remarks: _____			
Sniff Test By: _____		City Employee: _____	

CITY OF _____
TELEPHONIC GAS LEAK & REPAIR REPORT FORM

WHEN TO COMPLETE : Complete this form as needed. Form used for receiving and logging gas leak complaint reports to the City.

Receipt of Report:

Date: _____ Time: _____ AM / PM Report Received By: _____

Location of Leak: _____

Reported By: _____

Description of Leak: _____
[inside / outside]

Leak Detected By: Odor [] Noise [] CGI [] Vegetation [] Other [] _____

Leak Reported By: Public [] Customer [] Survey [] Other [] _____

Dispatched:

Date: _____ Time: _____ AM / PM Report Dispatched By: _____

Assigned to: _____ Immediate Action Required? Yes [] No []

Investigation:

Date & Time Arrived: _____ Investigated By: _____

Leak Found: Yes [] No [] Grade: [1] [2] [3] CGI Used: Yes [] No [] % Gas _____

Location & Cause of Leak: _____

Condition Made Safe: Date & Time: _____ Signed: _____

Repair Report:

Leak at: Threads [] Coupling [] Weld(type) [] _____ Valve [] Other [] _____

Pipe: Size _____ Depth _____ Steel [] Plastic [] C.I. [] Other [] _____

Coating: Wrapped [] Bare [] Fusion [] Other [] _____ Condition: Good [] Avg [] Poor []

Soil Cond: Sand [] Clay [] Loam [] Other [] _____ Moisture: Damp [] Dry [] Wet []

Repairs Made: _____

Repairs Completed By: _____ Date & Time: _____

CITY OF _____
VALUABLE INFORMATION

1. Natural gas is lighter than air. It will rise.
2. LEL (lower explosive limit) a natural gas air mixture containing less than 4% gas will not burn.
UEL (upper explosive limit) a natural gas air mixture containing more than 14% gas will not burn.
3. For every 100 pounds of pressure reduction, there is approximately 7 degrees drop in temperature.
4. For every 5 degrees drop in temperature, there is approximately 1% increase in unaccounted for gas.
5. 1 BTU is the amount of heat necessary to raise one pound of water, one degree at sea level.
6. 1 Therm = 100,000 BTU's. Mill means 1000.
7. Plastic pipe will have linear movement with insertion burial expansion and contraction of 1 inch per 100 feet for every 10 degree F temperature change.
8. For every ampere of current leaving a pipeline in a year's time, 20 pounds of steel will be consumed.
9. The half cell of a pipe to soil meter should be directly over the buried pipe to secure a true reading.
10. A higher negative metal will corrode to a smaller negative metal.

Magnesium	MG	=	1.75 V
Zinc	ZN	=	1.10 V
Iron / Steel	FE	=	.50 V
Copper	CU	=	.00 V
11. The negative side of a rectifier is connected to the gas pipe. The positive side of a rectifier is connected to the ground bed.
12. Pipeline Reading: Plus to negative is an anodic area. Negative to plus is a cathodic area.
13. Cathodic protection working properly places a hydrogen film around the outside of the metal pipe.
14. The top of the buried Magnesium anode should be lower than the bottom of the pipe.
15. Magnesium anodes perform better in an upright position rather than laying on its side. Anodes should be away from the pipe such as the length of wire coming out of the anode.
16. If you desire to take some readings under concrete or pavement, a wet sponge or towel will help make contact.