

Pipeline Safety Division, Pipeline Safety Bureau (PSB) Reportable Incidents and Accident Telephonic Notice Form

Operator Information

Operator Name:		District/Unit:	
Operator Contact Name:		Operator Contact: Phone Number	

Incident /Accident Information

Date:		Location:		Time of Incident:	
Time Reported to Operator		Name of Person who Reported		Phone Number of Person who Reported	
Emergency Dispatch Time				Arrival Time	
Summary/Description of incident:					
Leak:	Yes ☐ No ☐	Explosion	Yes ☐ No ☐	Fire	Yes ☐ No ☐
Injuries	Yes ☐ No ☐	Hospitalization	Yes ☐ No ☐	Fatalities	Yes ☐ No ☐
Evacuation	Yes ☐ No ☐	Surrounding Area Affected	☐ Residences ☐ Commercial Buildings ☐ Other: _____	Outage(s)	Yes ☐ No ☐
Other agencies involved:				Remedial Action Taken	Yes ☐ No ☐
Property Damage Public/Private/Operator) operator easement, row:				Estimated Property Damage:	
Remedial Action Summary					

To Be Completed by Pipeline Safety Division staff:

Inspector Taking Report:		Date Submitted Director		Date Approved by Director:	
Notification Date:		Notification Time:		Incident Case Number:	
Name of Property Owner		Remedial Action Plan			
Reported to NRC, Washington, D.C.	Yes ☐ No ☐	Is On-site Response Required?		Yes ☐ No ☐	
NRC Report No.		If no response required, explain why:			
NMPRC Investigation?	Yes ☐ No ☐	Investigation Report#		Reportable in Certification?	Yes ☐ No ☐
Environmental Damage?		Yes ☐ No ☐			
Environmental Damage Description:					
PSB Comments/Miscellaneous Information					

Pipeline Safety Follow-up and Confirmation:

All the above information must be confirmed by PSB personnel within 10 working days of receipt of the telephonic notice.			
Follow-up and confirmation by PSB Staff:		Date:	
Person Contacted:		Date and Time:	
PSB Other Comments			

Pipeline Safety Summary Description:**Facts/Chronology of Events:****Causes/Contributing Factors:****Regulatory Analysis/ Violations:****Follow up/ Recommendations:**