



PS-0400 Rev. 2/09

REGULATOR, RELIEF & ODORIZATION INSPECTION REPORT OF A GAS DISTRIBUTION OPERATOR

OPERATOR INSPECTION-SPECIFIC INFORMATION

Inspection Date(s):	
Name of Operator:	
System Representative(s) / Title	
Email Address	
Emergency Phone Number	
TRA Representative(s)	

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Unless otherwise noted, all code references are to 49CFR Part 192.

1 – Plans, Procedures, and Forms

1.01 a) Has O&M been reviewed/updated at intervals not exceeding fifteen months, but at least once each calendar year? (192.12(c)) Revision Date: _____

b) Does operator have a written Operation & Maintenance Plan that includes or references: (192.605(a))

- 1) Procedures for testing pressure limiting & regulator station(s)? Location _____
- 2) Procedures for ensuring adequacy of relief capacities? Location _____
- 3) Procedures for the operation and testing of telemetering or recording gages? Location _____
- 4) Procedures for odorization without wide variations in levels? Location _____
- 5) Procedures for periodic odorant sampling with the use of an instrument? Location _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1.02 Have you had a reportable incident in the past 12 months? (191.3, 191.9) What defines a reportable incident? Has the operator experienced any non-reportable incidents such as a release of gas where there are building evacuations, road closures and/or that draw media attention? Do you know the telephone numbers and persons to call at the TRA and Washington to report a gas incident? (TRA- (800)342-8359) (D.O.T. Washington-(800)424-8802)

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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2 – Regulator and Relief Activities.

2.01 a) Does the operator or supplier provide the system with regulator and/or overpressure protection (192.197)?

Operator

Supplier If supplier, location: _____

b) Do records indicate that the operator has inspected and tested all regulator stations and equipment serving 10 or more customers (including relief valves) at intervals not exceeding 15 months, but at least once each calendar year (192.739)?

c) Total number of regulator stations in the system (including taps): _____

Number in vaults: _____

Frequency of inspection: _____

Last inspection date: _____

d) Has a GPSD inspector completed a detailed review of relief valve capacities for selected regulator installations?

e) Does the operator have personnel qualified to perform repairs or service on each regulator in the system?

f) Are repair kits in stock for each regulator in the system?

g) Are regulator stations set up as monitors without relief valves? (192.195) If yes, how many? _____

h) Have procedures for inspection of commercial and industrial pressure limiting or regulating meter sets been established? Frequency of inspection: _____

i) Does the operator have OQ records for the person(s) performing this task? Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.02 Starting at your supply connection(s), what are your maximum allowable operating pressures (MAOPs) and the actual operating pressures on the line throughout your distribution system (192.619, 192.621)?

Location	MAOP (psig)		Operating Pressure (psig)	
	Inlet	Outlet	Inlet	Outlet

To add rows, press TAB with cursor in last cell.

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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.03 a) Have relief valve capacities been calculated or checked to see if they are adequate for overpressure protection (192.743(a))? If yes, how? ____ Are the capacities adequate?

b) Has the operator altered or changed any component of any regulator station within past 12 months? If yes, have the capacity calculations been updated?

c) Do pressure relief and limiting stations have enough capacity at proper set pressure to prevent the following (192.201):

- 1) MAOP = 60 psig or More - The pressure from exceeding the MAOP plus 10 percent or a pressure that produces a hoop stress of 75 percent SMYS, whichever is lower?
- 2) MAOP = 12 psig to Less than 60 psig - The pressure from exceeding MAOP plus 6 psig?
- 3) MAOP = Less than 12 psig - The pressure from exceeding MAOP plus 50 percent?

d) If relief capacity was determined to be insufficient, have new or additional devices been installed to provide the additional capacity required (192.743(c))? If yes, location(s): ____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.04 Are all pressure relief or limiting devices in your system designed and installed to provide sufficient discharge capacity and to prevent damage to the assembly, impairment of relief capacity, and deactivation of the relief device by unauthorized personnel (192.199)? If no, their location: ____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
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2.05 a) Do instrument, control, and sampling pipes and components, which are built to contain gas, have take-off connections made of suitable materials and able to withstand the maximum service pressure and temperature of the pipe or equipment to which they are attached (192.203)?

Stainless Steel Carbon Steel Copper

b) Does each regulator station in your system have a by-pass line that could be used in case of an emergency or failure (192.199 (h), 192.181 (b))? If yes, are the by-pass valves locked in a closed position?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.06 a) Does the operator distribute gas at a pressure above 60 psig (192.197(c))? If yes, which of the following pressure control methods is used?

- Service regulator with upstream regulator and relief device/ shut off device.
- Service regulator with monitoring regulator.
- Service regulator w/ full capacity internal or external relief.
- Service regulator w/ shut off device.

b) Are any single service regulators operating above 125 psig (192.197(c)(3))?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.07 a) If more than one station supplies pressure to an individual pressurized system, does the operator provide telemetry or recording pressure gages to indicate gas pressure in the system (192.741)?

If yes, their location: _____

b) Does the operator use electronic pressure measurement?

c) Are they calibrated or inspected in accordance with your O&M (192.741)? Frequency of inspection: _____

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3 – Odorization Activities.

3.01 a) Name of natural gas supplier(s). Name _____
 Is gas odorized by supplier(s) (192.625)? If yes, where? _____ If no, by who? _____
 Supplier's injection rates (lbs/MMCF)? _____

b) How many odorizers in your system (192.625)? _____
 Location(s) _____
 Type _____ Is the MSDS sheet available?
 Odorant used _____

c) Is an odorant usage calculation being maintained for each tap station or other odorant application point?
 (192.625(e)) Frequency: _____ Does the odorant appear to be added without wide variation?

d) Do you have any customers who are receiving unodorized gas (192.625(e))? If yes, who: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3.02 a) Are periodic samples of combustible gases taken to assure the concentration of odorant (192.625)?
 Frequency: _____ How many locations: _____

b) What is the operator's Lower Explosive Limit (LEL)? _____
 How did the operator determine the LEL? _____

c) Do the readings indicate that odorant can be readily detected by a person with a normal sense of smell at a
 gas-in-air concentration equal to or less than 1/5th of the lower explosive limit?

d) What type of instrument does the operator use to perform sampling? _____
 When was this instrument last calibrated? _____

e) Does the operator have OQ records for the person(s) performing this task? Who is (are) the person(s)
 performing this task? _____

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3.03 What type of information about the smell of natural gas is being given to customers and general public (192.616)? (Refer to Public Awareness Plan)

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<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
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Check exactly one box above.	

4 – Miscellaneous Activities.

4.01 a) Has the operator complied with HR 5787 and installed EFV’s on all new or renewed services after June 1, 2008?

b) Has the operator added EFV installation procedures to their O&M manual?

c) Has the operator qualified or re-evaluated personnel on their EFV procedures?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
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Check exactly one box above.	

4.02 a) Were there any “hits” or damages to your facilities in the previous calendar year?

If yes, were these “hits” or damages reported to TN One-Call? Yes No

b) Number of the following that caused these “hits” or damages?

- Contractors _____
- Utilities _____
- Landscapers _____
- Home Owners _____
- Farmers _____
- Others _____

c) Estimated total cost of damages and repair \$ _____

Did the damage cause any interruption of service to customers? If yes, how many customers were affected by the outage? _____

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4.03 Which master meter operator(s) do you serve natural gas? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.04 What is your mapping capability (hard copy, electronic, pipe size, pressures, material type)?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.05 a) What is the operator's unaccounted for gas? _____

b) Is the operator able to demonstrate how this number was calculated?

c) If excessive, has operator determined why?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.06 a) Has the operator sent out Public Awareness messages?

b) How is the operator performing the effectiveness evaluation for their Public Awareness Plan? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
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5 – Drug and Alcohol

5.01 a) Is a Drug Plan meeting the requirements of Part 199 and Part 40 in place? (Part 40 Part 199)

b) Who provides your anti-drug program? (199.101)

Operator

Consortium Name of Consortium: _____

c) Has the operator made any major change(s) to its anti-drug program based upon the amended requirements to Part 40 and 199 effective 8/1/01? If yes, explain: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

5.02 a) List the number of covered employees and drug test performed in the past calendar year? (199.105, 40.1, 199.119)

	Operator	Consortium
# of Covered Employees		
Pre-employment		
Random		
Return to Duty		
Follow up		
Post accident		
Reasonable Cause		
Blind Samples Submitted		

b) Is the annualized testing rate meeting the 25% requirement? (199.105) If yes, what is the rate? _____

c) Are records confirming required supervisor and employee training maintained? (199.117)

d) Who has had the supervisory training? (199.117) _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
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5.03 a) Number of companies contracted to work for your organization in covered positions? (199.115)

1		4	
2		5	
3		6	

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b) Do you or your company representatives inspect contractor drug plans for compliance with Part 199 and 40 of the MFSS? (199.115) If yes, name of representative(s): _____

c) Are contractor drug and alcohol plans available for review?

d) What are the contractor's annual random drug testing rates? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

5.04 a) Is the Alcohol Misuse Prevention Plan meeting the requirements of Part 199 and Part 40 in place? (Part 40 Part 199) Date of start up? _____

b) Who provides your Alcohol Misuse Prevention Plan? (199.202)

Operator

Consortium Name of Consortium: _____

c) Has the operator made any major change(s) to its Alcohol Misuse Prevention Plan based upon the amended requirements to Part 40 and 199 effective 8/1/01? If yes, explain: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

5.05 a) List the number of covered employees and alcohol tests performed in the past calendar year? (199.209, 199.105, 40.1, 199.119)

	Operator	Consortium
# of Covered Employees		
Return to Duty		
Follow up		
Post accident		
Reasonable Cause		

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
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5.06 a) Name of person(s) interviewed or responsible for recordkeeping: _____

b) Are records maintained in a secure location?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	