|  |  |  |
| --- | --- | --- |
|  | OHIO DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL & GAS RESOURCES MANAGEMENT 2045 Morse Road, F-2 • Columbus, OH 43229-6693 | *Submit this completed report to* [*DOGRM.EMNOTIFY@dnr.state.oh.us*](mailto:DOGRM.EMNOTIFY@dnr.state.oh.us?subject=30-Day%20Post%20Incident%20Report) *within 30 days of the initial incident report.*  *Complete parts A-I for all reportable incidents. Complete parts J-M for reportable pipeline incidents.* |
| 30-DAY POST INCIDENT REPORT Rev. 01/17 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Report Completion Date: |  | mm/dd/yyyy | ODNR Incident Number: |  | |
| EPA Spill Number: |  | | NRC Case Number: |  |

Part A: Well/Facility Operation Information

|  |  |
| --- | --- |
| Authorized  Person / Owner: |  |
| Phone: |  |
| Email: |  |
| Street Address: |  |
| City / State / Zip: | / OH / |
| Well / Facility Name: |  |

**Authorized Activity:** *Choose one*

  
  
  
  
  
  
  
  


|  |  |  |
| --- | --- | --- |
| Identification Number: |  | *Which type of number?* |

Part B: Incident Location, Date, Time, and Weather Conditions

Please enter lat/lon in decimal degrees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Latitude:** |  | **Longitude:** | - |
| **County:** |  | | |
| **Address:** |  | | |
| **Township:** |  | | |
| **City/Village:** |  | | |
| **Cross Streets:** |  | | |

Directions to Location of Incident: Include distance and direction from nearest intersection or milepost.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Incident Discovery Date: |  | mm/dd/yyyy |
| Incident Discovery Time: |  | eg. 4:45 pm |
| Duration of Incident: |  | days |
| Incident Controlled Date: |  | mm/dd/yyyy |

|  |  |
| --- | --- |
| Temperature: | °F |
| Wind Speed: | MPH |
| Wind Direction |  |
| Weather Conditions: |  |
| Amount of Precipitation: |  |

Part C: Incident Information

Type of Incident: Choose all that apply.

Explosion

Fire

Loss of Well Control

Release/Discharge

Seismic Event

Stray Gas

Fatality

Injury

Other Type of Incident: Describe…

|  |
| --- |
|  |

Gas Release If Gas Release, indicate…

  
Describe…

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Product(s) Released | CAS Number | Estimated Volume Discharge | | Volume Recovered | | Exceeded Reportable Federal or State Quantity? |
| Inside Containment | Outside Containment | Inside Containment | Outside Containment |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Was product neutralized? |  | Method Used? |  |

Secondary Containment Verification: Measurements, conditions, capacity

|  |
| --- |
|  |

Environmental Media Affected  
REQUIRED Extent/Size/Description

|  |  |  |
| --- | --- | --- |
| Soil |  | Surface area and depth of contamination |
| Air |  | Method of detection, PPM, wind direction, if airborn |
| Wetland |  |  |
| Field Tiles |  |  |
| Drainage Way/Ditch |  |  |
| Surface Water  stream, river, lake |  | Name and length of affected waterway |
| Groundwater |  |  |
| Other |  |  |

OPTIONAL Extent/Size/Description

|  |  |  |
| --- | --- | --- |
| Vegetation  crops, timber, etc. |  |  |
| Worker Exposure |  | Medical advice provided? |
| Public Exposure |  | Evacuations, level of exposure, health and safety |
| Livestock |  |  |
| Wildlife |  |  |
| Other |  |  |

**GPS Coordinates** Please enter lat/lon in decimal degrees.

|  |  |  |
| --- | --- | --- |
|  | Latitude | Longitude |
| **Source Origin Coordinates** |  | - |
| **Source Containment Coordinates** |  | - |
| **Surface Elevation** |  | Feet AMSL |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Preventative Measures | Latitude | Longitude |
| **A** |  | - |
| **B** |  | - |
| **C** |  | - |
| **D** |  | - |
| **E** |  | - |

**Describe containment, preventative measures and actions to reduce impact of release**    
*Provide overview of incident. In your narrative, refer to Preventative Measure locations A-E and add more below if necessary;*

|  |
| --- |
|  |

Was anyone directly exposed to the released/discharged product?  


Was medical treatment required?  


Was public warned?  


List known acute and chronic health risks

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Other Agencies Notified | Date of Notification eg. mm/dd/yyyy | Time of Notification eg. 4:45 pm |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

Other Agency Permit Numbers (air, water, NPDES)

|  |  |  |
| --- | --- | --- |
|  | Permit Number | Attached file name or description |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Part D: Origin of Incident

Facility Equipment Involved:

|  |
| --- |
| Compressor Station |
| Gas Plant |
| Pipeline…Choose one:   Flowline  Sales Line |
| Pump Station |
| Regulator/Meter Station |
| Tank Farm |
| Well Site |

|  |
| --- |
| **Other Related Facility**  *Describe* |
|  |

Description of Facility Equipment:

|  |
| --- |
|  |

Site Equipment Involved:

|  |
| --- |
| Compressor |
| Dehydration System |
| Emergency Flare/Incinerator |
| Fitting |
| GPU |
| Heater Treater |
| Instrumentation |
| On Lease Pipe |
| Pressure Relief Device |

|  |
| --- |
| Pressure Vessel |
| Pump/Pump Jack |
| Separator |
| Tank(s) |
| Valve |
| VRU |
| Other Describe… |
|  |

Describe Site Equipment:

|  |
| --- |
|  |

Well Equipment Involved:

|  |  |
| --- | --- |
| BOP | |
| Casing | |
| Drilling Equipment | |
| Servicing Equipment | |
| Third Party Equipment | |
| Wellhead | |
| Other Describe… | |
|  |

Details of Well Site Equipment Involved:

|  |
| --- |
|  |

Well Phase:

|  |
| --- |
|  |

Details Regarding Well Phase:

|  |
| --- |
|  |

Part E: Incident Causes

Identify all causes contributing to the incident:

More than one cause may be assigned.

|  |
| --- |
| Corrosion (internal/external) |
| Employee (negligence, procedural, behavioral) |
| Failure (materials, mechanical equipment, system) |
| Geological |
| Manufacturing defect |
| Natural (weather, flood, fire) |
| Over-pressuring equipment |
| Third Party |
| Vandalism |
| Unknown at this time Explain… |
|  |

|  |
| --- |
| Other factors Explain… |
|  |

Has there been or will there be any third-party analysis of equipment failure?  
   
If yes, please describe:

|  |
| --- |
|  |

Plans for Preventing a Recurrence:

|  |
| --- |
|  |

Part F: Narrative of Incident

Provide a complete chronological description of the incident including conditions and events leading up to and following the incident.

|  |
| --- |
|  |

Send any additional documents that are germane to the incident:

* Drawing of the incident site
* Photographs
* Schematics
* Maps
* Reports (site construction, drilling, completion/stimulation, production/injection, plugging, inspections, pressure tests, etc.)
* Manifests, bills of lading, laboratory analysis

File Names

|  |
| --- |
|  |

Part G: Incident Response

|  |  |  |
| --- | --- | --- |
| Describe how the Emergency Response Plan was implemented.  Describe actions taken to respond and contain incident.  Describe actions for monitoring and detection. | Outline applicable steps taken to: | |
| * Save lives * Reduce suffering * Provide for the safety and health of all responders | * Protect public health * Protect the environment * Reduce economic and social losses * Protect property |

|  |
| --- |
|  |

Part H: Economic Impact *(*NOTE: This information is voluntary.)

Explain

|  |  |
| --- | --- |
| Dollar Value of Spilled Product |  |
| Equipment Damage Cost |  |
| Cost of Spill Cleanup |  |
| Estimated Cost of Spill Prevention to Eliminate Recurence |  |

Part I: Name and Title of Company Representative Filing Report

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Title: |  | |
| Company: |  | Phone: |  | |
| Address: |  | Fax: |  | |
| Signature: |  | Date: |  | mm/dd/yyyy |

*If the incident was a reportable pipeline incident, continue filling out Parts J through M.   
Otherwise, submit Parts A through I with attachments to* [*DOGRM.EMNOTIFY@dnr.state.oh.us*](mailto:DOGRM.EMNOTIFY@dnr.state.oh.us?subject=30-Day%20Post%20Incident%20Report)*.*

Parts J – M are required for Pipeline Incidents only

Part J: Pipeline Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pipeline Project Number: |  | | | |
| CSA Class Location: | 1 | 2 | 3 | 4 |

**Location of Incident(s) on Pipeline:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Latitude | Longitude |  |
| 1 |  | - | Please enter  lat/lon in  decimal degrees. |
| 2 |  | - |
| 3 |  | - |
| 4 |  | - |

Part K: Immediate Cause

Check the box for the primary incident cause and check one of the sub-causes as defined in CSA Z662-2007 Annex H.

Corrosion…  
 Internal  External

Cracking…  
 Corrosion fatigue  Stress corrosion cracking  
 Fatigue  Hydrogen induced  
 Mechanical damage

External Interference…  
 Third party  Vandalism  
 Company employee or contractor

|  |  |
| --- | --- |
| Company/ Contractor/Other |  |
| Address |  |
| Phone |  |
| Representative |  |

Material Manufacturing or Construction…  
 Defective weld  Defective pipe body  
 Defective other joint  Wrinkle or buckle

Weather…  
 Heavy rains or floods  Lightning  
 Freeze/thaw  Wildfire

Geologic Conditions…  
 Construction or undermining  
 Earthquake  Slope movement

Incorrect Operational Procedure…  
 Preloading

Equipment Malfunction / Failure

Other Specify:

|  |
| --- |
|  |

Part L: Line Pipe Data

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Failure: |  | | | | | | | | | | |
| Nominal Diameter |  | | mm | | **Wall Thickness:** | | |  | mm | | |
| Date of Manufacture: |  | | mm/dd/yyyy | | Weld Process: | | |  | | | |
| Duration of Incident: |  | | | | | | | | | | |
| Pipe Specifications: | Z 245 | | | Other Specify… | | |  | | | | |
| Pipe Location: | Below ground | | | Above ground | | | | | | | |
| Maximum Operating Pressure: | |  | | psi | | Pressure at Time of Incident: | | | |  | psi |
| Latest Pressure Test Date: | |  | | mm/dd/yyyy | | Maximum Test Pressure: | | | |  | psi |
| Test Duration | |  | | hours | | | | | | | |

Part M: Corrosion Failures

Circumferential position looking downstream:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 11 | 12 | 1 |  |
| 10 |  | | | 2 |
| 9 | 3 |
| 8 | 4 |
|  | 7 | 6 | 5 |  |

|  |  |
| --- | --- |
| Type of Corrosion: |  |
| Type of Coating: |  |
|  |  |
|  |  |
|  |  |

FOR DIVISION USE ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Incident Number: |  | Date Received: |  | Reviewed By: |  |

Reviewer’s comments and any actions taken:

|  |
| --- |
|  |