

New Mexico Public Regulation Commission
Pipeline Safety Bureau

Pipeline Incident Report
(Reportable Gas Leaks Pursuant to Section 191.5)

Date: _____
Time: _____

Operator (Name & Address): _____
Reported by (Name, Title): _____
Telephone No. _____
Summary Description of Incident: _____

1. Date & Time of Incident: _____
Time Reported to Operator: _____
By Whom (Name, telephone number): _____
Emergency Dispatch Time: _____ Arrival Time: _____
2. Incident Address: _____
Name of Property Owner: _____
3. Other Agencies Involved: (Fire/Police/Media,etc.): _____
4. Pipeline Leak : (Operator/Customer/3rd Party Damage): _____
Remedial action: _____
5. Explosion: _____
6. Fire: _____
7. Deaths: _____
8. Injuries: _____ Medical Attention Required? _____ Hospitalization? _____
9. Surrounding Area Affected; residences, buildings: _____
Evacuation: _____
Gas Outage: _____
10. Property Damage (Public, Private/Operator): _____
11. Estimated Damage: _____ Estimated cost of Gas Loss: _____
Environmental Damage: _____
12. Reported to NRC, Washington, D.C.? Yes No NRC Report # _____
13. Miscellaneous information: _____
14. Report Taken By (Name & Title): _____ Reviewed by: _____
15. NMPRC Investigation: Yes No Investigation report # _____ . Reportable in
Certification?

Follow-up and Confirmation:

All of the above information must be confirmed by PSB personnel within 10 working days of receipt of the report:

Follow-up and Confirmation by: _____ Date: _____

Other Comments: _____

Is on-site response required? _____

Person Contacted: _____ Time: _____