EXHIBIT IPSE Supplemental Report to PHMSA

Al Jones

Woodard, Marina (UTC)

From: Sent: Imad, Antoinette M -Toni <antoinette.imad@pse.com>

Sent: To: Monday, May 21, 2012 2:46 PM

Cc:

Lykken, David (UTC) Woodard, Marina (UTC); Neate, Robert E; McGrath, Cheryl; Subsits, Joe (UTC): Gas

Compliance -- mail --

Subject:

RE: WAC 480-93-200 (4) & CFR 191.7 PHMSA form 7100.1 supplemental report submittal |

Event Telephonic Report: 9/26/2011, Seattle

Attachments:

09262011 Seattle F7100.1 Supplemental 5162012.pdf

Dear Mr. Lykken,

Please find attached a supplemental report relative to the incident reported per email below with updated information to Part F question 2a.

Best Regards,

RECEIVED

MAY 21 2012

State of Washington UTC Pipeline Safety Program

Toni Imad

From: Imad, Antoinette M -Toni

Sent: Tuesday, October 25, 2011 11:31 AM

To: 'Lykken, David (UTC)'

Cc: 'Woodard, Marina (UTC)'; Neate, Robert E; McGrath, Cheryl; 'Subsits, Joe (UTC)'; Gas Compliance -- mail -- Subject: WAC 480-93-200 (4) 30-day report & CFR 191.7 PHMSA form 7100.1 submittal | Event Telephonic Report: 9/26/2011, Seattle

Dear Mr. Lykken,

Please find attached two files in reference to an incident reported telephonically to Staff on September 26, 2011:

- "09262011 12312 Seattle 30-day report.pdf": A 30-day follow-up report pursuant to WAC 480-93-200 (4)
- "09262011 12312 Seattle PHMSA F7100.1.pdf": A copy of PHMSA form F7100.1 pursuant to 49CFR 191.7

Best Regards,

Toni Imad

Antoinette Imad, P.E.
Consulting Engineer, Compliance
PUGET SOUND ENERGY
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425-213-6219 cell
355 110th Ave NE EST-07W
Bellevue, WA 98004
www.PSE.com



NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed
100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not
exceed \$1,000,000 as provided in 49 USC 60122.

Report Date:

10/25/2011

U.S Department of Transportation
Pipeline and Hazardous Materials Safety Administration

OMB NO: 2137-0522
EXPIRATION DATE: 01/31/2014

No. 20110375- 15450

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information, are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.

Report Type: (select all that apply)	Original:	Supplemental:	<u>Final:</u>
		Yes	
Last Revision Date	05/16/2012		
Operator's OPS-Issued Operator Identification Number (OPID):	22189		<u> </u>
2. Name of Operator	PUGET SOUND EN	IERGY	
3. Address of Operator:			TETRAL CONTRACTOR
3a. Street Address	PO BOX 90868, ES	T-07W	er e
3b, City	BELLEVUE		
3c. State	Washington		Mary photograph and
3d, Zip Code	980090868	K	ECEIVEL
4. Local time (24-hr clock) and date of the incident:	09/26/2011 06:16		
5. Location of incident:	-,	M	AY 2 1 2010
5a. Street Address or location description	12312 5th AVE NE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
5b. City	Seattle	State	of Washingto
5c. County or Parish	King		Washingto
5d, State:	Washington	D2. 13	UTC ""BIL
5e. Zip Code:	98125	ripeint	e Safety Prog
5f. Latitude:	47.7182699		
Longitude:	-122.322723		
6. National Response Center Report Number:	990833		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	09/26/2011 09:51		<u> </u>
8. Incident resulted from:	Unintentional releas	e of gas	
9. Gas released:	Natural Gas		
- Other Gas Released Name:			
10. Estimated volume of gas released - Thousand Cubic Feet. (MCF):			
11. Were there fatalities?	No	dan salah baran 1884 bili bera 1885 188	1.0
- If Yes, specify the number in each category:	de la companya de la		
11a. Operator employees			
11b. Contractor employees working for the Operator		<u> </u>	
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator		*	2000
11e. General public		the first brains of the first of higher	
11f. Total fatalities (sum of above)			*************************************
12. Were there injuries requiring inpatient hospitalization?	Yes	*************************************	
- If Yes, specify the number in each category:	1.		· · · · · · · · · · · · · · · · · · ·
12a. Operator employees	0		
12b. Contractor employees working for the Operator	0		The Control of the Co
12c. Non-Operator emergency responders	1 o		The second of
12d. Workers working on the right-of-way, but NOT associated with this Operator	Ō	and the analysis of the second se	4
12e. General public	2	<u> </u>	
12f. Total Injuries (sum of above)	2	** *** **** *** *** *** *** *** *** **	
13. Was the pipeline/facility shut down due to the incident?	Yes	the state of the s	<u> </u>
- If No, Explain:		Company of the Compan	

	·
If Yes, complete Questions 13a and 13b: (use local time, 24-hr clo 13a, Local time and date of shutdown:	ck) 09/26/2011 15:15
	U9/20/2011 10:10
13b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	Yes
14. Did the gas ignite?	Yes
15. Did the gas explode?	Yes
16. Number of general public evacuated:	<u> an a tanna da langua mana na manana na n</u>
17. Time sequence (use local time, 24-hour clock):	AND AND AND THE PROPERTY OF TH
17a. Local time operator identified incident:	A CONTROL OF THE CONT
17b. Local time operator resources arrived on site:	
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the Incident on Federal land?	1 No
2. Location of Incident	Private property
3. Area of Incident:	Aboveground
	pecify: Inside a building
If Other, De	
Depth of	Cover
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	AND A CONTRACT OF THE CONTRACT
- II Yes, specify type delow.	the state of the second control of the secon
- If Bridge crossing —	and the property of the proper
Çased/ Uncased:	
- If Railroad crossing -	and the safety of the same of
Cased/ Uncased/ Bored/drilled	Augustus .
- If Road crossing —	t en al Park Park de la comercia del comercia de la comercia del comercia de la comercia del la comercia de la comercia de la comercia de la comercia de la comercia del la comercia de la comercia de la comercia del la comercia de la comercia del la
Cased/ Uncased/ Bored/drilled	<u> 1904-banda - 1904 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905</u>
- If Water crossing -	
	Marina de la companya del companya del companya de la companya de
Cased/ Uncased	<u> - andrese de la companya de la comp</u>
Name of body of water (if commonly k	
Approx. water de	pth (ft);
PART C ADDITIONAL FACILITY INFORMATION	
FART C ADDITIONAL FACILITY INFORMATION	
Indicate the type of pipeline system:	Natural Gas Distribution, privately owned
- If Other, s	pecify:
2. Part of system involved in incident:	Service
- If Other, s	pecify:
2a. Year "Part of system involved in incident" was installed:	Residence in the contract of t
	nown?
3. When "Main" or "Service" is selected as the "Part of system involved it	
3a. Nominal diameter of pipe (In):	
3b. Pipe specification (e.g., API 5L, ASTM D2513):	
	nown? Yes
	nown r 1 es
3c. Pipe manufacturer:	
	nown?
3d. Year of manufacture:	
	nown?
4. Material involved in incident:	Steel
- If Other, s	pecify:
4a. If Steel, Specify seam type:	Mr. Mr. Prysique and an adjuncting a series of the control of the
None/Unk	nown? Unknown
4b. If Steel, Specify wall thickness (Inches):	.113
Unk	mown?
4c. If Plastic, Specify type:	
- If Other, de	scribe
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
Or wall thic	brace:
Or well that	nown?
4e. If Polyethylene (PE) is selected as the type of plastic in Par	
Specify PE Pipe Material Designation Code (i.e. 2406, 3	
The first state of the control of th	700, 1.
alc.)	nown?
5. Type of release involved :	Leak
- If Mechanical Puncture - Specify Approx size: Approx. size: In.	
Approv. elzo' in	
Approx. Size. III.	(axiai):
In. (circumfere	ntial):
In. (circumfere	ntial): Other

- If Rupture - Select Orientation:	and the first of the contract of the first of the contract of
, - If Other; Describe:	
. Approx, size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	
PART D - ADDITIONAL CONSEQUENCE INFORMATION	
1. Class Location of Incident :	Class 3 Location
2. Estimated Property Damage:	And the state of t
2a. Estimated cost of public and non-Operator private	\$400,000 .
property damage	
2b. Estimated cost of Operator's property damage & repairs	\$1,000
2c. Estimated cost of Operator's emergency response	\$ 100,000
2d. Estimated other costs	\$ 10,000 Investigation and Claims handling
- Describe: 2e., Total estimated property damage (sum of above)	\$ 511,000
Ze., total estimated property damage (sum of above)	1 0 11,000
Cost of Gas Released	
A STATE OF THE STA	mark of the confirmation o
2f. Estimated cost of gas released	\$ 500
3. Estimated number of customers out of service:	en e
3a. Commercial entities	0
3b. Industrial entities	<u> </u>
3c. Residences	
PART E - ADDITIONAL OPERATING INFORMATION	
Estimated pressure at the point and time of the incident (psig):	42.00
2. Normal operating pressure at the point and time of the incident (psig):	42.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of	45.00
the Incident (psig):	<u> Paragonia de Caración de Car</u>
4. Describe the pressure on the system relating to the incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in	No
place on the pipeline or facility involved in the incident?	<u> </u>
- If Yes: 5a. Was it operating at the time of the incident?	the state of the s
5b. Was it fully functional at the time of the incident?	• • • • • • • • • • • • • • • • • • • •
5c. Did SCADA-based Information (such as alarm(s), alert(s),	
event(s), and/or volume or pack calculations) assist with the detection of the incident?	
5d. Did SCADA-based Information (such as alarm(s), alert(s),	
event(s), and/or volume calculations) assist with the confirmation of	
the Incident?	
6. How was the incident initially identified for the Operator?	Notification from Emergency Responder
fa. If "Controller", "Local Operating Personnel, including	
contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following:	,
- If Other, Specify:	
7. Was an investigation initiated into whether or not the controller(s) or control	No, the facility was not monitored by a controller(s) at the time
room issues were the cause of or a contributing factor to the incident?	of the incident
- If No, the operator did not find that an investigation of the controller(s)	and the state of t
actions or control room issues was necessary due to: (provide an	, ·
explanation for why the operator did not investigate)	
- If Yes, Specify investigation result(s) (select all that apply):	
Investigation reviewed work schedule rotations, continuous hours	
of service (while working for the Operator), and other factors	
associated with fallgue - Investigation did NOT review work schedule rotations, continuous	
hours of service (while working for the Operator), and other factors	
associated with fallique	er yet in kaar naar kan verk o <u>rkaan dan in in</u>
- Provide an explanation for why not:	and the second s
- Investigation identified no control room issues	The state of the s
- Investigation identified no controller issues	The second secon
Investigation identified incorrect controller action or controller error	<u> and and a second the second of the second </u>
- Investigation identified that fatigue may have affected the	
controller(s) involved or impacted the involved controller(s) response	
 Investigation identified incorrect procedures Investigation identified incorrect control room equipment operation 	the second of th
Investigation identified maintenance activities that affected control	

the state of the s	
- Investigation identified areas other than those above	
Describe:	la de la companya de
PART F - DRUG & ALCOHOL TESTING INFORMATION	
As a result of this incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	Yes
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
As a result of this incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	Yes
- If Yes:	the state of the s
Specify how many were tested: Specify how many failed:	12
20. Specily now many falled:	
PART G - CAUSE INFORMATION	
Select only one box from PART G in shaded column on left representing the Appright. Describe secondary, contributing, or root causes of the incident in the narra	arent Cause of the Incident, and answer the questions on the tive (PART H).
Apparent Cause:	G4 - Other Outside Force Damage
G1 - Corrosion Fallure - only one sub-cause can be picked from shaded lef	t-hand column
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	<u> </u>
- If Other, Specify: 2. Type of corrosion:	<u>kata kanangan ja statut na papa ka manangan na taun ja manangan mengan sa kanangan kanangan na pangan langgan</u> Kanangan langgan jalangan pangan
- Galvanic	The second secon
- Almospheric	
- Stray Current	
- Microbiological	<u> 18 marin 19 de 18 de 18 de 19 de 1</u>
- Selective Seam	
- Other	
- If Other, Describe:	en 1960 la 1960 la 1960 de maior de la 1960 la 1960 de maior de maior de maior de maior de la 1960 la 1960 la 1 La companya de maior
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	garagan da ang ang ang ang ang ang ang ang ang an
- Determined by metallurgical analysis	SE MAN HORSEN, CONTROL OF THE SECOND OF THE
- Other	
- If Other, Describe:	
4. Was the falled Item buried under the ground?	the state of the s
//// -IlYes:	<u> Andrewski za rozanie na przed p</u>
4a. Was falled item considered to be under cathodic protection at the time of the incident?	States of the second second
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
Has one or more Cathodic Protection Survey been conducted at the point of the incident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" - Most recent year conducted:	tari kana menjalah dan
If "Yes, Other CP Survey" - Most recent year conducted:	general community of the control of
* If No.	and the second of the second o
4d. Was the failed item externally coated or painted?	are extrapolar message transfer to the first of the end of the end of the end of
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
- If Internal Corrosion:	The state of the s
7. Results of visual examination:	A Commence of the Commence of
- If Other, Describe:	
B. Cause of corresion (select all that apply):	partition of the second secon
- Corrosive Commodity Weler don out/Apid	<u> Paragonaria de la capación de la c</u>
- Water drop-out/Acid	<u> Andrewson and the common temporal and the common sections of the common sections of the common sections and the common sections are common sections are common sections and the common sections are </u>

- Erosion	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (se	elect all that apply):
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	<u> </u>
	produce and the first control of the production of the second of the sec
10. Location of corresion (select all that apply):	
- Low point in pipe	the state of the s
+ Elbow	
- Drop-out	
Other	
- If Other, Describe:	rate of the control o
	Andrew Control of the
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the incident	
occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND th	a "Part of system involved in incident" from PART C
	a Latt of system involved in incident from LVI/1 of
Question 2) is Main, Service, or Service Riser.	State of the state
13. Date of the most recent Leak Survey conducted	Proposed Control of the control of t
14. Has one or more pressure test been conducted since original construction	The transfer of the second
at the point of the Incident?	
	the state of the s
- If Yes:	the state of the s
Most recent year tested:	the state of the s
Test pressure;	in the second of
G2 - Natural Force Damage - only one sub-cause can be picked from shad	ded left-handed column
Natural Force Damage - Sub-Cause:	
Service and the service of the servi	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	the state of the s
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	And the property of the control of t
	and the state of
- If Lightning:	
3. Specify:	y and the second of the second
	
+ If Temperature:	<u> </u>
4. Specify:	en e
+ If Other, Specify:	
- If High Winds:	e ingreportung di trata di tr Periode di trata di t
- Other Natural Force Damage:	
	a de la composición de
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the incident generated in conjunction with	
o. Were the natural forces causing the incident generated in conjunction with	•
an extreme weather event?	
6.a If Yes, specify (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	<u> Andrews - Committee of the Committee o</u>
G3 - Excavation Damage - only one sub-cause can be picked from shaded	left-hand column
and the second second companies of the second s The second s	
Excavation Damage - Sub-Cause:	
	<u> </u>
- If Excavation Damage by Operator (First Party):	ing the state of t
Termingaper (Mittanger), 1919 p.g. Termingaper (Mittanger), 1919 p.g. (Mittanger), 1919 p.g. (Mittanger), 1919 p.g. (Mittanger), 1919 p.g. (Mittanger)	
- If Excavation Damage by Operator's Contractor (Second Party):	
in montainent manigha al abanaras a contractor forcette i atrible	
na ngagaya^{la} ta ngay ngay kita mang magagang an manana katalah an ana antana na manana kitana na matalah an a	and the control of th
- If Excavation Damage by Third Party:	
	And the second s
- If Previous Damage due to Excavation Activity:	
- It I textons building and to recassion would.	e de la composition della comp
The first of the f	
Complete the following ONLY IF the "Part of system involved in incident" (from	m Part C, Question 2) is Main, Service, or Service Riser.

<u>and and the state of the state</u>	<u> and the state of the state of</u>	
Date of the most recent Leak Survey conducted Has one or more pressure test been conducted since original construction the selection of the leaders!		
at the point of the incident? - If Yes:	ti ili ili ili ili ili ili ili ili ili i	
Most recent year tested:	taran da	
Test pressure:		
Complete the following if Excavation Damage by Third Party is selected.		
3. Did the operator get prior notification of the excavation activity?	Adam to a second of the contract of the contra	
3a. If Yes, Notification received from: (select all that apply):		
- One-Call System	the state of the s	
- Excavator - Contractor		
- Contractor - Landowner		
Complete the following mandatory CGA-DIRT Program questions if any Excar	vation Damage sub-cause is selected.	
Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirl.com)?		
5. Right-of-Way where event occurred (select all that apply):	ing the fact of the section of the s	
- Public		
- If Public, Specify:	The property of the contract o	
- Private	er especial. The Market is a second of the s	
- If Private, Specify:	Anne en men en fante. Een een een een en een en stad de keel bestel het en een een een een een een een een ee	
- Pipeline Property/Easement		
- Power/Transmission Line		
- Railroad	rakan panenganan <u>ang manggan</u> nali ⁶ na na maga	
- Dedicated Public Utility Easement	Annual to the second of the	
- Federal Land	Barbara and the state of the st	
Data not collected Unknown/Other		
6. Type of excavator:	<u> 1900 - Anna Agrico III anna anna agus agus agus agus agus agus agus agu</u>	
7. Type of excavation equipment :	<u> </u>	
8. Type of work performed :		
9. Was the One-Call Center notified?	and the second to the second 	
9a. If Yes, specify ticket number:		
9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:		
10. Type of Locator;		
11. Were facility locate marks visible in the area of excavation?		
12. Were facilities marked correctly?		
13. Did the damage cause an interruption in service?	the state of the s	
13a, if Yes, specify duration of the interruption: 14. Description of the CGA-DIRT Root Cause (select only the one predominant for	iret launt CCA FURT Boot Cours and then where available as a	
choice, the one predominant second level CGA-DIRT Root Cause as well): - Root Cause Description:	ist level CGA-DIK I ROOL Cause and men, whele available as a	
- Root Cause Description: - If One-Call Notification Practices Not Sufficient, specify:		
- If Locating Practices Not Sufficient, specify:	<u> 1960 - 1965 - Bashimminisma Smither de proprieta de la composició de la </u>	
If Excavation Practices Not Sufficient, specify:		
- If Other/None of the Above (explain), specify:		
G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column		
Other Outside Force Damage - Sub-Cause:	Electrical Arcing from Other Equipment or Facility	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause	of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng. 1. Vehicle/Equipment operated by:	aged in Excavation:	
If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:		
2. Select one or more of the following IF an extreme weather event was a factor:		
- Humicane	The second secon	
- Tropical Storm	en en 1875 en	
- Ternado		
- Heavy Rains/Flood	and the second s	
- Other	<u> </u>	
- If Other Specific		

- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:	
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	<u> </u>
Complete the following ONLY IF the "Part of system involved in incident" (from Part	C, Question 2) Is Main, Service, or Service Riser.
3. Date of the most recent Leak Survey conducted:	<u>and a supplied of the particular and the state of the st</u>
Has one or more pressure test been conducted since original construction at the point of the incident? If Yes:	
- ir Yes: Most recent year tested:	
Test pressure (psig):	
- If Intentional Damage:	
5. Specify:	agama makamanga nyan as manina a kaaba a m
- If Other, Specify:	
- If Other Outside Force Damage: 6. Describe:	
G5 - Pipe, Weld, or Joint Failure - only one sub-cause can be selected from	n the shaded left-hand column
Pipe, Weld or Joint Fallure – Sub-Cause:	
- If Body of Pipe:	en de la companya de La companya de la co
1. Specify:	
- If Other, Describe:	A CONTRACTOR OF THE CONTRACTOR
- If Butt Weld: 2. Specify:	
- If Other, Describe:	
- If Fillet Weld:	
3. Specify.	
- If Other, Describe;	
- If Pipe Seam:	
4. Specify: - If Other, Describe:	the control of the co
- If Threaded Metallic Pipe:	
- If Mechanical Fitting:	and the same of th
5. Specify the mechanical fitting involved:	
- If Other, Describe: 6. Specify the type of mechanical fitting:	<u> 1800 - Anna Baran Baran, ann an Aireann an</u>
e. specify me type of mechanical many. - If Other, Describe:	
7. Manufacturer:	
8. Year manufactured:	
9. Year Installed: 10. Other attributes:	
11. Specify the two materials being joined:	
11a. First material being jointed: - Steel	Management and the second
- Cast/Wrought Iron	
- Ductile Iron	
- Copper - Plastic	
- Unknown	and the second of the second o
- Other	
- If Other, Specify:	
11b. if Plastic, specify: - If Other Plastic, specify:	<u> </u>
11c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron - Copper	
- Plastic	
- Unknown	to the contraction of the contra
- Other	

- If Other, Specify:	·
11d. If Plastic, specify:	
- If Other Plastic, Specify:	
12. If used on plastic pipe, did the fitting — as designed by the manufacturer — include restraint?	
12a. If Yes, specify:	
- If Compression Fitting:	<u> Para anta di anta di Para di Angaranta di Angaranta di Angaranta di Angaranta di Angaranta di Angaranta di A</u>
13. Fitting type:	* * * * * * * * * * * * * * * * * * *
14. Manufacturer:	the state of the s
15. Year manufactured:	
16. Year installed:	
17. Other attributes;	
18. Specify the two materials being joined:	<u> </u>
18a. First material being joined:	<u>garana Kangaran kecampakan bahasan bahan bahasan bermulah baharan bah</u>
-Steel	
- Cast/Wrought Iron - Ductile Iron	
- Ducile Ign - Copper	
- Plastic	
- Unknown	The state of the s
- Other	
- If Other, specify:	and the state of t
18b. If Plastic, specify:	
- If Other Plastic, specify:	the state of the s
18c. Second material being joined:	The second secon
- Steel	
- Cast/Wrought Iron	
- Ductile Iron - Copper	
- Plastic	
- Unknown	
- Other	and an analysis and an action to the contract of the contract
If Other, specify:	taring and the second of the s
18d. If Plastic, specify:	
- Other Plastic, specify:	t in the second
- If Fusion Joint:	
19. Specify:	,
- If Other, Specify:	
20. Year Installed:	
21. Other attributes:	the state of the s
22. Specify the two materials being joined: 22a. First material being joined:	the state of the s
22a. First material deing jorrad. - If Other, Specify:	
22b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Fallure:	
23. Describe:	
Complete the following if any Pipe, Weld, or Joint Fallure sub-cause is selec	led.
24. Additional Factors (select all that apply):	and and the second state of the second state
- Dent	
- Gouge	
- Pipe Bend	and the second s
- Arc Burn	A CAMPAN CONTROL OF CONTROL AND CONTROL OF C
ranger and the second of the second and the second and the second of the	processors and the state of the
- Crack	
- Lack of Fusion	
- Lack of Fusion - Lamination	
- Lack of Fusion - Lamination - Buckle	
- Lack of Fusion - Lamination - Buckle - Wrinkle	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment	
- Leck of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel - Other	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel - Other 25. Was the Incident a result of: - Construction defect	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel - Other 25. Was the Incident a result of: - Construction defect Specify:	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel - Other 25. Was the Incident a result of: - Construction defect Specify:	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel - Other 25. Was the Incident a result of: - Construction defect Specify: - Material defect Specify:	
- Lack of Fusion - Lamination - Buckle - Wrinkle - Misalignment - Burnt Steel - Other 25. Was the Incident a result of: - Construction defect Specify:	

	alasti a se si se de la feri de la feri de la ferio de
- Design defect	
- Previous damage	the second control of
26. Has one or more pressure test been conducted since original construction	
at the point of the incident?	<u>, , , , , , , , , , , , , , , , , , , </u>
- If Yes:	<u> Augusta in transportation de la companya del companya del companya de la compan</u>
Most recent year tested:	
Test pressure:	
G6 - Equipment Failure - only one sub-cause can be selected from the sha	ided left-hand column
Equipment Fallure - Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	<u>e diskusti di parament, mangasetti kanadi kalimanasa pilipina mangasa na mula pangasa di di dina angana di kalim</u> M <mark>anganasa manganasa manganasa pangasa panganasa manganasa di di di di 1888 na 1888 na 1888 na 1888 na 1888 na 1</mark>
1. Specify:	
- Control Valve	in the second of
- Instrumentation	
-\$CADA	the state of the s
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Fallure	<u>kan anda sa mara sa kana sa sa sa sa sa sa sa sa kana kan</u>
- Stopple/Centrol Fitting	<u>a la seria de la calenta de l</u>
- Pressure Regulator	A supposition of the test started and the control of the control o
- Other	
- If Other, Specify:	
- If Threaded Connection Failure:	
2. Specify:	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3. Specify:	The state of the s
- If Other, Specify:	de la
- If Valve:	
4. Specify:	
- If Other, Specify:	<u> </u>
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
- If Other Equipment Failure:	
5. Describe:	
G7 - Incorrect Operation - only one sub-cause can be selected from the sh	aded left-hand column
Incorrect Operation Sub-Cause:	
- If Damage by Operator or Operator's Contractor NOT Related to Excavation	on and NOT due to Motorized Vehicle/Faultment Damage:
	and the second of the second o
- If Valve Left or Placed in Wrong Position, but NOT Resulting in an Overp	ressure:
	
- If Pipeline or Equipment Overpressured:	
- If Equipment Not installed Properly:	
- If Wrong Equipment Specified or Installed:	
	
- If "Other Incorrect Operation:	garantara da santara da arabara da araba da araba
1. Describe:	<u>di kanangan managan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan</u>
Complete the following if any incorrect Operation sub-cause is selected.	entre de grande de la companya de l La companya de la co
2. Was this incident related to: (select all that apply)	entre energy that has been to be transported that
- Inadequate procedure	
- No procedure established	
- Fallure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the incident:	A Company of the Comp
4. Was the task(s) that led to the Incident Identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the	Control of the contro

task(s)? G8 - Other Incident Cause - only one sub-cause can be selected from the shaded left-hand column Other incident Cause - Sub-Cause: - If Miscellaneous: 1. Describe: - If Unknown: 2. Specify: PART H - NARRATIVE DESCRIPTION OF THE INCIDENT This incident remains under investigation by Puget Sound Energy File Full Name Note: The users have to sign in to view the attachment if there is no current user session. PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Antoinette imad	
Preparer's Title	Consulting Engineer	
Preparer's Telephone Number	425 456 2970	
Preparer's E-mail Address	Antoinette.lmad@pse.com	
Preparer's Facsimile Number	425 462 3770	
Authorized Signature		
Authorize Signature's Name	Cheryl A. McGrath	
Authorized Signature's Title	Manager Compliance and Regulatory Audits - Gas	
Authorized Signature Telephone Number	425-462-3207	
Authorized Signature's Email Address	cheryl.mcgrath@pse.com	
Date	05/16/2012	