



TELEPHONIC INCIDENT NOTIFICATION (T.I.N.) FORM

Massachusetts Department of Public Utilities
Pipeline Engineering & Safety Division
TRANSFER OF FORM BETWEEN SHIFTS MUST BE APPROVED BY LEADER

DPU INFORMATION					
Date Reported to DPU:	9/13/2018	Time Reported to DPU (mil.):	16:50	DPU Contact Name:	Richard Wallace
SECTION 1 GENERAL INFORMATION					
Company's Name:	Columbia Gas	Who Notified Company:	Public		
Assigner's Name:	[REDACTED]	Incident Address:	85 Andover st		
Field Leader's Name:	[REDACTED]	Incident City/Town:	Lawrence		
Assigner's Phone Number:	[REDACTED]				
DPU Phone – 617-305-3537 (8:45am – 5:00pm). After hours 617-305-3845 (5:00pm – 8:45am, Weekends and Holidays)					
SECTION 2 INCIDENT INFORMATION					
TYPE OF CALL (check all that apply)			DETAILED DESCRIPTION OF INCIDENT		
1. Hit Pipeline w/Release of Gas	<input type="checkbox"/>	initial calls came in as No Gas complaints and rapidly started receiving multiple emergencies reported of Odors and Fires. Dispatched Technicians to Fire and Explosion calls. [REDACTED] advised DPU at 16:50 on 9/13/18 verbally. This is follow up notification - spoke with [REDACTED] @ 12:18 on 9/14/18			
2. Evacuation	<input checked="" type="checkbox"/>				
3. Gas Outage	<input checked="" type="checkbox"/>				
4. 49 CFR 191 Incident	<input checked="" type="checkbox"/>				
5. Over/Under Pressure	<input checked="" type="checkbox"/>				
6. Gas Ignition/Explosion	<input checked="" type="checkbox"/>				
7. LNG Facility	<input type="checkbox"/>				
8. LPG Facility	<input type="checkbox"/>				
9. Security Breach	<input type="checkbox"/>				
10. Media on site	<input checked="" type="checkbox"/>				
INCIDENT TIMELINE (military time)					
Company received call:	16:21	Company's technician arrived on site:	[REDACTED]		
IC notified:	16:30	Incident made safe:	19:24		
Company dispatched technician:	[REDACTED]	Service restored: (if applicable)			
SECTION 3 ADDITIONAL INCIDENT INFORMATION					
EVACUATION INFORMATION <input type="checkbox"/> N/A			LEAK INFORMATION <input type="checkbox"/> N/A		
Evacuated by:	FD	Leak Classification:	Grade 1		
No. of persons Evacuated:	8600	Has the leak been secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Time Evacuated:	16:15	Was gas service interrupted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Time Allowed to re-enter:	[REDACTED]				
INJURIES/HOSPITALIZATION <input type="checkbox"/> N/A			OUTAGE INFORMATION <input type="checkbox"/> N/A		
No. of persons hospitalized:		Estimated duration of outage:	[REDACTED]		
No. of persons injured:	25	No. of customers affected:	8600		
SECTION 4 DISTRIBUTION SYSTEM INFORMATION					
Pipe Material (select one):	Cast Iron	Operating Pressure (psig):	0.05	Pipe Size (inch):	2t12.00
SECTION 5 DAMAGE PREVENTION INFORMATION <input checked="" type="checkbox"/> N/A					
Dig Safe No.		Dig Safe No. valid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site properly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excavator Information:					
SECTION 6 NATIONAL RESPONSE CENTER (NRC) INFORMATION <input type="checkbox"/> N/A					
Incident reported	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date reported:	9/13/2018	Time reported	17:20



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to NRC?				(est.):	
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OPERATOR TELEPHONIC INCIDENT NOTIFICATION FOLLOW-UP REPORT

Massachusetts Department of Public Utilities
Pipeline Safety Division

SECTION 1 GENERAL INFORMATION			
Operator's Name:	Columbia Gas	Who Notified Operator:	Public
Person Filing Report:	[REDACTED]	Incident Address:	85 Andover St
Contact Phone Number:	[REDACTED]	Incident City/Town:	Lawrence

SECTION 2 INCIDENT INFORMATION		
TYPE OF CALL (check all that apply)		DETAILED DESCRIPTION OF INCIDENT
1. Hit Pipeline w/Release of Gas	<input type="checkbox"/>	Initial calls came into to CMA as "No Gas" calls. We rapidly started receiving multiple emergencies reported of Odors and then Fires and explosion calls. All Technicians were dispatched to fire and explosion calls. DPU was notified verbally by [REDACTED] at 1650. NRC has been notified.
2. Evacuation	<input checked="" type="checkbox"/>	
3. Gas Outage	<input checked="" type="checkbox"/>	
4. 49 CFR 191 Incident	<input checked="" type="checkbox"/>	
5. Over/Under Pressure	<input checked="" type="checkbox"/>	
6. Gas Ignition/Explosion	<input checked="" type="checkbox"/>	
7. LNG Facility	<input type="checkbox"/>	
8. LPG Facility	<input type="checkbox"/>	
9. Security Breach	<input type="checkbox"/>	
10. Media on site	<input checked="" type="checkbox"/>	
INCIDENT TIMELINE (military time)		
Operator received call:	1621	
Operator dispatched technician:		
Operator's technician arrived on site:		
Incident made safe:	1924	
Service restored (if applicable):		

SECTION 3 ADDITIONAL INFORMATION			
EVACUATION INFORMATION	<input type="checkbox"/> N/A	LEAK INFORMATION	<input type="checkbox"/> N/A
Evacuated by:	FD	Leak Classification:	Grade 1
No. of persons evacuated:	8600	Has the leak been secured?	<input checked="" type="checkbox"/> Yes
Time evacuated:	1615	Was gas service interrupted?	<input checked="" type="checkbox"/> Yes
Time allowed to re-enter:	Ongoing		
INJURIES/HOSPITALIZATION		OUTAGE INFORMATION	
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
No. of persons hospitalized:		Estimated duration of outage:	Ongoing
No. of persons injured:	25	No. of customers Affected:	8600

SECTION 4 DISTRIBUTION SYSTEM INFORMATION			
Pipe Material (select one):	Cast Iron	Operating Pressure (psig):	.05
		Pipe Size (inches):	

SECTION 5 DAMAGE PREVENTION INFORMATION				
<input type="checkbox"/> N/A				
Dig Safe No.		Dig Safe No. valid?	<input type="checkbox"/> Yes	Site properly marked?
			<input type="checkbox"/> Yes	
Excavator Information:				



OPERATOR TELEPHONIC INCIDENT NOTIFICATION FOLLOW-UP REPORT

Massachusetts Department of Public Utilities
Pipeline Safety Division

SECTION 1 GENERAL INFORMATION			
Operator's Name:	Columbia Gas	Who Notified Operator:	Public
Person Filing Report:	[REDACTED]	Incident Address:	85 Andover Street
Contact Phone Number:	[REDACTED]	Incident City/Town:	Lawrence

SECTION 2 INCIDENT INFORMATION	
TYPE OF CALL (check all that apply)	DETAILED DESCRIPTION OF INCIDENT
1. Hit Pipeline w/Release of Gas <input type="checkbox"/>	<p>SUPPLEMENTAL – Multiple calls were received over a short period of time starting at 1618. The calls range from no gas, odor, noise, fire and explosions. The impacted area expanded Lawrence, Andover and North Andover (Merrimack Valley)</p> <p>The Compliance Manager was notified by the company's Gas Control at 1631. The Compliance Manager contacted the DPU Director of the incident at 1653. The Compliance Manager then contacted NRC at 1705. The Compliance Manager supplied NRC with the 48 hour update at 0245 on 9/14.</p> <p>Please note the evacuation information is estimated at 19,329. Numbers are based on the number of meters in the affected area, as well meters turned off outside the affected area. Evacuations were done by multiple sources, including but not limited to FD, PD, Self/Public, Operator On-Site Personnel, the Mayor of Lawrence and the Media. The majority of the customers were allowed to re-enter on 9/16 with the exception of the damaged dwellings when the power was restored.</p> <p>The leakage information was filled out as not available for the following reason as a result of the incident the company has been in the process of evaluating the impacted system for recovery and restoration.</p> <p>In addition there was one fatality reported along with the 25 injuries. The source of the information was obtained from press releases.</p> <p>Please note there were multiple pipe material and sizes in the impacted area.</p> <p>This incident is still under investigation.</p>
2. Evacuation <input checked="" type="checkbox"/>	
3. Gas Outage <input checked="" type="checkbox"/>	
4. 49 CFR 191 Incident <input checked="" type="checkbox"/>	
5. Over/Under Pressure <input checked="" type="checkbox"/>	
6. Gas Ignition/Explosion <input checked="" type="checkbox"/>	
7. LNG Facility <input type="checkbox"/>	
8. LPG Facility <input type="checkbox"/>	
9. Security Breach <input type="checkbox"/>	
10. Media on site <input checked="" type="checkbox"/>	
INCIDENT TIMELINE (military time)	
Operator received call:	1618
Operator dispatched technician:	1619
Operator's technician arrived on site:	1632
Incident made safe:	0626
Service restored (if applicable):	NA

SECTION 3 ADDITIONAL INFORMATION			
EVACUATION INFORMATION	<input checked="" type="checkbox"/> N/A	LEAK INFORMATION	<input checked="" type="checkbox"/> N/A
Evacuated by:		Leak Classification:	
No. of persons evacuated:		Has the leak been secured?	<input type="checkbox"/> Yes
Time evacuated:		Was gas service interrupted?	<input type="checkbox"/> Yes
Time allowed to re-enter:			
INJURIES/HOSPITALIZATION		OUTAGE INFORMATION	
No. of persons hospitalized:	Unknown	Estimated duration of outage:	11/19/2018
No. of persons injured:	25	No. of customers Affected:	8447

SECTION 4 DISTRIBUTION SYSTEM INFORMATION			
Pipe Material (select one):	Cast Iron	Operating Pressure (psig):	.05
		Pipe Size (inches):	8

SECTION 5 DAMAGE PREVENTION INFORMATION			
Dig Safe No.	Dig Safe No. valid?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> N/A
		Site properly marked?	<input type="checkbox"/> Yes



**OPERATOR TELEPHONIC INCIDENT NOTIFICATION
FOLLOW-UP REPORT**
Massachusetts Department of Public Utilities
Pipeline Safety Division

Excavator Information:	
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OPERATOR TELEPHONIC INCIDENT NOTIFICATION FOLLOW-UP REPORT

Massachusetts Department of Public Utilities
Pipeline Safety Division

SECTION 1 GENERAL INFORMATION			
Operator's Name:	Columbia Gas	Who Notified Operator:	Public
Person Filing Report:	[REDACTED]	Incident Address:	85 Andover Street
Contact Phone Number:	[REDACTED]	Incident City/Town:	Lawrence

SECTION 2 INCIDENT INFORMATION			
TYPE OF CALL (check all that apply)		DETAILED DESCRIPTION OF INCIDENT	
1. Hit Pipeline w/Release of Gas	<input type="checkbox"/>	<p>SUPPLEMENTAL – Multiple calls were received over a short period of time starting at 1618. The calls range from no gas, odor, noise, fire and explosions. The impacted area expanded Lawrence, Andover and North Andover (Merrimack Valley)</p> <p>The Compliance Manager was notified by the company's Gas Control at 1631. The Compliance Manager contacted the DPU Director of the incident at 1653. The Compliance Manager then contacted NRC at 1705. The Compliance Manager supplied NRC with the 48 hour update at 0245 on 9/14.</p> <p>Number of customers evacuated is unknown, due to evacuations being completed by multiple sources including but not limited to police, fire, self/public, operator, Mayor of Lawrence and Media.. The majority of the customers were allowed to re-enter on 9/16 with the exception of the damaged dwellings when the power was restored.</p> <p>The leakage information was filled out as not available for the following reason as a result of the incident the company has been in the process of evaluating the impacted system for recovery and restoration.</p> <p>In addition there was one fatality reported along with the 25 injuries. The source of the information was obtained from press releases.</p> <p>Please note there were multiple pipe material and sizes in the impacted area.</p> <p>This incident is still under investigation.</p>	
2. Evacuation	<input checked="" type="checkbox"/>		
3. Gas Outage	<input checked="" type="checkbox"/>		
4. 49 CFR 191 Incident	<input checked="" type="checkbox"/>		
5. Over/Under Pressure	<input checked="" type="checkbox"/>		
6. Gas Ignition/Explosion	<input checked="" type="checkbox"/>		
7. LNG Facility	<input type="checkbox"/>		
8. LPG Facility	<input type="checkbox"/>		
9. Security Breach	<input type="checkbox"/>		
10. Media on site	<input checked="" type="checkbox"/>		
INCIDENT TIMELINE (military time)			
Operator received call:	1618		
Operator dispatched technician:	1619		
Operator's technician arrived on site:	1632		
Incident made safe:	0626		
Service restored (if applicable):	NA		

SECTION 3 ADDITIONAL INFORMATION			
EVACUATION INFORMATION	<input checked="" type="checkbox"/> N/A	LEAK INFORMATION	<input checked="" type="checkbox"/> N/A
Evacuated by:		Leak Classification:	
No. of persons evacuated:		Has the leak been secured?	<input type="checkbox"/> Yes
Time evacuated:		Was gas service interrupted?	<input type="checkbox"/> Yes
Time allowed to re-enter:			
INJURIES/HOSPITALIZATION	<input type="checkbox"/> N/A	OUTAGE INFORMATION	<input type="checkbox"/> N/A
No. of persons hospitalized:	Unknown	Estimated duration of outage:	11/19/2018
No. of persons injured:	25	No. of customers Affected:	8447

SECTION 4 DISTRIBUTION SYSTEM INFORMATION					
Pipe Material (select one):	Cast Iron	Operating Pressure (psig):	.05	Pipe Size (inches):	8

SECTION 5 DAMAGE PREVENTION INFORMATION					
Dig Safe No.		Dig Safe No. valid?	<input type="checkbox"/> Yes	Site properly marked?	<input type="checkbox"/> Yes
Excavator Information:					



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SECTION 1 GENERAL INFORMATION			
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Person Filing Report:	[REDACTED]	Incident Address:	85 Andover Street
Contact Phone Number:	[REDACTED]	Incident City/Town:	Lawrence

SECTION 2 INCIDENT INFORMATION	
TYPE OF CALL (check all that apply)	DETAILED DESCRIPTION OF INCIDENT
1. Hit Pipeline w/Release of Gas <input type="checkbox"/>	<p>SUPPLEMENTAL – Multiple calls were received over a short period of time starting at 1618. The calls range from no gas, odor, noise, fire and explosions. The impacted area expanded Lawrence, Andover and North Andover (Merrimack Valley)</p> <p>The Compliance Manager was notified by the company's Gas Control at 1631. The Compliance Manager contacted the DPU Director of the incident at 1653. The Compliance Manager then contacted NRC at 1705. The Compliance Manager supplied NRC with the 48 hour update at 0245 on 9/14.</p> <p>Number of customers evacuated is unknown, due to evacuations being completed by multiple sources including but not limited to police, fire, self/public, operator, Mayor of Lawrence and Media. The majority of the customers were allowed to re-enter on 9/16 with the exception of the damaged dwellings when the power was restored.</p> <p>The leakage information was filled out as not available for the following reason as a result of the incident the company has been in the process of evaluating the impacted system for recovery and restoration.</p> <p>In addition there was one fatality reported along with the 25 injuries. The source of the information was obtained from press releases.</p> <p>Please note there were multiple pipe material and sizes in the impacted area.</p> <p>This incident is under investigation by the National Transportation Safety Board. Columbia Gas, as well as the Department of Public Utilities, are "parties" to that investigation. Pursuant to 49 CFR 831.13, Columbia Gas is prohibited from sharing NTSB "investigation information" with anyone other than a party to the NTSB investigation without NTSB approval. Given that the Department is subject to the public records law, Columbia Gas is prohibited from providing a more detailed narrative in this document at this time.</p>
2. Evacuation <input checked="" type="checkbox"/>	
3. Gas Outage <input checked="" type="checkbox"/>	
4. 49 CFR 191 Incident <input checked="" type="checkbox"/>	
5. Over/Under Pressure <input checked="" type="checkbox"/>	
6. Gas Ignition/Explosion <input checked="" type="checkbox"/>	
7. LNG Facility <input type="checkbox"/>	
8. LPG Facility <input type="checkbox"/>	
9. Security Breach <input type="checkbox"/>	
10. Media on site <input checked="" type="checkbox"/>	
INCIDENT TIMELINE (military time)	
Operator received call:	1618
Operator dispatched technician:	1619
Operator's technician arrived on site:	1632
Incident made safe:	0626
Service restored (if applicable):	NA

SECTION 3 ADDITIONAL INFORMATION			
EVACUATION INFORMATION	<input checked="" type="checkbox"/> N/A	LEAK INFORMATION	<input checked="" type="checkbox"/> N/A
Evacuated by:		Leak Classification:	
No. of persons evacuated:		Has the leak been secured?	<input type="checkbox"/> Yes
Time evacuated:		Was gas service interrupted?	<input type="checkbox"/> Yes
Time allowed to re-enter:			
INJURIES/HOSPITALIZATION	<input type="checkbox"/> N/A	OUTAGE INFORMATION	<input type="checkbox"/> N/A
No. of persons hospitalized:	Unknown	Estimated duration of outage:	11/19/2018
No. of persons injured:	25	No. of customers Affected:	8447

SECTION 4 DISTRIBUTION SYSTEM INFORMATION					
Pipe Material (select one):	Cast Iron	Operating Pressure (psig):	.05	Pipe Size (inches):	8



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Pipeline Safety Division

SECTION 5 DAMAGE PREVENTION INFORMATION			<input checked="" type="checkbox"/> N/A		
Dig Safe No.		Dig Safe No. valid?	<input type="checkbox"/> Yes	Site properly marked?	<input type="checkbox"/> Yes
Excavator Information:					