



OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT

2045 MORSE RD., BLDG. F-2, COLUMBUS, OH 43229-6693
Phone: (614) 265-6922 • Fax: (614) 265-6910



30-DAY POST INCIDENT REPORT

(REVISED 1115)

Must be submitted within 30 days of the initial report of the incident:

1. Any reportable incident: complete parts A – H; or
2. Any pipeline incident, including a minor incident: complete parts A – M

THIS REPORT AND ACCOMPANYING DOCUMENTATION MUST BE EMAILED ELECTRONICALLY TO DOGRM.EMNOTIFY@DNR.STATE.OH.US

Report Completion Date:				
ODNR Incident Number:			OEPA Spill Number:	
PART A: WELL/FACILITY OPERATION INFORMATION				
Authorized Owner/Person:				
Well/Facility Name:				
Authorized Activity:	<input type="checkbox"/> Brine Transportation	<input type="checkbox"/> Conventional Well	<input type="checkbox"/> Oil and Gas Production	<input type="checkbox"/> Surface Spreading
	<input type="checkbox"/> Class II Injection	<input type="checkbox"/> Horizontal Well	<input type="checkbox"/> Pad Construction Site	<input type="checkbox"/> Waste Treatment/Recycling
<input type="checkbox"/> API Permit Number <input type="checkbox"/> Order Number <input type="checkbox"/> Certificate Number <i>(choose one)</i>				
Authorized Owner Contact Information: Phone			Email	
Additional Comments:				

PART B: TIME, WEATHER AND LOCATION OF INCIDENT				
GPS Location:		Address:		
Cross Streets:		Directions:		
Incident Discovery Date (yyyy/mm/dd):			Incident Discovery Time Hour (24-hour system):	
Duration of Incident (number of days):			Incident Controlled Date (yyyy/mm/dd):	
Weather:	Temperature (°F):	Wind Speed (mph):	Wind Direction:	
	Weather Conditions*:		(*if precipitation indicate quantity):	

PART C: INCIDENT INFORMATION						
Type of Incident:	<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion	<input type="checkbox"/> Release/Discharge	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	
	<input type="checkbox"/> Gas Release <i>(if gas release, choose at right)</i>	<input type="checkbox"/> Break/Leak		<input type="checkbox"/> Loss of Well Control		
		<input type="checkbox"/> Pop-off Valve		<input type="checkbox"/> Other <i>(specify below)</i>		
Other:						
Name of product/substance:						
Volume released/discharged:				Volume recovered:		
Medium Affected:	<input type="checkbox"/> Land Surface Area Contaminated (ft. ² /area):			Depth of Soil Contamination (ft.):		
	<input type="checkbox"/> Surface Water Navigable Waterway:			Length of Area Affected:		
	<input type="checkbox"/> Air Area Monitored (ppm.):		<input type="checkbox"/> Groundwater		<input type="checkbox"/> Wildlife/Vegetation <i>(optional)</i>	
Was anyone directly exposed to the released/discharged product? <input type="checkbox"/> Yes <input type="checkbox"/> No				Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agencies Notified:	<i>Agency</i>	<i>Date</i>	<i>Time</i>	<i>Agency</i>	<i>Date</i>	<i>Time</i>



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PART D: ORIGIN OF INCIDENT						
Facility Equipment:	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Tank Farm	<input type="checkbox"/> Pump Station	<input type="checkbox"/> Compressor Stn.	<input type="checkbox"/> Regulator/Meter Stn.	
	<input type="checkbox"/> Gas Plant	<input type="checkbox"/> Well Site	<input type="checkbox"/> Other Related Facility <i>(specify below)</i>			
Other:						
Site Equipment Involved:	<input type="checkbox"/> On Lease Pipe	<input type="checkbox"/> Valve	<input type="checkbox"/> Pressure Relief Device	<input type="checkbox"/> Fitting	<input type="checkbox"/> Compressor	<input type="checkbox"/> Separator
	<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Pump	<input type="checkbox"/> Pressure Vessel	<input type="checkbox"/> Tank	<input type="checkbox"/> Heater Treater	<input type="checkbox"/> Dehydration System
	<input type="checkbox"/> Emergency Flair/Incinerator		<input type="checkbox"/> GPU	<input type="checkbox"/> VRU	<input type="checkbox"/> Other <i>(specify below)</i>	
Other:						
Well Site Equipment Involved	<input type="checkbox"/> Wellhead Failure	<input type="checkbox"/> BOP	<input type="checkbox"/> Kick		<input type="checkbox"/> Drilling Equipment	
	<input type="checkbox"/> Servicing Equipment	<input type="checkbox"/> Casing	<input type="checkbox"/> Third Party/Equipment		<input type="checkbox"/> Other <i>(specify below)</i>	
Other:						
Well Phase:	<input type="checkbox"/> Site Construction	<input type="checkbox"/> Drilling	<input type="checkbox"/> Completion/Stimulation	<input type="checkbox"/> Production	<input type="checkbox"/> Injection	<input type="checkbox"/> Plugging
Other:						

PART E: INCIDENT CAUSES <i>(Identify all causes contributing to the incident; more than one cause may be assigned to the incident.)</i>				
<input type="checkbox"/> Third Party	<input type="checkbox"/> Manufacturing Defect	<input type="checkbox"/> Corrosion <i>(internal/external)</i>	<input type="checkbox"/> Employee <i>(negligence, procedural, behavioral)</i>	<input type="checkbox"/> Natural <i>(weather, flood, fire)</i>
<input type="checkbox"/> Failure <i>(materials, mechanical equipment, system)</i>		<input type="checkbox"/> Geological	<input type="checkbox"/> Over Pressuring Equipment	<input type="checkbox"/> Unknown at this time <i>(explain)</i>
<input type="checkbox"/> Other Factors <i>(specify)</i>				
Additional comments on selected basic cause:				
Will there be or has there been any third party analysis of equipment failure <i>(if applicable)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				
Preventative Measures <i>(plan for preventing recurrence)</i> :				



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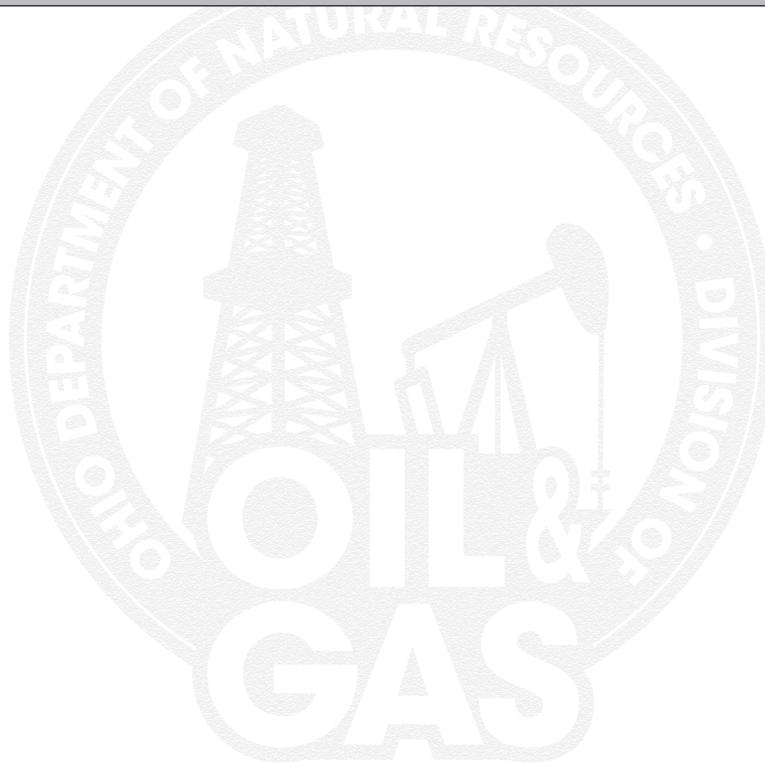
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PART G: INCIDENT RESPONSE

Describe how the Emergency Response Plan was implemented and outline applicable steps taken to:

- Actions taken to respond and contain incident
- Provide for the safety and health of all responders
- Describe actions for monitoring and detection
- Save lives
- Reduce suffering
- Reduce economic and social losses
- Reduce suffering
- Protect the environment
- Protect property

Attach additional sheets of narrative as required (see form 30-day_G-supp.pdf)



If Complete, Continue to Part H

PART H: NAME AND TITLE OF COMPANY REPRESENTATIVE FILING REPORT

Name:		Title:
Signature:		Company:
Address:		
Date (yyy/mm/dd):	Phone Number:	Fax Number:



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ADDITIONAL INFORMATION REQUIRED: PIPELINE INCIDENTS ONLY

PART I: PIPELINE INFORMATION

Pipeline Project Number:	CSA Class Location: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Location of incident(s) on pipeline using latitude and longitude:			
1) Lat:	Long:	3) Lat:	Long:
2) Lat:	Long:	4) Lat:	Long:

PART J: IMMEDIATE CAUSE *(Check all applicable causes)*

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

PRIMARY CAUSE	SUB-CAUSE	
<input type="checkbox"/> Corrosion	<input type="checkbox"/> internal	<input type="checkbox"/> external
<input type="checkbox"/> Cracking	<input type="checkbox"/> hydrogen induced	<input type="checkbox"/> mechanical damage <input type="checkbox"/> stress corrosion cracking
	<input type="checkbox"/> corrosion fatigue	<input type="checkbox"/> fatigue
<input type="checkbox"/> External interference	<input type="checkbox"/> third party	<input type="checkbox"/> vandalism <input type="checkbox"/> company employee or contractor
<input type="checkbox"/> Material manufacturing or construction	<input type="checkbox"/> defective weld	<input type="checkbox"/> defective other joint <input type="checkbox"/> defective pipe body <input type="checkbox"/> wrinkle or buckle
<input type="checkbox"/> Weather and geotechnical failure	<input type="checkbox"/> heavy rains or floods	<input type="checkbox"/> freeze/thaw <input type="checkbox"/> earthquake <input type="checkbox"/> wildfire
	<input type="checkbox"/> slope movement	<input type="checkbox"/> lightning <input type="checkbox"/> construction or undermining
<input type="checkbox"/> Equipment malfunction/failure	<input type="checkbox"/> Incorrect operational procedure	
<input type="checkbox"/> Other <i>(specify)</i> :		

PART K: LINE PIPE DATA

Type of failure:		
Nominal diameter (mm):	Wall thickness (mm):	Date of manufacture:
Weld process:		Duration of incident:
Pipe specifications: <input type="checkbox"/> Z 245 <input type="checkbox"/> Other <i>(specify)</i> :		Pipe location: <input type="checkbox"/> Below ground <input type="checkbox"/> Above ground
Maximum operating pressure (psi):		Pressure at time of incident (psi):
Latest pressure test date:	Maximum test pressure (psi):	Test duration (hours):

PART L: CORROSION FAILURES

Corrosion location: <input type="checkbox"/> Internal <input type="checkbox"/> External	Circumferential position looking downstream <i>(check box)</i> 
Type of corrosion <i>(specify)</i> :	
Type of coating:	

PART M: FAILURES DUE TO EXTERNAL LOAD OR NATURAL FORCES

<input type="checkbox"/> Damage by other parties	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Pre-loading	<input type="checkbox"/> Earth movement
<input type="checkbox"/> Lightning/Fire	<input type="checkbox"/> Damage by operator or its contractor	<input type="checkbox"/> Other <i>(specify)</i> :	
Name of Contractor/Other Party:			
Address:			
Phone Number:		Name of Representative:	



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FOR DIVISION USE ONLY (to provide additional comment, see form 30-day_DIV-suppl.pdf)

Incident Number:	Date Received:	Reviewer:
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Reviewer's comments and any actions taken:

If Complete, Return to Page 1