

Crescent City Natural Gas

http://www.crescentcity-fl.com/naturalgas.htm

Gas Leak & Repair Report

Inside Outside

Crescent City Natural Gas
3 N. Summit St.
Crescent City, Florida
32112
Phone: 386-698-1486
Fax: 386-698-3467

City: _____ State: _____

Address: _____

Leak Reported By: _____

Time Detected: _____ Date: _____

Cause of Leak: _____

Combustible Indicator Tests

L.E.L.% _____ Gas% _____

Leak Classification

Grade 1 Grade 3

Grade 2 No Leak

Distribution

Transmission

Above Ground

Below Ground

Pressure At Leak

_____ PSIG

Method of Detection

Vegetation CGI

Odor Bar Hole

Flame Pack Other _____

Cover

Asphalt Brick

Gravel Soil

Parkway Lawn

Leak Appears To Be At

Service Joint

Tee Valve

Threads Other _____

Soil Resistance Near Leak (ohns) _____

Cathodic Protection

Main Yes No Service Yes No

Person / Party Causing Damage

Occupational License? Yes No

Name: _____ Phone: _____

Address: _____

License Number: _____

Insurance Carrier: _____

Policy Number: _____

Account Information

Account Number: _____

Name: _____

Mailing Address: _____

City: _____ State: _____

Local Address: _____

City: _____ State: _____

Meter Mfr. & Size: _____

Meter Number: _____ Reading: _____

Phone Number: _____

Date Completed: _____

Dispatch Information

Time Reported: _____

Time Dispatched: _____

Time Arrived: _____

Time Made Safe: _____

Follow-Up Date: _____

Age Of Pipe Or Component: _____

1960 - 69: _____

1970 - Present: _____

Dispatched By: _____

Photos?

Yes No

Location Of Photos?

Account File Folder

City Server (IMS)

Attached To Report

Permanent Repair?

Yes No

If No, Date Of Permanent Repair?

Metered Gas Yes No

Cause of Leak	Main	Serv	Est. Therms Lost
Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	
Natural Forces	<input type="checkbox"/>	<input type="checkbox"/>	
Other Outside Force Damage	<input type="checkbox"/>	<input type="checkbox"/>	
Material or Welds	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	

If Damaged By Excavation

Were Lines Properly Located? Yes No

Were Lines Marked Correctly? Yes No

Did Valid Locate Ticket Exist? Yes No

Excavator Notify Of Damage? Yes No

Length Of Time Gas Escaped: _____

Size Of Opening: _____

One Call Ticket Number: _____

Repair Report

Leak Found At	Pipe	Coating	Condition	Soil Conditions
Threads <input type="checkbox"/> Valve <input type="checkbox"/> Coupling <input type="checkbox"/> Joint <input type="checkbox"/> Weld <input type="checkbox"/> Other _____	Steel <input type="checkbox"/> X-Trube <input type="checkbox"/> Plastic (PE) <input type="checkbox"/> Other _____ C.I. <input type="checkbox"/> Depth _____	Enamel <input type="checkbox"/> Galvanized <input type="checkbox"/> Cold Wrap <input type="checkbox"/> Other _____ Wax Tape <input type="checkbox"/>	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Sand <input type="checkbox"/> Clay <input type="checkbox"/> Loan <input type="checkbox"/> Other _____
			Moisture: Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet <input type="checkbox"/>	

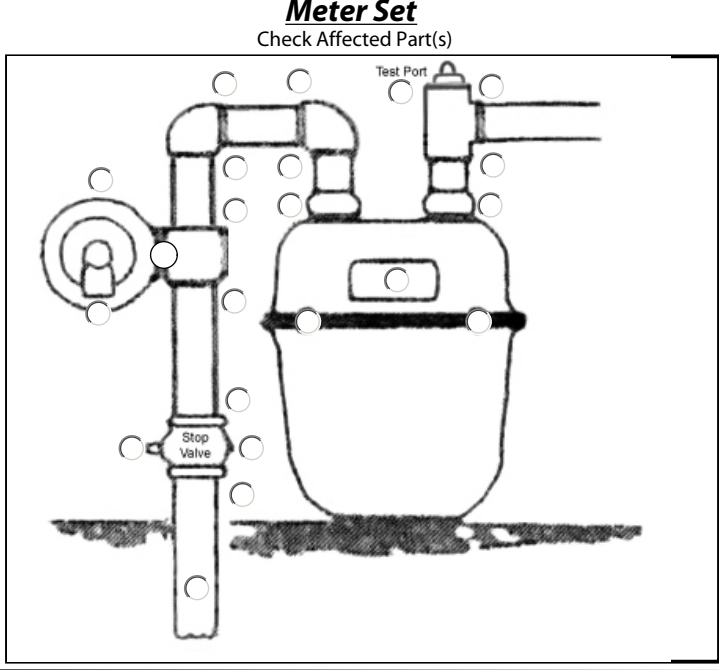
Repair Coating Type: Cold Wrap Wax Tape Mastic Other _____
Anodes Installed: Number Installed _____ Weight _____ lbs. Install Depth _____ in.

Final Leak Check Method
 Soap Pressure
 Flame Pack C.G.I. % Gas _____ PSI For: _____

Repairs Made <div style="border: 1px solid black; height: 60px;"></div>	Remarks <i>(Description of Incident)</i> <div style="border: 1px solid black; height: 60px;"></div>
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What was the root cause of the damage?	Type of Excavator	Type of Work Performed	Type of Equipment Used
_____	_____	_____	_____

Make Sketch of Leak Location or Click To Insert Image File



Repairs Made By: _____

Date: _____

Supervisor: _____

Date: _____