

# **DIMP & Damage Prevention**

**The Crossroads of Safety**

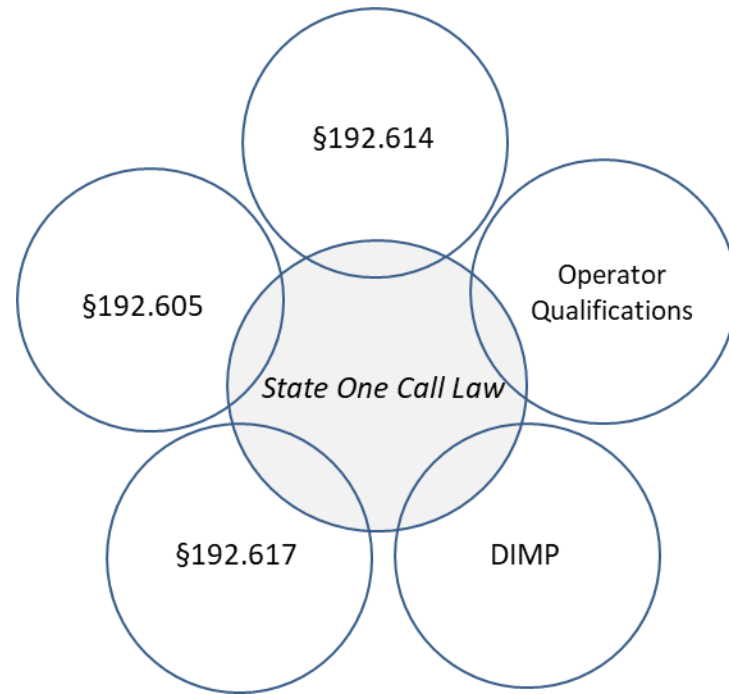
**Terri C. Cooper Smith**

**DPC Chairman and Supervisor, Pipeline Safety**

# “Identity Crisis”: Damage Prevention

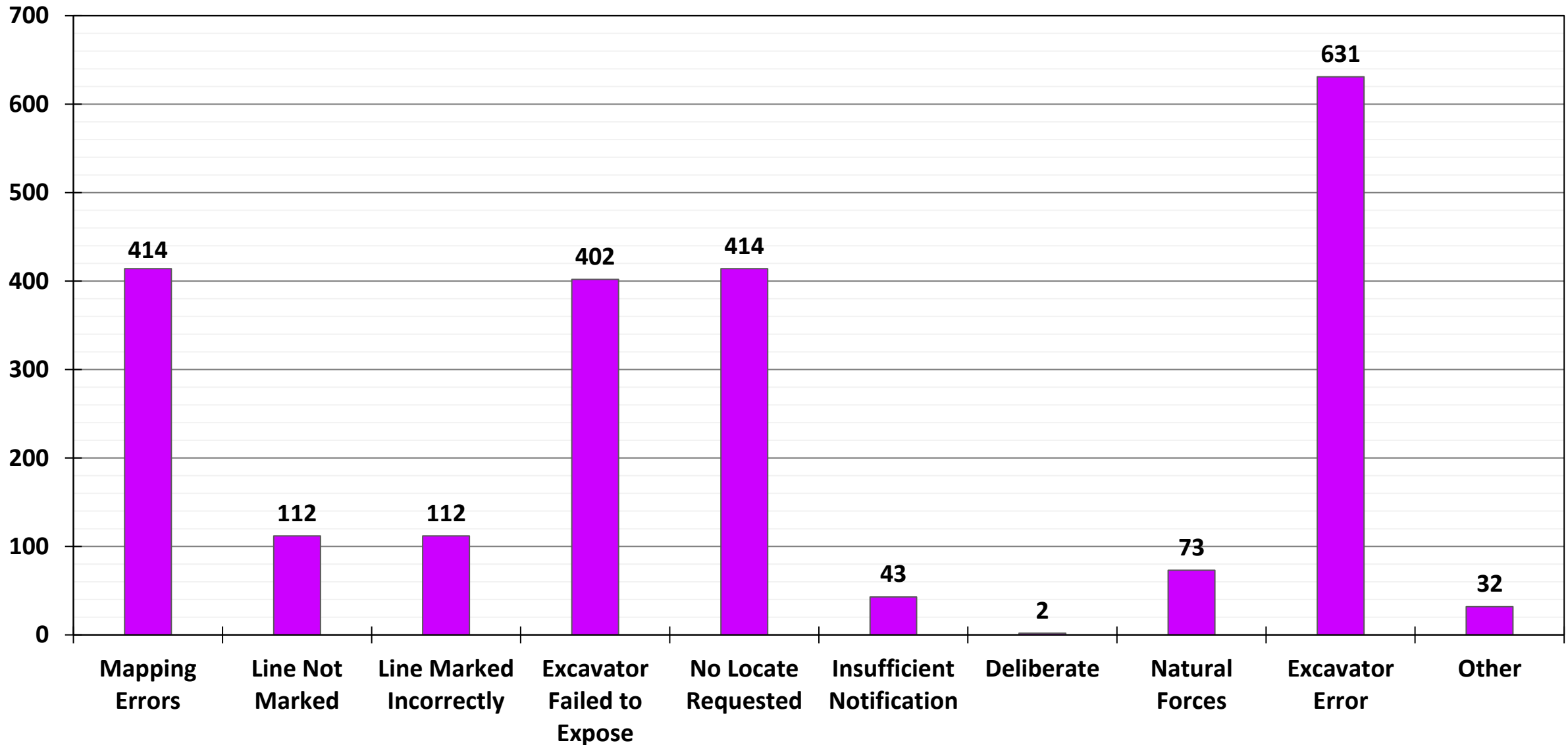
- Whose damage is it anyway?
- “Near Misses”
- Locator errors
- Laterals

Excavation Damages are not simply the result of a violations of Act 50 they often involve a pipeline safety regulation

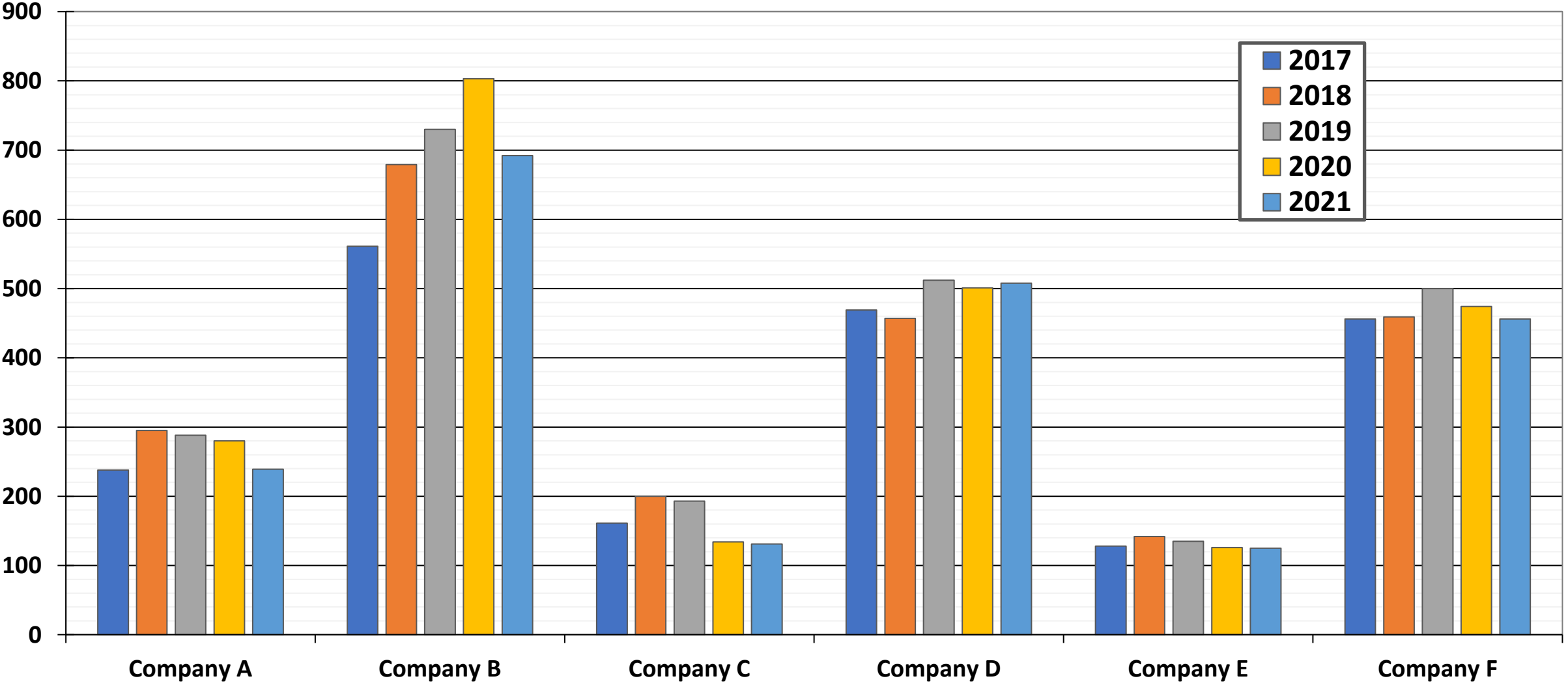


- Mapping
- Repeat Offenders
- Miss marks
- Shallow Pipe
- Challenging locates
- Abandoned Pipe
- Pre-Construction meetings

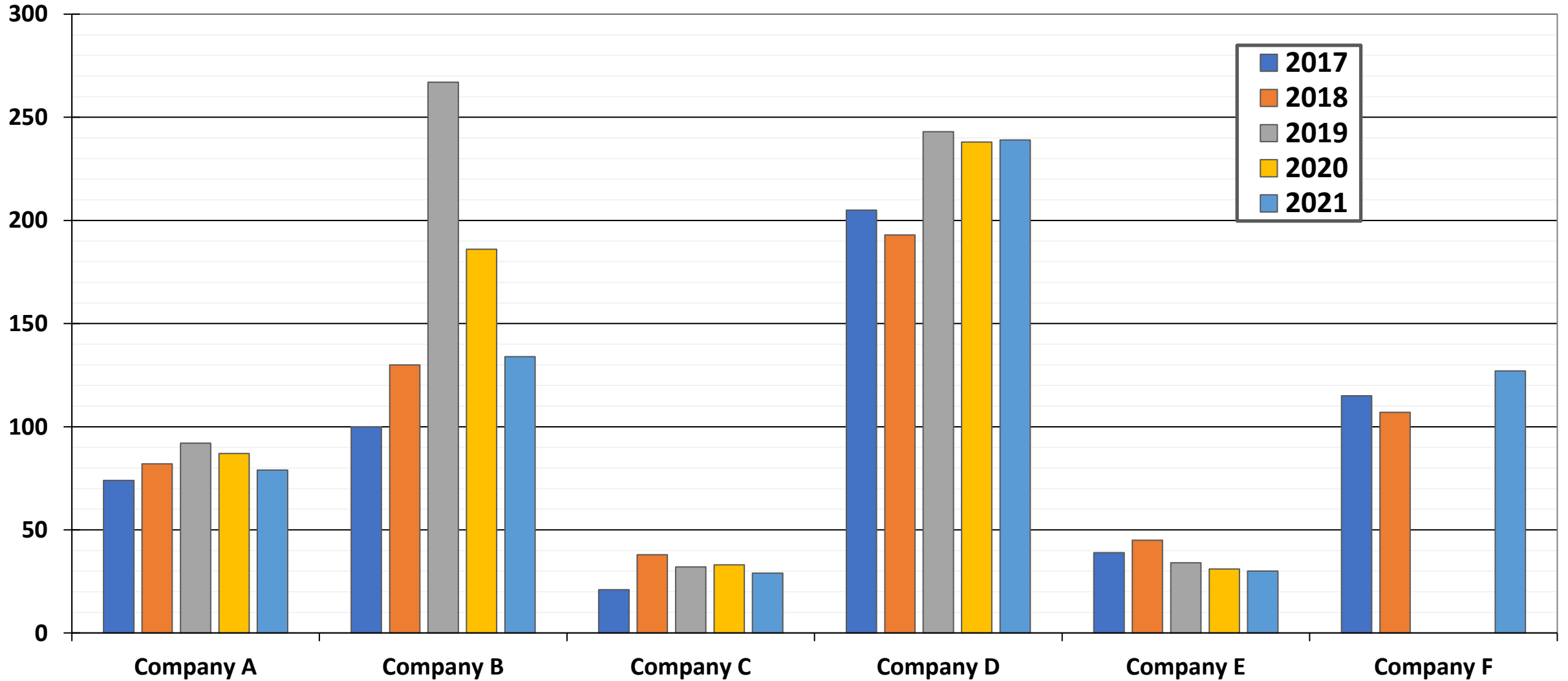
# Number Of Hits Per Reason For Facility Damage



# Total Number Of Damage Facilities Per Year For Each Operator



# Utility Fault Line Hits



	DIMP	Act 50 of 2017
Mapping Errors	Evaluate and Rank accordingly	Duty is typically on the Facility Owner
Repeat Offenders	Identifying the threat Education? Training?	Education, Training, violations, fines.
Miss Marks/No One Calls	Risk	Violation & Education
Shallow Pipe	Risk; accelerate an action uncover/pothole?	Potholing, pre-construction mtg, communication
Challenging locates	Risk: Mapping, potholing, accelerated actions	Pre-Construction Meetings Violation of 5.15?
Abandoned Pipe	Once found, address in your DIMP plan.	It Depends.
Pre-Construction meetings		Section 2.5.8

# Annual Reports:

1. Potential Systemic Issues
2. Trends
3. DIMP – Threats and Mitigation
4. Inspection Priorities

NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed \$100,000 for each violation for each day the violation continues up to a maximum of \$1,000,000 as provided in 49 USC 80122. OMB No. 2137-0029 Expiration Date 09/12/18

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	ANNUAL REPORT FOR CALENDAR YEAR 20__	DOT USE ONLY	
	GAS DISTRIBUTION SYSTEM	Initial Date Submitted	_____
		Report Submission Type	_____
		Date Submitted	_____

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: Public reporting for this collection of information is estimated to average approximately 16 hours per submission, 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.

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-library/forms>

**PART A - OPERATOR INFORMATION**

DOT USE ONLY	
1. NAME OF OPERATOR _____ _____	3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER _____
2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED _____ Number and Street _____ City and County _____ State and Zip Code _____	4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT _____ Number and Street _____ City and County _____ State and Zip Code _____

5. STATE IN WHICH SYSTEM OPERATES: / / (provide a separate report for each state in which system operates)

6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP (Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPIID.)

- Natural Gas
- Synthetic Gas
- Hydrogen Gas
- Propane Gas
- Landfill Gas
- Other Gas → Name of Other Gas: \_\_\_\_\_

7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR (Select Type of Operator based on the structure of the company included in this OPIID for which this report is being submitted):

- Investor Owned
- Municipally Owned
- Privately Owned
- Cooperative
- Other Ownership specify: \_\_\_\_\_



# Back to Basics: Know your system

- Review and analyze available data, damage prevention processes, best practices and performance metrics.
- Performs detailed investigations/analysis on damages resulting in clear and defined changed behavior and processes.



**Thank You!!**

Terri C. Cooper Smith