



**MASTER METER INSPECTION REPORT OF
A GAS DISTRIBUTION OPERATOR
2019**

OPERATOR INSPECTION-SPECIFIC INFORMATION

Inspection Date(s):	
Name of Operator:	
System Representative(s) / Title	
Email Address	
Emergency Phone Number	
Commission Representative(s)	

System Characteristics

Number of Active Services:	
Number of Inactive services:	
Number of customers:	
Number of meters:	

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1 – Plans and Procedures

1.01 a) Has O&M been reviewed/updated at intervals not exceeding fifteen months, but at least once each calendar year? (192.605) Revision Date: _____

b) Does operator have a written Operation & Maintenance Plan that meets requirements of Subpart L of the Minimum Federal Safety Standards (MFSS)? (192.603)

c) Does the operator have an O&M plan that includes the following?

- 1) Corrosion control requirements. Location _____
- 2) Continuing surveillance. Location _____
- 3) Odorant Sampling. Location _____
- 4) Leakage surveys and repairs. Location _____
- 5) Patrolling. Location _____
- 6) Valve Maintenance. Location _____
- 7) Pressure Testing. Location _____
- 8) Uprating. Location _____
- 9) Abandonment/ deactivation of facilities. Location _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1.02 a) Is an Emergency Plan on file and up-to-date with applicable parts of the Minimum Federal Safety Standards (MFSS)? (192.615) Revision Date: _____

b) Does the plan including the following?

- 1) Instructions for handling notices of events which require immediate response by the operator. (192.615(a)(1)) Location _____
- 2) Means of communicating with appropriate public officials regarding possible emergency. (192.615(a)(2)) Location _____
- 3) Prompt response to each of the following emergencies: 192.615(a)(3))
 - A) Gas detected inside a building. Location _____
 - B) Natural disaster. Location _____
 - C) Fire near pipeline. Location _____
 - D) Explosion near pipeline. Location _____
- 4) Description of types of personnel, equipment, tools, and material requirements at scene of each type of emergency. (192.615(a)(4)) Location _____
- 5) How and where to perform emergency shutdowns or pressure reductions. (192.615(a)(6)) Location _____
- 6) Investigating and rendering safe any actual or potential hazard with provisions directed toward protecting people first, then property. (192.615(a)(5), (192.615(a)(7)) Location _____
- 7) Directions for notifying additional public officials required at the emergency scene and coordinating activities with them. (192.615(a)(8)) Location _____
- 8) Instructions for safely restoring services outages. (192.615(a)(9)) Location _____

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9) Provisions for investigating accidents and failures as soon after the emergency as possible.
(192.615(a)(10), 192.617) Location _____

c) Has the operator made provisions for:

1) Furnishing applicable portions of the Emergency Plan to personnel who are responsible for emergency action. (192.615(a)(1)) Location _____

2) Training appropriate employees as to the requirements of the Emergency Plan. (192.615(a)(2))
Location _____ Date of last training, safety meeting, and other? _____

3) Establishing mutual liaison with fire, police, and other public officials, such that each is aware of the other resources and capabilities in dealing with gas emergencies. (192.615(c)) Location _____

4) Are detailed procedures for reacting to blowing gas or other abnormal operating conditions located in the Emergency Plan, Operations and Maintenance (O&M) manual or other document? Location _____

5) If the procedures are located separately or in documents such as training manuals, are they referenced in the O&M manual? Location _____

6) Do employees know and follow the detailed procedures for reacting to blowing gas and other abnormal operating conditions? Location _____

7) Establishing a program of continuing education to better inform the public in how to recognize and report potential gas pipeline emergencies. (192.616) Location _____ In what format? : _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1.03 Have you had a reportable incident in the past 12 months? (191.3, 191.9) What defines a reportable incident? Has the operator experienced any non-reportable incidents such as a release of gas where there are building evacuations, road closures and/or that draw media attention? Do you know the telephone numbers and persons to call at the Commission and Washington to report a gas incident? (TPUC- (800)342-8359) (D.O.T. Washington-(800)424-8802)

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1.04 Does the operator have a Public Awareness plan that meets the requirements of 192.616?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

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2 – Operation and Maintenance Activities.

2.01 a) Natural gas company that provides gas to your master meter (192.625): _____

b) Has the operating pressure on your system been increased in the past twelve months? Is the operating pressure on the system substantially the same as when the system was originally installed? (192.621)

Location of Meter	Inlet Pressure (psig)	Outlet Pressure (psig)	Pipe Type	Size	Coating

To add rows, press TAB with cursor in last cell.

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.02 a) Has operator designated valves that can sectionalize portions of each system in case of emergency? (192.181) If yes, number of valves: _____

b) Is each valve, the use of which may be necessary for the safe operation of the distribution system, checked and serviced at intervals not to exceed 15 months, but at least once each calendar year? (192.747)
Date: _____

c) Does the valve maintenance documentation indicate action that was performed on the valve (ie greased, leak checked, repaired)?

d) Does the operator have OQ records for the person(s) performing this task? (192.805) Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.03 a) Are periodic samples of combustible gases taken to assure the concentration of odorant? (192.625(f))

Frequency	
Type of Test	
Dates Tested	Odorant Level

To add rows, press TAB with cursor in last cell.

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- b) Does the operator take odorant samples with an instrument? If not, does operator have verification from supplier?
- c) Does the documentation indicate that odorant can be detected at a concentration in air of 1/5th of the lower explosive limit?
- d) Does the operator have OQ records for the person(s) performing this task? (192.805) Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.04 Have you abandoned any pipeline facilities in the past year? (192.747) If yes, where: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.05 a) Does your system provide individual meters at each customer's location? If yes,

Brand: _____ Type: _____

b) Is a service regulator located at each service line entrance? (192.353) If yes,

Brand: _____ Type: _____

c) Are individual riser valves located at points which are readily accessible?

d) Are locking devices used when a service line is not in service? (192.379)

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.06 a) Has a periodic survey been performed at intervals not exceeding 15 months, but at least once each calendar year on your cathodically protected system? (192.465(a), 192.491) Date: _____

b) Did the operator have any shorts found during this survey?

c) Are these shorts indicated on the survey?

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d) Has operator taken prompt remedial action to correct any deficiencies found during his monitoring of the system (192.465(d))?

e) Does the operator have OQ records for the person(s) performing this task? (192.805) Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.07 a) What cathodic protection criterion is used by operator? (Appendix D) _____

What type cathodic protection is applied to your pipeline system? (192.491)

Galvanic Impressed Current Both

b) If uses impressed current rectifiers, how many? _____

Are rectifiers inspected 6 times each year not to exceed 2 1/2 months? (192.465(b), 192.491) Dates of inspection: _____

c) Does the operator have OQ records for the person(s) performing this task? (192.805) Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.08 a) Does the operator have any separately protected short sections of main not to exceed 100 feet, or isolated service lines that are impractical to test during the annual cathodic protection survey? (192.465(a)) If yes, how many? _____

b) If yes, what makes them impractical to survey? _____

If yes, how many checked in Current year: _____

Prior year(s): _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.09 a) Does the operator have any casings in the gas system? (192.455, 192.457, 192.467(c))

Total number of casings in your system: _____

Steel main/ Steel casing: _____

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b) How many shorted casings in your system? (192.465, 192.467(c)) _____

c) What action has been performed to remove or attempt to remove the short? (192.467) _____

d) If it is impractical to achieve isolation of a shorted casing what method is being performed to minimize corrosion? (192.465(d), 192.467)

- Fill space with dielectric material
- If short is in Class I and II location, do you monitor with leak detection equipment?
Date(s) monitored: _____
- If short is in Class III and IV location, do you monitor with leak detection every 3 months?
Date(s) monitored: _____
- Use smart pig to check condition of pipe and replace as needed

e) Do you leakage monitor shorted casings on bridge crossings four times a year? (192.467, 192.721)
Date(s) monitored: _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.10 Are buried or submerged pipelines electrically isolated from other underground metallic structures? (192.467) How? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.11 Are atmospheric corrosion inspections conducted at intervals not exceeding three (3) years? (192.481, 192.491) Date: _____

Was remedial action taken whenever necessary?

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.12 Does the operator have any cast iron, ductile iron, or ineffectively coated pipeline in the system? (192.489)

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<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.13 a) Does the operator maintain maps or records showing location of cathodically protected piping, cathodic protection facilities, galvanic anodes, and neighboring structures bonded to the CP system? (192.491(a))

b) Are these maintained for the life of the system? (192.491(b))

c) Records of each test, survey, or inspection to demonstrate the adequacy of corrosion control measures. Where is information located? (192.491(c)) _____

d) Is a corrosion leak map or other records being maintained for each leak found during the year? If yes, where? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.14 Whenever a portion of buried pipeline is exposed, are you recording condition of the pipeline? (192.459, 192.491) On what form? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
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Check exactly one box above.	

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2.15 a) Is your system located inside or outside a business district or city limits area? (192.723)

Location _____

b) If located inside business district, have you conducted a leak survey at intervals not exceeding fifteen months, but at least once each calendar?

Inside Business District								
Most Recent Survey					Previous Survey			
Date					Date			
By					By			
Found		Repaired			Found		Repaired	
ABV	BLW	ABV	BLW		ABV	BLW	ABV	BLW
				Grade I				
				Grade II				
				Grade III				
				Total				

c) If located outside business district, have you conducted a leak survey at least once every 5 calendar years, but at intervals not exceeding 63 months?

Outside Business District				
Date				
By				
	Found		Repaired	
	ABV	BLW	ABV	BLW
Grade I				
Grade II				
Grade III				
Total				

d) Have all Grade 1 (hazardous) leaks been repaired in accordance with 192.13 (c)?

e) Have all leaks been repaired as specified in the operator's O & M procedures?

f) What type of leak detection equipment was used for the survey? _____

Last calibrated? _____

g) Does the operator have OQ records for the person(s) performing this task? (192.805) Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
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<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
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2.16 a) Does the operator respond to leak calls?

b) What documentation is kept from each leak call? _____

c) Does the operator have OQ records for the person(s) performing this task? Who is (are) the person(s) performing this task? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.17 Does operator post warning signs where appropriate, provide fire extinguishers, and remove sources of ignition from area when a hazardous amount of gas is being vented? (192.751) Date(s) performed and location(s)? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

2.18) Does the operator follow, maintain, and modify the plans and procedures required by the Minimum Federal Safety Standards? (192.13(c)) With what section(s) has the operator not complied? _____

<input type="checkbox"/> No Issues Identified	Inspection Notes:
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	