

MASTER METER EMERGENCY PLAN NATURAL GAS SYSTEM

Facility Name: _____ Date revised: _____

INTRODUCTION

The personnel responsible for the emergency plan must have received proper training and know their responsibilities. Action will be directed toward life safety first and then property. Any doubt, the fire department and the gas supplier shall be notified. Plan will be reviewed once each calendar year not to exceed 15 months by all applicable personnel. A record of review and training will be kept on file for review (record annual reviews and training on the last two (2) pages of this plan).

DEFINITION OF EMERGENCY INCIDENT

An “emergency” condition exists when the operator or a responsible person has determined that extraordinary procedures, equipment, manpower and supplies must be employed to protect the public safety or property from existing or potential hazard. These hazards will include, but are not limited to the following:

1. Underpressure in the gas system
2. Overpressure in the gas system
3. Uncontrolled escaping gas
4. Fire, ignition or explosion
5. Any natural disasters such as floods, tornadoes, earthquakes or other severe forces of nature which make emergency provisions necessary.
6. Any hazardous leak. This leak represents an existing or probable hazard to person or property and requires immediate repair or continuous action until the conditions are no longer hazardous.

GAS ODOR/LEAK REPORT

The first employee receiving a report of a gas leak or odor will complete a leak report (see Section No. 5 - Record No. 7).

All reports of leaks on our premises will receive priority with top priority going to a reported leak inside a building.

GAS LEAK: INSIDE BUILDING

1. Evacuate the building immediately.
2. Do not operate any electric switches or appliances.
3. Do not use phone inside building.
4. Do not use matches, cigarettes or other possible sources of ignition.
5. Do not allow anyone to enter area until it is safe.

Any strong odor of gas inside a building must be assumed to be hazardous. Proceed as follows:

An employee or operator will be dispatched immediately to the location of the reported leak to make an evaluation and shut off service valves, main valves or master meter valves if necessary. Also:

1. Call Fire Department, _____, if necessary
2. Call local gas company, _____, if necessary
3. Call Arizona Corporation Commission's (ACC) Pipeline Safety Section at (602) 252-4449, if necessary

GAS LEAKS OUTSIDE AND FIRE, EXPLOSION, GAS IGNITION, NATURAL DISASTER OR CIVIL DISTURBANCE

The first employee to arrive at the scene of a gas leak, fire, explosion, gas ignition, natural disaster, of civil disturbance shall take every corrective action necessary to protect life and property from danger.

The employee shall:

1. Assess danger to public, surrounding building occupants and property.
2. If necessary, evacuate and/or assist all persons to safety.
3. If necessary, notify Fire and Police Departments, ambulances and local gas utility.
4. If it is determined that a hazardous condition may exist, turn off gas supply at service valve, main valves or master meter valves.
5. Notify responsible persons (Fire Department and Gas Company).
6. If necessary, barricade the area.

CHECK LIST

- _____ 1. Have persons been evacuated?
- _____ 2. Has Fire Department been called?
- _____ 3. Has local gas utility been called?
- _____ 4. Has area been blockaded?

RESTORATION OF SERVICE DUE TO OUTAGE

When the supply of gas has been cut off to an area, no gas will be turned on to the affected area until the individual service to each occupant has been turned off.

A building to building operation is mandatory. The individual service of each building must be turned off, either at the meter or at service valves. In restoring service to an affected area all gas piping and meters must be purged and appliances relit.

The person in charge is to coordinate this operation and be responsible for purging and the safe restoration of all gas service.

The responsible person will contact the ACC Pipeline Safety Section. The gas service will not be turned on until the ACC has been contacted.

TELEPHONIC REPORTS TO THE ARIZONA CORPORATION COMMISSION

Gas pipeline incidents that occur must be reported to the Office of Pipeline Safety by the person in charge, or whosoever the operator designates, provided that the incident meets any of the requirements listed below:

ACC Requirements:

- A. Release of natural gas which:
 - 1. A death or personal injury requiring hospitalization.
 - 2. Injury to any individual resulting in the individual's loss of consciousness.
 - 3. Estimated property damage, including the value of all released gas, in excess of \$5,000.
 - 4. Resulted in gas igniting, explosion or fire.
 - 5. A news media inquiry.
 - 6. An "evacuation" as defined in Arizona Administrative Code R-14-5-201.
 - 7. An "outage" as defined in Arizona Administrative Code R-14-5-201.
- B. An event involving overpressure of a pipeline system as defined in Arizona Administrative Code R14-5-207.
- C. An event involving permanent or temporary discontinuance of service to a master meter system or any portion of a master meter system due to a failure of a leak test or for any purpose other than to perform routine maintenance; or
- D. A significant incident, in the judgment of the operator, even though it does not meet the above criteria.

The telephonic report, if required, should be made upon discovery but in no case later than two hours after discovery. It must be reported to:

ARIZONA CORPORATION COMMISSION
PIPELINE SAFETY SECTION
24 HOUR EMERGENCY NUMBER

(602) 252-4449

EMERGENCY CALL LIST

Fire Department _____ Police Department _____
Gas supply company _____ Arizona Corporation
Operator personnel _____ Commission (602) 252-4449

EMERGENCY EQUIPMENT

We are responsible for the adequacy, availability and condition of emergency equipment.

The emergency equipment will include, but is not limited to, valve wrenches, shovels and fire extinguishers.

CONTRACTOR EMERGENCY CALL LIST

Contractor's name: _____
Address: _____
24 hour telephone number: _____
FACILITY NAME: _____