

**ARIZONA CORPORATION COMMISSION, PIPELINE SAFETY GROUP
ANNUAL INSPECTION REPORT – Gas System Operators**

Inspection Date: _____ Last Inspection: _____
 Name of Facility: _____ Phone: _____
 Facility Address: _____ City: _____
 State: _____ Zip: _____ Contact Person: _____
 Operator Name: _____ Phone: _____
 Operator Address: _____ City: _____
Please check box if this is to be the mailing address
 State: _____ Zip: _____ Number of Buildings: _____
 Cell : _____ Fax: _____ Email: _____
 Facility Type: _____ Priority: _____
 Gas Supplier: _____ LPG: _____ Natural: _____
 Number of Meters: _____ Operating Pressure: _____

GAS SYSTEM HISTORY A. Piping Type: _____ B. Date Installed: _____

		Yes	No
1.	Has a written operation and maintenance plan been established meeting the requirements of the regulations and review records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a written emergency plan been established and does operating personnel have knowledge of emergency procedures and are records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has a map of the gas system been developed showing meter and valve locations, mains, and service lines?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are operations and maintenance personnel qualified and are OQ records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has all above ground pipe been maintained?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has cathodic protection been tested at proper intervals and records maintained? Does it meet the negative voltage of at least 0.85 volt?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have required valves been checked and serviced at intervals not exceeding 15 months but at least once each calendar year and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have periodic odorization checks been conducted and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has a leak survey of the system been conducted at intervals not exceeding 15 months but at least once each calendar year and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has operator filed annual report? Last year on file? _____	<input type="checkbox"/>	<input type="checkbox"/>

Total Violations Found: _____

NOTE: A written letter of intent with a time schedule for the implementation of the items listed or marked NO must be received in the office of the Arizona Corporation Commission, Pipeline Safety Group, 1300 W. Washington Street, Suite 220, Phoenix, AZ 85007, no later than thirty (30) days following the receipt of this report.

The findings of this report are based on observation made and documentation available to inspectors at the time of inspection.

Operator Representative: _____ ACC Representative: _____
 MM Annual Inspection Form 08/2016