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DIVISION OF ENGINEERING
TOM BALLINGER
DIRECTOR
(850) 413-6910

Public Service Commission

June 19, 2019

Ms. Carolyn Bermudez
Vice President & General Manager
Florida City Gas
4045 NW 97th Avenue
Doral, Florida 33178

Re: Annual Natural Gas Pipeline Safety Evaluation – 2019 FCGHD GS-1440 – Florida City Gas – Hialeah/Miami Division

Dear Ms. Bermudez:

Ms. Marcelina Alvarez, Engineering Specialist, completed an evaluation of the physical facilities and records of Florida City Gas – Hialeah/Miami Division's natural gas system on June 12, 2019. The evaluation consisted of review and verification of related documents, field tests, and interviews with employees. The pipeline safety evaluation identified one violation:

1. Title 49 CFR, Part 192, Section 192.465 (b) – External corrosion control: Monitoring.

This notification of gas pipeline safety violation **2019 FCGHD GS-1440** is for failure to comply with State and Federal natural gas safety rules. Your written response to the violation notice is required by **July 19, 2019**. Response to this notice is to address the corrective measures, and the proposed actions to prevent any recurrences. Failure to take corrective action may result in a penalty of \$25,000 per day for each day that the violation exists, up to \$500,000 for related violations as provided in *Section 368.061, F.S.* Please address the reply to my attention.

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Ms. Carolyn Bermudez

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Please find enclosed Ms. Alvarez's evaluation report with additional information and attachments. Operational personnel have been advised of the safety evaluation but have not received this full report. Please forward to the necessary operational personnel within your organization. If there are any questions regarding this evaluation and report, you may contact Ms. Alvarez at 305.513.7817 or me at 850.413.6582.

Sincerely,



Rick Moses
Chief, Bureau of Safety

RM:wd
Enclosure

cc: Tom Ballinger, Director, Division of Engineering
Marcelina Alvarez, Engineering Specialist

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

-M-E-M-O-R-A-N-D-U-M-

DATE: June 14, 2019

TO: Rick Moses, Chief, Bureau of Safety, Division of Engineering, Tallahassee

FROM: Marcelina Alvarez, Engineering Specialist, Division of Engineering, Miami

RE: Annual Pipeline Safety Evaluation
Florida City Gas Company – Hialeah/Miami Division – FCGHD

Issue

Is FCGHD operating its natural gas system in accordance with Title 49 Code of Federal Regulations (CFR), Parts 40, 191, 192, 199, and the Rules of the Florida Public Service Commission, Chapter 25-12, Florida Administrative Code (F.A.C.)?

Recommendation

Staff recommends that a notice of rule violation be issued to the management of Florida City Gas Company for violation of the following regulation:

1. Title 49 CFR, Part 192, Section 192.465 (b) – External corrosion control: Monitoring.

Discussion

The Florida Public Service Commission (FPSC or Commission) engineering staff makes annual evaluations of the facilities under the control of each operator to determine compliance with state and federal safety rules and regulations applicable to pipeline facilities and the transportation of natural gas within the state of Florida. The annual evaluation of the Hialeah/Miami Division natural gas distribution system operated by Florida City Gas Company was undertaken May-June, 2019.

June 14, 2019

The following FPSC and Pipeline and Hazardous Materials Safety Administration (PHMSA) forms were used for this evaluation:

- GS-03 Operation and Maintenance
- GS-04 Corrosion Survey
- GS-05 Pressure Regulation
- GS-06 Odorization
- GS-13 Summary
- GS-14 Valves
- GS-15 Excess Flow Valves
- Substance Abuse Program Comprehensive Audit and Inspection Protocol, PHMSA Form-3.1.11
- Operator Qualification Headquarters Inspection, PHMSA Form-14
- Operator Qualification Field Inspection Protocol 9, PHMSA Form-15
- Public Awareness Program Effectiveness Inspection, PHMSA Form-21
- Distribution Integrity Management Program Implementation, PHMSA Form-24

This evaluation was completed on June 12, 2019. It found in the operation and maintenance of the system one deficiency that is in violation of Title 49 CFR Part 192 – Transportation of Natural and Other Gas by Pipeline: Minimum Federal Safety Standards. The deficiency is detailed in the conclusion of the report. The findings of the evaluation are given below.

Cathodic Protection

The cathodic protection for this system is provided by either an impressed current system or a galvanic system. According to the operator's records in 2018, the cathodic protection was tested within the required intervals, but in some instances, there was no documentation to show that the rectifiers were inspected within the required intervals. Seventeen locations were randomly selected for inspection in the field, and at seven of these locations, the reads were unsatisfactory. See attached GS-04 Form for more information. The operator is in the process of investigating the cause of the unsatisfactory reads. The operator must take remedial action within three months to correct or make substantial progress toward correcting these deficiencies. Staff will follow-up with the operator, and after the deficiencies are corrected, a joint inspection will be conducted to verify that the reads are satisfactory.

Canal Crossings/Meters/Multi-Meters

Four canal crossings were randomly selected for field inspection. The canal crossings were identified with the operator's ID and appeared to be in satisfactory condition.

Seventy-three meters and forty-three multi-meters were observed at different locations. All meters and multi-meters observed were identified with the operator's ID. Fourteen of the multi-meters observed did not have markings indicating the building or part of the building being served. Some of the meters and multi-meters observed had signs of corrosion on the pipe and components, some of the stickers with the operator's ID were faded and/or peeling off, and some of the markings were faded.

Emergency Valves

Seventeen emergency valves were randomly selected for field inspection. During the field inspection, the valves were partially turned and operated properly, and were observed to have identification tags. According to the operator's records, all valves identified as necessary for the safe operation of the system were checked and serviced at intervals not exceeding 15 months, but at least once each calendar year.

Inactive Gas Service Lines

According to operator's records, there are 358 inactive service lines that are over 10½ years. It was explained that the majority of these service lines are connected to mains that are located on the back of private properties, in the easement between properties. Gaining access to retire and physically abandon these services is almost impossible. To resolve this situation, the operator is currently working on a project to relocate the mains to the right of way in front of the properties and by the public roadway. This project is expected to be completed within 7 years. According to the operator's records, there are no inactive service lines that are over 5½ years for bare steel, and there are no cast iron lines in the system.

Leak Repairs and Leak Surveys

According to the operator's records, leak surveys and leak repairs were conducted within compliance in 2018.

Odorization

Five locations were tested in the field, and the odorization was satisfactory. According to the operator's records in 2018, odorization testing was conducted within compliance, and the odorization of the gas in the system was satisfactory.

Regulators

One gate station and three regulator stations were selected for inspection in the field. No over or under pressurization was detected in the system. The operator's records indicate that all stations were inspected within compliance.

Distribution Integrity Management Program (DIMP) Implementation

Field personnel appear to understand their responsibilities and promptly report information for correcting deficiencies. Office and field personnel have the right attitude, values, norms, and beliefs regarding safety and seem to be committed to a culture of safe operation of the system. The DIMP plan was reviewed using PHMSA Form-24, and the implementation appeared satisfactory.

Drug and Alcohol

Employees are being randomly tested. The company uses Alere Toxicology Services located at 450 Southlake Boulevard, Richmond, Virginia, and at 1111 Newton Street, Gretna, Louisiana.

Supervisors have received training on how to determine if there is probable drug or alcohol use. Information of the company's policy regarding the use of prohibited drugs and information on the Employee Assistance Program were available in common area bulletin boards and on the company's intranet system. The operator drug and alcohol program was reviewed using PHMSA Form-3.1.11.

Operating and Maintenance and Emergency Plans

From the operator's records that were reviewed and the field inspections that were conducted during this inspection, the implementation of the operating and maintenance and emergency plans appeared satisfactory. The plans were reviewed using Form GS-03.

Operator Qualification

All qualified employees that the staff worked with were up-to-date on their qualifications. Unqualified employees were under direct observation of qualified employees. The employees were trained to recognize and react to abnormal operating conditions. The operator qualification program was reviewed using PHMSA Form-14.

Public Awareness

The implementation of the public awareness program for this system was reviewed with Sergey Peschanyy, Engineering Leader, Regulatory Compliance and Quality Assurance, from Florida City Gas Company, and the implementation appeared satisfactory. The public awareness plan was reviewed using PHMSA Form-21.

Conclusion

This evaluation was completed on June 12, 2019, and found a violation of the following rule:

1. Title 49 CFR, Part 192, Section 192.465 (b) – External corrosion control: Monitoring, which states:
 - (b) Each cathodic protection rectifier or other impressed current power source must be inspected six times each calendar year, but with intervals not exceeding 2½ months, to insure that it is operating.

According to the operator's records in 2018, the cathodic protection testing was conducted within the required intervals, but in some instances, there was no documentation to show that the rectifiers were inspected within the required intervals.

The violation and findings were communicated in an exit interview on June 12, 2019, to Mr. Ronald Muller, Mr. James Kendall, Mr. Sergey Peschanyy, Mr. Mike Fregly, and Mr. Juancarlo Vega of Florida City Gas Company – Hialeah/Miami Division.


MA:wd

Attachments

**FLORIDA PUBLIC SERVICE COMMISSION
PIPELINE SAFETY EVALUATION SUMMARY**

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATION COMPLETED DATE: 6/12/2019
ADDRESS: 4045 NW 97 th Avenue	EVALUATED BY: Marcelina Alvarez
CITY: Doral, FL 33178	LIAISON CONTACTED: Sergey Peschanyy

FORMS	FUNCTION	ADEQUACY	DATE
GS-03	Operations & Maintenance	✓	5/6, 5/10, & 6/7/2019
GS-04	Corrosion Survey	✓	5/23 & 5/24/2019
GS-05	Pressure Regulation	✓	5/20 & 5/21/2019
GS-06	Odorization	✓	5/21 & 5/22/2019
GS-14	Valve Survey	✓	5/20, 21, 5/22, 5/24, & 5/30/2019
GS-15	Excess Flow Valves	✓	5/6, 5/8, 5/22, 5/30, & 6/7/2019
PHMSA Form 3.1.11	Substance Abuse Program	✓	5/6, 5/7, 5/9, 5/16, 5/29, & 6/10/2019
PHMSA Form 14	Operator Qualifications Headquarters	✓	5/7 & 5/10/2019
PHMSA Form 15	Operator Qualifications Field	✓	5/8 & 5/16/2019
PHMSA Form 21	Public Awareness	✓	5/8, 5/10, & 5/29/2019
PHMSA Form 23	Distribution Integrity Management Plan Implementation – Master Meters	NA	Not a master meter
PHMSA Form 24	Distribution Integrity Management Plan Implementation	✓	5/9 & 5/16/2019
PHMSA Form 7100	Annual Report	✓	5/6 & 6/3/2019

RECORDS REVIEW	CHECK	DATE	NOTES						
Atmospheric Corrosion	✓	5/8/2019	Total # Inactive service lines	# Inactive service lines over 5 ½ yrs. (bare steel or cast iron)	# Inactive service lines over 10 ½ years (any material)				
Corrosion Surveys	X (1)	5/6 & 6/7/2019	9322	0	358				
Damage Prevention	✓	5/9/2019	Total corrosion leaks on steel mains without CP				0		
Emergency Equipment Up To Date	✓	5/24/2019	Total corrosion leaks on metallic services without CP				0		
Emergency Plan Up To Date	✓	5/10 & 6/7/2019	Number of corrosion leaks on mains & services with CP				59		
Emergency Contacts Current	✓	5/10/2019	Leaks without CP have had remedial corrosion control?				Zero leaks of this type		
Employee Training	✓	5/9/2019	Leaks with CP have had remedial corrosion control?				Yes		
Isolation Valves	✓	5/6, 5/7, & 6/7/2019	Is there plastic pipeline without means of location?	Unknown	Correction plan?		Yes		
Leak Repair	✓	5/7 & 6/10/2019	Are there leaks on plastic pipeline from brittle-like cracking? If yes, how many?				4		
Member One-Call	✓	5/7 & 6/3/2019	Miles bare steel pipe	0.4	Replacement plan	Yes	Finish date	2020	
Odorization	✓	5/7 & 6/10/2019	Miles cast iron pipe	0 (*)	Replacement plan	(*)	Finish date	(*)	
Operator Qualification Plan	✓	5/7 & 5/10/2019	# Cast iron leak:	Pipe: (*)	Joins: (*)	Graphitization: (*)			
Operator Qualification Records	✓	5/6 & 6/10/2019	LEAK SURVEYS						
Patrolling Of Pipelines	✓	5/8 & 6/7/2019	Business Districts	100%	Master Meters	No master meters			
Plastic Procedures	✓	5/7 & 6/7/2019	Public Congregation	100%	Bare metallic	33%	Residential	20%	
Plastic Joiner Qualifications	✓	5/9 & 6/10/2019	EXCESS FLOW VALVES						
Pressure Testing Of Facilities	✓	5/9 & 6/10/2019	Date	Check	Total # Excess Flow Valves	Number Checked			
Public Awareness	✓	5/8, 5/10 & 5/29/2019	5/6 5/8, 5/22, 5/30, & 6/7/2019	✓	11936	20			
Regulator Capacity Checked	✓	5/7 & 6/7/2019	DRUG & ALCOHOL						
Standards, Rules, Regulations	✓	5/9/2019	Random/Reasonable Suspicion Drug test # employees	75	# of tests (R/RS)	41 / 0	# of failures	0	
NPMS Updated (transmission only)	Not a transmission line		Reasonable Suspicion Alcohol test # employees	75	# of RS tests	0	# of failures	0	
System Maps	✓	5/9/2019	Drug and alcohol testing labs on the DHHS approved list				✓	Supervisors Trained	✓
Vault Inspections	No vaults in this system		 SIGNATURE OF EVALUATING ENGINEER						
Welder Qualifications	✓	5/7 & 6/10/2019							
Welding Procedures	✓	5/7 & 6/7/2019							

1. See memorandum and/or applicable report for additional information.

FLORIDA PUBLIC SERVICE COMMISSION

OPERATIONS AND MAINTENANCE EVALUATION

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATED BY: Marcelina Alvarez
ADDRESS: 4045 NW 97th Avenue	DATE: 5/6, 5/10, & 6/7/2019
CITY: Doral, FL 33178	LIAISON: Sergey Peschanyy

CODE OF FEDERAL REGULATIONS, PART 192 COMMISSION RULES CHAPTER 25-12

- Satisfactory
 - Requirement Unsatisfactory Compliance
 NA - Requirement does not apply
 NC - Not checked at this time

General		
192.605	1. Written operating and maintenance plans have been established.	✓
	2. Plan reviewed and updated (1 year/15 months)	✓
	3. Copies of federal and state regulations are available to appropriate personnel.	✓
	4. Operating and maintenance plans are readily available to appropriate personnel.	✓
	5. Periodically reviewing the work done by operator’s personnel to determine the effectiveness and adequacy of the procedures used in normal or abnormal operation and maintenance and modifying the procedures and taking corrective action when deficiencies are found?	✓
	6. Copies of pertinent pipe, material and component specifications, as well as applicable construction standards, are available to appropriate personnel.	✓
	7. An adequate program has been developed and implemented to instruct appropriate personnel with respect to all procedures.	✓
	8. Taking adequate precautions in excavated trenches to protect personnel from the hazards of unsafe accumulations of vapor or gas, and making available when needed at the excavation, emergency rescue equipment, including a breathing apparatus and, a rescue harness and line.	✓
	9. Records sufficient to show compliance with the applicable operation and maintenance requirements of rules or adopted standards are established and maintained and allow easy identification of each device or facility and its location, show work performed and date work was performed.	✓
	10. Needed data is gathered and incidents under Part 191 are reported in a timely and effective manner.	✓
	11. Pipeline started up and shut down within MAOP limits, including build-up allowances.	✓
	12. Procedures for abnormal operation on transmission lines include responding to, investigating and correcting the cause of:	
	<ul style="list-style-type: none"> • Unintended valve closure or shutdown 	Not a Transmission Line
192.605	<ul style="list-style-type: none"> • Abnormal change in pressure or flow rate 	Not a Transmission Line

OPERATIONS AND MAINTENANCE EVALUATION

	<ul style="list-style-type: none"> Loss of communications 	Not a Transmission Line
	<ul style="list-style-type: none"> Operation of any safety device 	Not a Transmission Line
	<ul style="list-style-type: none"> Any foreseeable component malfunction, deviation from normal operation, or personnel error which may result in a hazard to persons or property. 	Not a Transmission Line
	13. Checking system at sufficient critical locations after abnormal operation has ended to determine continued integrity & safe operation.	Not a Transmission Line
	14. Notifying responsible operator personnel when notice of abnormal operation is received.	Not a Transmission Line
	15. Abnormal operation procedures are not applicable to natural gas distribution operators that are operating transmission lines in connection with their distribution system.	Not a Transmission Line
192.16	<p>Customer notification - Each operator of a service line who does not maintain the customer's buried piping up to entry of the first building downstream, or, if the customer's buried piping does not enter a building, up to the principal gas utilization equipment or the first fence (or wall) that surrounds that equipment. For the purpose of this section, "customer's buried piping" does not include branch lines that serve yard lanterns, pool heaters, or other types of secondary equipment. <i>Also, "maintain" means monitor for corrosion according to §192.465 if the customer's buried piping is metallic, survey for leaks according to §192.723, and if an unsafe condition is found, shut off the flow of gas, advise the customer of the need to repair the unsafe condition, or repair the unsafe condition.</i></p> <p>Each operator shall notify each customer once in writing of the following information:</p> <p>The operator does not maintain the customer's buried piping. ✓</p> <p>If the customer's buried piping is not maintained, it may be subject to the potential hazards of corrosion and leakage. ✓</p> <p>When excavating near buried gas piping, the piping should be located in advance, and the excavation done by hand. ✓</p> <p>The operator (if applicable), plumbing contractors, and heating contractors can assist in locating, inspecting, and repairing the customer's buried piping. ✓</p> <p>Buried gas piping should be -</p> <p>Periodically inspected for leaks; ✓</p> <p>Periodically inspected for corrosion if the piping is metallic; and ✓</p> <p>Repaired if any unsafe condition is discovered. ✓</p> <p>Each operator shall notify each customer 90 days after the customer first receives gas at a particular location. (However, operators of master meters systems may continuously post a general notice in a prominent location frequented by customers.) Each operator must make the following records available for inspection by the Administrator or a State agency participating under 49 U.S.C. 60105 or 60106:</p> <p>A copy of the notice currently in use; and ✓</p> <p>Evidence that notices have been sent to customers within the previous 3 years. ✓</p>	
Procedures Required		
25-12.008/ 25-12.083/ 192.553	1. Conversion and/or upgrading to higher pressure, if contemplated.	✓
192.609	2. Class location study required where an increase in population density indicates hoop stress of existing pipeline is not commensurate with the present class location.	✓
192.611	3. Confirmation or revision of MAOP if there is a change in class location.	✓

OPERATIONS AND MAINTENANCE EVALUATION

Continuing Surveillance			
192.613(a)	1. Including: change in class location; failures; leakage history; corrosion; substantial changes in CP requirements; and unusual operating and maintenance conditions	✓	
192.613(b)	2. If a segment of pipeline is in unsatisfactory condition, MAOP is reduced or other action taken.	✓	
192.613(b)	3. Reconditioning or phasing out segments of pipeline which are determined to be unsatisfactory, but no immediate hazard exists.	✓	
192.605(d)	4. Instructions enabling recognition of conditions that potentially may be safety-related that are subject to reporting requirements of 191.23	✓	
192.617	5. Analyzing accidents & failures including laboratory analysis where appropriate to determine cause & prevention of recurrence?	✓	
192.619	6. Determining maximum and minimum allowable operating pressure.	✓	
192.625 25-12.055	7. Odorizing gas with appropriate material and provision for sampling at least twelve times per calendar year, not exceeding 45 days between samples, to assure adequate concentration. Odorant testing equipment must be used except by master meter operators.	✓	
192.627	8. Tapping pipelines under pressure with qualified crew.	✓	
192.629	9. Purging of pipelines must be done to prevent formation of an explosive mixture in the line.	✓	
Damage Prevention Program – operator may comply through participation in Sunshine State One Call but retains responsibility for compliance.			
192.614	1. Identify current excavators in pipelines vicinity	✓	
	2. Notify excavators and public of damage prevention program and how to learn pipeline locations before excavation	✓	
	3. Provide a means of receiving and responding to line location requests.	✓	
	4. Provide a means of marking the pipeline in the vicinity of excavation and how to identify the markings.	✓	
	5. Provide marking before, as far as practical, the activity begins.	✓	
	6. Provide protection of existing facilities during directional drilling or other trenchless technologies.	✓	
	If there is reason to believe damage could occur:		
	<ul style="list-style-type: none"> • Provide for inspections of the pipeline as often as necessary during & after excavation to insure the integrity of the pipeline. 	✓	
	<ul style="list-style-type: none"> • Inspection must include leak survey in case of blasting. 	✓	
192.16	Procedures for notifying all customers or new customers within 90 days of their responsibility for those sections of service lines not maintained by the operator.	✓	
	How many locate tickets where the pipeline was mismarked that resulted in a dig in.	# <u>20</u>	
Emergency Plans			
192.615	Each operator shall establish written procedures to minimize the hazard resulting from a gas pipeline emergency. At a minimum, the procedures must provide for the following:	✓	
	1. Receive identify and classify notice of events which require immediate response by the operator.	✓	
	2. Establish and maintain adequate means of communication with appropriate fire, police, and other public officials.	✓	

OPERATIONS AND MAINTENANCE EVALUATION

192.615	3. Prompt and effective response to a notice of each type of emergency, including gas detected inside of, or near a building; fire located near, directly involving a pipeline facility; explosion occurring near or directly involving a pipeline facility; natural disasters.	✓
	4. The availability of personnel, equipment, tools, and materials, as needed at the scene of an emergency.	✓
	5. All actions directed towards protecting people first, then property.	✓
	6. Emergency shut-down and pressure reduction in any section of the pipeline system necessary to minimize hazards to life and property.	✓
	7. Make safe any actual or potential hazard to life or property.	✓
	8. Notify appropriate fire, police and other public officials of gas pipeline emergency. Maintain contact with such officials and coordinate a plan of action with them	✓
	9. Safely restore service outages.	✓
	10. Beginning action under §192.617, if applicable, as soon after the end of the emergency as possible. Initiate actions to prevent recurrence of the emergency. Each operator shall establish procedures for analyzing accidents and failures, including the selection of samples of the failed facility or equipment for laboratory examination, where appropriate, for the purpose of determining the causes of the failure and minimizing the possibility of a recurrence.	✓
	12. Actions required to be taken by a controller during an emergency in accordance with § 192.631.	✓ (1)
	13. Supply all supervisors responsible for emergency action with the latest edition of the emergency plan.	✓
	14. Train the appropriate operating personnel until they are thoroughly familiar with the emergency procedures.	✓
	15. Review employee activities to determine whether the procedures were effectively followed in each emergency	✓
	16. Each operator shall establish and maintain liaison with appropriate fire, police, and other public officials to: Learn the responsibility and resources of each government organization that may respond to a gas pipeline emergency; Acquaint the officials with the operator's ability in responding to a gas pipeline emergency; Identify the types of gas pipeline emergencies of which the operator notifies the officials; and, plan how the operator and officials can engage in mutual assistance to minimize hazards to life or property.	✓
	17. Maintain an active training program for the purpose of educating each employee relative to procedures, plans and specifications required by these rules and adopted codes or standards as they affect the employee's specific duties and responsibilities.	✓
25-12.009	18. Establish a continual educational plan to enable customers, the general public, appropriate government organizations, and excavators to recognize a gas pipeline emergency for the purpose of reporting it to the pipeline operator, or the appropriate official, and at all times, use every reasonable effort to adequately warn and protect the public from danger, and exercise due care to reduce the hazards to which employees, customers, and the public may be subjected by reasons of equipment and facilities.	✓
	19. Review operator emergency response procedures for leaks caused by excavation damage near buildings and determine whether the procedures adequately address the possibility of multiple leaks and underground migration of gas into nearby buildings.	✓

OPERATIONS AND MAINTENANCE EVALUATION

Public Education		
192.616	Continuing educational program (in English & other pertinent languages) to better inform the public in how to recognize & report potential gas pipeline emergencies. Program must follow recommendations of API RP1162.	✓
Failure Investigation Procedures		
192.617	Analyzing accidents & failures including laboratory analysis where appropriate to determine cause & prevention of recurrence? This should include third party damage.	✓
Maintain system in accordance with the following requirements		
192.755	If support for a segment of buried cast iron pipeline is disturbed by vehicular vibrations, earth movement, excavations, or any foreseeable outside forces, take steps to provide permanent protection against such damage.	✓
192.707	Line markers must be placed and maintained as close as practical over each buried main:	
	<ul style="list-style-type: none"> • in class 1 and class 2 locations. 	✓
	<ul style="list-style-type: none"> • at each crossing of road & railroad. 	✓
	<ul style="list-style-type: none"> • where necessary to reduce possibility of damage. 	✓
	Line markers must be placed along aboveground lines accessible to the public.	✓
	Marker warning must be legible and contain the information required by Section 192.707(d) (1) & (2).	✓
Distribution System Patrols		
192.721	1. Patrols of mains, wherein conditions could cause failure or leakage that would create a hazard to public safety, are made at intervals commensurate with the severity.	✓
	2. Mains on bridges, at river crossings and other locations where failure or leakage can be anticipated, are patrolled at intervals not exceeding 4 ½ months, but at least 4 times each calendar year in business districts and at 7 ½ months but at least 2 times each calendar year outside business districts.	✓
Perform periodic leakage surveys in accordance with the following schedule as a minimum: A gas detector survey conducted at intervals not exceeding 15 months, but at least once per calendar year, in those portions of an operator's service area including:		
192.723/ 25-12.040	1. Principal business districts, master meter systems and other places where the public frequently congregates, and where pipeline facilities, including service lines, are located under surfaces of such construction that little opportunity is afforded for a leak to vent safely.	✓
	2. In remaining areas at intervals not exceeding 3 years on bare metallic galvanized steel and coated steel tubing, but on remaining pipeline systems at 5 year intervals or more frequently if experience indicates.	✓
The following leak classification used on all leak records and reports:		
192.703(c) 25-12.040	1. "Grade 1 Leak" - a leak of gas that represents an existing or probable hazard to persons or buildings. Prompt action to protect life and property and continuous action until conditions are no longer hazardous is required.	✓
	2. "Grade 2 Leak" - a leak that is not a threat to persons or property at the time of detection, but justifies scheduled repair based on potential future hazard. The leak shall be repaired within 90 days from the date the leak was originally located unless, due to resurvey, the leak was determined to be Grade 3.	✓

OPERATIONS AND MAINTENANCE EVALUATION

192.703(c) 25-12.040	3. "Grade 3 Leak" - a leak that is not a threat to persons and property and can be expected to remain so. These leaks that are aboveground shall be repaired, within 90 days from the date the leak was originally located, unless the leak is upgraded or does not produce a positive leak indication when a soap and water solution, or its equivalent, is applied on suspected locations at operating pressure. Grade 3 leaks that are underground shall be reevaluated at least once every 6 months until repaired with the frequency of reevaluation determined by the location and magnitude of the leakage condition	✓
	4. The adequacy of all the repairs of leaks checked by appropriate methods immediately after the repairs are completed. Where there is residual gas in the ground, a follow-up inspection using a gas detector instrument must be made as soon as the gas has had an opportunity to dissipate, but not later than one month for Grade 1 leaks and 6 months for Grade 2 leaks. The date and status shall be recorded on the leak repair records.	✓
Receiving of Gas Leak and Emergency Reports		
25-12.041	1. Each operator must provide a means of receiving and promptly responding to reported gas leaks and emergency calls on a 24-hour per day basis. The procedure for accomplishing this requirement must be included in the operating and maintenance.	✓
25-12.042	2. Gas leaks reported by customers or the general Public shall be considered emergencies requiring prompt response with the first priority of protecting life, then property. A device capable of detecting the presence of gas shall be used to test the area of the reported leak to determine if a leak actually exists.	✓
25-12.062	3. Gas leak and repair reports include the address of suspected leak, date and time leak reported, description of leak, date and time operator personnel dispatched, date and time operator personnel arrived, date and time condition made safe, location of leak found, and cause of leak.	✓
Notice of Accidents and Outages		
25-12.084	1. At the earliest practicable moment following discovery, telephonic notice shall be given the Commission of any leak related incident that cause a death or a personal injury, requiring hospitalization, resulted in gas igniting, caused estimated damage to the property of the operator, or others, or both, of a total of \$10,000 , or more; or In the judgment of the operator, was significant even though it did not meet the above criteria.	✓
	2. Notice need not be given if gas ignited only, if it occurred solely as a result of, or in conjunction with, planned or routine maintenance or construction.	✓
	3. Any distribution system-related accident or failure which interrupts service to either 10% or more of meters, or 500 or more meters, shall be immediately reported to the Commission	✓
191.5	Telephonically reporting incidents to NRC? (800) 424-8802	✓
191.9 (a)	30-day follow up written report? (Form 7100.1)	✓
1919 (b)	Supplemental report (to 30-day follow up)	✓
191.23	Reporting safety-related condition.	✓
192.605(d)	Instructing personnel in operations and maintenance to recognize safety related conditions?	✓

OPERATIONS AND MAINTENANCE EVALUATION

Abandonment or inactivation of facilities		
192.727	1. Facilities being abandoned in place or lines not subjected to gas pressure (expected during maintenance operation) are disconnected from all gas sources, purged and the ends are sealed unless the volume of gas is such that no potential hazard exists.	✓
	2. When air is used to purge the facility, a check is made to ensure that a combustible mixture does not remain.	✓
	3. Vaults are filled with a suitable compacted material.	✓
	4. Other than services, inactive pipelines that are not being maintained in accordance with Part 192 are abandoned, as above.	✓
Inactive Service Lines		
25-12.045	1. If there is no prospect for reuse, retire and physically abandon within 3 months.	✓
	2. After inactive for 2 years and no prospect for reuse, either disconnect from gas sources, abandon and remove, close and lock the service valve and plug the line, or remove meter and plug the line within 6 months.	✓
	3. After inactive for 5 years, physically abandon within 6 months by disconnecting at nearest point to the main not under a paved surface. Remove the remaining stub at the first feasible opportunity.	✓
	4. Maintain records of the remaining stubs so information is readily available for locating purposes.	✓
Allowable Operating Pressures		
192.619	1. For a distribution system intended to operate below 100 psig establish in accordance with Sections 192.619, 192.620, 192.621, or 192.623 as applicable.	✓
	2. For steel pipe operated at 100 psig or more, the test pressure determined according to Table in Section 192.619 (a) (2) (ii).	✓
Valves		
25-12.022 192.747	<p>1. Designate valves which may be necessary for the safe operation of the system as sectionalizing valves. Criteria to be used in the selection of these valves will be the same as contained in Rule 25-12.022 below:</p> <p>(a) Volume and pressure of gas between valves.</p> <p>(b) Size of area and population density between valves required to isolate the area as well as the accessibility of the required valves.</p> <p>(c) The minimum number of personnel required to shutdown and restore the area.</p> <p>(d) Other means and availability of required equipment to control the flow of gas in the event of an emergency.</p> <p>(e) The number and type of customers, such as hospitals, schools, commercial and industrial loads, etc., that will be affected.</p>	✓

OPERATIONS AND MAINTENANCE EVALUATION

25-12.022 192.747	2. Sectionalizing and other critical valves designated on appropriate records, drawings or maps available to operation or maintenance personnel and referenced to "permanent" aboveground structures or other field ties so the valve can be readily located	✓
	<ul style="list-style-type: none"> For aboveground valves located in vaults which have to be operated from within the vault, the marking appear on the valve body or wheel. 	X (2)
	<ul style="list-style-type: none"> For buried valve or valves operated by a key wrench, the markings appear in a visible location on the inside of the curb box or stand pipe where the cover will not abrade the markings. 	X (2)
	3. All valves which may be necessary for the safe operation of the system, inspected and maintenance performed to assure location, access and operating ability at intervals not exceeding fifteen (15) months, but at least once each calendar year.	✓
Prevention of Accidental Ignition		
192.751	Prevention of accidental ignition exercised to minimize the danger when gas is being vented into the open air and may constitute a hazard. Potential sources of ignition are removed from the area and an adequately charged and recently inspected fire extinguisher is provided, when facilities contain a combustible mixture welding or cutting is not performed, and post warning signs where appropriate.	✓
Initiation of Gas Service		
25-12.043	1. Gas service may be denied until customer equipment complies with applicable local codes	X (2)
	2. Meter delivering gas into customer piping may not be activated until ascertaining that a test was conducted assuring that a constant pressure had been contained by the piping.	X (2)
Interruption of Gas Service		
25-12.044 192.727	At the time gas service is turned off, or when the operator becomes aware that the supply of gas to the customer has been interrupted, whether intentionally, or unintentionally, a valve on the service line must be either locked in the closed position, or the service line plugged to prevent the flow of gas.	✓
Test Requirements For Reinstating Service Lines		
192.725(a)	Reinstated service lines must be tested in the same manner as new service lines.	✓
192.725(b)	A service line that is temporarily disconnected must be tested from the point of disconnection.	✓
Unauthorized Utilization of Facilities		
25-12.046 25-12.043	1. Upon determining unauthorized establishment of gas service, the service shall be turned off and such service shall not be reestablished until it has been ascertained that testing meeting the requirement of 25-12.043 has been made	X (2)
	2. When unauthorized service is established and such service is on a common header with other services which may have been tampered with, then in the case of obvious tampering, check each such service to ascertain that only active customer services meet the applicable requirements of 25-12.044, and 25-12.045. This investigation shall be made immediately after cutting off the unauthorized service and a record is made of the results.	X (2)
	3. When aware of any equipment on facilities, immediately investigate to determine the effect upon the system and take all prudent measures to assure the safety of customers and the public in general.	X (2)

OPERATIONS AND MAINTENANCE EVALUATION

Facility Identification		
25-12.050	Gas pipeline facilities adjacent to the service line valve of multiple meter installations shall be plainly marked by permanent means designating the building, or part of the building, being served.	✓
	Each aboveground gas transporting facility shall be marked to identify the operator's name and phone number, including area code.	✓
System Maps		
25-12.061	System maps of each local operation area prepared and on file in the operating local office. Such maps and related records readily identify the location and size of all system facilities and other information pertinent to the safe design of the system. These records shall be kept up-to-date.	✓
Corrosion Control Procedural Requirements		
192.453	1. Written procedures have been established for the design and installation	✓
	2. Design and installation of the cathodic protection system is carried out by or under the direction of a person qualified by experience or training in pipeline corrosion control methods.	✓
192.455	3. Buried or submerged metallic pipelines installed after July 31, 1971:	
	• must have an external protective coating meeting the requirements of 192.461.	✓
	• must have Cathodic protection within 12 months.	✓
25-12.008(g)	4. Steel tubing must have cathodic protection prior to placing in service for a conversion project.	X (2)
192.457	5. Except for buried piping at compressor, regulator, and measuring stations, each buried or submerged transmission line installed before August 1, 1971, that has an effective coating must be cathodically protected in its entirety.	✓
192.457	6. Except for cast iron or ductile iron, each of the following buried or submerged pipelines installed before August 1, 1971, must be cathodically protected in area of active corrosion	
	• Bare or coated pipes at compressor, regulator and measuring stations.	✓
	• Bare or coated distribution lines.	✓
192.465(e)	7. Active corrosion on distribution pipelines shall be determined by electrical survey or where electrical survey is impractical, by the study of leak history records or other means.	✓
	8. Active corrosion means continuing corrosion which unless controlled could result in a condition that is detrimental to public safety.	✓
25-12.053	9. Operator shall have a comprehensive written procedure to evaluate electrical survey data in order to identify areas of active corrosion where cathodic protection must be installed. This procedure must provide for utilization of a combination of pipe/soil potential and soil resistivity measurements in the initial electrical survey.	✓
	10. Reevaluation shall include pipe/soil potential and soil resistivity measurements with soil resistivity measurements being mandatory only at pipe/soil potential anodic indications and where known soil changes could cause corrosion.	✓
25-12.054	11. Placement of the reference half cell in the immediate vicinity of galvanic anodes shall not be acceptable for electrical measurement used to determine the adequacy of cathodic protection.	✓
	12. Protective coating requirements and for preventing of damage to coating. Refer to Section 192.461.	✓
External Corrosion Control – Cathodic Protection		
192.463	1. Only acceptable criteria shall be I-A (1), I-A (3), and I-A (5) of Appendix D, PART 192 CFR.	✓
25-12.052	2. I-A (1) is the only acceptable criterion for pipelines installed after June 1, 1975 if the insulating capabilities of the external coating are effective.	✓

OPERATIONS AND MAINTENANCE EVALUATION

192.463 25-12.052	3. Application of 1-A (5) is restricted to bare pipelines installed before July 31, 1971.	
	<ul style="list-style-type: none"> Prior to use the operator must submit a proposed, comprehensive procedure to the Bureau of Gas supporting the effectiveness of the procedure by test data obtained in actual field application to demonstrate that the procedure can attain net current flow from the surrounding electrolyte into the pipeline surface at all current discharge (anodic) points. 	Operator does not use I-A(5)
	<ul style="list-style-type: none"> The procedure shall include a surface potential survey conducted longitudinally directly above the pipeline with maximum spacing of 10 feet utilizing 2 saturated copper - copper sulfate half-cells. 	Operator does not use I-A(5)
	<ul style="list-style-type: none"> All procedure qualification records shall be retained as long as the procedure is used. 	Operator does not use I-A(5)
	<ul style="list-style-type: none"> If application of the qualified procedure fails to provide required protective net current flow from the surrounding electrolyte into the pipeline surface the procedure will be modified & requalified for use in similar conditions. 	Operator does not use I-A(5)
	<ul style="list-style-type: none"> The placement of the electrodes for resurvey of the application of 1-A (5) shall utilize the same electrode locations as the initial survey when practical. 	Operator does not use I-A(5)
	<ul style="list-style-type: none"> Each pipeline under protection utilizing I-A (5) shall be tested at least once a calendar year, with intervals not exceeding 15 months. 	Operator does not use I-A(5)
	4. Amphoteric metals used in buried pipelines of different anodic potential:	
	<ul style="list-style-type: none"> must be electrically isolated and cathodically protected, or 	✓
	<ul style="list-style-type: none"> entire pipeline must be cathodically protected at the potential for amphoteric metals as required in Appendix D. 	✓
5. Amount of cathodic protection must be controlled so as not to damage the pipe coating.	✓	
25-12.052 (4)	6. If gas leakage results from active corrosion, remedial action shall include cathodic protection unless replaced with plastic pipe. Those pipelines that have been protected as remedial action following a corrosion leak must be monitored annually.	X (2)
External Corrosion Control: Monitoring		
192.463/465	1. The only acceptable criteria I-A (1), I-A (3) and I (5) of Appendix D, Part 192 CFR.	✓
25-12.052 (1)	2. Short sections of mains or transmission lines, not in excess of 100 feet, or separately protected service lines may be surveyed on a sampling basis of 10% in each of 10 years, except	✓
	Impressed current power source must be inspected six times per year at intervals not to exceed 2 1/2 months.	✓
	4. Reverse current switches, diodes and interference bonds whose failure would jeopardize structure protection must be inspected six times per year at intervals not exceeding 2 1/2 months.	✓
25-12.052 (5)	5. All other interference bonds must be tested at least annually with intervals not exceeding 15 months.	✓
	6. Remedial action shall be taken within 3 months to correct or make substantial progress toward correction of any deficiencies indicated by monitoring.	✓
	7. For those portions of bare or poorly coated pipelines determined not to have active corrosion and cathodic protection was not applied, the condition must be reevaluated at least every three years.	✓
Electrical Isolation must be provided:		
192.467	1. Between buried or submerged pipelines and other underground metallic structures or cathodically protect them as a single unit.	✓
	2. Between portions of the pipeline where such would facilitate the application of corrosion control.	✓

OPERATIONS AND MAINTENANCE EVALUATION

	3. Between pipelines and metallic casings of the pipeline or other measures taken to minimize corrosion of the pipeline inside the casing. (Does not pertain to unprotected copper inserted in ferrous pipe).	✓
	4. Inspection and electrical test must be made to insure electrical isolation is adequate.	✓
	5. In areas where a combustible atmosphere is anticipated precautions must be taken to prevent arcing.	✓
	6. When pipelines are located close to electrical facilities or other locations where fault currents or unusual risk of lightning may be anticipated, provisions must be taken for protection against damage due to fault currents or lightning, and protective measures also must be taken at insulating devices.	✓
Corrosion Control Monitoring		
192.469	All pipelines under cathodic protection must have sufficient test stations or other contact points for electrical measurement.	✓
192.471	1. Test lead wire must be connected in a manner to remain mechanically secure and electrically conductive.	✓
	2. Test lead wire must be attached so as to minimize stress concentration on the pipe.	✓
	3. Bared areas on the pipe and test lead must be coated with an electrical insulating material that is compatible with the pipe coating and the wire insulation at points of connection to the pipeline.	✓
Interference Currents		
192.473	1. When pipeline systems are subjected to stray currents, an effective program to minimize the detrimental effect of such current must be developed.	✓
	2. Each cathodic protection system (impressed current or galvanic anodes) must be designed and installed so as to minimize any adverse affects on existing adjacent underground structures.	✓
Internal Corrosion Control		
	Refer to Sections 192.475 and 192.477.	✓
Atmospheric Corrosion Control: General		
192.479	Aboveground pipelines, must be cleaned and either coated or jacketed with material capable of preventing atmospheric corrosion	✓
Atmospheric Corrosion Control: Monitoring		
192.481	After making the initial inspection and protection action required, the portions of the system exposed to the atmosphere must be reevaluated at least each 3 calendar years with intervals not exceeding 39 months, and necessary remedial action taken to prevent further corrosion as required by Section 192.479.	✓
Remedial Measures: Buried or submerged pipe		
192.483	1. Metallic pipe that replaces pipe removed from a buried or submerged pipeline because of external corrosion must be provided with an external protective coating that meets the requirement of 192.461 and must be cathodically protected.	✓
192.483	2. Other than cast iron and ductile iron pipe, when buried or submerged pipe is repaired due to external corrosion each segment repaired must be cathodically protected in accordance with SUBPART I, PART 192.	✓

OPERATIONS AND MAINTENANCE EVALUATION

Remedial Measures: Distribution Lines Other than Cast Iron or Ductile		
192.487	1. Segments of pipeline with general corrosion to the extent that the remaining wall thickness is less than that required for the MAOP or less than 30% of the nominal wall thickness must be replaced. If the area of corrosion is small, the corroded area may be repaired.	✓
	2. Segments of pipeline with localized corrosion pitting to a degree where leakage might result must be repaired or replaced.	✓
Remedial Measures: Cast Iron and Ductile Iron Pipelines		
192.489	1. Segments of pipeline with general graphitization to a degree where a fracture or leakage might result must be replaced; review the procedure.	✓
	2. Segments of pipeline with localized graphitization to a degree that leakage might result must be replaced, repaired or internally sealed.	✓
Protecting Cast-Iron Pipeline Procedures		
192.755	When the operator has knowledge that the support for a segment of a buried cast-iron pipeline is disturbed, protection must be provided against damage by:	✓
	<ul style="list-style-type: none"> • Vibrations from heavy construction equipment, trains, trucks, buses, or blasting. 	✓
	<ul style="list-style-type: none"> • Impact forces by vehicles. 	✓
	<ul style="list-style-type: none"> • Earth movement. 	✓
	<ul style="list-style-type: none"> • Other foreseeable outside forces which might subject that segment of pipeline to a bending stress. 	✓
	Provide permanent protection for the disturbed section as soon as feasible.	✓
Corrosion Control Records		
192.491	1. Maps or records must show the location of:	
	<ul style="list-style-type: none"> • Cathodically protected piping 	✓
	<ul style="list-style-type: none"> • Cathodic protection facilities (other than galvanic anodes installed prior to August 1, 1972. 	✓
	<ul style="list-style-type: none"> • Neighboring structures bonded to the cathodic protection system. 	✓
192.491	2. Records of the following are retained for the life of the appropriate pipeline segment	
	<ul style="list-style-type: none"> • Each record or map required in "2" above. 	✓
	<ul style="list-style-type: none"> • Records of each test, survey or inspection required by SUBPART I, CFR, in sufficient detail to demonstrate the adequacy of corrosion control measures or that a corrosive condition does not exist. 	✓
192.459	Examination must be made of buried pipelines for external corrosion whenever exposed at any time. If external corrosion is found, remedial action must be taken.	✓

Notes:

1. The control room is operated by the parent company NextEra Energy and is located in Houston, Texas. This control room is for monitoring of the system only. If action is needed, it is communicated to the division, and FCGHD will follow the necessary procedures to handle the situation.
2. These procedures/procedure are not mentioned or do not provide sufficient information in the O&M Manual. The operator is currently working on the revision of the O&M plan and these procedures will be included and/or revised as necessary.

CORROSION CONTROL SURVEY

System: Florida City Gas Company – Hialeah/Miami Division – FCGHD

Date: 5/23 and 5/24/2019

Inspector: Marcelina Alvarez

	Location	Pipe-To-Soil Potential (mV)			Comments
		On	Off	Casing	
1.	Rectifier at 14550 Fitzpatrick Road, Miami Lakes	-5050	-1360	NA (1)	Above -1200 mV
2.	7595 West 14 th Court, Hialeah	-1134	-830	NA (1)	Below -850 mV
3.	NW 57 th Avenue and NW 155 th Street, Miami Lakes	-1178	-1087	NA (1)	
4.	NW 67 th Avenue and Loch ness Drive, Miami Lakes	-1097	-701	NA (1)	Below -850 mV
5.	Rectifier at SW 40 th Avenue and SW 27 th Street, West Park	-5084	-970	NA (1)	
6.	Plantation Boulevard and Jamaica Drive, Miramar	-1165	-1112	NA (1)	
7.	SW 40 th Avenue and SW 30 th Street, West Park	-1593	-760	NA (1)	Below -850 mV
8.	County Line Road and SW 32 nd Boulevard, West Park	-1780	-1775	NA (1)	Slight shift
9.	Rectifier at SW 107 th Avenue and SW 152 nd Street, Miami	-2381	-943	NA (1)	
10.	SW 106 th Street and SW 87 th Avenue, Miami	-938	-884	NA (1)	
11.	SW 152 nd Street and SW 132 nd Avenue, Miami	-845	-693	-481	Below -850 mV
12.	SW 152 nd Street and US 1, Miami	-923	-813	-464	Below -850 mV
13.	NW 31 st Street and NW 74 th Avenue, Miami	-1110	NA (2)	-244	
14.	SW 24 th Street and SW 78 th Place, Miami	-1073	NA (2)	-445	
15.	6024 SW 8 th Street, Miami	-978	NA (2)	NA (1)	
16.	6437 Flagler Street, Miami	-1350	NA (2)	NA (1)	
17.	SW 117 th Avenue & SW 83 rd Terrace, Miami	-1386	NA (2)	NA (1)	

(1) According to the operator's records, this section of the pipeline was not cased.

(2) According to the operator's records, this section of the pipeline was protected by a galvanic system.

FLORIDA PUBLIC SERVICE COMMISSION

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

CODE OF FEDERAL REGULATIONS, PART 192
COMMISSION RULES CHAPTER 25-12

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATED BY: Marcelina Alvarez
ADDRESS: 4045 NW 97 th Avenue	DATE: 5/21/2019
CITY: Doral, FL 33178	LIAISON: Gilberto Hernandez and Jesse Rademacher

This is a guide only. Any question should be checked against the rule or regulation cited.

- Satisfactory
 - Requirement Unsatisfactory Compliance
 NA - Requirement does not apply
 NC - Not checked at this time

PRESSURE CONTROL LOCATION OR IDENTIFICATION: NW 105 th Street and NW 112 th Avenue, Miami Regulator Station
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192.199: REQUIREMENTS FOR DESIGN OF PRESSURE CONTROL	
Pressure controlling devices are designed and installed to:	
1. Not be impaired by corrosion.	✓
2. Not to make the device inoperative because of valves and valve seats design.	✓
3. Be tested for leakage in the closed position.	✓
4. Be tested for the pressure at which it will operate.	✓
5. Be operated to determine if the valve is free.	✓
6. Not have combustible supports.	✓
7. Have discharge stacks, vents or outlet ports designed to prevent accumulation of water.	No relief valve*
8. Discharge gas into the atmosphere without hazard.	No relief valve*
9. Be adequate to prevent hammering of the valve or to impair relief capacity.	No relief valve*
10. Prevent any single incident from affecting the operation of both the overpressure protective device and a district regulator when installed at a district regulator station to protect a pipeline system from over-pressuring.	✓
11. Prevent unauthorized operation of any stop valve that will make the pressure relief valve or limiting device inoperative. (Except for a valve that will isolate the system under protection from its source of pressure.)	No relief valve

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.201: REQUIRED CAPACITY OF PRESSURE RELIEVING AND LIMITING STATIONS		
Pressure relief and limiting stations have the capacity at required set pressure to prevent:		
1.	Low-pressure distribution systems prevented from receiving gas pressure that could cause the unsafe operation of any connected and adjusted utilization equipment.	Not a low pressure system
2.	Pressure limiting devices must be installed near each regulator station in a low-pressure distribution system.	Not a low pressure system
3.	Must have the capacity to limit the maximum pressure in the main so that it will not exceed the safe operating pressure for any utilization equipment.	✓
4.	Systems operating at a MAOP of 60 psig or greater from exceeding the lower of either: the MAOP plus 10% or a pressure that produces a hoop stress of 75% SMYS.	✓ (1)
5.	Systems operating at a MAOP of 12 psig or greater and less than 60 psig from exceeding MAOP + 6 psig.	NA (1)
6.	Systems operating at a MAOP of less than 12 psig from exceeding MAOP plus 50%.	NA (1)

192.203 REQUIREMENTS: INSTRUMENT CONTROL, SAMPLING PIPE AND COMPONENTS		
The design and installation of instruments, controls, sampling pipes and components comply with the following:		
1.	Takeoff connections and fittings, or adapters are made of suitable materials, able to withstand the maximum service pressure and temperature of the pipe or equipment to which it is attached, to withstand all stress without failure by fatigue.	NC (2)
2.	Shutoff valves installed in each takeoff line as near as practicable to the point of takeoff. (Control lines.) Except lines that can be isolated by other valving.	✓
3.	Blow-down valves installed where necessary.	✓
4.	Drains and drips in which liquids can accumulate are protected from damage by freezing.	No freezing
5.	Connections for cleaning if subject to clogging.	No clogging
6.	Pipes, components, and supports arranged to provide safety for anticipated operating stresses.	✓
7.	Joining method used must be suitable for anticipated pressures and temperatures with sufficient flexibility provided within the system for expansion. Slip type expansion joints are not used.	✓

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

8. Control lines to regulator and over-pressure protective device installed to prevent damage to any one line from making both inoperative and must be protected from anticipated causes of damage.	✓
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192.741: TELEMETERING AND RECORDING GAUGES	
1. Each system supplied by more than one pressure control station is equipped with telemetering or recording pressure gages to indicate the gas pressure in the district.	✓
2. Determine the necessity of installing telemetering or recording gauges on distribution systems supplied by a single district pressure regulating station.	telemetry is provided
3. When there are indications of abnormal pressure conditions, the equipment is inspected and any unsatisfactory conditions are corrected promptly.	✓

192.53/192.103: MATERIALS FOR PIPE AND COMPONENTS	
1. All pipes, valves, fittings, flanges and other components are of the appropriate pressure rating and standard.	NC (2)
2. When the manufacturer or appropriate standard requires special gaskets and alloy bolts or studs and nuts used.	no special gaskets

192.241/ 192.273: INSPECTION OF JOINTS	
All joints pass a visual inspection for compliance.	✓

192.605: OPERATION AND MAINTENANCE PLAN	
1. Operation and maintenance plan comprehensively covers pressure control and over-pressure protection.	✓
2. Operation and maintenance plan available to personnel responsible for pressure control and over-pressure protection.	✓

192.707(c): LINE MARKERS	
Line markers must be placed and maintained along each section of a main and transmission line that is located above ground in an area accessible to the public.	Fenced

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

25-12.050(2): FACILITY IDENTIFICATION	
Gas regulating station permanently marked by metal signs, line markers, plastic decals, or other appropriate means to identify the operator's name and phone number.	✓

192.481: ATMOSPHERIC CORROSION CONTROL: MONITORING	
Pipeline exposed to the atmosphere is free from evidence of atmospheric corrosion. Particular attention is placed on pipe at soil-to-air interfaces, under thermal insulation, under disbonded coatings, at pipe supports, in splash zones, at deck penetrations and in spans over water.	✓

25-12.022(1): REQUIREMENT FOR DISTRIBUTION SYSTEM VALVES	
Valve is installed upstream of each regulator station for use in an emergency to stop the flow of gas. These valves are to be installed at a safe distance from the station, but no more than 500 feet from the regulator station.	✓

192.183: VAULTS – STRUCTURAL DESIGN	
1. Vaults housing pipeline facilities must be designed to withstand loads that can be imposed, and to protect installed equipment.	NA (3)
2. Sufficient space must be provided around facilities to allow necessary operation and maintenance of equipment.	NA (3)
3. Pipelines entering or in vault must be steel for sizes 10 inches or less, except for any copper control and gauge piping.	NA (3)
4. Piping extending through the vault must be arranged to prevent gases or liquids from passing through the vault opening around the pipe, and to avert strains in the pipe.	NA (3)

192.749: VAULTS	
1. Vaults greater than 200 cu. ft. and housing pressure regulating and/or limiting devices are inspected to assure good physical condition and adequate ventilation every fifteen (15) months or at least once every calendar year. Where gas is found, the source is determined and repaired; ventilation equipment is inspected to assure proper function.	NA (3)·
2. Vault structure is examined to assure that it is sound and does not bear on the pipeline facilities and cover is in place and is not a public hazard.	NA (3)·

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

3. Pipeline facilities in the vault are adequately protected from external corrosion.	NA (3)
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192.185: Vaults - Accessibility	
Vault locations, in as far as practical, will be away from street intersections, points of heavy traffic, surface watercourses, points of minimum elevation, underground utilities and other facilities.	NA (3)

192.187: Vaults - Sealing, Venting and Ventilation	
Vaults and pits with an internal volume exceeding 200 sq. ft. and containing pressure limiting, regulating or relieving equipment must have:	
1. Ventilation with two ducts, each with the ventilating effect of 4-inch diameter pipe.	NA (3)
2. Enough ventilation capacity to minimize formation of combustible atmosphere.	NA (3)
3. Ducts of sufficient height to disperse gases safely (Above pedestrian height if practicable - 7 feet).	NA (3)
Vaults and pits with internal volume greater than 75 cu. ft. but less than 200 cu. feet must have:	
1. If sealed, tight fitting covers without opening and provision for testing atmosphere in vault or pit without removing cover.	NA (3)
2. If vented, means to prevent sources of external ignition from reaching vault atmosphere, or	NA (3)
<ul style="list-style-type: none"> • If ventilated, design according to requirements for vaults of 200 cu. ft. or more internal volume or ratio of internal volume to effective ventilating area provided in cover of at least 20 to 1. 	NA (3)

192.189: Vaults - Drainage and Waterproofing	
1. Vaults must be designed so to minimize entrance of water.	NA (3)
2. Vaults with gas carrying facilities designed to ensure that they are not interconnected to other underground structures by drains.	NA (3)
3. All electrical equipment in gas vaults must conform to the applicable National Electrical Code with Class I, Group D requirements of ANSI/NFPA 70 (Must have standard available if referenced).	NA (3)

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

GENERAL PRESSURE CONTROL STATION DATA						
Maximum Possible Pressure of Inlet Gas:						100 psig
RUN	SIZE	MAKE & MODEL	SIZE ORIFICE	OUTLET PRESSURE	INLET PRESSURE	OUTLET CAPACITY
1. T	2"	Mooney	100%	45 psig	88 psig	150 MCFH
2. B	2"	Mooney	100%	46 psig	88 psig	150 MCFH
5.						

MONITOR						
1. T	2"	Mooney	100%	62 psig	88 psig	150 MCFH
2. B	2"	Mooney	100%	60 psig	88 psig	150 MCFH
3.						
4.						

192.201: REQUIRED CAPACITY	
Distribution systems supplied from more than one gas source (compressor station, gate station, etc.) must have pressure relief or limiting devices installed at each station with sufficient capacity to insure that failure of the largest capacity regulator, compressor or any single run of lesser capacity units will not impose pressures more than those for which it was designed or protected against.	
1. MAOP of system downstream cannot be exceeded.	✓
2. Device set to operate at:	59 (Top & Bottom) psig
3. Device operates at:	62 (Top) & 60 (Bottom) psig
4. Provides protection for largest possible failure at:	62 psig

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.739/192.743: PRESSURE CONTROL INSPECTION AND TESTING	
1. Pressure limiting or control station inspected and tested at intervals not exceeding 15 months, and not over one calendar year.	Dates of last two tests 2/5/2019 & 2/6/2018
2. If relief test is not feasible, required capacity review is done at intervals not exceeding 15 months, and not over one calendar year. Calculated to be _____ MCFH at _____ psig. NA (pressure test was conducted)	
3. Set to function at the correct pressure so as not to exceed the MAOP, plus allowances.	✓
4. Properly installed and protected from dirt, liquids or other conditions that might prevent proper operation.	✓

25-12.060: REQUIRED RECORDS	
Records of the pressure regulating station equipment and test performed are adequately maintained and cover as a minimum:	
1. Identification of each device	✓
2. The device location	✓
3. Work performed and date	✓
4. Mechanical condition	✓
5. Adequate capacity	✓

SCHEMATIC OF STATION IF NEEDED

- (1) MAOP of the system is 60 psig.
- (2) Design or design calculations of the regulator station were not checked during this inspection.
- (3) There are no vaults in this system.

FLORIDA PUBLIC SERVICE COMMISSION

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

CODE OF FEDERAL REGULATIONS, PART 192
COMMISSION RULES CHAPTER 25-12

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATED BY: Marcelina Alvarez
ADDRESS: 4045 NW 97 th Avenue	DATE: 5/20/2019
CITY: Doral, FL 33178	LIAISON: Gilberto Hernandez and Jesse Rademacher

This is a guide only. Any question should be checked against the rule or regulation cited.

☑ - Satisfactory ☒ - Requirement Unsatisfactory Compliance NA - Requirement does not apply NC - Not checked at this time

PRESSURE CONTROL LOCATION OR IDENTIFICATION: SW 56 th Street and SW 93 rd Avenue, Doral Regulator Station

192.199: REQUIREMENTS FOR DESIGN OF PRESSURE CONTROL	
Pressure controlling devices are designed and installed to:	
1. Not be impaired by corrosion.	✓
2. Not to make the device inoperative because of valves and valve seats design.	✓
3. Be tested for leakage in the closed position.	✓
4. Be tested for the pressure at which it will operate.	✓
5. Be operated to determine if the valve is free.	✓
6. Not have combustible supports.	✓
7. Have discharge stacks, vents or outlet ports designed to prevent accumulation of water.	No relief valve
8. Discharge gas into the atmosphere without hazard.	No relief valve
9. Be adequate to prevent hammering of the valve or to impair relief capacity.	No relief valve
10. Prevent any single incident from affecting the operation of both the overpressure protective device and a district regulator when installed at a district regulator station to protect a pipeline system from over-pressuring.	✓
11. Prevent unauthorized operation of any stop valve that will make the pressure relief valve or limiting device inoperative. (Except for a valve that will isolate the system under protection from its source of pressure.)	No relief valve

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.201: REQUIRED CAPACITY OF PRESSURE RELIEVING AND LIMITING STATIONS		
Pressure relief and limiting stations have the capacity at required set pressure to prevent:		
1.	Low-pressure distribution systems prevented from receiving gas pressure that could cause the unsafe operation of any connected and adjusted utilization equipment.	Not a low pressure system
2.	Pressure limiting devices must be installed near each regulator station in a low-pressure distribution system.	Not a low pressure system
3.	Must have the capacity to limit the maximum pressure in the main so that it will not exceed the safe operating pressure for any utilization equipment.	✓
4.	Systems operating at a MAOP of 60 psig or greater from exceeding the lower of either: the MAOP plus 10% or a pressure that produces a hoop stress of 75% SMYS.	✓ (1)
5.	Systems operating at a MAOP of 12 psig or greater and less than 60 psig from exceeding MAOP + 6 psig.	NA (2)
6.	Systems operating at a MAOP of less than 12 psig from exceeding MAOP plus 50%.	NA (2)

192.203 REQUIREMENTS: INSTRUMENT CONTROL, SAMPLING PIPE AND COMPONENTS		
The design and installation of instruments, controls, sampling pipes and components comply with the following:		
1.	Takeoff connections and fittings, or adapters are made of suitable materials, able to withstand the maximum service pressure and temperature of the pipe or equipment to which it is attached, to withstand all stress without failure by fatigue.	NC (2)
2.	Shutoff valves installed in each takeoff line as near as practicable to the point of takeoff. (Control lines.) Except lines that can be isolated by other valving.	✓
3.	Blow-down valves installed where necessary.	✓
4.	Drains and drips in which liquids can accumulate are protected from damage by freezing.	No freezing
5.	Connections for cleaning if subject to clogging.	No clogging
6.	Pipes, components, and supports arranged to provide safety for anticipated operating stresses.	✓
7.	Joining method used must be suitable for anticipated pressures and temperatures with sufficient flexibility provided within the system for expansion. Slip type expansion joints are not used.	✓

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

8. Control lines to regulator and over-pressure protective device installed to prevent damage to any one line from making both inoperative and must be protected from anticipated causes of damage.	✓
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192.741: TELEMETERING AND RECORDING GAUGES	
1. Each system supplied by more than one pressure control station is equipped with telemetering or recording pressure gages to indicate the gas pressure in the district.	✓
2. Determine the necessity of installing telemetering or recording gauges on distribution systems supplied by a single district pressure regulating station.	telemetry is provided
3. When there are indications of abnormal pressure conditions, the equipment is inspected and any unsatisfactory conditions are corrected promptly.	✓

192.53/192.103: MATERIALS FOR PIPE AND COMPONENTS	
1. All pipes, valves, fittings, flanges and other components are of the appropriate pressure rating and standard.	NC (2)
2. When the manufacturer or appropriate standard requires special gaskets and alloy bolts or studs and nuts used.	no special gaskets

192.241/ 192.273: INSPECTION OF JOINTS	
All joints pass a visual inspection for compliance.	✓

192.605: OPERATION AND MAINTENANCE PLAN	
1. Operation and maintenance plan comprehensively covers pressure control and over-pressure protection.	✓
2. Operation and maintenance plan available to personnel responsible for pressure control and over-pressure protection.	✓

192.707(c): LINE MARKERS	
Line markers must be placed and maintained along each section of a main and transmission line that is located above ground in an area accessible to the public.	Fenced

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

25-12.050(2): FACILITY IDENTIFICATION	
Gas regulating station permanently marked by metal signs, line markers, plastic decals, or other appropriate means to identify the operator's name and phone number.	✓

192.481: ATMOSPHERIC CORROSION CONTROL: MONITORING	
Pipeline exposed to the atmosphere is free from evidence of atmospheric corrosion. Particular attention is placed on pipe at soil-to-air interfaces, under thermal insulation, under disbonded coatings, at pipe supports, in splash zones, at deck penetrations and in spans over water.	✓

25-12.022(1): REQUIREMENT FOR DISTRIBUTION SYSTEM VALVES	
Valve is installed upstream of each regulator station for use in an emergency to stop the flow of gas. These valves are to be installed at a safe distance from the station, but no more than 500 feet from the regulator station.	✓

192.183: VAULTS – STRUCTURAL DESIGN	
1. Vaults housing pipeline facilities must be designed to withstand loads that can be imposed, and to protect installed equipment.	NA (3)
2. Sufficient space must be provided around facilities to allow necessary operation and maintenance of equipment.	NA (3).
3. Pipelines entering or in vault must be steel for sizes 10 inches or less, except for any copper control and gauge piping.	NA (3).
4. Piping extending through the vault must be arranged to prevent gases or liquids from passing through the vault opening around the pipe, and to avert strains in the pipe.	NA (3).

192.749: VAULTS	
1. Vaults greater than 200 cu. ft. and housing pressure regulating and/or limiting devices are inspected to assure good physical condition and adequate ventilation every fifteen (15) months or at least once every calendar year. Where gas is found, the source is determined and repaired; ventilation equipment is inspected to assure proper function.	NA (3).
2. Vault structure is examined to assure that it is sound and does not bear on the pipeline facilities and cover is in place and is not a public hazard.	NA (3).

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

3. Pipeline facilities in the vault are adequately protected from external corrosion.	NA (3)
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192.185: Vaults - Accessibility	
Vault locations, in as far as practical, will be away from street intersections, points of heavy traffic, surface watercourses, points of minimum elevation, underground utilities and other facilities.	NA (3)

192.187: Vaults - Sealing, Venting and Ventilation	
Vaults and pits with an internal volume exceeding 200 sq. ft. and containing pressure limiting, regulating or relieving equipment must have:	
1. Ventilation with two ducts, each with the ventilating effect of 4-inch diameter pipe.	NA (3)·
2. Enough ventilation capacity to minimize formation of combustible atmosphere.	NA (3)·
3. Ducts of sufficient height to disperse gases safely (Above pedestrian height if practicable - 7 feet).	NA (3)·
Vaults and pits with internal volume greater than 75 cu. ft. but less than 200 cu. feet must have:	
1. If sealed, tight fitting covers without opening and provision for testing atmosphere in vault or pit without removing cover.	NA (3)·
2. If vented, means to prevent sources of external ignition from reaching vault atmosphere, or	NA (3)·
<ul style="list-style-type: none"> • If ventilated, design according to requirements for vaults of 200 cu. ft. or more internal volume or ratio of internal volume to effective ventilating area provided in cover of at least 20 to 1. 	NA (3)·

192.189: Vaults - Drainage and Waterproofing	
1. Vaults must be designed so to minimize entrance of water.	NA (3)·
2. Vaults with gas carrying facilities designed to ensure that they are not interconnected to other underground structures by drains.	NA (3)·
3. All electrical equipment in gas vaults must conform to the applicable National Electrical Code with Class I, Group D requirements of ANSI/NFPA 70 (Must have standard available if referenced).	NA (3)·

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

GENERAL PRESSURE CONTROL STATION DATA						
Maximum Possible Pressure of Inlet Gas:						300 psig
RUN	SIZE	MAKE & MODEL	SIZE ORIFICE	OUTLET PRESSURE	INLET PRESSURE	OUTLET CAPACITY
1. N	4"	Fisher	100%	33 psig	180 psig	808 MCFH
2. S	4"	Fisher	100%	47 psig	180 psig	808 MCFH
5.						

MONITOR						
1. N	4"	Fisher	100%	59 psig	180 psig	808 MCFH
2. S	4"	Fisher	100%	60 psig	180 psig	808 MCFH
3.						
4.						

192.201: REQUIRED CAPACITY	
Distribution systems supplied from more than one gas source (compressor station, gate station, etc.) must have pressure relief or limiting devices installed at each station with sufficient capacity to insure that failure of the largest capacity regulator, compressor or any single run of lesser capacity units will not impose pressures more than those for which it was designed or protected against.	
1. MAOP of system downstream cannot be exceeded.	✓
2. Device set to operate at:	58 (North) & 59 (South) psig
3. Device operates at:	59 (North) & 60 (South) psig
4. Provides protection for largest possible failure at:	60 psig

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.739/192.743: PRESSURE CONTROL INSPECTION AND TESTING	
1. Pressure limiting or control station inspected and tested at intervals not exceeding 15 months, and not over one calendar year.	Dates of last two tests 5/18/2018 & 5/11/2017
2. If relief test is not feasible, required capacity review is done at intervals not exceeding 15 months, and not over one calendar year. Calculated to be _____MCFH at ___ psig. NA (pressure test was conducted)	
3. Set to function at the correct pressure so as not to exceed the MAOP, plus allowances.	✓
4. Properly installed and protected from dirt, liquids or other conditions that might prevent proper operation.	✓

25-12.060: REQUIRED RECORDS	
Records of the pressure regulating station equipment and test performed are adequately maintained and cover as a minimum:	
1. Identification of each device	✓
2. The device location	✓
3. Work performed and date	✓
4. Mechanical condition	✓
5. Adequate capacity	✓

SCHEMATIC OF STATION IF NEEDED

- (1) MAOP of the system is 60 psig.
- (2) Design or design calculations of the regulator station were not checked during this inspection.
- (3) There are no vaults in this system.

FLORIDA PUBLIC SERVICE COMMISSION

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

CODE OF FEDERAL REGULATIONS, PART 192
COMMISSION RULES CHAPTER 25-12

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATED BY: Marcelina Alvarez
ADDRESS: 4045 NW 97 th Avenue	DATE: 5/21/2019
CITY: Doral, FL 33178	LIAISON: Gilberto Hernandez and Jesse Rademacher

This is a guide only. Any question should be checked against the rule or regulation cited.

- Satisfactory
 - Requirement Unsatisfactory Compliance
 NA - Requirement does not apply
 NC - Not checked at this time

PRESSURE CONTROL LOCATION OR IDENTIFICATION: NW 58 th Street and NW 87 th Avenue, Doral Regulator Station

192.199: REQUIREMENTS FOR DESIGN OF PRESSURE CONTROL	
Pressure controlling devices are designed and installed to:	
1. Not be impaired by corrosion.	✓
2. Not to make the device inoperative because of valves and valve seats design.	✓
3. Be tested for leakage in the closed position.	X (1)
4. Be tested for the pressure at which it will operate.	✓
5. Be operated to determine if the valve is free.	✓
6. Not have combustible supports.	✓
7. Have discharge stacks, vents or outlet ports designed to prevent accumulation of water.	No relief valve
8. Discharge gas into the atmosphere without hazard.	No relief valve*
9. Be adequate to prevent hammering of the valve or to impair relief capacity.	No relief valve*
10. Prevent any single incident from affecting the operation of both the overpressure protective device and a district regulator when installed at a district regulator station to protect a pipeline system from over-pressuring.	✓
11. Prevent unauthorized operation of any stop valve that will make the pressure relief valve or limiting device inoperative. (Except for a valve that will isolate the system under protection from its source of pressure.)	No relief valve

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.201: REQUIRED CAPACITY OF PRESSURE RELIEVING AND LIMITING STATIONS		
Pressure relief and limiting stations have the capacity at required set pressure to prevent:		
1.	Low-pressure distribution systems prevented from receiving gas pressure that could cause the unsafe operation of any connected and adjusted utilization equipment.	Not a low pressure system
2.	Pressure limiting devices must be installed near each regulator station in a low-pressure distribution system.	Not a low pressure system
3.	Must have the capacity to limit the maximum pressure in the main so that it will not exceed the safe operating pressure for any utilization equipment.	✓
4.	Systems operating at a MAOP of 60 psig or greater from exceeding the lower of either: the MAOP plus 10% or a pressure that produces a hoop stress of 75% SMYS.	✓ (2)
5.	Systems operating at a MAOP of 12 psig or greater and less than 60 psig from exceeding MAOP + 6 psig.	NA (2)
6.	Systems operating at a MAOP of less than 12 psig from exceeding MAOP plus 50%.	NA (2)

192.203 REQUIREMENTS: INSTRUMENT CONTROL, SAMPLING PIPE AND COMPONENTS		
The design and installation of instruments, controls, sampling pipes and components comply with the following:		
1.	Takeoff connections and fittings, or adapters are made of suitable materials, able to withstand the maximum service pressure and temperature of the pipe or equipment to which it is attached, to withstand all stress without failure by fatigue.	NC (3)
2.	Shutoff valves installed in each takeoff line as near as practicable to the point of takeoff. (Control lines.) Except lines that can be isolated by other valving.	✓
3.	Blow-down valves installed where necessary.	✓
4.	Drains and drips in which liquids can accumulate are protected from damage by freezing.	No freezing
5.	Connections for cleaning if subject to clogging.	No clogging
6.	Pipes, components, and supports arranged to provide safety for anticipated operating stresses.	✓
7.	Joining method used must be suitable for anticipated pressures and temperatures with sufficient flexibility provided within the system for expansion. Slip type expansion joints are not used.	✓

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

8. Control lines to regulator and over-pressure protective device installed to prevent damage to any one line from making both inoperative and must be protected from anticipated causes of damage.	✓
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192.741: TELEMETERING AND RECORDING GAUGES	
1. Each system supplied by more than one pressure control station is equipped with telemetering or recording pressure gages to indicate the gas pressure in the district.	✓
2. Determine the necessity of installing telemetering or recording gauges on distribution systems supplied by a single district pressure regulating station.	telemetry is provided
3. When there are indications of abnormal pressure conditions, the equipment is inspected and any unsatisfactory conditions are corrected promptly.	✓

192.53/192.103: MATERIALS FOR PIPE AND COMPONENTS	
1. All pipes, valves, fittings, flanges and other components are of the appropriate pressure rating and standard.	NC (3)
2. When the manufacturer or appropriate standard requires special gaskets and alloy bolts or studs and nuts used.	no special gaskets

192.241/ 192.273: INSPECTION OF JOINTS	
All joints pass a visual inspection for compliance.	✓

192.605: OPERATION AND MAINTENANCE PLAN	
1. Operation and maintenance plan comprehensively covers pressure control and over-pressure protection.	✓
2. Operation and maintenance plan available to personnel responsible for pressure control and over-pressure protection.	✓

192.707(c): LINE MARKERS	
Line markers must be placed and maintained along each section of a main and transmission line that is located above ground in an area accessible to the public.	Fenced

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

25-12.050(2): FACILITY IDENTIFICATION	
Gas regulating station permanently marked by metal signs, line markers, plastic decals, or other appropriate means to identify the operator's name and phone number.	✓

192.481: ATMOSPHERIC CORROSION CONTROL: MONITORING	
Pipeline exposed to the atmosphere is free from evidence of atmospheric corrosion. Particular attention is placed on pipe at soil-to-air interfaces, under thermal insulation, under disbonded coatings, at pipe supports, in splash zones, at deck penetrations and in spans over water.	✓

25-12.022(1): REQUIREMENT FOR DISTRIBUTION SYSTEM VALVES	
Valve is installed upstream of each regulator station for use in an emergency to stop the flow of gas. These valves are to be installed at a safe distance from the station, but no more than 500 feet from the regulator station.	✓

192.183: VAULTS – STRUCTURAL DESIGN	
1. Vaults housing pipeline facilities must be designed to withstand loads that can be imposed, and to protect installed equipment.	NA (4)
2. Sufficient space must be provided around facilities to allow necessary operation and maintenance of equipment.	NA (4)·
3. Pipelines entering or in vault must be steel for sizes 10 inches or less, except for any copper control and gauge piping.	NA (4)·
4. Piping extending through the vault must be arranged to prevent gases or liquids from passing through the vault opening around the pipe, and to avert strains in the pipe.	NA (4)·

192.749: VAULTS	
1. Vaults greater than 200 cu. ft. and housing pressure regulating and/or limiting devices are inspected to assure good physical condition and adequate ventilation every fifteen (15) months or at least once every calendar year. Where gas is found, the source is determined and repaired; ventilation equipment is inspected to assure proper function.	NA (4)·
2. Vault structure is examined to assure that it is sound and does not bear on the pipeline facilities and cover is in place and is not a public hazard.	NA (4)·

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

3. Pipeline facilities in the vault are adequately protected from external corrosion.	NA (4)
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192.185: Vaults - Accessibility	
Vault locations, in as far as practical, will be away from street intersections, points of heavy traffic, surface watercourses, points of minimum elevation, underground utilities and other facilities.	NA (4)

192.187: Vaults - Sealing, Venting and Ventilation	
Vaults and pits with an internal volume exceeding 200 sq. ft. and containing pressure limiting, regulating or relieving equipment must have:	
1. Ventilation with two ducts, each with the ventilating effect of 4-inch diameter pipe.	NA (4)·
2. Enough ventilation capacity to minimize formation of combustible atmosphere.	NA (4)·
3. Ducts of sufficient height to disperse gases safely (Above pedestrian height if practicable - 7 feet).	NA (4)·
Vaults and pits with internal volume greater than 75 cu. ft. but less than 200 cu. feet must have:	
1. If sealed, tight fitting covers without opening and provision for testing atmosphere in vault or pit without removing cover.	NA (4)·
2. If vented, means to prevent sources of external ignition from reaching vault atmosphere, or	NA (4)·
<ul style="list-style-type: none"> • If ventilated, design according to requirements for vaults of 200 cu. ft. or more internal volume or ratio of internal volume to effective ventilating area provided in cover of at least 20 to 1. 	NA (4)·

192.189: Vaults - Drainage and Waterproofing	
1. Vaults must be designed so to minimize entrance of water.	NA (4)·
2. Vaults with gas carrying facilities designed to ensure that they are not interconnected to other underground structures by drains.	NA (4)·
3. All electrical equipment in gas vaults must conform to the applicable National Electrical Code with Class I, Group D requirements of ANSI/NFPA 70 (Must have standard available if referenced).	NA (4)·

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

GENERAL PRESSURE CONTROL STATION DATA						
Maximum Possible Pressure of Inlet Gas:						100 psig
RUN	SIZE	MAKE & MODEL	SIZE ORIFICE	OUTLET PRESSURE	INLET PRESSURE	OUTLET CAPACITY
1. N	2"	Mooney	100%	53 psig	87 psig	838 MCFH
2. S	2"	Mooney	100%	44 psig	87 psig	858 MCFH
5.						

MONITOR						
1. N	2"	Mooney	100%	X (1) psig	87 psig	838 MCFH
2. S	2"	Mooney	100%	60 psig	87 psig	858 MCFH
3.						
4.						

192.201: REQUIRED CAPACITY	
Distribution systems supplied from more than one gas source (compressor station, gate station, etc.) must have pressure relief or limiting devices installed at each station with sufficient capacity to insure that failure of the largest capacity regulator, compressor or any single run of lesser capacity units will not impose pressures more than those for which it was designed or protected against.	
1. MAOP of system downstream cannot be exceeded.	✓
2. Device set to operate at:	59 (North) & 58 (South) psig
3. Device operates at:	X (1) (North) & 60 (South) psig
4. Provides protection for largest possible failure at:	60 psig

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.739/192.743: PRESSURE CONTROL INSPECTION AND TESTING	
1. Pressure limiting or control station inspected and tested at intervals not exceeding 15 months, and not over one calendar year.	Dates of last two tests 7/2/2018 & 4/14/2017
2. If relief test is not feasible, required capacity review is done at intervals not exceeding 15 months, and not over one calendar year. Calculated to be ____ MCFH at ____ psig. NA (pressure test was conducted)	
3. Set to function at the correct pressure so as not to exceed the MAOP, plus allowances.	✓
4. Properly installed and protected from dirt, liquids or other conditions that might prevent proper operation.	✓

25-12.060: REQUIRED RECORDS	
Records of the pressure regulating station equipment and test performed are adequately maintained and cover as a minimum:	
1. Identification of each device	✓
2. The device location	✓
3. Work performed and date	✓
4. Mechanical condition	✓
5. Adequate capacity	✓

SCHEMATIC OF STATION IF NEEDED

- (1) The monitor of the north-run did not lock-up. It was repaired and it worked properly. After the repair the monitor lock-up at 60 psig.
- (2) MAOP of the system is 60 psig.
- (3) Design or design calculations of the regulator station were not checked during this inspection.
- (4) There are no vaults in this system.

FLORIDA PUBLIC SERVICE COMMISSION

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

CODE OF FEDERAL REGULATIONS, PART 192
COMMISSION RULES CHAPTER 25-12

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATED BY: Marcelina Alvarez
ADDRESS: 4045 NW 97 th Avenue	DATE: 5/20/2019
CITY: Doral, FL 33178	LIAISON: Gilberto Hernandez and Jesse Rademacher

This is a guide only. Any question should be checked against the rule or regulation cited.

- Satisfactory
 - Requirement Unsatisfactory Compliance
 NA - Requirement does not apply
 NC - Not checked at this time

PRESSURE CONTROL LOCATION OR IDENTIFICATION: NW 37 th Avenue and NW 43 rd Street, Hialeah Gate Station

192.199: REQUIREMENTS FOR DESIGN OF PRESSURE CONTROL	
Pressure controlling devices are designed and installed to:	
1. Not be impaired by corrosion.	✓
2. Not to make the device inoperative because of valves and valve seats design.	✓
3. Be tested for leakage in the closed position.	✓
4. Be tested for the pressure at which it will operate.	✓
5. Be operated to determine if the valve is free.	✓
6. Not have combustible supports.	✓
7. Have discharge stacks, vents or outlet ports designed to prevent accumulation of water.	No relief valve*
8. Discharge gas into the atmosphere without hazard.	No relief valve*
9. Be adequate to prevent hammering of the valve or to impair relief capacity.	No relief valve*
10. Prevent any single incident from affecting the operation of both the overpressure protective device and a district regulator when installed at a district regulator station to protect a pipeline system from over-pressuring.	✓
11. Prevent unauthorized operation of any stop valve that will make the pressure relief valve or limiting device inoperative. (Except for a valve that will isolate the system under protection from its source of pressure.)	No relief valve

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.201: REQUIRED CAPACITY OF PRESSURE RELIEVING AND LIMITING STATIONS		
Pressure relief and limiting stations have the capacity at required set pressure to prevent:		
1.	Low-pressure distribution systems prevented from receiving gas pressure that could cause the unsafe operation of any connected and adjusted utilization equipment.	Not a low pressure system
2.	Pressure limiting devices must be installed near each regulator station in a low-pressure distribution system.	Not a low pressure system
3.	Must have the capacity to limit the maximum pressure in the main so that it will not exceed the safe operating pressure for any utilization equipment.	✓
4.	Systems operating at a MAOP of 60 psig or greater from exceeding the lower of either: the MAOP plus 10% or a pressure that produces a hoop stress of 75% SMYS.	✓ (1)
5.	Systems operating at a MAOP of 12 psig or greater and less than 60 psig from exceeding MAOP + 6 psig.	NA (1)
6.	Systems operating at a MAOP of less than 12 psig from exceeding MAOP plus 50%.	NA (1)

192.203 REQUIREMENTS: INSTRUMENT CONTROL, SAMPLING PIPE AND COMPONENTS		
The design and installation of instruments, controls, sampling pipes and components comply with the following:		
1.	Takeoff connections and fittings, or adapters are made of suitable materials, able to withstand the maximum service pressure and temperature of the pipe or equipment to which it is attached, to withstand all stress without failure by fatigue.	NC (2)
2.	Shutoff valves installed in each takeoff line as near as practicable to the point of takeoff. (Control lines.) Except lines that can be isolated by other valving.	✓
3.	Blow-down valves installed where necessary.	✓
4.	Drains and drips in which liquids can accumulate are protected from damage by freezing.	No freezing
5.	Connections for cleaning if subject to clogging.	No clogging
6.	Pipes, components, and supports arranged to provide safety for anticipated operating stresses.	✓
7.	Joining method used must be suitable for anticipated pressures and temperatures with sufficient flexibility provided within the system for expansion. Slip type expansion joints are not used.	✓

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

8. Control lines to regulator and over-pressure protective device installed to prevent damage to any one line from making both inoperative and must be protected from anticipated causes of damage.	✓
---	---

192.741: TELEMETERING AND RECORDING GAUGES	
1. Each system supplied by more than one pressure control station is equipped with telemetering or recording pressure gages to indicate the gas pressure in the district.	✓
2. Determine the necessity of installing telemetering or recording gauges on distribution systems supplied by a single district pressure regulating station.	telemetry is provided
3. When there are indications of abnormal pressure conditions, the equipment is inspected and any unsatisfactory conditions are corrected promptly.	✓

192.53/192.103: MATERIALS FOR PIPE AND COMPONENTS	
1. All pipes, valves, fittings, flanges and other components are of the appropriate pressure rating and standard.	NC (2)
2. When the manufacturer or appropriate standard requires special gaskets and alloy bolts or studs and nuts used.	no special gaskets

192.241/ 192.273: INSPECTION OF JOINTS	
All joints pass a visual inspection for compliance.	✓

192.605: OPERATION AND MAINTENANCE PLAN	
1. Operation and maintenance plan comprehensively covers pressure control and over-pressure protection.	✓
2. Operation and maintenance plan available to personnel responsible for pressure control and over-pressure protection.	✓

192.707(c): LINE MARKERS	
Line markers must be placed and maintained along each section of a main and transmission line that is located above ground in an area accessible to the public.	Fenced

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

25-12.050(2): FACILITY IDENTIFICATION	
Gas regulating station permanently marked by metal signs, line markers, plastic decals, or other appropriate means to identify the operator's name and phone number.	✓

192.481: ATMOSPHERIC CORROSION CONTROL: MONITORING	
Pipeline exposed to the atmosphere is free from evidence of atmospheric corrosion. Particular attention is placed on pipe at soil-to-air interfaces, under thermal insulation, under disbonded coatings, at pipe supports, in splash zones, at deck penetrations and in spans over water.	✓

25-12.022(1): REQUIREMENT FOR DISTRIBUTION SYSTEM VALVES	
Valve is installed upstream of each regulator station for use in an emergency to stop the flow of gas. These valves are to be installed at a safe distance from the station, but no more than 500 feet from the regulator station.	✓ (3)

192.183: VAULTS – STRUCTURAL DESIGN	
1. Vaults housing pipeline facilities must be designed to withstand loads that can be imposed, and to protect installed equipment.	NA (4)
2. Sufficient space must be provided around facilities to allow necessary operation and maintenance of equipment.	NA (4)
3. Pipelines entering or in vault must be steel for sizes 10 inches or less, except for any copper control and gauge piping.	NA (4)
4. Piping extending through the vault must be arranged to prevent gases or liquids from passing through the vault opening around the pipe, and to avert strains in the pipe.	NA (4)

192.749: VAULTS	
1. Vaults greater than 200 cu. ft. and housing pressure regulating and/or limiting devices are inspected to assure good physical condition and adequate ventilation every fifteen (15) months or at least once every calendar year. Where gas is found, the source is determined and repaired; ventilation equipment is inspected to assure proper function.	NA (4)
2. Vault structure is examined to assure that it is sound and does not bear on the pipeline facilities and cover is in place and is not a public hazard.	NA (4)

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

3. Pipeline facilities in the vault are adequately protected from external corrosion.	NA (4)
---	--------

192.185: Vaults - Accessibility	
Vault locations, in as far as practical, will be away from street intersections, points of heavy traffic, surface watercourses, points of minimum elevation, underground utilities and other facilities.	NA (4)

192.187: Vaults - Sealing, Venting and Ventilation	
Vaults and pits with an internal volume exceeding 200 sq. ft. and containing pressure limiting, regulating or relieving equipment must have:	
1. Ventilation with two ducts, each with the ventilating effect of 4-inch diameter pipe.	NA (4)
2. Enough ventilation capacity to minimize formation of combustible atmosphere.	NA (4)
3. Ducts of sufficient height to disperse gases safely (Above pedestrian height if practicable - 7 feet).	NA (4)
Vaults and pits with internal volume greater than 75 cu. ft. but less than 200 cu. feet must have:	
1. If sealed, tight fitting covers without opening and provision for testing atmosphere in vault or pit without removing cover.	NA (4)
2. If vented, means to prevent sources of external ignition from reaching vault atmosphere, or	NA (4)
<ul style="list-style-type: none"> • If ventilated, design according to requirements for vaults of 200 cu. ft. or more internal volume or ratio of internal volume to effective ventilating area provided in cover of at least 20 to 1. 	NA (4)

192.189: Vaults - Drainage and Waterproofing	
1. Vaults must be designed so to minimize entrance of water.	NA (4)
2. Vaults with gas carrying facilities designed to ensure that they are not interconnected to other underground structures by drains.	NA (4)
3. All electrical equipment in gas vaults must conform to the applicable National Electrical Code with Class I, Group D requirements of ANSI/NFPA 70 (Must have standard available if referenced).	NA (4)

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

GENERAL PRESSURE CONTROL STATION DATA						
Maximum Possible Pressure of Inlet Gas:						722 psig
RUN	SIZE	MAKE & MODEL	SIZE ORIFICE	OUTLET PRESSURE	INLET PRESSURE	OUTLET CAPACITY
1. E	3"	Mooney	100%	270 psig	550 psig	1961 MCFH
2. W	3"	Mooney	100%	284 psig	550 psig	1961 MCFH
5.						

MONITOR						
1. E	3"	Mooney	100%	299 psig	550 psig	1961 MCFH
2. W	3"	Mooney	100%	302 psig	550 psig	1961 MCFH
3.						
4.						

192.201: REQUIRED CAPACITY	
Distribution systems supplied from more than one gas source (compressor station, gate station, etc.) must have pressure relief or limiting devices installed at each station with sufficient capacity to insure that failure of the largest capacity regulator, compressor or any single run of lesser capacity units will not impose pressures more than those for which it was designed or protected against.	
1. MAOP of system downstream cannot be exceeded.	✓
2. Device set to operate at:	297 (East) & 299 (West) psig
3. Device operates at:	299 (East) & 302 (West) psig
4. Provides protection for largest possible failure at:	302 psig

GAS PRESSURE CONTROL AND OVER-PRESSURE PROTECTION EVALUATION

192.739/192.743: PRESSURE CONTROL INSPECTION AND TESTING	
1. Pressure limiting or control station inspected and tested at intervals not exceeding 15 months, and not over one calendar year.	Dates of last two tests 6/26/2018 & 9/27/2017
2. If relief test is not feasible, required capacity review is done at intervals not exceeding 15 months, and not over one calendar year. Calculated to be ____MCFH at ___ psig. NA (pressure test was conducted)	
3. Set to function at the correct pressure so as not to exceed the MAOP, plus allowances.	✓
4. Properly installed and protected from dirt, liquids or other conditions that might prevent proper operation.	✓

25-12.060: REQUIRED RECORDS	
Records of the pressure regulating station equipment and test performed are adequately maintained and cover as a minimum:	
1. Identification of each device	✓
2. The device location	✓
3. Work performed and date	✓
4. Mechanical condition	✓
5. Adequate capacity	✓

SCHEMATIC OF STATION IF NEEDED

- (1) MAOP of the system is 300 psig.
- (2) Design or design calculations of the gate station were not checked during this inspection.
- (3) The valve on the inlet line belongs to the gas supplier, Florida Gas Transmission (FGT).
- (4) There are no vaults in this system.

FLORIDA PUBLIC SERVICE COMMISSION

ODORIZATION EVALUATION

GAS SYSTEM: Florida City Gas Company – Hialeah/Miami Division – FCGHD	EVALUATED BY: Marcelina Alvarez
ADDRESS: 4045 NW 97 th Avenue	DATE: 5/21 and 5/22/2019
CITY: Doral, FL 33178	LIAISON: Gilberto Hernandez and Jesse Rademacher

This is a guide only, any question should be checked against the rule or regulation cited.

192.625/25-12.055: ODORIZATION OF GAS

1.	Any operator receiving gas directly from a transmission supplier and distributes in any system that serves 25 or more customers must odorize all gas transported.	✓
2.	As a minimum, odorant when tested must be at a concentration readily detectable at a gas and air mixture of one-fifth the lower explosive limit.	✓
3.	At least twelve times per calendar year, at intervals not to exceed 45 days, each operator shall sample gas distributed at sufficient number of places on each system to assure the presence of odorant in a concentration detectable at one-fifth of the lower explosive limit.	✓
4.	The sample testing must be conducted using equipment manufactured specifically for odorant testing.	✓
5.	The odorant injected into the gas supply may not be: (1) deleterious to persons, material or pipe, (2) The products of combustion from the odorant must not be toxic or corrosive, and (3) The odorant may not be soluble in water greater than 2.5 parts per 100.	✓
6.	Natural gas in a transmission line in Class 3 or Class 4 location must be odorized to be detectable at one-fifth of the lower explosive limit. Unless:	
	<ul style="list-style-type: none"> At least 50 percent of the length of line downstream from that location is in a Class 1 or Class 2 location. 	Not a transmission line
	<ul style="list-style-type: none"> The line transports gas to underground storage, gas processing plant, or an industrial plant using gas in a process where the odorant would be harmful to the end product. 	Not a transmission line
	<ul style="list-style-type: none"> In the case of a lateral line which transports gas to a distribution center, at least 50 percent of the length is in a Class 1 or Class 2 location. 	Not a transmission line
7.	The odorant must be introduced without wide variation in the level of odorant.	✓
8.	Operators of a master meter system may comply with odorization requirements by:	
	<ul style="list-style-type: none"> Receiving a written statement from their supplier stating proper concentrations of odorant are present, and 	Not a master meter
	<ul style="list-style-type: none"> Conducting periodic “sniff” tests at the extremities of the system to confirm the odorant is present. 	Not a master meter

ODORIZATION EVALUATION

TYPE OF SYSTEM

MASTER METER:	DISTRIBUTION: ✓	TRANSMISSION:	OTHER:
---------------	-----------------	---------------	--------

ODORIZER LOCATED AT:	METHOD OF ODORIZATION	
GATE STATION: ✓ - 8 stations	ORIFICE:	MECHANICAL:
FARM TAPS:	OTHER: ✓	
ODORIZER MAKE: 6 – YZ Industries & 2 – Williams	ODORANT TYPE: Mercaptan Sentinel “E”	
ODORIZER MODEL: N – JEX 6300 and Wilroy	ODORIZATION RATE: ~ 0.338 lbs./MMC	

ODORANT CONCENTRATIONS

NUMBER OF TEST LOCATIONS: 14	RECORDS SHOW CONCENTRATIONS: ✓
TEST ON EACH SYSTEM: ✓	ODORIZATION SATISFACTORY: ✓

LOCATIONS OF FIELD EVALUATION:	20% of LEL (4% - 5%)	READILY DETECTABLE LEVEL
NW 105 th Street and NW 112 th Avenue, Miami	0.8% – 1.0% gas	0.45%
18280 SW 147 th Avenue, Miami	0.8% – 1.0% gas	0.35%
411 South Krome Avenue, Florida City	0.8% – 1.0% gas	0.50%
South Flamingo and Miramar Parkway, Miramar	0.8% – 1.0% gas	0.30%
SW 312 th Street and SW 137 th Avenue, Miami	0.8% – 1.0% gas	0.30%

TESTING EQUIPMENT

MANUFACTURED BY: Bacharach Instruments	MODEL/TYPE: Odorometer / Serial Number ZF1002
ODORIZING EQUIPMENT INSPECTED: ✓	DATE LAST CALIBRATED: 5/14/2019 (Next 10/2/2020)
FUNCTIONING PROPERLY? ✓	

COMMENTS:

VALVE SURVEY

Distribution & Transmission System Valves

System: Florida City Gas – Hialeah/Miami Division – FCGHD

Date: 5/20, 5/21, and 5/22//2019

Inspector: Marcelina Alvarez

Valve Location/Information		Able to Locate (b)	Access (a) & (b)	Operates (a) & (b)	Protected (a) – tampering/damage	Tag (b)
1.	Inlet to gate station at NW 37 th Avenue and NW 43 rd Street, Hialeah (Valve ID: NA)	NA (1)	NA (1)	NA (1)	Not a transmission line	NA (1)
2.	Inlet to regulator station at SW 56 th Street and SW 93 rd Ave., Miami (Valve ID: GV-1454104)	✓	✓	✓	Not a transmission line	✓
3.	Inlet to regulator station at 58 th Street and 87 th Avenue, Doral (Valve ID: GV-1748204)	✓	✓	✓	Not a transmission line	✓
4.	Inlet to regulator station at NW 105 th Street and NW 112 th Ave., Miami (Valve ID: CV-6771)	✓	✓	✓	Not a transmission line	✓
5.	16400 NW 32 nd Avenue, Miami (Valve ID: GV-2388)	✓	✓	✓	Not a transmission line	✓
6.	19810 NW 14 th Court, Miami, (Valve ID: GV-249)	✓	✓	✓	Not a transmission line	✓
7.	29355 South Dixie Highway, Homestead (Valve ID: GV-1568504)	✓	✓	✓	Not a transmission line	✓
8.	51 Park Street, Miami Springs (Valve ID: GV-1797604)	✓	✓	✓	Not a transmission line	✓
9.	9889 Hammocks Boulevard, Miami (Valve ID: GV-5074)	✓	✓	✓	Not a transmission line	✓
10.	4565 SW 153 rd Avenue, Miramar (Valve ID: GV-5329)	✓	✓	✓	Not a transmission line	✓
11.	Marlin Road and Old Cutler Road, Miami (Valve ID: GV-6544)	✓	✓	✓	Not a transmission line	✓
12.	Miramar Parkway and Utopia Drive, Miramar (Valve ID: GV-308)	✓	✓	✓	Not a transmission line	✓
13.	Ponce De Leon and Stanford Drive, Coral Gables (Valve ID: GV-4621)	✓	✓	✓	Not a transmission line	✓
14.	South Dixie Highway Bus Way and Broad Channel , Cutler Bay (Valve ID: JFL-5)	✓	✓	✓	Not a transmission line	✓
15.	SW 168 th Street and SW 104 th Avenue, Miami (Valve ID: GV-6547)	✓	✓	✓	Not a transmission line	✓
16.	SW 88 th Street and SW 134 th Court, Miami (Valve ID: GV-6806)	✓	✓	✓	Not a transmission line	✓
17.	8333 West Okeechobee Road, Hialeah (Valve ID: GV-3280)	✓	✓	✓	Not a transmission line	✓

(a) - For transmission valves - Sections 192.179 and 192.745

(Blowdown valves must discharge gas away from electrical conductors)

(b) – For distribution valves - Sections 192.181, 192.747 and Chapter 25-12.022

(1) The valve on the inlet line belongs to the gas supplier, Florida Gas Transmission (FGT).

PSC GS-14 Form – Modified 3/22/18

VALVE SURVEY

Service Line Valves

System: Florida City Gas – Hialeah/Miami Division – FCGHD

Date: 5/22, 5/24, and 5/30/2019

Inspector: Marcelina Alvarez

Valve Location/Information		Able to Locate	Access	Operates
1.	160 NE 203 rd Terrace, North Miami Beach	✓	✓	✓
2.	19574 NW 32 nd Court, Opa Locka	✓	✓	✓
3.	3920 SW 38 th Avenue, Hollywood	✓	✓	✓
4.	1316 West 64 th Terrace, Hialeah	✓	✓	✓
5.	655 Eldron Drive, Miami Springs	✓	✓	✓
6.	8421 Sheraton Drive, Miramar	✓	✓	✓
7.	15790 SW 292 nd Terrace #421, Homestead	✓	✓	✓
8.	610 Marine Drive, Hallandale	✓	✓	✓
9.	5393 West 10 th Lane, Hialeah	✓	✓	✓
10.	8442 SW 158 th Avenue, Miami	✓	✓	✓
11.	18280 SW 147 th Avenue, Miami	✓	✓	✓
12.	411 South Krome Avenue, Florida City	✓	✓	✓
13.	South Flamingo and Miramar Parkway, Miramar	✓	✓	✓
14.	609 Marine Drive, Lot 420, Pembroke Park	✓	✓	✓
15.	2511 Anderson Road, Coral Gables	✓	✓	✓
16.	20740 Old Cutler Road, Cutler Bay	✓	✓	✓
17.	737 SW 109 th Avenue, Suite 102, Sweetwater	✓	✓	✓
18.	8420 Sheraton Drive, Miramar	✓	✓	✓
19.	19435 NW 24 th Avenue, Miami Gardens	✓	✓	✓
20.	8420 Southampton Drive, Miramar	✓	✓	✓
21.	8452 Southampton Drive, Miramar	✓	✓	✓
22.				
23.				
24.				
25.				

Section 192.365

Excess Flow Valves

SYSTEM SURVEYED : Florida City Gas Company – Hialeah/Miami Division – FCGHD

DATE SURVEYED : 5/6, 5/8, 5/22, 5/30, & 6/7/2019

INSPECTOR'S NAME: Marcelina Alvarez

ADDRESS		PRESENCE OF EFV VERIFIED VIA	
		ID TAG ON RISER	RECORDS
1	16403 SW 99 th Place, Miami		✓
2	17960 NW 27 th Avenue, Miami Gardens		✓
3	609 Marine Drive, Lot 420, Pembroke Park	✓	✓
4	930 West 37 th Street, Hialeah		✓
5	17745 NW Sunshine State Parkway, Miami Gardens		✓
6	2511 Anderson Road, Coral Gables		✓
7	20101 SW 113 th Place, Miami		✓
8	701 West 36 th Street, Hialeah		✓
9	2525 NW 112 th Avenue, Doral		✓
10	20740 Old Cutler Road, Cutler Bay	✓	✓
11	8440 NW 51 st Terrace, Doral		✓
12	737 SW 109 th Avenue, Suite 102, Sweetwater		✓
13	770 NW 179 th Street, Miami Gardens		✓
14	15820 Palmetto Club Drive, Miami		✓
15	3677 NW 50 th Street, Miami		✓
16	8801 SW 97 th Terrace, Miami		✓
17	8420 Sheraton Drive, Miramar		✓
18	3920 SW 38 th Avenue, Hollywood	✓	
19	8421 Sheraton Drive, Miramar	✓	
20	8420 Southampton Drive, Miramar	✓	
21			
22			
23			

192.381(c) An operator must mark or otherwise identify the presence of an excess flow valve on the service line.



**Pipeline and Hazardous Materials Safety Administration
Office of Pipeline Safety**

Substance Abuse Program

Comprehensive Audit and Inspection Protocol Form

Combined Anti-Drug and Alcohol Misuse Programs

Form No.: 3.1.11

Revision 2

September 1, 2017

*Replaces and Provides Comprehensive
Anti-Drug Program and Alcohol Misuse Program
HQ Inspection Forms*

Operator/Contractor Profile and General Audit Information

Company:	Name: Nextera Energy		
	Mailing and Official Address (If different): 700 Universe Boulevard Juno Beach, FL 33408		
	Doing Business as or Affiliation: Florida City Gas – Hialeah/Miami Division – FCGHD		
PHMSA Operator Identification (OPID) or Contractor Business Tax ID No. (BTIN)	2432		
Other OPIDs or BTINs covered by the above operator's or contractor's Substance Abuse Plan:	26039, 39420, 31520, 39349, 39831, 31647, 32132, 32231, 32524, 38943, 39223, 39437		
Company's DER or Substance Abuse Program Manager:	Name and Title: Donal Hires Natasha Ashton		Phone No.: 561-694-6298 561-691-7613
	Mailing Address: 700 Universe Boulevard Juno Beach, FL 33408		Email Address: Donald.Hires@fpl.com Natasha.Ashton@fpl.com
Consortium or Third Party Administrator (C/TPA)		C/TPA Point of Contact	
Company Name:	eScreen, Inc.	Contact Name:	Beau Haydel
Ph. No.:	800-733-1676 x76111	Ph. No.:	800-733-1676 x 76111
Fax No.:		Fax No.:	
Web Site or Email	www.alere.com	Email	Beau.Haydel@alere.com
Address:	9201 Arboretum Way, Suite 200 Richmond, VA 23236	Lead Auditor or Inspector	Name: Marcelina Alvarez
			Agency: Florida Public Service Commission
		Date of Audit or Inspection:	5/6, 5/7, 5/9, 5/16, 5/29, & 6/10/2019
Total number employees performing covered functions (as defined in 199.3) who are under this Substance Abuse Plan, including those within OpID No's or BTIN No's. listed above. Refer to the operator's most recent Management Information System (MIS) or statistical drug and alcohol testing report, if available. If not available at time of the audit, have the operator provide this information to the inspector or email to: Wayne.Lemoi@DOT.GOV within 30 days of the request.			75 (2018)
Total number of operator's employees (included those within OPIDs or BTINs listed above).			14,300

Company Representatives Participating

Key Persons	Name/Title/Mailing Address	Phone/Email Address
Primary Operator or Contractor Representative Interviewed or Providing Information	Sergey Peschanyy Engineering Leader, Regulatory Compliance and Quality Assurance	786-413-2955 Sergey.Peschanyy@nexteraenergy.com
Others Interviewed, Providing Information or Present at Audit or Inspection:		

Government or Other Official Representatives Participating:

Name/Title	Office/Organization	Phone/Email Address

Type of Facility:

(Operators only – Check all that apply)

<input checked="" type="checkbox"/>	Gas Distribution Pipeline	<input type="checkbox"/>	Hazardous Liquid Pipeline
<input type="checkbox"/>	Gas Transmission Pipeline	<input type="checkbox"/>	Carbon Dioxide Pipeline
<input type="checkbox"/>	Gas Gathering Pipeline	<input type="checkbox"/>	Liquefied Natural Gas (LNG) Facility
Other: Transportation identified as: _____			

Plan and Policy Developed by:

(Check-off all that apply)

Drug	Alcohol	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Operator
<input type="checkbox"/>	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	<input type="checkbox"/>	TPA
<input type="checkbox"/>	<input type="checkbox"/>	Consortium
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Testing Program Administered by:

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator
<input type="checkbox"/>	<input type="checkbox"/>	Contractor
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TPA
<input type="checkbox"/>	<input type="checkbox"/>	Consortium
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Contractor Records Maintained by:

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contractor
<input type="checkbox"/>	<input type="checkbox"/>	TPA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consortium
<input type="checkbox"/>	<input type="checkbox"/>	Consultant
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Specimen Collection Conducted by:

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	Operator Personnel On-Site
<input type="checkbox"/>	<input type="checkbox"/>	Operator Personnel Off-Site
<input type="checkbox"/>	<input type="checkbox"/>	Contractor Personnel On-Site
<input type="checkbox"/>	<input type="checkbox"/>	Contractor Personnel Off-Site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Third Party Collector On-Site
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Third Party Collector Off-Site

MIS Reports Submitted to:

(Check-off all that apply)

Drug	Alcohol	
<input type="checkbox"/>	<input type="checkbox"/>	FAA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	FMCSA
<input type="checkbox"/>	<input type="checkbox"/>	FTA
<input type="checkbox"/>	<input type="checkbox"/>	FRA
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PHMSA
<input type="checkbox"/>	<input type="checkbox"/>	USCG
<input type="checkbox"/>	<input type="checkbox"/>	Other Federal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other State: _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Statistical Testing Reports Submitted to:

(Check-off all that apply and identify entity by name-Use notes page for additional entity names)

Drug	Alcohol	Name
<input type="checkbox"/>	<input type="checkbox"/>	Operator: _____
<input type="checkbox"/>	<input type="checkbox"/>	Contractor: _____
<input type="checkbox"/>	<input type="checkbox"/>	TPA: _____
<input type="checkbox"/>	<input type="checkbox"/>	Consortium: _____
<input type="checkbox"/>	<input type="checkbox"/>	Federal: _____
<input type="checkbox"/>	<input type="checkbox"/>	State: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Substance Abuse Program Protocols

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Anti-Drug Program

Protocol Area A. Anti-Drug Program, Plan and Policies

- [A.01](#) Anti-Drug Program and Plan Scope
- [A.02](#) Anti-Drug Policies
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A.01 Anti-Drug Program and Plan Scope

Verify that the Anti-Drug Plan meets the requirements of §199.101.

A.01.a. Written Anti-Drug Plan

A.01.a. Verify that the operator maintains and follows a written Anti-Drug Plan that conforms to Part 199 and Part 40 and that the plan contains the following [§199.101]:

1. Methods and procedures for compliance with all the requirements of Part 199, including the employee assistance program;
2. The name and address of each laboratory that analyzes the specimens collected for drug testing;
3. The name and address of the operator’s Medical Review Officer, and Substance Abuse Professional; and
4. Procedures for notifying employees of the coverage and provisions of the plan.

A.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 1, 2, and 8, and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

A.01.b. Covered Employees

A.01.b. Verify that the Anti-Drug Program identifies the covered employees (as defined in §199.3) that are required to be tested for the presence of prohibited drugs [§199.1].

A.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 2, 3.4, and 10 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

A.01.c. Contractor’s Anti-Drug Testing Program

A.01.c. If an employer utilizes applicable contractors or subcontractors who perform covered functions and conduct drug testing, education and training as part of the Anti-Drug Program [§199.115], but separate from the employer, verify that there is a process in place and implemented to ensure compliance with Part 199 and Part 40.

- The contractor must allow access to property and records by the operator, the Administrator, and if the operator is subject to the jurisdiction of a state agency, a representative of the state agency for the purpose of monitoring the operator's compliance with the requirements of this part [§199.115(b)].

A.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 3.4 and 10 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

A.01.d. DOT vs. Non-DOT Tests

A.01.d. Verify that the Anti-Drug Program ensures that the DOT tests are completely separate from non-DOT tests in all respects [§40.13].

A.01.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records, DOT tests are separated from non-DOT tests, but this information is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

A.01.e. Employer’s Use of Anti-Drug Program Third Party Providers

A.01.e. If an employer utilizes third party providers who perform covered functions and conduct drug testing, education, training and other appropriate services as part of the Anti-Drug Program, verify that there is a process in place and implemented to ensure compliance [§40.341].

A.01.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	The service agent used by the operator does not perform covered functions for the operator, but this information is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

A.02 Anti-Drug Policies

Verify that anti-drug policies are established that meet the requirements of Part 40 and Part 199.

A.02.a. Employee Stand Down

Verify that the Anti-Drug Program prohibits standing down an employee before the Medical Review Officer (MRO) has completed the drug test verification process or that an approved waiver is granted per the requirements of [§40.21] and [§199.7].

A.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6.2.4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

A.02.b. Drug Regulations Violations

A.02.b. Verify that the Anti-Drug Program assures that a covered employee that violates DOT drug regulations is removed from performing safety-sensitive functions [§40.23 and §199.7]. A verified positive

DOT drug test result or a refusal to test (including by adulterating or substituting a urine specimen) constitutes a violation of DOT drug regulations [§40.285(b) and §199.103(a)].

- In addition, if a covered employee violates a DOT drug regulation, verify that a listing of Substance Abuse Professionals (SAPs) that are readily available is provided to the employee [§40.287].

A.02.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 7 and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area A - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Several Years of MIS Reports

Protocol Area B. Officials, Representatives, and Agents

- [B.01 Employer Responsibilities for Officials, Representatives, and Agents](#)
- [Table of Contents](#)

B.01 Employer Responsibilities for Officials, Representatives, and Agents

Verify that the Anti-Drug Program ensures that the employer remains responsible for all actions of their Officials, Representatives, and Agents (including service agents) as required by §40.11 and §199.115(a).

B.01.a. Qualification Requirements

B.01.a. Verify that Anti-Drug Program positions meet the applicable qualification requirements of Part 40 and Part 199 as follows:

1. Medical Review Officer (MRO) - §40.121 and §199.109(b)
2. Urine Specimen Collector - §40.33
3. Substance Abuse Professional (SAP) - §40.281

B.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	Sections 3.6 and 6.2.1, but additional information should be included in the D&A plan for the SAP requirements.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

B.01.b. Designated Employer Representative

B.01.b. Verify that a service agent is not used to fulfill the function of a Designated Employer Representative (DER) [§40.15(d)].

B.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	The operator does not use a service agent to fulfill the functions of a DER but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area B - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Protocol Area C. Required Drug Tests

- [C.01](#) Pre-employment Investigation and Drug Testing
- [C.02](#) Post-Accident Drug Testing
- [C.03](#) Random Drug Testing
- [C.04](#) Reasonable Cause Drug Testing
- [C.05](#) Return to Duty Drug Testing
- [C.06](#) Follow-up Drug Testing
- [C.07](#) Employer Responsibilities Regarding Direct Observation During Drug Testing
- [Table of Contents](#)

C.01 Pre-employment Investigation and Drug Testing

Verify that the Anti-Drug Program ensures that pre-employment tests for the presence of a prohibited drug are completed and investigations are performed as required by §40.25 and §199.105(a).

C.01.a. Verify that drug testing information [§40.25(b)] is requested from previous DOT-regulated employers for any employee seeking to begin covered functions for the first time (i.e., a new hire or an employee transfer) [§40.25(a)].

- In addition, verify that a covered employee must not perform their functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain drug testing information from previous DOT-regulated employers.

C.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.1 and 12 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.01.b. New Personnel Drug Testing

C.01.b. Verify that no new personnel (new hire, contracted, or transferred employees) are used to perform covered functions unless that person passes a drug test or is covered by an anti-drug program that conforms to Part 199 [§199.105(a)].

- In addition, verify that procedures are in place for direct observation when required under §§40.67(a), (b) and (d)

C.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.1 and 12 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.02 Post-Accident Drug Testing

Verify that the Anti-Drug Program ensures that post-accident tests for the presence of a prohibited drug are completed as required by §199.105(b).

C.02.a. Verify that post-accident drug testing is performed, as soon as possible but no later than 32 hours after an accident (§ 195.50) or incident (§ 191.3), for each employee whose performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident [§199.105(b)].

- In addition, verify that procedures are in place for direct observation when required under §§40.67(a), (b) and (d)

C.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 5.1.2 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.03 Random Drug Testing

Verify that the Anti-Drug Program ensures that random tests for the presence of a prohibited drug are completed as required by §199.105(c).

C.03.a. Minimum Annual Percentage Rate

C.03.a. Verify that the minimum annual percentage rate used for random drug testing of covered employees complies with §199.105(c)(1) through (4).

C.03.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records in 2018, random testing was conducted above the required 50% , but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.03.b. Random Testing Methodology

C.03.b. Verify that the selection of employees for random drug testing is based on a scientifically valid method, such as a random number table or a computer-based random number generator matched with employee identification data [199.105(c)(5)].

C.03.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 5.1.3 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.03.c. Selection of Random Testing Pool

C.03.c. Verify that the operator selects a sufficient number of covered employees for random testing during each calendar year to equal an annual rate not less than the required minimum annual percentage rate (see Protocol C.03.a.) [199.105(c)(6)].

- To calculate the total number of covered employees eligible for random testing throughout the year you must add the total number of covered employees eligible for testing during each random testing period for the year and divide that total by the number of random testing periods [199.119(c)].

C.03.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records in 2018, random testing was conducted above the required 50% and was done quarterly , but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.03.d. Scheduling of Random Tests

C.03.d. Verify that random drug tests are unannounced and that the dates for administering the tests are spread reasonably throughout the calendar year [199.105(c)(7)].

C.03.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 5.1.3 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.04 Reasonable Cause Drug Testing

Verify that the Anti-Drug Program ensures that tests are performed when there is reasonable cause to believe the employee is using a prohibited drug [§199.105(d)].

C.04.a. Basis for Reasonable Cause Testing

C.04.a. Verify that decisions to test are reasonable and articulable, and based on specific contemporaneous physical, behavioral or performance indicators of probable drug use. Verify that at least two supervisors, one of whom is trained in detection of the symptoms of drug use, substantiate and concur in the decision to test an employee who is reasonably suspected of drug use [§199.105(d)].

C.04.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.4 and 9.2 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.05 Return-to-duty Drug Testing

Verify that the Anti-Drug Program ensures that a covered employee that violates DOT drug regulations may not return to duty for a covered function until the employee has complied with the requirements for SAPs and return-to-duty testing [§199.105(e)].

C.05.a. Verify that a covered employee that violates DOT drug regulations does not return to duty for a covered function until the employee:

1. Completes a SAP evaluation, referral, and education/treatment process [§40.285(a), §40.289(b), and §199.105(e)], and
2. After completion of the SAP process above, successfully completes a return-to-duty drug test [§40.305(a) and §199.105(e)].
3. As of August 31, 2009, verify that all return-to-duty testing was performed under direct observation [§40.67(b)]

C.05.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.5 and 7 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.06 Follow-up Drug Testing

Verify that the Anti-Drug Program ensures that a follow-up testing plan is established and implemented for a covered employee that violates DOT drug regulations and successfully completes the actions to return to duty for a covered function [§40.307, §40.309, and §199.105(f)].

1. As of August 31, 2009, verify that all follow-up testing was performed under direct observation [§40.67(b)]

C.06.a. SAP Follow-up Testing Plan

C.06.a. Verify that the SAP establishes a written follow-up testing plan for a covered employee that violates DOT drug regulations and seeks to return to the performance of a covered function [§40.307(a)].

C.06.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.6 and 8.3 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.06.b. Follow-up Testing Scheduling

C.06.b. Verify that follow-up testing is performed on an unannounced basis, at a frequency established by the SAP, for a period of not more than 60 months. At least six tests must be conducted within the first 12 months following the covered employee’s return to duty. [§40.307, §40.309, and §199.105(f)].

C.06.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.6, 6.2.8, 7.3, and 8.4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

C.07 Employer Responsibilities Regarding Direct Observation During Collections for Drug Testing

C.07.a. Verify that procedures are in place for direct observation when required under §§40.67(a), (b) and (d)

C.07.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6.2.8 and Appendix C of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area C - Documents Reviewed		
Rev	Date	Document Title
01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Protocol Area D. Drug Testing Laboratories

- [D.01](#) Approved Drug Testing Laboratories
- [D.02](#) Blind Specimens
- [D.03](#) Laboratory Records and Reports
- [Table of Contents](#)

D.01 Approved Drug Testing Laboratories

Verify that the drug testing laboratories meet the applicable requirements of Part 40 and Part 199.

D.01.a. Drug Testing Laboratory Certification

D.01.a. Verify that the drug testing laboratory used for all testing required by Part 40 and Part 199 is certified by the Department of Health and Human Services (HHS) [§40.81(a) and §199.107(a)].

D.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6.2 and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

D.01.b. DOT Tested Drugs

D.01.b. Verify that the drug testing laboratory only tests for the following five drugs or classes of drugs in a DOT drug test. (The laboratories must not test “DOT specimens” for any other drugs).

- (a) Marijuana metabolites.
- (b) Cocaine metabolites.
- (c) Amphetamines.
- (d) Opiate metabolites. Opioids
- (e) Phencyclidine (PCP) [§40.3, §40.85 and §199.3].

D.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 3.3 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

D.01.c. Laboratory Results Direct to MRO

D.01.c. Verify that laboratory results are reported directly, and only, to the MRO at his or her place of business. Results must not be reported to or through the DER or a service agent (e.g., C/TPA) [§40.97(b)].

D.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 3.6 and 6.2.4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

D.01.d. Laboratory Specimen Retention

D.01.d. Verify that laboratories testing the primary specimen retain a specimen that was reported with positive, adulterated, substituted, or invalid results for a minimum of one year. The specimen must be kept in secure, long-term, frozen storage in accordance with HHS requirements [§40.99 and §199.111(a)].

D.01.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records in 2018, the drug testing summary report was retained for over two years, but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

D.02 Blind Specimens

Verify that blind specimens are submitted to drug testing laboratories as required by Part 40.

D.02.a. Blind Specimen Submittals

D.02.a. If an employer or C/TPA has an aggregate of 2000 or more DOT-covered employees, verify that blind specimens are submitted to the laboratories that are used. If an employer or C/TPA has an aggregate of fewer than 2000 DOT-covered employees, they are not required to provide blind specimens [§40.103(a)].

D.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	The employer has less than 2000 DOT-covered employees.
	Potential Issue Identified (explain)	
X	N/A (explain)	
	Not Inspected	

D.03 Laboratory Records and Reports

Verify that drug testing laboratory records are maintained and reports are issued as required by Part 40.

D.03.a. Laboratory Record Retention

D.03.a. Verify that the laboratory retains all records pertaining to each employee urine specimen for a minimum of two years and also keeps for two years employer-specific data required in §40.111 [§40.109].

D.03.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records in 2018, the drug testing summary report was retained for over two years, but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

D.03.b. Laboratory Semi-Annual Summary

D.03.b. Verify that the laboratory transmits an aggregate statistical summary, by employer, of the data listed in Part 40, Appendix B to the employer on a semi-annual basis.

D.03.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records in 2018, the drug testing summary report was received on a semi-annual basis, but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area D - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Drug Testing Summary Reports

Protocol Area E. Review of Drug Testing Results

- [E.01 Review of Drug Testing Results](#)
- [Table of Contents](#)

E.01 Review of Drug Testing Results

Verify that the review of drug testing results and the associated responsibilities and functions of the Medical Review Officer (MRO) meet the applicable requirements of Part 40 and Part 199.

E.01.a. Designated MRO

E.01.a. Verify that an MRO is designated or appointed by the Anti-Drug Plan [§199.109(a)].

E.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 3.6 and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

E.01.b. MRO Quality Assurance Reviews

E.01.b. Verify that the MRO provides quality assurance reviews of the drug testing process, including ensuring the review of the Custody and Control Form (CCF) on all specimen collections [§40.123(b)].

E.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 3.6 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

E.01.c. MRO Review of Negative Test Results

E.01.c. Verify that the MRO performs the review functions required by §40.127 for negative drug test results received from a laboratory, prior to verifying the result and releasing it to the Designated Employer Representative (DER).

E.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator's records in 2018, the MRO reviewed the negative test results, but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

E.01.d. MRO Review of Positive Test Results

E.01.d. Verify that the MRO performs the review functions required by §40.129 for confirmed positive, adulterated, substituted, or invalid drug test results received from a laboratory, prior to verifying the result and releasing it to the DER.

- In addition, the MRO must determine whether there is a legitimate medical explanation for confirmed positive, adulterated, substituted, and invalid drug test results from the laboratory [§40.123(c)].

E.01.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 3.6 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

E.01.e. MRO Notification of Employee

E.01.e. Verify that when the MRO has verified a drug test as positive for a drug or drug metabolite, or as a refusal to test because of adulteration or substitution, and the MRO must notify the employee of his or her right to have the split specimen tested. The MRO must also:

- Notify the employee of the procedures for requesting a test of the split specimen, and
- Inform the employee that he or she has 72 hours from the time of this notification to him or her to request a test of the split specimen [§40.153].

E.01.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 6.2.4 and 6.2.5 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

E.01.f. Employee Requested Additional Testing

E.01.f. If additional testing is requested by the employee, verify that the split specimen is tested. Also verify the MRO immediately provides written notice to the laboratory that tested the primary specimen, directing the laboratory to forward the split specimen to a second HHS-certified laboratory, designated by the MRO, and further documents the date and time of the employees request [§140.171(c)].

E.01.f. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6.2.5 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area E - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Drug test result Reports

Protocol Area F. Record Keeping and Reporting

- [F.01](#) Record Keeping
- [F.02](#) Reporting of Drug Testing Results to the Operator
- [F.03](#) Reporting of Drug Testing Results to PHMSA
- [Table of Contents](#)

F.01 Record Keeping

Verify that drug testing records are retained in accordance with the applicable requirements of Part 40 and Part 199.

F.01.a. Record Keeping Requirements

F.01.a. Verify that the following records are retained as required by Part 40 and Part 199 and that the records are maintained in a location with controlled access [§40.333(c)]:

Record Type	Retention Period (in years)
Records of verified positive drug test results [§40.333(a)(1) and 199.117(a)(2)]	5
Documentation of refusals to take required drug tests (including substituted or adulterated drug test results) [§40.333(a)(1)]	5
SAP reports, including compliance with SAP recommendations [§40.333(a)(1) and 199.117(a)(2)]	5
All follow-up tests and schedules for follow-up tests [§40.333(a)(1)]	5
MIS annual report data [§199.117(a)(2)]	5
Information obtained from previous employers under §40.25 concerning drug test results of employees [§40.333(a)(2)]	3
Records confirming that supervisors and employees have been trained as required by Part 199 [§199.117(a)(4)]	3
Records that demonstrate the collection process conforms to Part 199 [§199.117(a)(1)]	3
Records of negative and cancelled drug test results [§40.333(a)(4) and 199.117(a)(3)]	1

F.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input checked="" type="checkbox"/>	No Issue Identified	
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input type="checkbox"/>	Not Inspected	

F.02 Reporting of Drug Testing Results to the Operator

Verify that drug testing results are reported to the operator in accordance with the applicable requirements of Part 40 and Part 199.

F.02.a. MRO Reports to the Operator

F.02.a. Verify that the MRO reports all drug test results to the operator [§40.163(a) and §199.109(d)] in accordance with the requirements in §40.163, §40.165 and §40.167. These requirements include:

- Reporting all drug test results to the DER, except in the circumstances provided for in §40.345, when a C/TPA may act as an intermediary [§40.165(a)].
- Reporting the results in a confidential manner [§40.167(a)].
- Reporting the results within the required time constraints [§40.167(b) and (c)].

F.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input checked="" type="checkbox"/>	No Issue Identified	
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input type="checkbox"/>	Not Inspected	

F.03 Reporting of Drug Testing Results to PHMSA

See Protocol M.

Protocol Area F - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Several Years of MIS Reports
			Records Showing That Supervisors Have Been Trained

Protocol Area G. Employee Assistance Program

- [G.01 Employee Assistance Program \(EAP\)](#)
- [Table of Contents](#)

G.01 Employee Assistance Program (EAP)

Verify that the EAP meets the applicable requirements of §199.113.

G.01.a. Established EAP

G.01.a. Verify that an EAP is provided for its employees and supervisory personnel who will determine whether an employee must be drug tested based on reasonable cause. Each EAP must include education and training on drug use (see Protocols G.01.b. and G.01.c.) [§199.113(a)].

G.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 8 and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

G.01.b. EAP Education Content

G.01.b. Verify that education under the EAP includes at least the following elements: display and distribution of informational material; display and distribution of a community service hot-line telephone number for employee assistance; and display and distribution of the employer's policy regarding the use of prohibited drugs [§199.113(b)].

G.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 8 and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

G.01.c. Supervisory Personnel Training

G.01.c. Verify that training under the EAP for supervisory personnel who will determine whether an employee must be drug tested based on reasonable cause must include one 60-minute period of training on the specific, contemporaneous physical, behavioral, and performance indicators of probable drug use [§199.113(c)].

G.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 9.2 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area G - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Alcohol Misuse Prevention Program

Protocol Area H. Alcohol Misuse Prevention Program, Plan and Policies

- [H.01](#) Alcohol Misuse Prevention Program and Plan Scope
- [H.02](#) Alcohol Misuse Prevention Policies
- [Table of Contents](#)

H.01 Alcohol Misuse Prevention Program and Plan Scope

Verify that the Alcohol Misuse Plan meets the requirements of §199.202.

H.01.a. Written Alcohol Misuse Plan

H.01.a. Verify that the operator maintains and follows a written Alcohol Misuse Plan that conforms to Part 199 and Part 40 and that the plan contains methods and procedures for compliance with required testing, recordkeeping, reporting, education and training elements [§199.202]:

H.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.01.b. Covered Employees

H.01.b. Verify that the Alcohol Misuse Prevention Program identifies the covered employees (as defined in §199.3) that are required to be tested for the presence of alcohol [§199.1].

H.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 2, 3.4, and 10 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.01.c. Contractor’s Alcohol Testing Program

H.01.c. If an employer utilizes applicable contractors or subcontractors who perform covered functions and conduct alcohol testing, education and training as part of the Alcohol Misuse Prevention Program [§199.245],], but separate from the employer, verify that there is a process in place and implemented to ensure compliance with Part 199 and Part 40.

- The contractor must allow access to property and records by the operator, the Administrator, any DOT agency with regulatory authority over the operator or covered employee, and, if the operator is subject to the jurisdiction of a state agency, a representative of the state agency for the purposes of monitoring the operator’s compliance with the requirements of Part 199 and Part 40 [§199.245(c)].

H.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 3.4 and 10 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.01.d. DOT vs. Non-DOT Tests

H.01.d. Verify that the Alcohol Misuse Prevention Program ensures that the DOT tests are completely separate from non-DOT tests in all respects [§40.13].

H.01.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	According to the operator’s records, DOT tests are separated from non-DOT tests, but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.01.e. Employer’s Use of Third Party Providers in their Alcohol Misuse Prevention Program

H.01.e. If an employer utilizes third party providers who perform covered functions and conduct alcohol testing, education, training and other appropriate services as part of the Alcohol Misuse Prevention Program, verify that there is a process in place and implemented to ensure compliance [§40.341].

H.01.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	The operator does not use third party providers that perform covered functions, but this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.02 Alcohol Misuse Prevention Policies

Verify that alcohol misuse prevention policies are established that meet the requirements of Part 40 and Part 199.

H.02.a. Alcohol-Related Prohibited Conduct

Verify that the Alcohol Misuse Plan ensures that a covered employee is not permitted to perform covered functions if the employee has engaged in conduct prohibited by §§199.215 through 199.223 (as outlined below) or an alcohol misuse rule of another DOT agency [§199.233].

1. Having an alcohol concentration of 0.04 or greater [§40.23(c), §40.285 and §199.215].
2. Using alcohol while performing covered functions [§199.217, On-duty use].
3. Using alcohol within 4 hours prior to performing covered functions, or, if an employee is called to duty to respond to an emergency, within the time period after the employee has been notified to report for duty [§199.219, Pre-duty use].
4. A covered employee, who has actual knowledge of an accident in which his or her performance of covered functions has not been discounted by the operator as a contributing factor to the accident, is prohibited from using alcohol for 8 hours following the accident, unless he or she has been given a post-accident test under §199.225(a), or the operator has determined that the employee's performance could not have contributed to the accident [§199.221, Use following an accident].
5. Upon refusal of a covered employee to submit to a post-accident alcohol test required under §199.225(a), a reasonable suspicion alcohol test required under §199.225(b), or a follow-up alcohol test required under §199.225(d) [§40.285 and §199.223, Refusal to submit to a required alcohol test].

H.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.02.b. Available Resources for Employees

H.02.b. Verify that the Alcohol Misuse Prevention Program assures that each covered employee who has engaged in conduct prohibited by §§199.215 through 199.223 shall be advised of the resources available to the covered employee in evaluating and resolving problems associated with the misuse of alcohol. This includes the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs [§40.285(b) and §199.243(a)].

H.02.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 8 and Appendix A of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.02.c. Alcohol Concentration of 0.02 or Greater

H.02.c. Verify that the Alcohol Misuse Prevention Program assures that a covered employee is prohibited from performing or continuing to perform covered functions when found to have an alcohol concentration of 0.02 or greater but less than 0.04, until:

1. The employee's alcohol concentration measures less than 0.02 in accordance with a test administered under §199.225(e); or
2. The start of the employee's next regularly scheduled duty period, but not less than 8 hours following administration of the test [§40.23(c) and §199.237(a)]

H.02.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 4.1.1 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.02.d. Alcohol Misuse Program Educational Materials

H.02.d. Verify that the Alcohol Misuse Prevention Program assures for providing educational materials that explain alcohol misuse requirements and the operator’s policies and procedures with respect to meeting those requirements [§199.239(a)].

- The operator shall ensure that a copy of these materials is distributed to each covered employee prior to start of alcohol testing under this subpart, and to each person subsequently hired for or transferred to a covered position [§199.239(a)(1)].
- Each operator shall provide written notice to representatives of employee organizations of the availability of this information [§199.239(a)(2)].

H.02.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 8 and 9 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

H.02.e. Educational Materials Content

H.02.e. Verify that the educational materials made available to covered employees includes detailed discussion of at least the following [§199.239(b)]:

1. The identity of the person designated by the operator to answer covered employee questions about the materials.
2. The categories of employees who are subject to the provisions of this subpart.
3. Sufficient information about the covered functions performed by those employees to make clear what period of the work day the covered employee is required to be in compliance with this subpart.
4. Specific information concerning covered employee conduct that is prohibited by this subpart.
5. The circumstances under which a covered employee will be tested for alcohol under this subpart.
6. The procedures that will be used to test for the presence of alcohol, protect the covered employee and the integrity of the breath testing process, safeguard the validity of the test results, and ensure that those results are attributed to the correct employee.
7. The requirement that a covered employee submit to alcohol tests administered in accordance with this subpart.
8. An explanation of what constitutes a refusal to submit to an alcohol test and the attendant consequences.
9. The consequences for covered employees found to have violated the prohibitions under this subpart, including the requirement that the employee be removed immediately from covered functions, and the procedures under §199.243.
10. The consequences for covered employees found to have an alcohol concentration of 0.02 or greater but less than 0.04.
11. Information concerning the effects of alcohol misuse on an individual's health, work, and personal life; signs and symptoms of an alcohol problem (the employee's or a coworker's); and including intervening evaluating and resolving problems associated with the misuse of alcohol including intervening when an alcohol problem is suspected, confrontation, referral to any available EAP, and/or referral to management.

H.02.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area H - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Protocol Area I. Officials, Representatives and Agents

- [I.01](#) Employer Responsibilities for Officials, Representatives, and Agents
- [Table of Contents](#)

I.01 Employer Responsibilities for Officials, Representatives, and Agents

Verify that the Alcohol Misuse Prevention Program ensures that the employer remains responsible for all actions of their Officials, Representatives, and Agents (including service agents) as required by §40.11 and §199.245.

I.01.a. Qualification Requirements

I.01.a. Verify that Alcohol Misuse Prevention Program positions meet the applicable qualification requirements of Part 40 and Part 199 as follows:

1. Screening Test Technician - §40.213
2. Breath Alcohol Technician - §40.213
3. Substance Abuse Professional (SAP) - §40.281

I.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

I.01.b. Supervisor Training

I.01.b. Verify that supervisors designated to determine whether reasonable suspicion exists to require a covered employee to undergo alcohol testing under §199.225(b) receive at least 60 minutes of training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. [§199.241].

I.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.4 and 9.2 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area I - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Protocol Area J. Required Alcohol Tests

- [J.01](#) Pre-employment Investigation and Alcohol Testing
- [J.02](#) Post-Accident Alcohol Testing
- [J.03](#) Reasonable Suspicion Alcohol Testing
- [J.04](#) Return to Duty Alcohol Testing
- [J.05](#) Follow-up Alcohol Testing
- [Table of Contents](#)

J.01 Pre-employment Investigation and Alcohol Testing

Verify that the Alcohol Misuse Prevention Program ensures that pre-employment investigations for alcohol use are performed as required by §40.25 and that pre-employment alcohol tests are in compliance with §199.209(b).

J.01.a. Verify that alcohol testing information [§40.25(b)] is requested from previous DOT-regulated employers for any employee seeking to begin covered functions for the first time (i.e., a new hire or an employee transfers into a safety sensitive-position) [§40.25(a)].

- In addition, verify that a covered employee must not perform their functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain alcohol testing information from previous DOT-regulated employers.

J.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.1 and 12 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.01.b. If the operator chooses to conduct pre-employment alcohol testing, verify that the operator:

1. Conducts a pre-employment alcohol test before the first performance of covered functions by every covered employee (whether a new employee or someone who has transferred to a position involving the performance of covered functions) [§199.209(b)(1)].
2. Treats all covered employees the same for the purpose of pre-employment alcohol testing (i.e., you must not test some covered employees and not others) [§199.209(b)(2)].
3. Conducts the pre-employment tests after making a contingent offer of employment or transfer, subject to the employee passing the pre-employment alcohol test [§199.209(b)(3)].

J.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.1 and 12 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.02 Post-Accident Alcohol Testing

Verify that the Alcohol Misuse Prevention Program ensures that post-accident tests for the presence of alcohol are completed as required by §199.225(a).

J.02.a. Verify that post-accident alcohol testing is performed:

1. As soon as practicable following an accident (§ 195.50) or incident (§ 191.3) for each surviving covered employee if that employee's performance of a covered function either contributed to the accident or cannot be completely discounted as a contributing factor to the accident [§199.225(a)(1)].
2. Within two hours following the accident (§ 195.50) or incident (§ 191.3), otherwise, the operator shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a post-accident test is not administered within eight hours following the accident, the operator shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test [§199.225(a)(2)].

J.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 5.1.2 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.03 Reasonable Suspicion Alcohol Testing

Verify that the Alcohol Prevention Program ensures that required actions are taken when there is reasonable suspicion to believe the employee is misusing alcohol [§199.225(b)].

J.03.a. Verify that decisions to test are based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech, or body odors of the employee. The required observations shall be made by a supervisor who is trained in detecting the symptoms of alcohol misuse [§199.225(b)(2)].

J.03.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.4 and 9.2 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.03.b. Verify that a covered employee is directed by the operator to undergo reasonable suspicion testing for alcohol only while the employee is performing covered functions; just before the employee is to perform covered functions; or just after the employee has ceased performing covered functions. [§199.225(b)(3)].

J.03.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 5.1.4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.03.c. Verify that if a reasonable suspicion test is required and is not administered within 2 hours following the determination under §199.225(b)(2), the operator shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test is not administered within 8 hours, the operator shall cease attempts to administer an alcohol test and shall state in the record the reasons for not administering the test [§199.225(b)(4)(i)].

J.03.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 5.1.4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.04 Return-to-duty Alcohol Testing

Verify that the Alcohol Misuse Prevention Program ensures that a covered employee that engages in conduct prohibited by §§199.215 through 199.223 may not return to duty for a covered function until the employee has complied with the requirements for SAPs and return-to-duty testing [§199.225(c) and §199.243].

J.04.a. Verify that a covered employee that engages in conduct prohibited by §§199.215 through 199.223 does not return to duty for a covered function until the employee:

1. Completes a SAP evaluation, referral, and education/treatment process [§40.285(a), §40.289(b), §199.235, and §199.243(b)], and
2. After completion of the SAP process above, undergoes a return-to-duty alcohol test with a result indicating an alcohol concentration of less than 0.02 [§40.305(a), §199.225(c), and §199.243(c)].

J.04.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.5 and 7 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.05 Follow-up Alcohol Testing

Verify that the Alcohol Misuse Prevention Program ensures that a follow-up testing plan is established and implemented for a covered employee that misuses alcohol and successfully completes the actions to return to duty for a covered function [§40.307, §40.309, and §199.243].

J.05.a. Verify that the SAP establishes a written follow-up testing plan for a covered employee that engages in conduct prohibited by §§199.215 through 199.223 and seeks to return to the performance of a covered function [§40.307(a)].

J.05.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.6 and 8.3 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

J.05.b. Verify that follow-up testing is performed on an unannounced basis, at a frequency established by the SAP, for a period of not more than 60 months. At least six tests must be conducted within the first 12 months following the covered employee’s return to duty [§40.307, §40.309, §199.225(d) and §199.243(c)(2)(ii)].

J.05.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Sections 5.1.6, 6.2.8, 7.3, and 8.4 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area J - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Protocol Area K. Alcohol Testing Devices

- [K.01](#) Approved Alcohol Testing Devices
- [Table of Contents](#)

K.01 Approved Alcohol Testing Devices

Verify that approved testing devices are used to perform alcohol screening and confirmation tests [§40.229 and §40.231].

K.01.a. Verify that any Evidential Breath Testing Device (EBT) or Alcohol Screening Device (ASD) used for DOT required alcohol testing is approved by the National Highway Traffic Safety Administration (NHTSA) and placed on a Conforming Products List (CPL) [§40.229 and §40.231].

K.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6.1.5 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

K.01.b. Verify that external calibration checks are performed at the intervals specified in the manufacturer’s instructions for any EBT used for DOT required alcohol confirmation testing [§40.231 and §40.233].

K.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	Section 6.1.5 of the D&A plan.
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area K - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan

Protocol Area L. Record Keeping and Reporting

- [L.01](#) Record Keeping
- [L.02](#) Reporting of Alcohol Testing Results to PHMSA
- [Table of Contents](#)

L.01 Record Keeping

Verify that alcohol testing records are retained in accordance with the applicable requirements of Part 40 and Part 199.

L.01.a. Verify that the following records are retained as required by Part 40 and Part 199 and that the records are maintained in a secure location with controlled access [§40.333(c) and §199.227(a)]:

Record Type	Retention Period (in years)
Records of alcohol test results indicating an alcohol concentration of 0.02 or greater [§40.333(a)(1) and §199.227(b)(1)]	5
Documentation of refusals to take required alcohol tests [§40.333(a)(1) and §199.227(b)(1)]	5
SAP reports [§40.333(a)(1) and §199.227(b)(1)]	5
All follow-up tests and schedules for follow-up tests [§40.333(a)(1)]	5
MIS annual report data [§199.227(b)(1)]	5
Calibration Documentation [§199.227(b)(1)]	5
Information obtained from previous employers under §40.25 concerning alcohol test results of employees [§40.333(a)(2)]	3
Records of the inspection, maintenance, and calibration of EBTs [§40.333(a)(3)]	2

L.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

L.02 Reporting of Alcohol Testing Results to PHMSA

See Protocol M.

Protocol Area L - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Several Years of MIS Reports
			Equipment Calibration Records

Protocol Area M. Reporting of Drug and Alcohol Testing Results

- [M.01](#) Reporting of Drug and Alcohol Testing Results to PHMSA
- [M.02](#) Employee Request for Records
- [Table of Contents](#)

M.01 Reporting of Drug and Alcohol Testing Results to PHMSA

Verify that drug and alcohol testing results are compiled and submitted to PHMSA in accordance with the applicable requirements of Part 40 and Part 199.

M.01.a. Verify if this operator has more than 50 covered employees and submits an annual MIS report in accordance with the form and instruction requirements of §40.26 and Appendix H to Part 40, not later than March 15 of each year for the prior calendar year (January 1 through December 31) [§40.26, §199.119(a) and §199.229(a)].

- Verify if this operator identifies all contractors who performed covered functions, as defined under § 199.3, for this operator in a given calendar year; and, if required by either mandated annual or PHMSA written request, submitted a MIS report for each of these contractors?
 - The contractor identification and MIS reporting began with the March 15, 2010 MIS submission which documented contractor drug and alcohol testing during CY 2009.

M.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

M.01.b. Verify if this operator has 50 or less covered employees and has either a compilation of data or statistical information regarding drug and alcohol testing which, upon written request, could have been used to submit a MIS report in accordance with the form and instruction requirements of §40.26 and Appendix H to Part 40, not later than March 15 of each year for the prior calendar year (January 1 through December 31) [§40.26, §199.119(a) and §199.229(a)].

- Beginning with the March 15, 2010 MIS submission date, verify that this operator identifies all contractors who performed covered functions, as defined under § 199.3, for this operator and received a compilation of data or statistical information from these contractors which, upon written request, could be used for submitting an MIS report for each of these contractors.

M.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	The operator has more than 50 covered employees.
	Potential Issue Identified (explain)	
X	N/A (explain)	
	Not Inspected	

M.01.c. If a service agent (e.g., Consortium/Third Party Administrator) prepares the MIS report on behalf of an operator, verify that each report is certified by the operator's anti-drug manager/alcohol misuse prevention manager or designated representative for accuracy and completeness [§199.119(f) and §199.229(d)].

M.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

M.02 Employee Request for Records

Verify that drug and alcohol records are provided to employees in accordance with Part 199 requirements.

M.02.a. Verify that upon written request from an employee, records of drug and alcohol use, testing results, and rehabilitation are provided to the employee [§199.117(b) and §199.231(b)].

M.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area M - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Several Years of MIS Reports

Protocol Area N. Public Interest Exclusions

- [N.01 Public Interest Exclusions](#)
- [Table of Contents](#)

N.01 Public Interest Exclusions

Verify that the Drug and Alcohol Programs address Public Interest Exclusions (PIEs) in accordance with the applicable requirements of Part 40.

N.01.a. Verify that an employer who is using a service agent concerning whom a PIE is issued stops using the services of the service agent no later than 90 days after the Department has published the decision in the Federal Register or posted it on its web site. The employer may apply to the ODAPC Director for an extension of 30 days if it is demonstrated that a substitute service agent cannot be found within 90 days [§40.409(b)].

N.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	The operator’s service agent has not been issued a PIE, but information on this requirement is not included in the D&A plan.
X	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Protocol Area N - Documents Reviewed			
Document Number	Rev	Date	Document Title
	01	3/15/2019	Anti-Drug and Alcohol Misuse Prevention Plan
			Several Years of MIS Reports

Protocol Area O: Specimen Collection Sites

Service Provider Profile and General Audit Information

Company Name of Service Provider:					
Official Address					
Business Tax ID Number					
Operator/Contractor Name and Op ID or Business Tax ID number utilizing the above Service Provider:					
Operator's/Contractor's DER or Substance Abuse Program Mgr /:				Phone No.:	
Service Provider Company Contact Information			Service Provider's Official Representative Contact		
Doing Business As or Affiliated Company Name			Contact Name:		
Ph. No.:			Ph. No.:		
Fax No.:			Fax No.:		
Web Site or Email			Email		
Mailing Address: (If different from official address)			Lead Auditor or Inspector:	Name:	
				Agency:	
			Date of Audit or Inspection:		
Technician Interviewed	Qualification Expiration Date	Telephone Number	Comment		

Key Persons	Name/Title	Phone/Email Address
Primary Service Provider Representative Interviewed or Providing Information		
Others Interviewed, Providing Information or Present at Audit:		

Government or Other Official Representatives Participating:

Name/Title	Office/Organization	Phone/Email Address

Protocol Area O: Specimen Collection Sites

- [O.01 Urine Collection Personnel](#)
- [O.02 Collection Sites, Forms and Supplies](#)
- [O.03 Urine Specimen Collections](#)
- [Table of Contents](#)

O.01 Urine Collection Personnel

Verify that training and usage of personnel is in compliance with the applicable requirements of Part 40.

O.01.a. Does the operator ensure that, unless no other collector is available, an immediate supervisor of an employee does not serve as a collection site person [§40.31(c)]?

O.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.01.b. Do collectors meet the training requirements of §40.33 and is documentation available showing that currently all requirements are met [§40.33(g)]?

O.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.01.c. Does the operator provide error correction training as required by §40.33(f) and does the training occur within 30 days of the date of notification of the error that led to the need for training?

O.01.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.02 Collection Sites, Forms and Supplies

Verify that collection sites, forms and supplies are in compliance with the applicable physical and security requirements of Part 40.

O.02.a. Has the employer designated a collection site that meets the requirements of §40.41.

O.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.02.b. If the collection site uses a facility normally used for other purposes, are procedures in place to ensure before the collection that: (1) access to collection materials and specimens is effectively restricted; and (2) the facility is secured against access during the procedure to ensure privacy to the employee and prevent distraction of the collector? Also, are limited-access signs posted [§40.43(c)]?

O.02.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.02.c. Are procedures in place to assure the collector maintains personal control over each specimen and CCF throughout the collection process and to prevent unauthorized personnel from entering any part of the site in which urine specimens are collected or stored [§40.43(d)(5) and §40.43(e)]?

O.02.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.02.d. Is the current Federal Drug Testing Custody and Control Form (CCF) or equivalent being used [§40.45]?

O.02.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

O.02.e. Is a collection kit used that meets the requirements of Appendix A to Part 40 [§40.49]?

O.02.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

O.03 Urine Specimen Collections

Verify that procedures for collection of urine specimens are in compliance with the applicable requirements of Part 40.

O.03.a. Do collection site personnel explain the basic collection procedure to the employee, including showing the employee the instructions on the back of the CCF [§40.61(e)]?

O.03.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

O.03.b. Do collection site personnel provide the donor with an individually wrapped or sealed collection container from the collection kit materials [§40.63(c)]?

O.03.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

O.03.c. Are precautions taken to ensure that unadulterated specimens are obtained and correctly identified that meet the following requirements:

- Bluing agents in toilet tank and all water sources secure [§40.43(b)(1) and (2)]
- Individual positively identified (photo ID, etc.) [§40.61(c)]
- Proper authority contacted if individual fails to arrive at the assigned time [§40.61(a)]
- The donor shall remove any unnecessary outer garments. Purses or briefcases shall remain with outer garments [§40.61(f)].
- Donor shall wash and dry his/her hands [§40.63(b)].
- To the greatest extent possible, the collector must keep an employee's collection container within view of both himself/herself and the employee between the time the employee has urinated and the specimen is sealed [§40.43(d)(2)]
- Any unusual behavior noted on the CCF [§40.63(e)]

O.03.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.03.d. Are procedures being followed at the collection site after the specimen has been provided in compliance with the requirements of §40.65

O.03.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.03.e. Have provisions been made if the donor is unable to provide at least 45 milliliters of urine [§40.65(a)]?

O.03.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.03.f. Are procedures in place for immediately collecting urine specimens under direct observation for the situations identified in §40.67(c)

1. As of August 31, 2009, verify that all collections for return-to-duty and follow-up testing were performed under DER directed direct observation [§40.67(b)]

O.03.f. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.03.g. Are same gender collection personnel used if a collection is monitored under direct observation by non-medical personnel [§40.69(g)]

O.03.g. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

O.03.h. Is the CCF properly executed by authorized collection site personnel upon receipt and transfer of a urine specimen [§40.73(a)]

O.03.h. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

Protocol Area O - Documents Reviewed			
Document Number	Rev	Date	Document Title

Protocol Area P: Alcohol Testing Sites

Service Provider Profile and General Audit Information

Company Name of Service Provider:			
Official Address			
Business Tax ID Number			
Operator/Contractor Name and Op ID or Business Tax ID number utilizing the above Service Provider:			
Operator's/Contractor's DER or Substance Abuse Program Mgr /:		Phone No.:	
Service Provider Company Contact Information		Service Provider's Official Representative Contact	
Doing Business As or Affiliated Company Name		Contact Name:	
Ph. No.:		Ph. No.:	
Fax No.:		Fax No.:	
Web Site or Email		Email	
Mailing Address: (If different from official address)		Lead Auditor or Inspector:	Name:
			Agency:
		Date of Audit or Inspection:	
Technician Interviewed	Qualification Expiration Date	Telephone Number	Comment

Key Persons	Name/Title	Phone/Email Address
Primary Service Provider Representative Interviewed or Providing Information		
Others Interviewed, Providing Information or Present at Audit:		

Government or Other Official Representatives Participating:

Name/Title	Office/Organization	Phone/Email Address

Protocol Area P. Alcohol Testing Sites – Audit Information

- [P.01](#) Alcohol Testing Personnel
- [P.02](#) Alcohol Testing Sites, Forms and Supplies
- [P.03](#) Alcohol Screening Tests
- [P.04](#) Alcohol Confirmation Tests
- [P.05](#) Problems in Alcohol Testing
- [Table of Contents](#)

P.01 Alcohol Testing Personnel

Verify that training and usage of personnel is in compliance with the applicable requirements of Part 40.

P.01.a. Does the operator’s plan specify training for BATs and STTs that is in compliance with §40.213 and does the documentation certify that all requirements are met [§40.213(g)]?

P.01.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.01.b. Does the plan specify that a supervisor shall not serve as the BAT or STT if that supervisor makes the reasonable cause determination [§40.211(c) and §199.225(b)(2)].

P.01.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.02 Alcohol Testing Sites, Forms and Supplies

Verify that alcohol testing sites, forms and supplies are in compliance with the applicable physical and security requirements of Part 40.

P.02.a. Does the alcohol testing site comply with the applicable physical and security requirements of §40.221 and §40.223?

P.02.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.02.b. Does the plan specify that only EBTs and ASDs listed on the NHTSA CPL will be used for DOT alcohol testing [§40.229]? Also, does the plan specify that an EBT must be used for conducting the confirmation tests [§40.231(a)]?

P.02.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.02.c. Does the operator follow the Quality Assurance Plan (QAP) for the EBT that is used [§40.233(c)(1)]? If this service is contracted out does the operator ensure that the QAP is being followed [§40.233(c)]?

P.02.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.02.d. Does the plan specify that the operator or its agents shall comply with the QAP and manufacturer’s instructions and does the operator follow the QAP for the ASD that is used [§40.235 and §40.235(c)]?

P.02.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.03 Alcohol Screening Tests

Verify that alcohol screening tests are performed in compliance with the applicable requirements of Part 40.

P.03.a. Does the plan prescribe that only the DOT-approved Alcohol Testing Form (ATF) shall be utilized [§40.225(a)]?

P.03.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.03.b. Does the plan specify that the employee shall provide a positive identification through use of photo ID or by employer representative [§40.241(c)]?

P.03.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.03.c. Does the plan indicate that the BAT or STT shall explain the testing process to the employee [§40.241(e)]?

P.03.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

P.03.d. Does the plan contain specific instructions for conducting alcohol screening tests in compliance with §40.241 and §40.243 requirements?

P.03.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

P.03.e. Does the plan contain specific instructions for conducting alcohol screening tests using a saliva ASD in compliance with §40.245 requirements?

P.03.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
	Potential Issue Identified (explain)	
	N/A (explain)	
X	Not Inspected	

P.03.f. Does the plan specify actions that are taken after receipt of alcohol screening test results that are in compliance with §40.247?

P.03.f. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.04 Alcohol Confirmation Tests

Verify that alcohol confirmation tests are performed in compliance with the applicable requirements of Part 40.

P.04.a. Does the plan provide guidance for the actions a new BAT must complete to conduct a confirmation test in compliance with §40.251(b)?

P.04.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.04.b. Does the plan specify procedures to be followed in conducting a confirmation test that are in compliance with §40.253 and §40.255?

P.04.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.05 Problems in Alcohol Testing

Verify that procedures for addressing problems in alcohol testing are in compliance with the applicable requirements of Part 40.

P.05.a. Does the plan address the situations for which the employee is considered to have refused to take an alcohol test [§40.261(a)(1) to (7)]?

P.05.a. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.05.b. Does the plan specify procedures concerning an employee’s inability to provide an adequate amount of saliva for testing and instructions for requiring the employee to attempt again to provide adequate amount of saliva for testing [§40.263]?

P.05.b. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.05.c. Does the plan specify procedures concerning an employee’s inability to provide an adequate amount of breath for testing in compliance with §40.265?

P.05.c. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.05.d. Does the plan specify under what conditions that an alcohol test shall be cancelled [§40.267 and §40.269]?

P.05.d. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

P.05.e. Does the plan specify procedures concerning the potential inability to complete an alcohol test and trying to successfully complete the test [§40.271]?

P.05.e. Inspection Results (type an X in exactly one cell below)		Inspection Notes
<input type="checkbox"/>	No Issue Identified	A site visit to the collection site was not conducted during this inspection.
<input type="checkbox"/>	Potential Issue Identified (explain)	
<input type="checkbox"/>	N/A (explain)	
<input checked="" type="checkbox"/>	Not Inspected	

Protocol Area P - Documents Reviewed			
Document Number	Rev	Date	Document Title

OPERATOR INSPECTION-SPECIFIC INFORMATION

Inspection Date(s):	5/7/2019 through 5/10/2019		
Name of Operator:	Florida City Gas Company - Hialeah/Miami Division - FCGHD		
OPS Operator ID:	02432		
State/Other ID:	FCGHD		
H.Q. Address: 700 Universe Boulevard Juno Beach, FL 33408	Company Officer:	Sergey Peschanyy	
	Title:	Engineering Leader, Regulatory Compliance and Quality Assurance	
	Phone Number:	(786) 413-2955	
	Fax Number:	(305) 468-9471	
Web Site:	www.floridacitygas.com	Email Address:	Sergey.Peschanyy@nexteraenergy.com
Employees Covered by OQ Plan:	48		
Contractors Covered by OQ Plan:	4		
Total Mileage Represented:	1842.6		

Persons Interviewed	Title	Phone Number	Email Address
Sergey Peschanyy	Engineering Leader, Regulatory Compliance and Quality Assurance	(786) 413-2955	Sergey.Peschanyy@nexteraenergy.com

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

OPS/State Representatives	Region/State
Marcelina Alvarez	Southern/Florida

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

Remarks:

Mileage Covered by OQ Plan (by Company and State)

List each company and subsidiary separately, broken down by state (using 2-letter designation). If a company has intrastate and/or interstate mileage in several states, use one row per state. If there are both gas and liquid lines, use both the first and second table. For small gas operators (e.g. master meter, LP), use the third table.

Jurisdictional to Part 192 (Gas) Mileage

Company (Gas Operator)	Operator ID	State	Interstate Gathering	Intrastate Gathering	Interstate Transmission	Intrastate Transmission	Interstate Distribution*	Intrastate Distribution*	Remarks
Florida City Gas Company - Hialeah/Miami Division - FCGHD	02432	FL						1842.6	

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

Jurisdictional to Part 195 (Hazardous Liquid) Mileage

Company (Liquid Operator)	Operator ID	State	Interstate Transmission	Intrastate Transmission	Remarks

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

Jurisdictional to Part 192 (Gas) Mileage – Small Operators

Company (Small Gas Operator)	Operator ID	State	Small Gas (e.g., master meter)*	LP*	Remarks

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

1. Supply company name and Operator ID, if not the master operator from the first page (i.e., for subsidiary companies).
2. Use OPS-assigned Operator ID. Where not applicable, leave blank or enter n/a.
3. Use only 2-letter state codes in column #3, e.g., TX for Texas.
4. Enter number of applicable miles in all other columns. (Only positive values. No need to enter 0 or n/a.)
5. * Please do not include Service Line footage. This should only be MAINS.

1 - Document Program Plan, Implementing Procedures and Qualification Criteria

1.01 Application and Customization of “Off-the-Shelf” Programs

Does the operator’s plan identify covered tasks and does it specify task-specific reevaluation intervals for individuals performing covered tasks? (Associated Protocols: 1.05, 2.01, 5.02)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Appendix A of the OQ plan.
<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 Contractor Qualification

Does the operator employ contractor organizations to provide individuals to perform covered tasks? If so, what are the methods used to qualify these individuals and how does the operator ensure that contractor individuals are qualified in accordance with the operator’s OQ program plan?

* Verify that the operator’s written program includes provisions that require all contractor and subcontractor individuals be evaluated and qualified prior to performing covered tasks, unless the covered task is performed by a non-qualified individual under the direction and observation of a qualified individual. (Associated Protocols: 1.05, 2.02, 3.02)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Contractors section of the OQ plan, page 26.
<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 Management of Other Entities Performing Covered Tasks

Has the operator’s OQ program included provisions that require individuals from any other entity performing covered task(s) on behalf of the operator (e.g., through mutual assistance agreements) be evaluated and qualified prior to task performance?

* Verify that other entities that perform covered task(s) on behalf of the operator are addressed under the operator’s OQ program and that individuals from such other entities performing covered tasks on behalf of the operator are evaluated and qualified consistent with the operator’s program requirements. (Associated Protocols: 1.05, 2.02)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Mutual Assistance section of the OQ plan, page 12.
<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 Training Requirements (Initial Qualification, Remedial if Initial Failure, and Reevaluation)

Does the operator's OQ program plan contain policy and criteria for the use of training in initial qualification of individuals performing covered tasks, and are criteria in existence for re-training and reevaluation of individuals if qualifications are questioned? **(Associated Protocols: 5.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Training section of the OQ plan, page 8.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1.05 Written Qualification Program

Did the operator meet the OQ Rule requirements for establishing a written operator qualification program and completing qualification of individuals performing covered tasks?

- * Verify that the operator's written qualification program was established by April 27, 2001.
- * Verify that the written qualification program identified all covered tasks for the operator's operations and maintenance functions being conducted as of October 28, 2002.
- * Verify that the written qualification program established an evaluation method(s) to be used in the initial qualification of individuals performing covered tasks as of October 28, 2002.
- * Verify that all individuals performing covered tasks as of October 28, 2002, and not otherwise directed or observed by a qualified individual were qualified in accordance with the operator's written qualification program. **(Associated Protocols: 3.01, 7.01)**

<input checked="" 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 - Identify Covered Tasks and Related Evaluation Methods

2.01 Development of Covered Task List

How did the operator develop its covered task list?

* Verify that the operator applied the four-part test to determine whether 49 CFR Part 192 or 49 CFR Part 195 O&M activities applicable to the operator are covered tasks.

* Verify that the operator has identified and documented all applicable covered tasks. (**Associated Protocols: 8.01**)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Identify Covered Task section of the OQ plan, page 14, and Appendix A.
<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 Evaluation Method(s) (Demonstration of Knowledge, Skill and Ability) and Relationship to Covered Tasks

Has the operator established and documented the evaluation method(s) appropriate to each covered task?

* Verify what evaluation method(s) has been established and documented for each covered task.

* Verify that the operator's evaluation program ensures that individuals can perform assigned covered tasks.

* Verify that the evaluation method is not limited to observation of on-the-job performance, except with respect to tasks for which OPS has determined that such observation is the best method of examining or testing qualifications. The results of any such observations shall be documented in writing. (**Associated Protocols: 3.01, 3.02**)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Evaluation of Qualifications section of the OQ plan, pages 15, 16, and 17.
<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 Planning for Mergers and Acquisitions (Due Diligence re: Acquiring Qualified Individuals)

Does the operator have a process for managing qualifications of individuals performing covered tasks during program integration following a merger or acquisition (applicable only to operators engaged in merger and acquisition activities)?

* Verify that the OQ program describes the process for ensuring OQ qualifications, evaluations, and performance of covered tasks during the merger with or acquisition of other entities. **(Associated Protocols 3.01 3.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Mergers and Acquisitions section of the OQ plan, page 13.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

3 - Identify Individuals Performing Covered Tasks

3.01 Development/Documentation of Areas of Qualification for Individuals Performing Covered Tasks

Does the operator’s program document the evaluation and qualifications of individuals performing covered tasks, and can the qualification of individuals performing covered tasks be verified?

- * Verify that the operator’s qualification program has documented the evaluation of individuals performing covered tasks.
- * Verify that the operator’s qualification program has documented the qualifications of individuals performing covered tasks. **(Associated Protocols: 4.02, 7.01)**

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

3.02 Covered Task Performed by Non-Qualified Individual

Has the operator established provisions to allow non-qualified individuals to perform covered tasks while being directed and observed by a qualified individual, and are there restrictions and limitations placed on such activities?

- * Verify that the operator's program includes provisions for the performance of a covered task by a non-qualified individual under the direction and observation by a qualified individual. **(Associated Protocols: 2.01, 2.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Non-Qualified Individuals section of the OQ plan, page 18.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4 - Evaluate and Qualify Individuals Performing Covered Tasks

4.01 Role of and Approach to “Work Performance History Review”

Does the operator use work performance history review as the sole method of qualification for individuals performing covered tasks prior to October 26, 1999, and does the operator's program specify that work performance history review will not be used as the sole method of evaluation for qualification after October 28, 2002?

* Verify that after October 28, 2002, work performance history is not used as a sole evaluation method.

* Verify that individuals beginning work on covered tasks after October 26, 1999 have not been qualified using work performance history review as the sole method of evaluation. **(Associated Protocols: 2.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Evaluation of Qualifications section of the OQ plan, pages 15, 16, and 17.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

4.02 Evaluation of Individual’s Capability to Recognize and React to AOCs

Are all qualified individuals able to recognize and react to AOCs? Has the operator evaluated and qualified individuals for their capability to recognize and react to AOCs? Are the AOCs identified as those that the individual may reasonably anticipate and appropriately react to during the performance of the covered task? Has the operator established provisions for communicating AOCs for the purpose of qualifying individuals?

* Verify that individuals performing covered tasks have been qualified in recognizing and reacting to AOCs they may encounter in performing such tasks. **(Associated Protocols 3.01)**

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

5 - Continued/Periodic Evaluation of Individuals Performing Covered Tasks

5.01 Personnel Performance Monitoring

Does the operator's program include provisions to evaluate an individual if the operator has reason to believe the individual is no longer qualified to perform a covered task based on: covered task performance by an individual contributed to an incident or accident; other factors affecting the performance of covered tasks?

* Verify that the operator's program ensures re-evaluation of individuals whose performance of a covered task may have contributed to an incident or accident.

* Verify that the operator has established provisions for determining whether an individual is no longer qualified to perform a covered task, and requires reevaluation.

(Specific Protocols: 2.02)

<input checked="" 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.	

5.02 Reevaluation Interval and Methodology for Determining the Interval

Has the operator established and justified requirements for reevaluation of individuals performing covered tasks?

* Verify that the operator has established intervals for reevaluating individuals performing covered tasks. **(Associated Protocols: None)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Evaluation Intervals section of the OQ plan, page 24, and Appendix A.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

6 - Monitor Program Performance; Seek Improvement Opportunities

6.01 Program Performance and Improvement

Does the operator have provisions to evaluate performance of its OQ program and implement improvements to enhance the effectiveness of its program?

(Associated Protocols: None)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Program Effectiveness section of the OQ plan, page 6.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

7 - Maintain Program Records

7.01 Qualification “Trail”(i.e., covered task; individual performing; evaluation method(s); continuing performance evaluation; reevaluation interval; reevaluation records)

Does the operator maintain records in accordance with the requirements of 49 CFR 192, subpart N, and 49 CFR 195, subpart G, for all individuals performing covered tasks, including contractor individuals?

- * Verify that qualification records for all individuals performing covered tasks include the information identified in the regulations.
- * Verify that the operator's program ensures the retention of records of prior qualification and records of individuals no longer performing covered tasks for at least five years.
- * Verify that the operator's program ensures the availability of qualification records of individuals (employees, contractors and third party entities) currently performing covered tasks, or who have previously performed covered tasks. **(Associated Protocols: 1.05, 3.01)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Record Keeping section of the OQ plan, page 25.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

8 - Manage Change

8.01 Management of Changes (to Procedures, Tools, Standards, etc.)

Does the operator's OQ program identify how changes to procedures, tools standards and other elements used by individuals in performing covered tasks are communicated to the individuals, including contractor individuals, and how these changes are implemented in the evaluation method(s)?

- * Verify that the operator's program identifies changes that affect covered tasks and how those changes are communicated, when appropriate, to affected individuals.
- * Verify that the operator's program identifies and incorporates changes that affect covered tasks.
- * Verify that the operator's program includes provisions for the communication of changes (e.g., who, what, when, where, why) in the qualification program to the affected individuals.
- * Verify that the operator incorporates changes into initial and subsequent evaluations.
- * Verify that contractors supplying individuals to perform covered tasks for the operator are notified of changes that affect task performance and thereby the qualification of these individuals.

(Associated Protocols 1.04)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Management of Change section of the OQ plan, pages 22 and 23.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

8.02 Notification of Significant Program Changes

Does the operator have a process for identifying significant OQ written program changes and notifying the appropriate regulatory agency of these changes once the program has been reviewed?

- * Verify that the operator's written program contains provisions to notify OPS or the appropriate regulatory agency of significant modifications to a program that has been reviewed for compliance.

(Associated Protocols: None)

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: Management of Change section of the OQ plan, pages 22 and 23.
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1. Wholesale changes made to an OQ Plan or Program, whether due to an overall effort to improve program performance, or due to a merger or acquisition that results in incorporating the best features of the competing plans and programs.
2. Recommend the operator send a letter to accompany the program that addresses the changes made to the program. The official notification should be addressed to headquarters.

9 – Field Inspection Findings

Additional Inspection Notes

OPERATOR QUALIFICATION FIELD INSPECTION PROTOCOL FORM

Inspection Date(s):	5/8 & 5/16/2019
Name of Operator:	Florida City Gas Company – Hialeah/Miami Division – FCGHD
Operator ID (OPID):	2432
Inspection Location(s):	Miami-Dade and Broward Counties in Florida
Supervisor(s) Contacted:	Sergey Peschanyy
# Qualified Employees Observed:	4
# Qualified Contractors Observed:	0

Individual Observed	Title/Organization	Phone Number	Email Address
Gilberto Hernandez	Pressure Control Specialist	786-810-5318	Gilberto.Hernandez@nexteraenergy.com
Jesse Rademacher	Pressure Control Technician	305-434-0221	Jesse.Rademacher@nexteraenergy.com
Jorge Morffy	Corrosion Technician	305-345-0978	Jorge.Morffy@nexteraenergy.com
Wayne Goding	Corrosion Technician	305-763-9554	Wayne.Goding@nexteraenergy.com

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

PHMSA/State Representative	Region/State	Email Address
Marcelina Alvarez	Southern/Florida	malvarez@psc.state.fl.us

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

Remarks:

A table for recording specific tasks performed and the individuals who performed the tasks is on the last page of this form. This form is to be uploaded on to the OQBD for the appropriate operator, then imported into the file.

9.01 Covered Task Performance

Verify the qualified individuals performed the observed covered tasks in accordance with the operator’s procedures or operator approved contractor procedures.

9.01 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.02 Qualification Status

Verify the individuals performing the observed covered tasks are currently qualified to perform the covered tasks.

9.02 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.03 Abnormal Operating Condition Recognition and Reaction

Verify the individuals performing covered tasks are cognizant of the AOCs that are applicable to the tasks observed.

9.03 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.04 Verification of Qualification

Verify the qualification records are current, and ensure the personal identification of all individuals performing covered tasks are checked, prior to task performance.

9.04 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.05 Program Inspection Deficiencies

Have potential issues identified by the headquarters inspection process been corrected at the operational level?

9.05 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Field Inspection Notes

The following table is provided for recording the covered tasks observed and the individuals performing those tasks.

No	Task Name	Name/ID of Individual Observed				Comments
		Gilberto Hernandez	Jesse Rademacher	Jorge Morffy	Wayne Goding	
		Correct Performance (Y/N)	Correct Performance (Y/N)	Correct Performance (Y/N)	Correct Performance (Y/N)	
1	Canal Crossings				Y	OK
2	CP Reads			Y	Y	OK
3	Gate / Regulator Station Inspection	Y	Y			OK
4	Odorization Check	Y	Y			OK
5	Valve Inspection	Y	Y			OK
6						
7						

Operations and Maintenance Records Review

If performing an operations and maintenance records review in the course of your inspection, please review a sample of the qualifications of the individuals performing those O&M tasks that are covered under Operator Qualification and check the records for compliance to 192.807 or 195.507.

192.807 or 195.507	Records supporting an individual’s current qualifications shall be maintained while the individual is performing the covered task. Records of prior qualification and records of individuals no longer performing covered tasks shall be retained for a period of five years.	Sat.	Unsat.	Not Checked
		X		
	Comments:			

**PUBLIC AWARENESS PROGRAM EFFECTIVENESS INSPECTION
SPECIFIC INFORMATION**

Control Information

Inspection Start Date*:	5/8/2019	
Inspection End Date*:	5/29/2019	
OpID:	02432	
Parent Operator Name:	Florida City Gas Company – Hialeah/Miami Division – FCGHD	
Unit ID (s):	None	
State/Other ID:	FCGHD	
Activity Record ID No.	None	
Address of Company Official*: 4045 NW 97 th Avenue Doral, FL 33178	Company Official*:	Sergey Peschanyy
	Title*:	Engineering Leader, Regulatory Compliance and Quality Assurance
	Phone Number*:	786-413-2955
	Fax Number:	
	Email Address*:	Sergey.Peschanyy@nexteraenergy.com
Web Site:	floridacitygas.com	
Total Mileage (from page 3)*:	1842.6	
Total Mileage in HCA:	Not a transmission line	
Number of Services (For Distribution):	74582	
Alternate MAOP (80% Rule):	Not used	
No. of Special Permits:	None	

Initial Date of Public Awareness Program*:	6/20/2006
Title of Current PAP*:	Pipeline Public Awareness Plan
Current PAP Version*:	Version 13
Current PAP Date*:	12/20//2018

Post Inspection Information	
Date Submitted for Approval:	Not used
Director Approval:	Not used
Approval Date:	Not used

* Required field

PHMSA Form 21 Public Awareness Program Effectiveness Inspection, July 21, 2011, Rev 0

Persons Interviewed*	Title/Organization*	Phone Number	Email Address
Sergey Peschanyy	Engineering Leader, Regulatory Compliance and Quality Assurance	(786) 413-2955	Sergey.Peschanyy@nexteraenergy.com

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

External Support Entity Name*	Part of Plan and/or Evaluation*	Phone Number	Email Address
MTN Advertising	Performs ad space purchasing and ad placement services in the following newspapers: Aventura News, Coral Gables News, Doral Tribune, South Dade News Leader, South Miami News, Miami Times, El Nuevo Herald, Miami Herald, Palmetto Bay News, Pinecrest Tribune; and the following radio stations: WAMR FM, WLYF. Performs direct mail piece and bill insert printing services.		
Paradigm	Performs direct mail piece and bill insert printing, direct mail preparation, and direct mail sending services. Organize and conduct liaison meetings. Prepare and conduct surveys.		
US Postal Service	Performs mail distribution.		

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

Inspector Representative(s)*	PHMSA/State*	Region/State*	Email Address	Lead*
Marcelina Alvarez		Southern/Florida	malvarez@psc.state.fl.us	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

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

*** Required field**

Mileage Covered by Public Awareness Program (by Company and State)

Based on the **most recently submitted annual report**, list each company and subsidiary separately, broken down by state (using 2-letter designation). Also list any new lines in operation that are not included on the most recent annual report. If a company has intrastate and/or interstate mileage in several states, use one row per state. If there are both gas and liquid lines, use the appropriate table for intrastate and/or interstate.

Jurisdictional to Part 192 (Gas) Mileage (Interstate)

Company Name (Gas Operator)	Operator ID	Product Type*	State*	Interstate Gathering Mileage*	Interstate Transmission Mileage	Interstate Distribution Mileage^*	Remarks (new or in HCA)

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

Jurisdictional to Part 192 (Gas) Mileage (Intrastate)

Company Name (Gas Operator)	Operator ID	Product Type*	State *	Intrastate Gathering Mileage*	Intrastate Transmission Mileage*	Intrastate Distribution Mileage^*	Remarks (new or in HCA)
Florida City Gas Company – Hialeah/Miami Division – FCGHD	02432	Natural Gas	FL			1842.6	

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

Jurisdictional to Part 195 (Hazardous Liquid) Mileage (Interstate)

Company Name (Liquid Operator)	Operator ID	Product Type*	State*	Interstate Transmission Mileage*	Remarks (new or in HCA~)

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

Jurisdictional to Part 195 (Hazardous Liquid) Mileage (Intrastate)

Company Name (Liquid Operator)	Operator ID	Product Type*	State*	Intrastate Transmission Mileage*	Remarks (new or in HCA~)

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

Total Mileage:	1842.6
-----------------------	--------

1. Supply company name and Operator ID, if not the master operator from the first page (i.e., for subsidiary companies).
 2. Use OPS-assigned Operator ID. Where not applicable, leave blank or enter N/A
 3. Use only 2-letter State codes, e.g., TX for Texas.
 4. Enter number of applicable miles in applicable columns. (Only positive values. No need to enter 0 or N/A.)
- ^ Please do not include Service Line footage. This should only be MAINS.
 * Required Field
 ~ Use Total HCA as reported on annual reports.

Please provide a comment or explanation for each inspection question.

1. Administration and Development of Public Awareness Program

1.01 Written Public Education Program

Does the operator have a written continuing public education program or public awareness program (PAP) in accordance with the general program recommendations in the American Petroleum Institute's (API) Recommended Practice (RP) 1162 (incorporated by reference), by the required date, except for master meter or petroleum gas system operators?

(Reference: § 192.616 (h); § 195.440 (h))

- Verify the operator has a written public awareness program (PAP).
- Review any Clearinghouse deficiencies and verify the operator addressed previous Clearinghouse deficiencies, if any, addressed in the operator's PAP.
- Identify the location where the operator's PAP is administered and which company personnel is designated to administer and manage the written program.
- Verify the date the public awareness program was initially developed and published.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Latest revision was 12/20/2018.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

1.02 Management Support

Does the operator's program include a statement of management support (i.e., is there evidence of a commitment of participation, resources, and allocation of funding)?

(Reference: § 192.616 (a); § 195.440 (a); API RP 1162 Section 2.5 and 7.1)

- Verify the PAP includes a written statement of management support.
- Determine how management participates in the PAP.
- Verify that an individual is named and identified to administer the program with roles and responsibilities.
- Verify resources provided to implement public awareness are in the PAP. Determine how many employees involved with the PAP and what their roles are.
- Determine if the operator uses external support resources for any implementation or evaluation efforts.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

1.03 Unique Attributes and Characteristics

Does the operator's program clearly define the specific pipeline assets or systems covered in the program and assess the unique attributes and characteristics of the pipeline and facilities?

(Reference: § 192.616 (b); § 195.440 (b); API RP 1162 Section 2.7 and Section 4)

- Verify the PAP includes all of the operator's system types/assets covered by PAP (gas, liquid, HVL, storage fields, gathering lines etc).

- Identify where in the PAP the unique attributes and characteristics of the pipeline and facilities are included (i.e. gas, liquids, compressor station, valves, breakout tanks, odorizer).

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

1.04 Stakeholder Audience Identification

Does the operator’s program establish methods to identify the individual stakeholders in the four affected stakeholder audience groups: (1) affected public, (2) emergency officials, (3) local public officials, and (4) excavators, as well as affected municipalities, school districts, businesses, and residents?

(Reference: § 192.616 (d), (e), (f); § 195.440 (d), (e), (f); API RP 1162 Section 2.2 and Section 3)

- Identify how the operator determines stakeholder notification areas and distance on either side of the pipeline.
- Determine the process and/or data source used to identify each stakeholder audience.
- Select a location along the operator’s system and verify the operator has a documented list of stakeholders consistent with the requirements and references noted above.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Section 2.3 of the PA plan.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

1.05 Message Frequency and Message Delivery

Does the operator’s program define the combination of messages, delivery methods, and delivery frequencies to comprehensively reach all affected stakeholder audiences in all areas in which the operator transports gas, hazardous liquid, or carbon dioxide?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Sections 3-5)

- Identify where in the operator’s PAP the combination of messages, delivery methods, and delivery frequencies are included for the following stakeholders:

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Section 2.4 of the PA plan.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

1.06 Written Evaluation Plan

Does the operator's program include a written evaluation process that specifies how the operator will periodically evaluate program implementation and effectiveness? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c), (i); § 195.440 (c), (i))

- Verify the operator has a written evaluation plan that specifies how the operator will conduct and evaluate self-assessments (annual audits) and effectiveness evaluations.
- Verify the operator's evaluation process specifies the correct frequency for annual audits (1 year) and effectiveness evaluations (no more than 4 years apart).
- Identify how the operator determined a statistical sample size and margin-of-error for stakeholder audiences' surveys and feedback.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Section 2.5 and Appendix C of the PA plan. Last audit was done 12/21/2018.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

2. Program Implementation

2.01 English and other Languages

Did the operator develop and deliver materials and messages in English and in other languages commonly understood by a significant number and concentration of non-English speaking populations in the operator's areas?

(Reference: § 192.616 (g); § 195.440 (g); API RP 1162 Section 2.3.1)

- Determine if the operator delivers material in languages other than English and if so, what languages.
- Identify the process the operator used to determine the need for additional languages for each stakeholder audience.
- Identify the source of information the operator used to determine the need for additional languages and the date the information was collected.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Section 3.1 of the PA plan. In 2018, messages were delivered in English and Spanish.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

2.02 Message Type and Content

Did the messages the operator delivered specifically include provisions to educate the public, emergency officials, local public officials, and excavators on the:

- Use of a one-call notification system prior to excavation and other damage prevention activities;
- Possible hazards associated with unintended releases from a gas, hazardous liquid, or carbon dioxide pipeline facility;
- Physical indications of a possible release;
- Steps to be taken for public safety in the event of a gas, hazardous liquid, or carbon dioxide pipeline release; and
- Procedures to report such an event (to the operator)?

(Reference: § 192.616 (d); (f); § 195.440 (d), (f))

- Verify all required information was delivered to each of the primary stakeholder audiences.
- Verify the phone number listed on message content is functional and clearly identifies the operator to the caller.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Section 2.4 of the PA plan. Samples of the brochures and letter sent to the stakeholder audiences, and copy of the newspaper add and radio message.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

2.03 Messages on Pipeline Facility Locations

Did the operator develop and deliver messages to advise affected municipalities, school districts, businesses, and residents of pipeline facility location?

(Reference: § 192.616 (e), (f); § 195.440 (e), (f))

- Verify that the operator developed and delivered messages advising municipalities, school districts, businesses, residents of pipeline facility locations.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

2.04 Baseline Message Delivery Frequency

Did the operator’s delivery for materials and messages meet or exceed the baseline frequencies specified in API RP 1162, Table 2-1 through Table 2.3? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c))

- Identify message delivery (using the operator’s last five years of records) for the following stakeholder audiences:

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

2.05 Considerations for Supplemental Program Enhancements

Did the operator consider, along all of its pipeline systems, relevant factors to determine the need for supplemental program enhancements as described in API RP 1162 for each stakeholder audience?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 6.2)

- Determine if the operator has considered and/or included other relevant factors for supplemental enhancements.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Section 3.2 of the PA plan.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

2.06 Maintaining Liaison with Emergency Response Officials

Did the operator establish and maintain liaison with appropriate fire, police, and other public officials to: learn the responsibility and resources of each government organization that may respond, acquaint the officials with the operator’s ability in responding to a pipeline emergency, identify the types of pipeline emergencies of which the operator notifies the officials, and plan how the operator and other officials can engage in mutual assistance to minimize hazards to life or property?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 4.4)

- Examine the documentation to determine how the operator maintains a relationship with appropriate emergency officials.
- Verify the operator has made its emergency response plan available, as appropriate and necessary, to emergency response officials.
- Identify the operator’s expectations for emergency responders and identify whether the expectations are the same for all locations or does it vary depending on locations.
- Identify how the operator determined the affected emergency response organizations have adequate and proper resources to respond.
- Identify how the operator ensures that information was communicated to emergency responders that did not attend training/information sessions by the operator.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

3. Program Evaluation & Continuous Improvement (Annual Audits)

3.01 Measuring Program Implementation

Has the operator performed an audit or review of its program implementation annually since it was developed? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c), (i); § 195.440 (c), (i); API RP 1162 Section 8.3)

- Verify the operator performed an annual audit or review of the PAP for each implementation year.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

3.02 Acceptable Methods for Program Implementation Audits

Did the operator use one or more of the three acceptable methods (i.e., internal assessment, 3rd-party contractor review, or regulatory inspections) to complete the annual audit or review of its program implementation? If not, did the operator provide valid justification for not using one of these methods?

(Reference: § 192.616 (c); § 195.440 (c), API RP 1162 Section 8.3)

- Determine how the operator conducts annual audits/reviews of its PAP.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

3.03 Program Changes and Improvements

Did the operator make changes to improve the program and/or the implementation process based on the results and findings of the annual audit? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.3)

- Determine if the operator assessed the results of its annual PAP audit/review then developed and implemented changes in its program, as a result.
- If not, determine if the operator documented the results of its assessment and provided justification as to why no changes were needed.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4. Program Evaluation & Continuous Improvement (Effectiveness)

4.01 Evaluating Program Effectiveness

Did the operator perform an effectiveness evaluation of its program (or no more than 4 years following the effective date of program implementation) to assess its program effectiveness in all areas along all systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4)

- Verify the operator conducted an effectiveness evaluation of its program (or no more than 4 years following the effective date of program implementation).
- Document when the effectiveness evaluation was completed.
- Determine what method was used to perform the effectiveness evaluation (in-house, by 3rd party contractor, participation in and use the results of an industry group or trade association).
- Identify how the operator determined the sample sizes for audiences in performing its effectiveness evaluation.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: The effectiveness evaluation was conducted in 2018, the method used was in-house, and the information was obtained from surveys conducted by Paradigm on behalf of the operator.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4.02 Measure Program Outreach

In evaluating effectiveness, did the operator track actual program outreach for each stakeholder audience within all areas along all assets and systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.1)

- Examine the process the operator used to track the number of individuals or entities reached within each intended stakeholder audience group.
- Determine the outreach method the operator used to perform the effectiveness evaluation (e.g., questionnaires, telephone surveys, etc).
- Determine how the operator determined the statistical sample size and margin-of-error for each of the four intended stakeholder audiences.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: The surveys were conducted by phone.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4.03 Measure Percentage Stakeholders Reached

Did the operator determine the percentage of the individual or entities actually reached within the target audience within all areas along all systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.1)

- Document how the operator determined the statistical sample size and margin-of-error for each of the four intended stakeholder audiences.
- Document how the operator estimated the percentage of individuals or entities actually reached within each intended stakeholder audience group.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: The operator tabulated the responses obtained from the surveys to determine the percentage reached.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4.04 Measure Understandability of Message Content

In evaluating effectiveness, did the operator assess the percentage of the intended stakeholder audiences that understood and retained the key information in the messages received, within all areas along all assets and systems covered by its program? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.2)

- Examine the operator’s evaluation results and data to assess the percentage of the intended stakeholder audience that understood and retained the key information in each PAP message.
- Verify the operator assessed the percentage of the intended stakeholder audience that (1) understood and (2) retained the key information in each PAP message.
- Determine if the operator pre-tests materials.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4.05 Measure Desired Stakeholder Behavior

In evaluating its public awareness program effectiveness, did the operator attempt to determine whether appropriate preventive behaviors have been understood and are taking place when needed, and whether appropriate response and mitigative behaviors would occur and/or have occurred? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.3)

- Examine the operator’s evaluation results and data to determine if the stakeholders have demonstrated the intended learned behaviors.
- Verify the operator determined whether appropriate prevention behaviors have been understood by the stakeholder audiences and if those behaviors are taking place or will take place when needed.

- Affected public
- Emergency officials
- Public officials
- Excavators

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4.06 Measure Bottom-Line Results

In evaluating its public awareness program effectiveness, did the operator attempt to measure bottom-line results of its program by tracking third-party incidents and consequences including: (1) near misses, (2) excavation damages resulting in pipeline failures, (3) excavation damages that do not result in pipeline failures? Did the operator consider other bottom-line measures, such as the affected public's perception of the safety of the operator's pipelines? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 8.4.4)

- Examine the operator’s process for measuring bottom-line results of its program.
- Verify the operator measured bottom-line results by tracking third-party incidents and consequences.
- Determine if the operator considered and attempted to measure other bottom-line measures, such as the affected public’s perception of the safety of the operator’s pipelines. If not, determine if the operator has provided justification in its program or procedural manual for not doing so.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: Appears satisfactory.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

4.07 Program Changes

Did the operator identify and document needed changes and/or modifications to its public awareness program(s) based on the results and findings of its program effectiveness evaluation? If not, did the operator provide justification in its program or procedural manual?

(Reference: § 192.616 (c); § 195.440 (c); API RP 1162 Section 2.7 Step 12 and 8.5)

- Examine the operator’s program effectiveness evaluation findings.
- Identify if the operator has a plan or procedure that outlines what changes were made.
- Verify the operator identified and/or implemented improvements based on assessments and findings.

<input checked="" type="checkbox"/> S – Satisfactory (explain)*	Comments: The information obtained from the surveys was similar to previous years, and the operator is considering to use a different approach for future assessments.
<input type="checkbox"/> U - Unsatisfactory (explain)*	
<input type="checkbox"/> N/A - Not Applicable (explain)*	
<input type="checkbox"/> N/C – Not Checked (explain)*	
Check exactly one box above. * Required field	

5. Inspection Summary & Findings

5.01 Summary

5.02 Findings

Distribution Integrity Management Program

Implementation Inspection Form

This inspection form is for the evaluation of an operator's implementation of its gas distribution integrity management program (DIMP) through a review of its records and actions performed on pipeline facilities. This inspection form is applicable to operators, other than Master Meter and Small LPG operators, that have developed and implemented a DIMP under §192.1005. The form asks inspectors to review records and perform field observations regarding the implementation of the DIMP required elements. Following a review of the operator's DIMP plan, inspectors will observe actions taken by the operator to ensure that procedures have been followed. There are instances when actions by an operator could be deemed satisfactory by an inspector for an implementation question while still not meeting the procedural requirements in the DIMP plan resulting in an unsatisfactory rating for a corresponding procedural question.

Questions with code references beside them are enforceable. "S/Y" stands for "satisfactory" or "yes"; "U/N" stands for "unsatisfactory" or "no"; "N/A" stands for "not applicable"; and "N/C" stands for "not checked". If an item is marked U/N, N/A, or N/C, an explanation must be included in the comments section. Due to the unique characteristics of some operator's system, there are instances where an operator is not required to perform an action, and some of the questions requesting a review of documents may not apply and would be rated as "N/A" (rather than rating "U/N"). For instance, in Question #8, if the operator has NOT acquired any new information relevant to threat identification, rate as "N/A". Correspondingly, if the operator had acquired new information that needed to be included in the threat identification and had not, then the rating would be "U/N".

This inspection form includes two types of activities – records review and field observation activities:

- The Records Review questions are to be performed on records used by an operator for implementing its DIMP plan. Not all parts of this form may be applicable to a specific Records Review Inspection, and only those applicable portions of this form need to be completed.
- The Field Observation questions are to be used on field activities being performed by an operator in support of its DIMP plan. Field Observation inspection activities may also include review of data, environmental conditions, and assumptions being used by an operator in support of its DIMP plan. Not all parts of this form may be applicable to a specific Field Observation Inspection, and only those applicable portions of this form need to be completed.

A review of applicable Operations and Maintenance (O&M) and DIMP processes and procedures applicable to the field activity being inspected should be considered by the inspector to ensure the operator is implementing its O&M Manuals and DIMP in a consistent manner.

Operator Contact and System Information

Operator Information:

Name of Operator (legal entity):	Florida City Gas Company - Hialeah/Miami Division - FCGHD
PHMSA Operator ID:	02432
Type of Operator:	<input checked="" type="checkbox"/> Investor Owned <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> LPG <input type="checkbox"/> Other (Identify - e.g., cooperative)
State(s) included in this inspection	Florida
Headquarters Address:	700 Universe Boulevard, Juno Beach, FL 33408
Company Contact:	Sergey Peschanyy
Phone Number:	786-413-2955
Email:	Sergey.Peschanyy@nexteraenergy.com
Date(s) of Inspection	5/9 and 5/16/2019
Date of this Report	6/7/2019
Date of Current DIMP Plan/Revision	March 2019

Persons Interviewed:

Persons Interviewed <i>(list primary contact first)</i>	Title	Phone Number	Email
Sergey Peschanyy	Engineering Leader, Regulatory Compliance and Quality Assurance	786-413-2955	Sergey.Peschanyy@nexteraenergy.com

State/Federal Representatives:

Inspector Name and Agency	Phone Number	Email
Marcelina Alvarez, FPSC	305-513-7817	malvarez@psc.state.fl.us

System Description Narrative: This inspection was conducted on 5/9 and 5/16/2019. This report is for Florida City Gas Company - Hialeah/Miami Division (FCGHD) Operator of Gas Distribution System in Florida. The information was obtained from interview with Sergey Peschanyy, Engineering Leader, Regulatory Compliance and Quality Assurance, field observations, and records' review.

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Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1005	Issues Identified in previous Integrity Management Inspection(s)				
1	* - If not satisfactory, insert appropriate code section(s)	Have all issues raised in previous DIMP inspections been satisfactorily addressed? Provide comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		There were no issues raised during the previous DIMP inspection.				
	192.1007(a)	Knowledge of the system				
2	.1007 (a)(3)	Is the operator collecting the missing or incomplete system information and data needed to fill knowledge gaps to assess existing and potential threats?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Updating of the Company's Geographic Information System (GIS) is an ongoing process.				
3	.1007 (a)(3)	Is the operator collecting the missing or incomplete system information and data using the procedures prescribed in its DIMP plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 2.				
4	.1007 (a)(3)	Has the operator incorporated into the DIMP plan any new or missing information identified or acquired during normal operations, maintenance, and inspection activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 2.				
5	.1007(a)(5)	Has the operator captured required data on any new pipeline installations? For pipe, fittings, valves, EFVs, risers, regulators, shut-offs, etc., examples of data and records required to be collected by operator since August 2, 2011 include, but are not limited to, the following: <ul style="list-style-type: none"> • Location • Material type and size • Wall thickness or SDR • Manufacturer • Lot or production number 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Information is entered into the GIS system as new construction or repairs are completed.				

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
6	.1007 (a)	Are data collection forms used in conjunction with the operator's DIMP plan being fully and accurately completed? Note: This question can be answered by office review of records and/or comparison of field conditions to information in the reviewed records.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Records are entered and maintained either electronically and/or paper.				
7	.1007 (a)	If new Subject Matter Experts (SMEs) input is incorporated into the DIMP plan, do SMEs have the necessary knowledge and/or experience (skills sets) regarding the areas of expertise for which the SME provided knowledge or supplemental information for input into the DIMP plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
8	.1007 (a)	Do operator personnel in the field understand their responsibilities under DIMP plan? (Below are possible questions for field personnel) <ul style="list-style-type: none"> • Would you explain what DIMP training you have received? • What instructions have you received to address the discovery of pipe or components not documented in the company records? • What instructions have you received if you find a possible issue? (ex: corrosion, dented pipe, poor fusion joints, missing coating, excavation damage, mechanical fitting failures) • If you find situations where the facilities examined (e.g., size of the pipe, coating) are different than records indicate, what documentation do you prepare? • If you are repairing a leak and find that a fitting was improperly installed, what documentation do you prepare? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Operator personnel appear to understand their responsibilities.				

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Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1007 (b) and (c)	Identify Threats; Evaluate and Rank Risk				
9	.1007(b)	Has the operator acquired any new information relevant to system knowledge that may affect its threat identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		No significant new information has been acquired since the previous DIMP inspection.				
10	.1007 (b)	Have any changes occurred that require re-evaluation of threats and risks? Examples include, but are not limited to, the following: <ul style="list-style-type: none"> • Acquisition of new systems • Completion of pipe replacement program • New threats (e.g., first time natural forces damage, etc.) • Increase in existing threats (e.g., washouts, land subsidence, etc.) • Increase in consequences (e.g., new wall-to-wall pavement, etc.) • Organization changes (e.g., downsizing of staff, company restructuring, etc.) • Applicable code revisions • Other (describe below) 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		No significant changes have occurred that would require re-evaluation of threats and risks.				
11	.1007 (b)	Has the operator identified information or data from external sources (e.g. trade associations, operator’s consultants, government agencies, other operators, manufacturers, etc.) that may require re-evaluation of threats and risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		No significant information has been identified that would require re-evaluation of threats and risks.				
12	.1007 (c)	Since the last DIMP plan review by the regulatory agency, has the operator updated its threat identification and risk assessment based on newly acquired information or data (see Questions 9, 10, and 11) relevant to system knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comments to questions 9, 10, and 11.				

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1007 (b) and (c)	Identify Threats; Evaluate and Rank Risk				
13	.1007 (c)	If the operator has modified its threat identification and risk evaluation and ranking, were the revisions made in accordance with the procedure in the operator's DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comments to questions 9, 10, and 11.				
14	.1007 (c)	Does the operator's current subdivision process (grouping of materials, geographic areas, etc.) adequately meet the need to properly evaluate and rank the existing and potential threats to the integrity of its system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
15	.1007 (c)	Has the operator added or modified system subdivisions within its risk evaluation and ranking since the last plan review by the regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Since the previous DIMP inspection, no additions or modifications to the system subdivision have occurred.				
16	.1007 (c)	If the operator has added or modified system subdivisions, was it done in accordance with the procedures described in the operator's DIMP plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 15.				
17	.1007 (c)	If the operator has added or modified system subdivisions, did the new system subdivision result in modifications to the risk evaluation and ranking?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 15.				

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1007(d)	Identify and implement measures to address risks				
18	.1007 (d)	Does the documentation reviewed demonstrate the operator is implementing the measures to reduce risks per the DIMP plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	.1007 (d)	Has the operator completed any measures to reduce risks resulting in the elimination/mitigation of the associated identified threat? (e.g., pipe replacement program completed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		The mitigation of the identified threats is an ongoing process.				
20	.1007 (d)	If answering "Satisfactory/Yes" to question 19, has the operator re-evaluated and ranked its risks (1007(c)) because of the elimination/mitigation of an identified threat to ensure that risk reduction measures in place are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 19.				
21	.1007 (d)	Does each implemented risk reduction measure identified in the DIMP plan address a specific risk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
22	.1007 (d)	Can the operator provide documentation to demonstrate that an effective leak management program is being implemented? Important components in an effective program include, but are not limited to, the following: <u>Locate</u> the leaks in the distribution system; <u>Evaluate</u> the actual or potential hazards associated with these leaks; <u>Act</u> appropriately to mitigate these hazards; <u>Keep</u> records; and <u>Self-assess</u> to determine if additional actions are necessary to keep people and property safe. Answer "N/A" if operator repairs all leaks when found.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1007(e)	Measure performance, monitor results, and evaluate effectiveness				
23	.1007 (e)	<p>Is the operator collecting data for the required performance measures in §192.1007(e)?</p> <p>i) Number of hazardous leaks either eliminated or repaired, categorized by cause? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>ii) Number of excavation damages? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>iii) Number of excavation tickets? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>iv) Total number of leaks either eliminated or repaired, categorized by cause? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>v) Number of hazardous leaks either eliminated or repaired, categorized by material? (Note: Not required in PHMSA Distribution Annual Report Form 7100.1-1) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>vi) Any additional measures the operator determines are needed to evaluate the effectiveness of the DIMP plan in controlling each identified threat? (Note: Not required in PHMSA Distribution Annual Report Form 7100.1-1) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p>				
Inspector Comments		No additional measures were determined to be needed.				
24	.1007 (e)	Based on field observations and/or record reviews, is the operator accurately collecting the data used to measure performance in accordance with the procedures in its DIMP plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
25	.1007 (e)	Is the operator monitoring each performance measure from an established baseline?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
26	.1007 (e)	Is each performance measure added since the DIMP plan was last updated tied to a specific risk reduction measure or group of measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		No additional performance measures have been added since the previous DIMP inspection.				

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1007(f)	Periodic Evaluation and Improvement				
27	.1007 (f)	Has the operator performed a periodic evaluation of its DIMP plan on the frequency specified in the plan? If a periodic evaluation has not been required since plan implementation or the last inspection, mark questions 27-32 as "N/A".	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
28	.1007 (f)	Did the periodic evaluation include the following: <ul style="list-style-type: none"> • Verification of general system information (e.g., contact information; form names; action schedules, etc.)? • New information acquired since the previous evaluation? • Review of threats and risks? • Was the risk model re-run? • Review of performance measures? • Review of measures to reduce risks? • Evaluation of the effectiveness of measures to reduce risks? • Modification of measures to reduce risks, if necessary? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		No significant new information has been acquired since the previous DIMP inspection. Modification of measures to reduce risks was not necessary.				
29	.1007 (e)	If any established performance measures indicated an increase in risk beyond an acceptable level (as established in the DIMP plan), did the operator implement new risk reduction measures along with their associated performance measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Established performance measures did not indicate an increase in risk beyond an acceptable level.				
30	.1007 (f)	If the periodic evaluation indicates that <u>implemented measures to reduce risks</u> are NOT effective, were risk reduction measures modified, deleted or added?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Implemented measures to reduce risks appeared to be effective.				

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Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
31	.1007 (f)	Did the periodic evaluation indicate that the selected <u>performance measures</u> are assessing the effectiveness of risk reduction measures? If not, were performance measures modified, deleted or added? (describe in Inspector comments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
32	.1007 (f)	Did the operator follow its procedures in conducting periodic evaluation and program improvement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
	192.1007 (g)	Report results				
33	.1007(g)	Did the operator complete Parts C and D of the PHMSA Distribution Annual Report (Form 7100.1-1) in its submission to PHMSA and the state regulatory authority having jurisdiction, if required, for each year since the last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
	192.1009	What must an operator report when mechanical fittings fail?				
34	.1009	Has the operator maintained accurate records documenting mechanical fitting failures resulting in hazardous leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		According to the operator's records, two mechanical fitting failures occurred in 2018.				

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
35	.1009	<p>Did the operator report all mechanical fitting failures that resulted in a hazardous leak for the previous calendar year to PHMSA and State authorities, as appropriate, by March 15th of the next calendar year?</p> <p>Did the reports contain the information required by Department of Transportation Form PHMSA F-7100.1-2?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
36	.1009	<p>Did the operator follow its procedure(s) for collecting the appropriate information and submitting PHMSA Form F-7100.1-2? Methods to verify include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Field observation of the excavation of a failed mechanical fitting • Examination of failed fittings or photographs that have been retained by the operator • Interview with field personnel responsible for collecting information 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						

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Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
	192.1011	What records must an operator keep?				
37	.1011	Is the operator retaining the records demonstrating compliance with Subpart P, as specified in its DIMP plan, for 10 years (or since 08/02/2011)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
38	.1011	Did the operator retain for 10 years (or since 08/02/2011) copies of superseded DIMP plans?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
39	.1011	Did the operator follow its DIMP procedures applicable to records retention? If answered "Unsatisfactory/No", then list those procedures not followed below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspector Comments						
	192.1013	When may an operator deviate from required periodic inspections under this part?				
40	.1013 (c)	Has the operator received approval from PHMSA or the appropriate State Regulatory Authority for alternate (less strict than code) periodic inspection intervals? (If no, mark questions 40-44 "N/A")	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		Operator has not requested approval to deviate from required periodic inspections.				
41	.1013 (c)	Has the operator conducted the periodic inspections at the specified alternate intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 40.				
42	.1013 (c)	Has the operator complied with all conditions that were required as part of the alternate inspection interval approval? If answered "Unsatisfactory/No", then provide comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 40.				

Question Number	Rule §	Description	S/Y	U/N	N/A	N/C
43	.1013 (c)	Do performance measure records indicate that an equal or greater overall level of safety has been achieved since the alternate inspection frequency was implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 40.				
44	.1013 (c)	If that an equal or greater overall level of safety has not been achieved, is the operator taking corrective action? Provide comments below regarding corrective actions taken or lack thereof.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspector Comments		See comment to question 40.				

Additional Inspector Comments:

Conditions observed in the field can provide insights into the effectiveness of the operator’s DIMP plan implementation. Please comment on your general field observations.

Field personnel seem to have a general knowledge of company’s DIMP program and procedures, and promptly report information for correcting deficiencies.

Please comment on the operator’s safety culture. Safety Culture is the collective set of attitudes, values, norms and beliefs, which pipeline operator’s employees share that demonstrate a commitment to safety over competing goals and demands. A positive safety culture is essential to an organization's safety performance regardless of its size or sophistication. Characteristics of a positive safety culture include the following:

1. Embraces safety (personnel, public, and asset) as a core value,
2. Ensures everyone understands the organization's safety culture goals,
3. Inspires, enables, and nurtures culture change when necessary,
4. Allocates adequate resources to ensure individuals can successfully accomplish their safety management system responsibilities,
5. Encourages employee engagement and ownership,
6. Fosters mutual trust at all levels, with open and honest communication,
7. Promotes a questioning and learning environment,
8. Reinforces positive behaviors and why they are important ,
9. Encourages non-punitive reporting and ensures timely response to reported issues.

Office and field personnel have the right attitude, values, norms and beliefs regarding safety and seem to be committed to a culture of safe operation of the system.