

**ARIZONA CORPORATION COMMISSION - OFFICE OF PIPELINE SAFETY (AZOPS)
ANNUAL INSPECTION REPORT - Gas System Operators**

Inspection Date: _____ **Last Inspection Date:** _____

Name of Facility: _____ **OPID #:** _____ **Phone:** _____

Cell Phone: _____ **Fax:** _____ **Email:** _____

Address of Facility: _____ **City:** _____

State: _____ **Zip:** _____ **Contact Person:** _____

Operator Name: _____ **Phone:** _____

Operator Address: _____ **City:** _____

Please check box if this is to be the mailing address. **State:** _____ **Zip:** _____

Facility Type: _____ **Priority:** _____ **Number of Buildings:** _____

Last OQ Inspection Date: _____ **Last DIMP Inspection Date:** _____

Gas System Type: _____ **Number of Meters:** _____ **Gas Supplier:** _____

Gas System History		
Pipe Type	Operating Pressure	Date Installed

1. Has a written operation and maintenance plan been established meeting the requirements of the regulations and review records maintained?	
2. Has a written emergency plan been established and does operating personnel have knowledge of emergency procedures and are records maintained?	
3. Has a map of the gas system been developed showing meter and valve locations, mains, and service lines?	
4. Are operation and maintenance personnel qualified and are OQ records maintained?	
5. Has all above ground pipe been maintained?	
6. Has cathodic protection been tested at proper intervals and records maintained? Does it meet the negative voltage of at least 0.85 volt?	
7. Have required valves been checked and serviced at intervals not exceeding 15 months but at least once each calendar year and records maintained?	
8. Have periodic odorization checks been conducted and records maintained?	
9. Has a leak survey of the system been conducted at intervals not exceeding 15 months but at least once each calendar year and records maintained?	
10. Has operator filed annual report?	
11. Has a written Master Meter Integrity Management Program (IMP) been established meeting the requirements of the regulations and records maintained?	
12. Has new construction and repairs been completed in accordance with State and Federal requirements and inspected by the ACC?	

Last Year On File: _____

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Question ____:

Answer:

Violation Codes:

Findings:

Notes:

Additional Notes:

Total Violations Found: _____

By signing you are confirming that Arizona Corporation Commission's Office of Pipeline Safety (AZOPS) Staff conducted an inspection of your facility in the presence of an operator representative. Further, by signing, you accept and confirm receipt of AZOPS' inspection report.

AZOPS Representative: _____

Date: _____

Additional AZOPS Rep: _____

Operator Representative: _____

Date: _____