

GAS ODOR/LEAK REPORT

Facility Name: _____

Report Received From:

Name: _____ Date Reported: _____

Address: _____ Time Reported: _____

_____ Received By: _____

Telephone: _____

LOCATION OF ODOR/LEAK

Address: _____

DESCRIPTION OF PROBLEM

1. Odor/leak inside _____ or outside _____
2. Can escaping gas be heard? YES _____ or NO _____
3. Size of broken gas line _____ Unknown _____
4. Was there a fire? _____, Explosion? _____, Ignition? _____
5. Fatalities _____, Injuries _____, Property Damage _____
6. Number of Services Out _____
7. Additional Information: _____

ACTION REQUIRED

DATE / TIME

- | | | | |
|----------------------------------|-------|---|-------|
| 1. Operator Personnel Dispatched | _____ | / | _____ |
| 2. Fire Department Called | _____ | / | _____ |
| 3. Gas Supply Company Notified | _____ | / | _____ |
| 4. ACC Notified | _____ | / | _____ |

Incident Resolved By: _____