


		OMB NO: 2137-TBD EXPIRATION DATE: TBD
 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	Voluntary Adoption of American Petroleum Institute Recommended Practice 1173 for Gas Distribution Systems	Report Date _____ No. _____ (DOT Use Only)
<p>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-XXXX. Public reporting for this collection of information is estimated to be approximately 1 hour per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p>		

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

1. Operator’s OPS-Issued Operator Identification Number (OPID) _____.
2. Name of Operator _____.
3. Number of Customers Served by the operator _____.
4. Amount of Gas Transported by the operator in Calendar Year (CY) 2022 in Thousands of Standard Cubic Feet. _____.

5. Are you familiar with the American Petroleum Institute (API) RP 1173?

Yes ____ No ____

Click on the box for Yes or No. If No is chosen, please skip to question #8.

6. If yes, how did you become aware of RP 1173?

- ____ Internal staff
- ____ Industry Affiliate
- ____ State regulator
- ____ Federal regulator
- ____ Other (specify) _____

Choose the correct answer. If you choose “Other” please write in your specific answer. Do not exceed 100 characters.

7. When did you become aware of RP 1173? _____.

Enter the correct four-digit year.

8. a) Have you implemented any of the 10 elements of a Safety Management System (SMS) in accordance with RP 1173 or a similar recommended practice, standard, or customized SMS as of the date of this submission?

Yes No

Indicate each element implemented. Please check all that apply.

1. Leadership and management commitment

2. Stakeholder engagement

3. Risk management

4. Operational controls

5. Incident investigation, evaluation, and lessons learned

6. Safety assurance

7. Management review and continuous improvement

8. Emergency preparedness and response

9. Competence, awareness, and training

10. Documentation and record keeping

Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

b) Please provide an estimate for implementing each element in staff hours.

1. Leadership and management commitment

2. Stakeholder engagement

3. Risk management

4. Operational controls

5. Incident investigation, evaluation, and lessons learned

6. Safety assurance

7. Management review and continuous improvement

8. Emergency preparedness and response

9. Competence, awareness, and training

10. Documentation and record keeping

Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

c) Please provide an estimate for implementing each element in monetary costs (in 2021 dollars).

- ___ 1. Leadership and management commitment
- ___ 2. Stakeholder engagement
- ___ 3. Risk management
- ___ 4. Operational controls
- ___ 5. Incident investigation, evaluation, and lessons learned
- ___ 6. Safety assurance
- ___ 7. Management review and continuous improvement
- ___ 8. Emergency preparedness and response
- ___ 9. Competence, awareness, and training
- ___ 10. Documentation and record keeping
- ___ Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

9. If you answered yes for number 8a, in what year was your SMS program:

- a) initiated ___ and
 - b) fully implemented with the elements selected in 8a. ____.
- Input the correct four-digit year.

10. If you have not implemented an SMS program:

- a) are you currently in the process of implementing one and
- b) how much progress have you made with implementing the 10 or more (if applicable) elements of the program?

Yes ___ No ___

If you select Yes, enter a two-digit number between 10 and 90 below as a measure of “% Complete” (e.g., if you are at “60%” in the process of implementing #2, please input “60”, if you are at “30%” in #3, please input “30”.) Include information for all that apply and leave the others blank. Lower than 10% is considered not started, and higher than 90% is considered complete. If the SMS you are implementing uses additional or modified elements, please adjust accordingly.

- ___ 1. Leadership and management commitment
- ___ 2. Stakeholder engagement
- ___ 3. Risk management
- ___ 4. Operational controls

5. Incident investigation, evaluation, and lessons learned

6. Safety assurance

7. Management review and continuous improvement

8. Emergency preparedness and response

9. Competence, awareness, and training

10. Documentation and record keeping

Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

If you select “No,” please go to question #12.

11. Which elements did you find most challenging? Please check all that apply.

1. Leadership and management commitment

2. Stakeholder engagement

3. Risk management

4. Operational controls

5. Incident investigation, evaluation, and lessons learned

6. Safety assurance

7. Management review and continuous improvement

8. Emergency preparedness and response

9. Competence, awareness, and training

10. Documentation and record keeping

Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

12. If you answered “No” for 8a, when do you expect to implement all elements?

Current year

1-2 years

2-5 years

5-10 years

10+ years

No Plan

Select one answer only. Current year means that you either have already implemented all elements or you will have all elements implemented within the current year. Only check the box for “No Plan” if you have no thoughts of ever implementing an SMS program.

13. If you do not plan on implementing an SMS program, what are the primary reasons for not implementing?

Size of company

Limited staff

Financial considerations

Unfamiliar with SMS principles

Other (specify) _____

Select only one answer. If you select “Other” please write in your answer. Please do not exceed 100 characters.

14. If you have implemented an SMS program, has it been evaluated?

Yes No

Select only one answer.

15. By whom?

- Internal staff
- An independent third-party evaluator
- State regulator
- Federal regulator
- Other (specify) _____

Select only one answer. If you select “Other” please write in your answer. Please do not exceed 100 characters.

Preparer: _____

Preparer’s E-Mail Address: _____

Preparer’s Phone Number: _____

Authorized Person: _____

Authorized Person’s E-Mail Address: _____

Authorized Person’s Phone Number: _____

60-Day Notice

GENERAL INSTRUCTIONS

Each operator of a gas distribution system shall file Form PHMSA GD-SMS-2022 for each operator name and associated operator ID. As this is a one-time information collection PHMSA is requesting only basic safety management system (SMS) implementation information

Master meter operators are exempt from filing incident reports per §191.9(c).

Form PHMSA GD-SMS-2022 and these instructions can be found on <http://phmsa.dot.gov/pipeline/library/forms>. The applicable documents are listed in the section titled **GD-SMS-2022 Reporting Form**.

ONLINE REPORTING REQUIREMENTS

Reports must be submitted online through the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>, unless an alternate method is approved (see Alternate Reporting Methods below). You will not be able to submit reports until you have met all of the Portal registration requirements – see <https://portal.phmsa.dot.gov/PHMSAPortal2/staticContentRedesign/howto/PortalAccountCreation.pdf>

Completing these registration requirements could take several weeks. Plan ahead and register well in advance of the report due date.

Use the following procedure for online reporting:

1. Go to the PHMSA Portal at <https://portal.phmsa.dot.gov/portal>
2. Enter PHMSA Portal Username and Password; press *enter*
3. Select OPID; press “*continue*” button.
4. On the left side menu under “Incident/Accident (2010 to present)” select “**ODES 2.0**”

5. Under “**Create Reports**” on the left side of the screen, select “Gas Distribution” and proceed with entering your data.

6. Click “**Submit**” when finished with your data entry to have your report uploaded to PHMSA’s database as an official submission of an Incident Report; or click “**Save**” which doesn’t submit the report to PHMSA but stores it in a draft status to allow you to come back to complete your data entry and report submission at a later time. *Note: The “Save” feature will allow you to start a report and save a draft of it which you can print out and/or save as a PDF to email to colleagues in order to gather additional information and then come back to accurately complete your data entry before submitting it to PHMSA.*

7. Once you click “**Submit**”, the system will check if all applicable portions of the report have been completed. If portions are incomplete, a listing of these portions will appear above the row of Parts. If all applicable portions have been completed, the system will show your Saved Incident/Accident Reports in the top portion of the screen and your Submitted Incident/Accident Reports in the bottom portion of the screen. *Note: To confirm that your report was successfully submitted to PHMSA, look for it in the bottom portion of the screen where you can also view a PDF of what you submitted.*

Alternate Reporting Methods

Operators for whom electronic reporting imposes an undue burden and hardship may submit a written request for an alternate reporting method. Operators must follow the requirements in §191.7(d) to request an alternate reporting method and must comply with any conditions imposed as part of PHMSA’s approval of an alternate reporting method.

RETRACTING A REPORT

An operator who reports an incident in accordance with §191.9 (oftentimes referred to as a 30-day written report) and upon subsequent investigation determines that the event did not meet the criteria in §191.3 may request that their report be retracted. Requests to retract a 30-day written report are to be emailed to InformationResourcesManager@dot.gov. Requests are to include the following information:

- a. The Report ID (the unique 8-digit identifier assigned by PHMSA)

- b. Operator name
- c. PHMSA-issued OPID number
- d. A brief statement as to why the report should be retracted.

SPECIAL INSTRUCTIONS

All applicable data fields must be completed before an Original Report will be accepted. Your Original Report cannot be submitted online until the required information has been provided, although your partially completed report can be saved online so that you can return at a later time to provide the missing information.

1. An entry should be made in each applicable space or check box, unless otherwise directed by the section instructions.
2. If the data is unavailable, enter “Unknown” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank.
3. Estimate data only if necessary. Provide an estimate in lieu of answering a question with “Unknown” or leaving the field blank. Estimates should be based on best-available information and reasonable effort. More specifically, for some questions in this information collection, estimates of level of effort in hours or monetary costs could be based on the operator’s understanding of the available data or recent experience.
4. If the question is not applicable, enter “N/A” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank. Do not enter zero unless this is the actual value being submitted for the data in question.
5. If **OTHER** is checked for any answer to a question, include an explanation or description in the text field provided, making it clear why “Other” was the necessary selection.
6. Pay close attention to each question for the phrase:
 - a. ***(Select all that apply)***
 - b. ***(Select only one)***If the phrase is not provided for a given question, then “select only one” applies. “Select only one” means that you should select the single, primary, or most applicable answer. **DO NOT SELECT MORE ANSWERS THAN REQUESTED.** “Select all that apply” requires that all applicable answers (one or more than one) be selected.

7. **Date format** = mm/dd/yyyy

SPECIFIC INSTRUCTIONS

1. Operator's OPS-Issued Operator Identification Number (OPID)

For online entries, the OPID will automatically populate based on the selection you made when entering the Portal. If you have log-in credentials for multiple OPID, be sure the report is being created for the appropriate OPID. Contact PHMSA's Information Resources Manager at 202-366-8075 if you need assistance with an OPID. Business hours are 8:30 AM to 5:00 PM Eastern Time.

2. Name of Operator

This is the company name associated with the OPID. For online entries, the name will automatically populate based on the OPID entered in 1. If the name that appears is not correct, you need to submit an Operator Name Change (Type A) Notification.

3. Number of Customers Served by the operator

This is the number of meters through which the operator sells gas.

4. Amount of Gas Transported by the operator in Calendar Year (CY) 2022 in Thousand Standard Cubic Feet.

This is the amount of gas transported by the operator in CY 2022 in Thousands of Standard Cubic Feet.

5. Are you familiar with the American Petroleum Institute (API) RP 1173?

Yes No

Click on the box for Yes or No. If No is chosen, please skip to question #8.

6. If yes, how did you become aware of RP 1173?

Internal staff

Industry Affiliate

State regulator

___ Federal regulator

___ Other (specify) _____

Choose the correct answer. If you choose “Other” please write in your specific answer. Do not exceed 100 characters.

7. When did you become aware of RP 1173?

Enter the correct four-digit year.

8. a) Have you implemented any of the 10 elements of a Safety Management System (SMS) in accordance with RP 1173 or a similar recommended practice, standard, or customized SMS as of the date of this submission?

Yes ___ No ___

Indicate each element implemented. Please check all that apply.

___ 1. Leadership and management commitment

___ 2. Stakeholder engagement

___ 3. Risk management

___ 4. Operational controls

___ 5. Incident investigation, evaluation, and lessons learned

___ 6. Safety assurance

___ 7. Management review and continuous improvement

___ 8. Emergency preparedness and response

___ 9. Competence, awareness, and training

___ 10. Documentation and record keeping

___ Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

b) Please provide an estimate for implementing each element in staff hours.

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- a) initiated _____ and
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Input the correct four-digit year.

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Yes ____ No ____

If you select Yes, enter a two-digit number between 10 and 90 below as a measure of “% Complete” (e.g., if you are at “60%” in the process of implementing #2, please input “60”, if you are at “30%” in #3, please input “30”.) Include information for all that apply and leave the others blank. Lower than 10% is considered not started, and higher than 90% is considered complete. If the SMS you are implementing uses additional or modified elements, please adjust accordingly.

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Other (Please Describe. This option is intended to include additional or modified elements incorporated from a similar recommended practice, standard, or customized SMS.) _____

If you select “No,” please go to question #12.

11. Which elements did you find most challenging? Please check all that apply.

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14. If you have implemented an SMS program, has it been evaluated?

Yes No

Select only one answer.

15. By whom?

- Internal staff**
- An independent third-party evaluator**
- State regulator**
- Federal regulator**
- Other (specify) _____**

Select only one answer. If you select “Other” please write in your answer. Please do not exceed 100 characters.

Preparer: _____

Preparer’s E-Mail Address: _____

Preparer’s Phone Number: _____

Authorized Person: _____

Authorized Person’s E-Mail Address: _____

Authorized Person’s Phone Number: _____

PART I – PREPARER AND AUTHORIZED PERSON

The Preparer is the person who compiled the data and prepared the responses to the report and who is to be contacted for more information (preferably the person most knowledgeable about the information in the report or who knows how to contact the person or persons most knowledgeable). Enter the Preparer’s e-mail address if the Preparer has one, and the phone and fax numbers used by the Preparer.

The Authorized Person is responsible for assuring the accuracy and completeness of the reported data. In addition to their title, a phone number and email address are to be provide