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| **STATE OF LOUISIANA** | **CNG INCIDENT AND/OR** | **CNG-200** |
| **OFFICE OF CONSERVATION** | **ACCIDENT REPORT** | **(4/92)** |
| **PIPELINE DIVISION** |  | **Rev. 5/12** |

**(PIPELINE DIVISION EMERGENCY NUMBER: (504) 342-5505)**

|  |  |  |  |
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| **Company Name:** |  | **Telephone Number:** |  |
| **Company Address:** |  | **Fax Number:** |  |
|  | **Contact Person/Title:** |  |

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| **PHYSICAL LOCATION OF THE INCIDENT AND/OR ACCIDENT:** |

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF FACILITY** | |  | | | | |
| **DATE OF INCIDENT AND/OR ACCIDENT** | | |  | | **TIME** |  |
| **OCCURRENCE** |  | **FIRE** |  | **GAS LEAK** |  | **EXPLOSION** |
| **NATURAL GAS SUPPLIER** | |  | | | | |

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| **GENERAL DESCRIPTION OF THE INCIDENT AND/OR ACCIDENT: (USE ADDITIONAL SHEETS IF NEEDED):** |

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| THE APPLICATION FOR THIS CNG FACILITY WAS FILED UNDER DOCKET NO. PL CNG AND APPROVED BY PL ORDER NO. .  HAS THE FACILITY BECOME NON-OPERATIONAL DUE TO THE INCIDENT AND/OR ACCIDENT? YES NO |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF SERVICE INTERUPTED:** | | | | | | | |
|  | GENERAL PUBLIC |  | PRIVATE FLEET |  | PUBLIC TRANSPORTATION | | |
|  | STATE GOVERNMENT |  | LOCAL GOVERNMENT |  | SCHOOL BUS |  | OTHER |
|  |  |  |  |  |  |  |  |
| **TYPE OF REFUELING INTERUPTED:** | | | |  | QUICK FILL |  | SLOW FILL |
|  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Address all communications concerning this application to: | |  | I hereby certify that this application has been examined by me and that the Statements therein contained are to the best of my knowledge and belief true, correct and complete. | | |
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|  | |  |  | | |
|  | |  | **NAME OF OPERATOR/APPLICANT** | | |
|  | |  | **SIGNATURE:** | |  |
| Date: |  |  | **TITLE:** |  | |
|  |  |  |  |  | |