



MASTER METER INSPECTION

Audit Information		
Inspection Date	Name of Investigator	
Name of Facility		Phone
Address of Facility	City	State/Zip
Operator's Name		Phone
Operator's Address	City	State/Zip
Persons Interviewed	Title	

Gas System Information		
Number of Services	Type of Facility	
Gas Purchased From	LPG <input type="checkbox"/>	Natural <input type="checkbox"/>
Date System Installed	By Whom	
Type of Piping <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Other	Size & Specification	Leak History
Operating Pressure Inlet	Outlet	Miles or Feet of Mains Miles Feet
Maintenance Performed By	Name	Address

Map of System 4901:1-16-07(A) O.A.C.	
Map of System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Corrosion Control		
Does the operator have a cathodic protection program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Did you hire a person who is qualified to manage the cathodic protection program? (192.453)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the operator have unprotected pipelines? (192.457)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the operator only install coated and cathodically protected pipelines after July 31, 1971? (192.455)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
Does the operator examine buried pipeline when exposed? (192.459)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Does the operator take annual test point readings? (192.465(a))	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Does the operator inspect a segment of pipe for internal corrosion when it is removed? (192.475 (b))	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Are aboveground lines protected from atmospheric corrosion? (192.479)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are aboveground lines monitored every three years for atmospheric corrosion? (192.481)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are appropriate remedial measures taken when necessary? (192.483)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the operator have any cast iron or ductile iron pipelines? (192.489)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the operator have the appropriate corrosion control records? (192.491)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Operation and Maintenance Plan 192.605	
Operation and Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it meet 192 <input type="checkbox"/> Yes <input type="checkbox"/> No

Plan?

requirements?

Emergency Plan 192.615

Do they have an emergency plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Public Awareness 192.616

Does the operator have a public education procedure after June 13, 2008? <input type="checkbox"/> Yes <input type="checkbox"/> No
At a minimum: Does the operator's message include these 5 items?
1. A description of the purpose and reliability of the pipeline? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. An overview of the hazards of the pipeline and prevention measures used? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Information about damage prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. How to recognize and respond to a leak? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. How to get additional information? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is public education conducted at least twice a year? <input type="checkbox"/> Yes <input type="checkbox"/> No

Investigation of Failures 192.617

Has the operator had any reportable incidents/outages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If Yes, was it reported to the PUCO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the operator had any other failures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was the failure investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Maximum Allowable Operating Pressure 192.619/192.621/192.623

Does the operator have an established MAOP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the established MAOP?	How was it established?

Odorization 192.625

Is the operator taking odorant readings or getting verification from LDC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the operator getting verification from LDC periodically? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are odorant readings being taken using proper testing equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency of Testing	Records of the test results? <input type="checkbox"/> Yes <input type="checkbox"/> No

Patrolling 192.721

Does the operator have facilities that are required to be patrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are records being kept of the patrol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Leakage Survey 192.723

Periodic leak surveys of system conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Survey?
Type of leakage equipment?	Frequency?	By Whom?
Were any leaks found? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many aboveground?	How many belowground?
Have all leaks been repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are open leaks monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Leaks found other than leakage survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	How many?	

Regulator Stations/Relief Valves 192.739/192.743

Pressure-limiting/regulating stations owned by MM? <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspected & tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Records? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who owns the regulator station?	What type of tests are performed?	
Is there overpressure protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	What type of overpressure protection?	

