

**NEW HAMPSHIRE DEPARTMENT of ENERGY  
UTILITY ACCIDENT REPORT  
(In compliance with En 509.05)**

Report No. \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

Name and Address of Utility: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Discovery: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Person Injured: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Employer: \_\_\_\_\_

Was person injured an employee, under contract with utility, invitee, licensee, trespasser or other? \_\_\_\_\_  
State nature and extent of injury, current condition, and probable duration of disability: \_\_\_\_\_

Anticipated return to work date (if applicable): \_\_\_\_\_  
Description of cause and manner of accident: \_\_\_\_\_

If death results after this report is filed, that fact must be stated in subsequent report.  
In case of death, state the following: Date of death: \_\_\_\_\_ Previous Accident Report # : (if applicable) \_\_\_\_\_

Violation: Yes  No  Statute if applicable: Federal \_\_\_\_\_ State \_\_\_\_\_

Estimated amount of property damage and breakdown of property damage amounts: \_\_\_\_\_

Method of discovery of accident: \_\_\_\_\_

Estimated amount of gas released (mcf) and value of gas released, including calculations: \_\_\_\_\_

Time operator or contractor acting on behalf of operator arrived on scene: _____	Time operator made pipeline safe: _____
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Date and time final restoration and return to gas service was completed: _____	Quantity of people evacuated and quantity of meters shut off or service interrupted: _____
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Description of the pipeline facility involved (age, material type, diameter, location, classification, above ground, below ground, depth, pressure at time of accident, map of pipeline): \_\_\_\_\_

Date and time of notification to the National Response Center (if required): \_\_\_\_\_

Recommendation for and steps taken to guard against repetition of accident: \_\_\_\_\_

**Supervisor's Name / Title:** \_\_\_\_\_  
(please print)

**Supervisor's Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

En 508.03(b) states: A utility shall submit a written report on Form E-5 "Utility Accident Report," pursuant to En 509.05, within 10 working days following the occurrence of any accident involving a release of gas from a pipeline, a release of LNG or LPG, or a release of gas from a LNG or LPG facility in which: Any person has been killed; Any person has received an injury which requires same day professional medical treatment; Any person has received an injury which incapacitates that person from active work for a total of 6 days or more during the 10 days immediately following the accident; or Any property damage over \$5,000 in amount has been caused. If any event later occurs in connection with an accident which renders an accident reportable under this section or results in an additional reportable occurrence listed in (b)(1) through (4) associated with a report previously submitted, the utility shall submit a new or updated report, as appropriate. A utility shall submit concurrently to the department a copy of any written accident or incident report submitted to the federal government.