SCOMMISSION C
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## RAILROAD COMMISSION OF TEXAS

LPG FORM 20

Oversight and Safety Division Alternative Fuels Safety Department

**REPORT OF LP-GAS INCIDENT/ACCIDENT** 

Please Type or Print

INSTRUCTIONS: Section 9.36 of the *LP-Gas Safety Rules* requires the licensee making the telephonic report of an LP-Gas incident/accident to submit a properly completed Form 20 postmarked within 14 calendar days of the date of initial notification, or within 5 business days of receipt of a fire department report, whichever occurs first. An authorized representative of the licensee must sign this report.

PART A           1. COMPANY NAME:		LICE	NSE #	_ Tel No. ()				
2. PRINCIPAL BUSINESS ADDRESS:								
PART B 1. NAME OF ENTITY INVOLVED:								
Telephone No ()	(Nar	me of: owner, occ	upant, business, licensee,	facility, or operator)				
2. FULL MAILING ADDRESS:								
3. DATE OCCURRED: Month	Day	Year	Time:	Unknown				
4. LOCATION OF INCIDENT/ACCIDENT:								
a) Identify Physical Location:								
	(nearest mile marker, highway, street, intersection or GPS coordinates)							
b) In State	b) In State							
c) Out of State								
(city, county, state)								
<ol> <li>DRIVER/LICENSEE INFORMATION:</li> <li>a) Driver's full name, who last service</li> </ol>	ed container:		1	ast Four Digits' of S.S. #				
<ul> <li>a) Driver's full name, who last serviced container: Last Four Digits' of S.S. #:</li> <li>b) Driver's full name, if involving LPG transport or bobtail registered with the commission:</li> </ul>								
			L	ast Four Digits' of S.S. #:				
			License Number:					
PART C DEATHS/INJURIES (If multiple death		Fatality	-	_				
NAME:		Fatality	□ Licensee employee					
NAME:		Fatality		_				
PART D PRODUCT INFORMATION 1. Specify name of product storage/release: (Propane,	Normal Butane, I	Propylene, Isobut	2.Odorization: <b>D</b> ane, and Butylenes)	a) odorized 🗖 b) non-odorized				
3. Were bulkheads/emergency shut-off valves	installed? 🗖 າ	Yes 🗖 No	🗖 N/A					
4. Did product ignite? 🗖 Yes 🛛 No	5. Did explosior	n occur? 🗖 Yes	s 🗖 No 🛛 If yes, exp	lain under part F.				

PA	RT E CONTAINER IDENTI	FICATION/OWNER INFORMATI	ON (If more than two containers, continue on s	eparate sheet)
		Container No. 1	Container No	o. 2
1.	Manufacturer Name:			
2.	Manufacture Serial No:			
3.	Working Pressure:			
4.	Water Capacity:			
5.	Year Built:			
6.	Date tank/cylinder was las	st serviced with LPG	Gross gallons	delivered.
7.	Nameplate damaged/dest	royed? 🗖 Yes 🗖 No 🛛 If Ye	es, indicate which container 🗖 No. 1 🛛 🗖 No. 2	Other
8.	Were container(s) subject	ed to severe heat impingement o	r damaged? 🗖 Yes 🛛 No	
9.	If LPG container(s) are inv	volved in incident/accident or vehi	icle collision/rollover, attach pho	otograph(s).
10.	If bobtail or transport unit.	specify RRC LPG Form 4 decal r	(Number)	
		different from licensee, give maili		
	in owner of container(s) is	umerent nom neensee, give main	ing address of tank owner below.	
	(Name)	(Address)	(City, State)	(Zip Code)
	G equipment involved in inc		fy manufacturer name, model, and date manuf	

## PART G NAME OF OFFICIAL SUBMITTING REPORT

I declare under penalties prescribed in Section 91.143, Texas Natural Resources Code, I prepared this report, and the data and facts stated therein are true and complete to the best of my knowledge.

Additionally, I agree that this form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

- 1. Printed Name
- 2. Authorized signature \_
- 3. Date of initial knowledge of incident/accident:
- 4. Date report completed:

This report is made to comply with the provisions of 16 TAC Section 9.36 and is NOT a determination of responsibility or fault.

Return to: Railroad Commission of Texas Alternative Fuels Safety PO Box 12967 Austin, TX 78711-2967 Fax (512) 682-9066

Accident Reporting (24-hours) (512) 463-6788 844-773-0305 (toll free)

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