

Odorization

Date _____

Operator / Area _____

Case _____

Emp/ID _____

GOS _____

OO / exp: _____

OO - PHMSA Form 15

Notes:

SAT/UNSAT/NC

1. Using current procedure? <i>Date/version</i> Issues identified by OO insp. corrected at operational level? 192.805		
2. Task performed in accordance with procedures? 192.805		
3. Individuals are currently qualified? 192.805(b)		
4. Individuals are cognizant of the AOCs? 192.805(b)		
5. Foreman has verified OO, records current, checked id. prior? 192.805 Name/title of who checked qualification?		

Equipment:		Calibration:	
Type (odorator/odorometer)	Id #	date	

Odorant Intensity Tests (OIT):

Test Point / Installation #	Address	Operator have a normal sense of smell? 192.625(a)	Test #1 Result: % gas when odor became readily detectable 192.625(f)	Test #2 Result: % gas when odor became readily detectable 192.625(f)	Average of Test #1 & Test #2 (confirm <= 1/5 of LEL)	Previous OIT date (confirm frequency)	AOC / Notes
		Y/N					

Emp/ID _____

OO / exp _____

Odorizer Inspections:

Odorizer #	Address	Type of Odorizer (injection, wick, bypass, ect.)	Odorant Level (convert inches to lbs)	A: Odorant Used Since Last Inspection (lbs)	B: Gas Sent Out Since Last Inspection (MMcf)	Injection Rate A/B = (lbs/MMcf) 192.625(e)	AOC / Notes

Inspection Guidance: Request previous inspection to confirm freq & odorant introduced w/out wide variation.