



## NOTIFICATION OF PROPOSED IN-LINE INSPECTION (In Lieu of Hydrostatic Test)

Operator must Email request to [PipelineNotification@fire.ca.gov](mailto:PipelineNotification@fire.ca.gov)

Operator Name:		
Operator ID:		
OSFM Line ID:		
	If the test includes multiple OSFM lines, a <b>separate</b> notification must be submitted for each individual OSFM Line.	
High Risk:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Performing Inspection (Tool Vendor)		
Person Requesting (Operator):		
Title:		
Address:		
City:		
State:		
Zip Code:		
Phone:		
Email:		
Anticipated Tool Run Date:		
Most Recent (i.e. Last) Tool Run Date and Tool Type:		
Integrity Assessment Frequency (years):		
Type of Test (choose more than one if applicable):	<input type="checkbox"/> IMP Assessment (Part 195.452) <input type="checkbox"/> CAPSA Requirement (Section 51013.5) <input type="checkbox"/> Other (Please Specify)	
ILI Tools (choose more than one if applicable):	Deformation <input type="checkbox"/> MFL: <input type="checkbox"/> <input type="checkbox"/> Axial <input type="checkbox"/> Transverse UT: <input type="checkbox"/> <input type="checkbox"/> Shear Wave <input type="checkbox"/> Compression Wave	Other <input type="checkbox"/> <input type="checkbox"/> Geospatial (XYZ) <input type="checkbox"/> Spiral <input type="checkbox"/> Guided Wave, etc.
If Other, Please Describe:		
MOP of Pipeline (psig):		
Hoop stress (% SMYS) at MOP:		
Length of Pipe Inspected (feet):		
Pipe Specification (Grade, Diameter, Wall thickness):		
Pipeline Year Constructed:		
Is this pipeline susceptible to longitudinal seam failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Launcher Location (Description and decimal GPS Coordinates):		
Receiver Location (Description and decimal GPS Coordinates):		
Comments:		

**Please include a one-page map of the line that will be tested with this proposed ILI.**

For Official Use, Only:

OSFM Test ID:	Notification Date:	Notification Received By:
Waiver Request Received Date:	Waiver Request Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Approval Letter Sent Date:

This notification is your waiver request to perform an ILI in lieu of conducting a hydrostatic pressure test as required by OSFM.