



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: _____ LICENSE # _____ Tel No. (_____) _____
2. PRINCIPAL BUSINESS ADDRESS: _____
3. LPG STATIONARY INSTALLATION VEHICLE OR OTHER MOBILE EQUIPMENT

PART B

1. NAME OF ENTITY INVOLVED: _____
(Name of: owner, occupant, business, licensee, facility, or operator)
Telephone No (_____) _____
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 _____
(city, county)
- c) Out of State _____
(city, county, state)
5. DRIVER/LICENSEE INFORMATION:
- a) a) Driver's full name, who last serviced container: _____ Last Four Digits' of S.S. #: _____
- b) b) Driver's full name, if involving LPG transport or bobtail registered with the commission:
_____ Last Four Digits' of S.S. #: _____
- c) c) Licensee name servicing/owning container: _____ License Number: _____

PART C DEATHS/INJURIES (If multiple deaths or injuries continue on separate sheet) TOTAL: fatalities _____ injuries _____

- NAME: _____ Injury Fatality Licensee employee Other _____
- NAME: _____ Injury Fatality Licensee employee Other _____
- NAME: _____ Injury Fatality Licensee employee Other _____

PART D PRODUCT INFORMATION

1. Specify name of product storage/release: _____ 2. Odorization: a) odorized b) non-odorized
(Propane, Normal Butane, Propylene, Isobutane, and Butylenes)
3. Were bulkheads/emergency shut-off valves installed? Yes No N/A
4. Did product ignite? Yes No 5. Did explosion occur? Yes No If yes, explain under part F.

