



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

LPG FORM 20

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) Driver's full name, who last serviced container: _____ Last Four Digits' of S.S. #: _____
 - b) Driver's full name, if involving LPG transport or bobtail registered with the commission: _____
Last Four Digits' of S.S. #: _____
 - 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: _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Licensee employee	<input type="checkbox"/> Other _____
NAME: _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Licensee employee	<input type="checkbox"/> Other _____
NAME: _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Fatality	<input type="checkbox"/> Licensee employee	<input type="checkbox"/> 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.

PART E CONTAINER IDENTIFICATION/OWNER INFORMATION (If more than two containers, continue on separate sheet)

Container No. 1

Container No. 2

1. Manufacturer Name: _____
2. Manufacture Serial No: _____
3. Working Pressure: _____
4. Water Capacity: _____
5. Year Built: _____
6. Date tank/cylinder was last serviced with LPG _____ Gross gallons _____ delivered.
7. Nameplate damaged/destroyed? ☐ Yes ☐ No If Yes, indicate which container ☐ No. 1 ☐ No. 2 Other _____
8. Were container(s) subjected to severe heat impingement or damaged? ☐ Yes ☐ No
9. If LPG container(s) are involved in incident/accident or vehicle collision/rollover, attach _____ photograph(s).
(Number)
10. If bobtail or transport unit, specify RRC LPG Form 4 decal no. _____.
11. If owner of container(s) is different from licensee, give mailing address of tank owner below.

(Name)

(Address)

(City, State)

(Zip Code)

PART F SUMMARY OF INCIDENT/ACCIDENT (Please specify manufacturer name, model, and date manufactured for any defective LPG equipment involved in incident/accident)

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) 463-7292

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