



# 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.

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**PART A**

1. COMPANY NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_ Tel No. (\_\_\_\_\_) \_\_\_\_\_
2. PRINCIPAL BUSINESS ADDRESS: \_\_\_\_\_
3.  LPG STATIONARY INSTALLATION       VEHICLE OR OTHER MOBILE EQUIPMENT

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**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: \_\_\_\_\_

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**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 _____

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**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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