



Company: Gulf Crossing Gulf South Texas Gas Field Services

INSTRUCTIONS: Use this form in conjunction with Work Instructions WI-04010, WI-04020.

Date:	
Stakeholder Name(s):	
Business or Agency Name:	
Telephone with Area Code:	()
Address:	
City/State/Zip:	
Email:	
Facilities Affected:	
Meeting Location/ Coordinates:	
Method of contact:	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Correspondence
Was this contact due to an unauthorized encroachment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Category of Audience (Check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Businesses | <input type="checkbox"/> Affected Public (e.g., churches, hospitals, prisons, parks, senior centers) | <input type="checkbox"/> Public Official | <input type="checkbox"/> Excavator / Contractor / Farmer |
| <input type="checkbox"/> Emergency Responder | | <input type="checkbox"/> Resident / Landowner | <input type="checkbox"/> LEPC |
| <input type="checkbox"/> Developers | <input type="checkbox"/> Schools | <input type="checkbox"/> Loggers | <input type="checkbox"/> Other: |

Key Messages (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Damage prevention | <input type="checkbox"/> Pipeline awareness precautions | <input type="checkbox"/> Pipeline Location Information |
| <input type="checkbox"/> ROW encroachment | <input type="checkbox"/> Safety precautions | <input type="checkbox"/> Pipeline markers and signs |
| <input type="checkbox"/> Leak recognition and response | <input type="checkbox"/> Potential hazards / prevention methods | <input type="checkbox"/> 811/One Call requirements |
| <input type="checkbox"/> Operations and Maintenance | <input type="checkbox"/> National Pipeline Mapping System | <input type="checkbox"/> Only gas company personnel should operate gas pipeline valves |
| <input type="checkbox"/> Emergency telephone numbers | <input type="checkbox"/> Product Information | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Emergency Response Plan | <input type="checkbox"/> Pipeline purpose and reliability | |
| <input type="checkbox"/> Emergency preparedness communications | <input type="checkbox"/> Pipeline Integrity | |
| <input type="checkbox"/> Agency response capabilities | <input type="checkbox"/> How to get more information | |

Additional Notes or Comments



Materials Provided to Stakeholder

- Brochure given: list type:
- Materials given: list type:

Primary Responder Follow-Up Contact

Use this section to track attempts to contact Primary Responders

1 st Contact Attempt (Date):	2 nd Contact Attempt	3 rd Contact Attempt	

Ask the First Responder the following questions:

Did you review the pipeline map in your packet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you review the safety brochure including the emergency numbers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you understand the emergency response procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Employee name:	
District Name:	
ABL Name:	
Location:	
Stakeholder Representative Signature:	
Print Name:	

For additional attendees, please see attached roster (BWP-0018: *Meeting Roster*).