



**Oklahoma Alternative Fuels  
CNG ACCIDENT/INCIDENT Form**  
Alternative Fuels Program  
[www.ok.gov/odol](http://www.ok.gov/odol)

**OKLAHOMA DEPARTMENT OF LABOR**  
3017 N. Stiles, Suite 100  
Oklahoma City, OK 73105  
405-521-6100/888-269-5353  
M-F 8:00am-4:30pm  
AFTER HOURS – 450-921-9451

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## IN CASE OF A CNG ACCIDENT/INCIDENT

### 380:80-1-9. Report of CNG Incident/Accident

(a) In case of an incident involving single release of compressed natural gas (CNG) during or following CNG transfer or during container transportation, or an accident at any location where CNG is the cause or is suspected to be the cause, the licensee owning, operating, or servicing the equipment or the installation shall notify the Department of Labor by telephone immediately after the licensee has knowledge of the incident or accident. Any loss of CNG which is less than 1.0% of the gross amount delivered, stored, or with-drawn need not be reported. Any individual reporting shall leave his or her name and telephone number where he or she can be reached for further in-formation.

(b) The telephone notification required by this section shall be made to the Department of Labor's main telephone line and shall include the following information:

<b>NAME OF PERSON MAKING THE REPORT:</b>		<b>CONTACT INFORMATION:</b>	
<b>DATE AND TIME OF THE INCIDENT OR ACCIDENT:</b>			
<b>TYPE OF STRUCTURE OR EQUIPMENT INVOLVED:</b>			
<b>RESIDENT'S OR OPERATOR'S NAME:</b>			
<b>PHYSICAL LOCATION:</b>			
<b>NUMBER OF INJURIES AND/OR FATALITIES</b>			
<b>WHETHER FIRE, EXPLOSION, OR GAS LEAK HS OCCURRED AND WHEATHER GAS IS LEAKING NOW:</b>			
<b>ADDITIONAL INFORMATION:</b>			
<b>Person taking call:</b>	<b>Date:</b>	<b>Action:</b>	