

Pipeline Operator Contact Template

TO BE INCORPORATED INTO THE AGENCY EMERGENCY RESPONSE PLAN

OPERATOR	
Mailing Address	
City, State, Zip	
Emergency Contact Number	
Primary Contact Name	
Phone	
E-mail	
Secondary Contact Name	
Phone	
E-mail	
Tertiary Contact Name	
Phone	
E-mail	

Overview of the Operator's Pipelines within Our District

Pipeline Name / Descriptor	Product	Operating Pressure or Flow

Potential Infrastructure that may be Impacted in an Emergency



U.S. Department
of Transportation
**Pipeline and Hazardous Materials
Safety Administration**