

**ARIZONA CORPORATION COMMISSION - PIPELINE SAFETY GROUP  
ANNUAL INSPECTION REPORT - Gas System Operators**

Inspection Date : 12/4/2018 Last Inspection Date : 8/9/2000

Name of Facility: ARIZONA STATE HOSPITAL OPID #: \_\_\_\_\_ Phone: (602) 220-6050

Cell Phone: (602) 339-7357 Fax: \_\_\_\_\_ Email: kent.bostick@azdoa.gov

Address of Facility: 2500 E. VAN BUREN STREET City: PHOENIX

State: AZ Zip: 85008 Contact Person: OSCAR NIEVES

Operator Name: ARIZONA STATE HOSPITAL Phone: (602) 220-6270

Operator Address: 2500 E VAN BUREN City: PHOENIX

please check box if this is to be the mailing address

State: AZ Zip: 85008 Number of Buildings: 5

Facility Type: Medical Facility / Mental Health Priority: 1 Gas Supplier: Southwest Gas

LPG: No Natural: Yes Number of Meters: One Operating Pressure: 7" WC

GAS SYSTEM HISTORY A. Piping Type: Steel Date Installed: \_\_\_\_\_

- |   |                       |
|---|-----------------------|
| 1. Has a written operation and maintenance plan been established meeting the requirements of the regulations and review records maintained?         | <u>UnSatisfactory</u> |
| 2. Has a written emergency plan been established and does operating personnel have knowledge of emergency procedures and are records maintained?    | <u>UnSatisfactory</u> |
| 3. Has a map of the gas system been developed showing meter and valve locations, mains, and service lines?  | <u>UnSatisfactory</u> |
| 4. Are operation and maintenance personnel qualified and are OQ records maintained?   | <u>UnSatisfactory</u> |
| 5. Has all above ground pipe been maintained?   | <u>UnSatisfactory</u> |
| 6. Has cathodic protection been tested at proper intervals and records maintained? Does it meet the negative voltage of at least 0.85 volt?         | <u>NotApplicable</u>  |
| 7. Have required valves been checked and serviced at intervals not exceeding 15 months but at least once each calendar year and records maintained? | <u>UnSatisfactory</u> |
| 8. Have periodic odorization checks been conducted and records maintained?  | <u>UnSatisfactory</u> |
| 9. Has a leak survey of the system been conducted at intervals not exceeding 15 months but at least once each calendar year and records maintained? | <u>UnSatisfactory</u> |
| 10. Has operator filed annual report?   | <u>NotApplicable</u>  |

Last year on File : \_\_\_\_\_

>>> NAME OF THE FACILITY: ARIZONA STATE HOSPITAL

Total Violations Found: 8

**NOTE:** Items listed or marked *Unsatisfactory* or *Not Checked* shall be corrected no later than 30-days following the receipt of this report. Correspondence regarding violations can be emailed to [safety@azcc.gov](mailto:safety@azcc.gov) or mailed to Pipeline Safety Section, 1300 W. Washington Street, Phoenix, AZ 85007. Failure to comply will result in this matter being forwarded to our Legal Council for further action, and this action may result in termination of gas service to your facility.

The findings of this report are based on observation made and documentation available to inspectors at the time of inspection.

Operator Representative KENT BOSTICK ACC Representative LUIS HURTADO

Notes :

This hospital was put into NJ status in August of 2001. Currently, they are a master meter again due to construction and adding some buildings.

>>>OPERATOR HAS 30 DAYS TO PRESSURE TEST THE REMAINING SECTION OF THE GAS SYSTEM AND CLEAR ALL VIOLATIONS.