

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES	Report Date <u>REPORT_RECEIVED_DATE</u> <u>REPORT_NUMBER</u> No. <u>SUPPLEMENTAL_NUMBER</u> <small>(DOT Use Only)</small>
<p>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p>		
INSTRUCTIONS <p>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</p>		
PART A – KEY REPORT INFORMATION		Report Type: (select all that apply) <input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final REPORT_TYPE
Last Revision Date		
A1. Operator's OPS-issued Operator Identification Number (OPID): <u> / / / / / /</u> OPERATOR_ID		
A2. Name of Operator: _____ NAME		
A3. Address of Operator: A3a. _____ OPERATOR_STREET_ADDRESS <small>(Street Address)</small> A3b. _____ OPERATOR_CITY_NAME <small>(City)</small> A3c. State: <u> / /</u> OPERATOR_STATE_ABBREVIATION A3d. Zip Code: <u> / / / / / / / / /</u> OPERATOR_POSTAL_CODE		
A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met: LOCAL_DATETIME <u> / / / / /</u> <u> / / /</u> <u> / / /</u> <u> / / /</u> Hour Month Day Year		A5. Initial Operator National Response Center Report Number: <u> / / / / / / /</u> NRC_RPT_NUM
A4a. Time Zone for local time (select only one) TIME_ZONE <input type="checkbox"/> Alaska <input type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Hawaii-Aleutian <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific.		A6. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if reported): NRC_RPT_DATETIME <u> / / / / /</u> <u> / / /</u> <u> / / /</u> <u> / / /</u> Hour Month Day Year ADDITIONAL_NRC_REPORT_NUMBERS A6a. Additional NRC Report numbers submitted by the operator: _____
A4b. Daylight Saving in effect? DAYLIGHT_SAVINGS_IND <input type="checkbox"/> Yes <input type="checkbox"/> No		
A4c. Local time of confirmed discovery CONFIRMED_DISCOVERY_DATETIME <u> / / / / /</u> <u> / / /</u> <u> / / /</u> <u> / / /</u> Hour Month Day Year		

A7. Incident resulted from:

- Unintentional release of commodity **UNINTENTIONAL_RELEASE_IND**
- Intentional release of commodity **INTENTIONAL_RELEASE_IND**
- Emergency shutdown **EMERGENCY_SHUTDOWN_IND**
- Reasons other than the above *Describe: RESULTED_FROM_OTHER_IND RESULTED_FROM_OTHER_DETAILS

A8. Commodity released: (select only one, based on predominant volume released) **COMMODITY_RELEASED_TYPE**

- No release of commodity involved
- Natural Gas while being handled in gaseous phase
- LNG (Liquefied Natural Gas) while being handled in liquid phase
- LPG (Liquefied Petroleum Gas) while being handled in liquid phase
- Petroleum Gas while being handled in gaseous phase
- Refrigerant Gas
- Other Commodity *Name: _____ **COMMODITY_DETAILS**

A9. Estimated volume of commodity released unintentionally:

UNINTENTIONAL_RELEASE

/ / / / / Thousand Cubic Feet (MCF)

A10. Estimated volume of intentional and controlled release/blowdown :

INTENTIONAL_RELEASE

/ / / / / Thousand Cubic Feet (MCF)

A11. Estimated volume of liquid spilled to the ground :

VOLUME_TO_GROUND

/ / / / / Bbls

A12. Were there fatalities? Yes No **FATALITY_IND**

If Yes, specify the number in each category:

NUM_EMP_FATALITIES

A12a. Operator employees / / / / /

A12b. Contractor employees **NUM_CONTR_FATALITIES**
working for the Operator / / / / /

A12c. Non-Operator **NUM_ER_FATALITIES**
emergency responders / / / / /

A12d. General public **NUM_GP_FATALITIES**
/ / / / /

A12e. Total fatalities (sum of above) **FATAL** / / / / /

A13. Were there injuries requiring inpatient hospitalization? Yes No **INJURY_IND**

If Yes, specify the number in each category:

NUM_EMP_INJURIES

A13a. Operator employees / / / / /

A13b. Contractor employees **NUM CONTR INJURIES**
working for the Operator / / / / /

A13c. Non-Operator **NUM_ER_INJURIES**
emergency responders / / / / /

A13d. General public **NUM_GP_INJURIES**
/ / / / /

A13e. Total injuries (sum of above) **INJURE** / / / / /

A14. Was the LNG Facility shut down due to the incident? **SHUTDOWN_DUE_ACCIDENT_IND**

Yes No Explain: _____

If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)

SHUTDOWN_DATETIME

A14a. Local time and date of shutdown / / / / / / / /
Hour Month Day Year

RESTART_DATETIME

A14b. Local time LNG Facility restarted / / / / / / / /
IGNITE_IND Hour Month Day Year Still shut down*
required

A15. Was there an ignition? Yes No

If A15. is Yes, answer A15a. and A16:

GAS_CONSUMED_BY_FIRE_IN_MCF

A15a. Estimated volume of gas consumed by fire (MCF): _____ (must be less than or equal to A9.)

EXPLODE_IND

A16. Was there an explosion? Yes No

NUM_PUB_EVACUATED

A17. Number of general public evacuated: / / / / / / / /

A18. Number of operator/contractor personnel evacuated: / / / / / / / /

Injured Persons not included in A13 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A13. **If a person is included in A13, do not include them in A19.**

NUM_PERSONS_HOSP_NOT_OVNGHT

A19. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: _____

If a person is included in A19, do not include them in A20.

NUM_INJURED_TREATED_BY_EMT

A20. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: _____

Buildings Affected

A21. Number of residential buildings affected (evacuated or required repair or gas service interrupted): **NUM_RESIDENT_BUILDING_AFFCTD**

A22. Number of business buildings affected (evacuated or required repair or gas service interrupted): **NUM_BUSINESS_BUILDING_AFFCTD**

PART B – ADDITIONAL FACILITY INFORMATION

B1. Facility Information: (select Facility/Plant from dropdown list)

	LNG FACILITY / PLANT
Name of LNG Plant / Facility	FACILITY_NAME
NPMS LNG ID	NPMS_LNG_ID
Plant / Facility Status	FACILITY_STATUS
Plant / Facility Location	FACILITY_LATITUDE FACILITY_LONGITUDE
State	FACILITY_STATE/ / /
Process	
Liquefaction/Vaporization Rate (MMCF/D) at the time of the Incident	FACILITY_LIQUID_VAPOR_RATE
Number of Vaporizers in service at the time of the Incident	FACILITY_NUM_VAPORIZERS
Total Capacity (MMCF/D)	FACILITY_TOTAL_CAPACITY
LNG Source (list all that apply)	FACILITY_SOURCE_TRUCK_IND FACILITY_SOURCE_RAILROAD_IND FACILITY_SOURCE_MARINE_IND FACILITY_SOURCE_LIQUEFY_IND
Interstate or Intrastate	INTER_INTRA
LNG Storage	
Number of LNG Tanks	FACILITY_NUMBER_TANKS
Volume of LNG in Storage at the time of the Incident (Bbls)	FACILITY_VOLUME_STORAGE

B2. Type of LNG Plant / Facility: (select all that apply)

- Base Load **FACILITY_TYPE_BASE_LOAD_IND**
- Peak Shaving **FACILITY_TYPE_PEAK_SHAVE_IND**
- Satellite **FACILITY_TYPE_SATELLITE_IND**
- Mobile / Temporary (select the following based on use at time of Incident) **FACILITY_TYPE_MOBILE_TEMP_IND**
 - Intrastate **SUB_MOBILE_TEMP_INTRASTATE_IND**
 - Interstate **SUB_MOBILE_TEMP_INTERSTATE_IND**
- Other \Rightarrow *Describe: **FACILITY_TYPE_OTHER_IND** **FACILITY_TYPE_OTHER_DETAILS**

B3. Function of LNG Plant / Facility at the time and date of the Incident: (select all that apply)

- Marine Terminal (select one or both) **FUNCTION_MARINE_TERMINAL_IND**
 - Import Terminal **SUB_MARINE_IMPORT_TERMINAL_IND**
 - Export Terminal **SUB_MARINE_EXPORT_TERMINAL_IND**
 - Storage (select one or both) **FUNCTION_STORAGE_IND**
 - With Liquefaction **SUB_STORAGE_WITH_LIQUEFY_IND**
 - Without Liquefaction **SUB_STORAGE_WO_LIQUEFY_IND**
 - Stranded Utility **FUNCTION_STRANDED.Utility_IND**
 - Vehicular Fuel **FUNCTION_VEHICULAR_FUEL_IND**
- FUNCTION_NITRO_SPECIAL_USE_IND**
- Nitrogen Rejection Unit or Other Special Use \Rightarrow *Describe: **FUNCTION_SPECIAL_USE_DETAILS**

ITEM_INVOLVED

B4. Item involved in Incident: (select only one)

- Pump
- Compressor
- Vaporizer
- Cold Box
- High Pressure Hose/Line
- Break-away Coupling
- Emergency Shut-Off Valve (ESV)
- In-plant Piping
- Storage Tank / Vessel
- Meter / Regulator / Control Valve
- Relief Valve
- Strainer / Filter
- Instrumentation / Sensor Line
- Flange / Gasket
- Weld
- Other \Rightarrow *Describe: **ITEM_INVOLVED_DETAILS**
- No item involved

PART C – ADDITIONAL CONSEQUENCE INFORMATION

C1. Estimated Property Damage:

C1a. Estimated cost of public and non-Operator private property damage \$ / / / / / / / / / / / / /

C1b. Estimated cost of Operator's property damage & repairs \$ / / / / / / / / / /

C1c. Estimated cost of emergency response \$ / / / / / / / / / /

Describe _____ **EST_COST_OTHER_DETAILS**

C1e. Total estimated property damage (sum of above) \$ / / / / / / / / / / /

Cost of Commodity Released

C1f. Estimated cost of commodity released unintentionally \$ / / / / / / / / / /

C1g. Estimated cost of commodity released during EST_COST_UNINTENTIONAL_RELEASE

C1h. Total estimated cost of commodity released (sum of 1.f & 1.g above) \$ / / / / / / / / / /

PART D – ADDITIONAL OPERATING INFORMATION

D1. **CCS_IN_PLACE_IND** Was a computerized Control System in place?

No
 Yes ➔

1a. Was it operating at the time of the Incident? Yes No **CCS_OPERATING_IND**

1b. Was it fully functional at the time of the Incident? Yes No **CCS_FUNCTIONAL_IND**

D2. What was the Operator's initial indication of the Failure? (select only one)

- Computerized Control System ((such as alarm(s), alert(s), event(s), leak detection, temperature, pressure, etc.)
- Gas Detectors
- Low Temperature Sensors
- Flame Detectors
- Static shut-in test or other pressure or leak test
- Local operating personnel, including contractors working for the Operator
- Remote operating personnel
- Notification from Public
- Other ➔ * **ACCIDENT DETAILS** *(Explain in PART G Narrative)*

PART E – DRUG & ALCOHOL TESTING INFORMATION

E1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **EMPLOYEE DRUG TEST IND**

Q No

Yes ➔ E1a. Specify how many were tested: / / / **NUM_EMPLOYEES_TESTED**

E1b. Specify how many failed: / / / **NUM_EMPLOYEES_FAILED**

E2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? **CONTRACTOR DRUG TEST IND**

O No

Yes E2a. Specify how many were tested: / / / **NUM_CONTRACTORS_TESTED**

E2b. Specify how many failed: _____ / _____ / **NUM_CONTRACTORS_FAILED**

PART F – APPARENT CAUSE		*Select only one APPARENT Cause of the Incident, and answer any questions on the right or below as indicated. Enter secondary, contributing, or root causes of the Incident in Part I – Contributing Factors.
CAUSE	CAUSE_DETAILS	
F1 - Corrosion Failure INTERNAL_EXTERNAL		
<input type="checkbox"/> External Corrosion		
<input type="checkbox"/> Internal Corrosion		
F2 - Natural Force Damage NATURAL_FORCE_TYPE		
<input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	Includes earthquakes, subsidence, landslide, or other geological events.	
<input type="checkbox"/> Heavy Rains/Floods	Includes washouts/scouring, flotation, mudslide, and other rain- or floodwater-caused events.	
<input type="checkbox"/> Lightning	Includes a direct lightning strike or secondary impact such as resulting nearby fires or wildfires.	
<input type="checkbox"/> Temperature (Weather-related)	Includes thermal stress, frost heave, frozen components, and other weather-related temperature effects.	
<input type="checkbox"/> High Winds		
<input type="checkbox"/> Other Natural Force Damage	1. Describe: NF_OTHER_DETAILS	
Complete the following if any Natural Force Damage sub-cause is selected. NF_EXTREME_WEATHER_IND		
2. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No		
2a. If Yes, specify: (select all that apply) NF_HURRICANE_IND NF_TROPICAL_STORM_IND NF_TORNADO_IND		
<input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Other NF_OTHER_IND NF_EXTREME_WEATHER_DETAILS		
F3 – Excavation Damage PARTY_TYPE		
<input type="checkbox"/> Excavation Damage by Operator (First Party)		
<input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party)		
<input type="checkbox"/> Excavation Damage by Third Party		
<input type="checkbox"/> Previous Damage due to Excavation Activity		

F4 - Other Outside Force Damage

OUTSIDE_FORCE_TYPE

<input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	<p style="color: red;">OSF_VEHICLE_SUBTYPE</p> <p>1. Vehicle/Equipment operated by: (select only one)</p> <input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	<p>2. Select one or more of the following IF an extreme weather event was a factor:</p> <p style="color: red;">OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND</p> <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <p style="color: red;">OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_IND</p> <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other _____ OSF_OTHER_WEATHER_DETAILS
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility	
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	
<input type="checkbox"/> Intentional Damage	<p>3. Specify: OSF_INTENTIONAL_SUBTYPE</p> <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other _____ OSF_INTENTIONAL_DETAILS <p style="color: red;">OSF_INTENT_SECURITY_BREACH_IND</p> <p>4. Did the Intentional Damage involve a breach of security?</p> <input type="radio"/> No <input type="radio"/> Yes (Explain fully in the PART G Narrative)
<input type="checkbox"/> Other Outside Force Damage	5. Describe: OSF_OTHER_DETAILS

F5 - Material Failure of Pipe or Weld

PWJF_FAILURE_TYPE

Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART B, Question 4) is "In-plant Piping" or "Weld".

1. The sub-cause selected below is based on the following: (select all that apply)

PWJF_FIELD_EXAM_IND	PWJF_METALLURGICAL_IND	PWJF_OTHER_ANALYSIS_IND
<input type="checkbox"/> Field Examination	<input type="checkbox"/> Determined by Metallurgical Analysis	<input type="checkbox"/> Other Analysis _____ PWJF_OTHER_ANALYSIS_DETAILS
<input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required) PWJF_STILL_UNDER_INVEST_IND		

<input type="checkbox"/> Construction-, Installation-, or Fabrication-related	
<input type="checkbox"/> Original Manufacturing-related (NOT girth weld or other welds formed in the field)	
<input type="checkbox"/> Low Temperature Embrittlement (due to a process fluid)	<p style="color: red;">PWJF_INSULATION_DEGRAD_IND</p> <p>2. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> No</p>

F6 - Equipment Failure		EQ_FAILURE_TYPE
<input type="checkbox"/> Malfunction of Control/Relief Equipment		
<input type="checkbox"/> Pump/Compressor or Pump/Compressor-related Equipment		
<input type="checkbox"/> Threaded Connection/Coupling Failure		
<input type="checkbox"/> Non-threaded Connection Failure		
<input type="checkbox"/> Defective or Loose Tubing or Fitting		
<input type="checkbox"/> Failure of Equipment Body (except Pump/Compressor), Vessel Plate, or other Material		
<input type="checkbox"/> Other Equipment Failure	1. Describe: EQ_FAILURE_DETAILS _____	
<p>Complete the following if any Equipment Failure sub-cause is selected.</p> <p style="text-align: center;">EQ_LOW_TEMP_EMBRITTLEMENT_IND</p> <p>2. Did this failure involve Low Temperature Embrittlement due to process fluids? <input type="radio"/> Yes <input type="radio"/> No</p> <p>3. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> No EQ_INSULATION_DEGRADATION_IND</p>		
F7 - Incorrect Operation		OPERATION_TYPE
<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage		
<input type="checkbox"/> Storage Tank or Pressure Vessel Allowed or Caused to Overfill or Overpressure		
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overfill or Overpressure		
<input type="checkbox"/> Pipe or Equipment Overpressured		
<input type="checkbox"/> Equipment Not Installed Properly		
<input type="checkbox"/> Wrong Equipment Specified or Installed		
<input type="checkbox"/> Other Incorrect Operation	1. Describe: OPERATION_DETAILS _____	
<p>Complete the following if any Incorrect Operation sub-cause is selected.</p> <p>2. Was this Incident related to: (select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Inadequate procedure RELATED_INADEQUATE_PROC_IND <input type="radio"/> No procedure established RELATED_NO_PROC_IND <input type="radio"/> Failure to follow procedure RELATED_FAILURE_FOLLOW_IND <input type="radio"/> Other: * RELATED_OTHER_IND OPERATION RELATED DETAILS _____ 		

F8 – Other Incident Cause

OTHER_TYPE

<input type="checkbox"/> Miscellaneous	<p>1. Describe:</p> <p style="color: red;">MISC_DETAILS</p> <hr/> <hr/>
<input type="checkbox"/> Unknown	<p style="color: red;">UNKNOWN_SUBTYPE</p> <p>2. Specify:</p> <ul style="list-style-type: none"> <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required)

PART I – CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part F. Do not report the Apparent Cause again in this Part I. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:

<p>External Corrosion EXTRNL_COR_GALVANIC_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> External Corrosion, Galvanic EXTRNL_COR_ATMOSPHERIC_IND <input type="checkbox"/> External Corrosion, Atmospheric EXTRNL_COR_STRAY_CURRENT_IND <input type="checkbox"/> External Corrosion, Stray Current Induced EXTRNL_COR_MICROBIOLOGIC_IND <input type="checkbox"/> External Corrosion, Microbiologically Induced EXTRNL_COR_SELECTIVE_SEAM_IND <input type="checkbox"/> External Corrosion, Selective Seam <p>Internal Corrosion INTRNL_COR_CORROSIVE_CMDTY_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Internal Corrosion, Corrosive Commodity INTRNL_COR_WTR_DRPOUT_ACID_IND <input type="checkbox"/> Internal Corrosion, Water drop-out/Acid INTRNL_COR_MICROBIOLOGIC_IND <input type="checkbox"/> Internal Corrosion, Microbiological INTRNL_COR_EROSION_IND <p>Natural Forces NF_EARTH_MOVEMENT_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods <input type="checkbox"/> Heavy Rains/Floods NF_HEAVY_RAINS_IND <input type="checkbox"/> Lightning NF_LIGHTNING_IND <input type="checkbox"/> Temperature NF_TEMPERATURE_IND <input type="checkbox"/> High Winds NF_HIGH_WINDS_IND <input type="checkbox"/> Snow/Ice NF_SNOW_ICE_IND <input type="checkbox"/> Tree/Vegetation Root NF_VEGITATION_ROOT_IND <p>Excavation Damage EXCVTN_DMG_OPERATOR_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excavation Damage by Operator (First Party) EXCVTN_DMG_OP_CONTRACTOR_IND <input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) EXCVTN_DMG_THIRD_PARTY_IND <input type="checkbox"/> Excavation Damage by Third Party EXCVTN_DMG_PREVIOUS_DAMAGE_IND <input type="checkbox"/> Previous Damage due to Excavation Activity <p>Other Outside Force OSF_NEARBY_INDUSTRIAL_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion OSF_VEHICLE_IND <input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation OSF_BOAT_IND <input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment OSF_OTHER_MARITIME_IND <input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation OSF_ELECTRICAL_ARCING_IND <input type="checkbox"/> Electrical Arcing from Other Equipment or Facility OSF_PREVIOUS_MECHANICAL_IND <input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation <input type="checkbox"/> Intentional Damage OSF_INTENTIONAL_IND <input type="checkbox"/> Other underground facilities buried within 12 inches of the failure location OSF_OTHER_UNDERGROUND_IND 	<p>Pipe/Weld Failure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design-related PWF DESIGN_IND <input type="checkbox"/> Construction-related PWF CONSTRUCTION_IND <input type="checkbox"/> Installation-related PWF INSTALLATION_IND <input type="checkbox"/> Fabrication-related PWF FABRICATION_IND <input type="checkbox"/> Original Manufacturing-related PWF MANUFACTURING_IND <p>Equipment Failure EQF CONTROL_RELEASE_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Malfunction of Control/Relief Equipment EQF THREADED_COUPLING_IND <input type="checkbox"/> Threaded Connection/Coupling Failure <input type="checkbox"/> Non-threaded Connection Failure EQF NON_THREADING_IND <input type="checkbox"/> Valve Failure EQF VALVE_FAILURE_IND <p>Incorrect Operation IO DAMAGE_BY_OPERATOR_IND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO VALVE_POSITION_IND <input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure IO EQUIPMENT_OVERPRESSURE_IND <input type="checkbox"/> Pipeline or Equipment Overpressured IO NOT_INSTALLED_PROPERLY_IND <input type="checkbox"/> Equipment Not Installed Properly IO WRONG_EQUIPMENT_IND <input type="checkbox"/> Wrong Equipment Specified or Installed <input type="checkbox"/> Inadequate Procedure IO INADEQUATE PROCEDURE_IND <input type="checkbox"/> No procedure established IO NO PROCEDURE_IND <input type="checkbox"/> Failure to follow procedures IO FOLLOW PROCEDURE_IND
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PART G – NARRATIVE DESCRIPTION OF THE INCIDENT

(Attach additional sheets as necessary)

NARRATIVE

PART H – PREPARER AND AUTHORIZED PERSON

PREPARER_NAME

Preparer's Name (type or print)

PREPARER TITLE

Preparer's Title (type or print)

PREPARER EMAIL

Preparer's E-mail Address _____

AUTHORIZER NAME

Authorized Signer's Name

AUTHORIZER_TITLE

Authorized Signer's Title

PREPARER_TELEPHONE

Preparer's Telephone Number

PREPARED FOR

PREPARER'S FA

AUTHORIZER TELEPHONE

Authorized Signer Telephone Number

AUTHORIZER_EMAIL

Note: Field names not on the form are as following:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>
SIGNIFICANT	<i>Identify if record meets the significant criteria or not: If there was fatality, injury, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES'; else SIGNIFICANT='NO'.</i>
SERIOUS	<i>Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.</i>
IYEAR	<i>Year incident occurred, derived from accident date</i>
EST_COST_OPER_PAID_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_PROP_DAMAGE_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_EMERGENCY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_OTHER_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_UNINTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_INTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
TOTAL_COST_IN84	<i>Converted Property Damage to 1984 dollars</i>
TOTAL_COST_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
MAP_SEVEN_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_SEVEN_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>
MAP_EIGHT_CAUSE	<i>Cause by PHMSA for 20 year incident trending</i>
MAP_EIGHT_SUBCAUSE	<i>SubCause by PHMSA for 20 year incident trending</i>