NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.

OMB NO: 2137-0635

EXPIRATION DATE: 4/30/2022

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

# INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES

Report Date REPORT_RECEIVED_DATE

REPORT_NUMBER

No. SUPPLEMENTAL_NUMBER

(DOT Use Only)

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.

**INSTRUCTIONS**

***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.*

## PART A – KEY REPORT INFORMATION

Report Type: *(select all that apply)*
☐ Original ☐ Supplemental ☐ Final REPORT_TYPE

Last Revision Date

A1. Operator's OPS-issued Operator Identification Number (OPID): OPERATOR_ID

A2. Name of Operator: NAME

A3. Address of Operator:

A3a. OPERATOR_STREET_ADDRESS (Street Address)

A3b. OPERATOR_CITY_NAME (City)

A3c. State: OPERATOR_STATE_ABBREVIATION

A3d. Zip Code: OPERATOR_POSTAL_CODE

A4. Earliest local time *(24-hr clock)* and date an incident reporting criteria was met: LOCAL_DATETIME

Hour / Month / Day / Year

A4a. Time Zone for local time (select only one) TIME_ZONE
☐ Alaska ☐ Eastern ☐ Central
☐ Hawaii-Aleutian
☐ Mountain ☐ Pacific.

A4b. Daylight Saving in effect? DAYLIGHT_SAVINGS_IND
☐ Yes ☐ No

A4c. reserved

A5. Initial Operator National Response Center Report Number: NRC_RPT_NUM

A6. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if reported): NRC_RPT_DATETIME

Hour / Month / Day / Year

ADDITIONAL_NRC_REPORT_NUMBERS

A6a. Additional NRC Report numbers submitted by the operator: ____

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:

A12a. Operator employees NUM_EMP_FATALITIES / / / / /

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

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

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:

A13a. Operator employees NUM_EMP_INJURIES / / / / /

A13b. Contractor employees working for the Operator NUM_CONTR_INJURIES / / / / /

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

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: SHUTDOWN_EXPLAIN

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

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

A14b. Local time LNG Facility restarted RESTART_DATETIME / / / / / / / / / / / / ○ Still shut down* STILL_SHUTDOWN_IND
Hour Month Day Year *(*Supplemental Report required)*

A15. Was there an ignition? IGNITE_IND ○ Yes ○ No

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

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

A16. Was there an explosion? EXPLODE_IND ○ Yes ○ No

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

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

**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.***

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

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

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

**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** | |
| 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<br>FACILITY_SOURCE_RAILROAD_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 |

FACILITY_LATITUDE
FACILITY_LONGITUDE

FACILITY_SOURCE_MARINE_IND
FACILITY_SOURCE_LIQUEFY_IND

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 ⇨ *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
- ☐ Nitrogen Rejection Unit or Other Special Use ⇨ *Describe: FUNCTION_NITRO_SPECIAL_USE_IND FUNCTION_SPECIAL_USE_DETAILS

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

- ☐ 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 ⇨ *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 EST_COST_OPER_PAID $ /___/___/___/,/___/___/___/,/___/___/___/

C1b. Estimated cost of Operator's property damage & repairs EST_COST_PROP_DAMAGE $ /___/___/___/,/___/___/___/,/___/___/___/

C1c. Estimated cost of emergency response EST_COST_EMERGENCY $ /___/___/___/,/___/___/___/,/___/___/___/

C1d. Estimated other costs EST_COST_OTHER $ /___/___/___/,/___/___/___/,/___/___/___/

Describe EST_COST_OTHER_DETAILS _____

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

Cost of Commodity Released

C1f. Estimated cost of commodity released unintentionally EST_COST_UNINTENTIONAL_RELEASE $ /___/___/___/,/___/___/___/,/___/___/___/

C1g. Estimated cost of commodity released during intentional and controlled blowdown EST_COST_INTENTIONAL_RELEASE $ /___/___/___/,/___/___/___/,/___/___/___/

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

C1i. Estimated Total Cost (sum of 1.e and 1.h above) TOTAL_COST $ /___/___/___/,/___/___/___/,/___/___/___/

## PART D – ADDITIONAL OPERATING INFORMATION

D1. Was a computerized Control System in place? CCS_IN_PLACE_IND

☐ 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)* ACCIDENT_IDENTIFIER

☐ 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

○ 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

○ No

○ Yes ⇨ E2a. Specify how many were tested: /___/___/ NUM_CONTRACTORS_TESTED

E2b. Specify how many failed: /___/___/ NUM_CONTRACTORS_FAILED

## PART F – APPARENT CAUSE

CAUSE CAUSE_DETAILS

***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.***

### F1 - Corrosion Failure

INTERNAL_EXTERNAL

| | |
|---|---|
| ☐ **External Corrosion** | |
| ☐ **Internal Corrosion** | |

### F2 - Natural Force Damage

NATURAL_FORCE_TYPE

| | |
|---|---|
| ☐ **Earth Movement, NOT due to Heavy Rains/Floods** | Includes earthquakes, subsidence, landslide, or other geological events. |
| ☐ **Heavy Rains/Floods** | Includes washouts/scouring, flotation, mudslide, and other rain- or floodwater-caused events. |
| ☐ **Lightning** | Includes a direct lightning strike or secondary impact such as resulting nearby fires or wildfires. |
| ☐ **Temperature (Weather-related)** | Includes thermal stress, frost heave, frozen components, and other weather-related temperature effects. |
| ☐ **High Winds** | |
| ☐ **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? ○ Yes ○ No

2a. If Yes, specify: (*select all that apply*) NF_HURRICANE_IND ○ Hurricane NF_TROPICAL_STORM_IND ○ Tropical Storm NF_TORNADO_IND ○ Tornado

○ Other NF_OTHER_IND NF_EXTREME_WEATHER_DETAILS

### F3 – Excavation Damage

PARTY_TYPE

| | |
|---|---|
| ☐ **Excavation Damage by Operator (First Party)** | |
| ☐ **Excavation Damage by Operator's Contractor (Second Party)** | |
| ☐ **Excavation Damage by Third Party** | |
| ☐ **Previous Damage due to Excavation Activity** | |

## F4 - Other Outside Force Damage

OUTSIDE_FORCE_TYPE

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

☐ Field Examination ☐ Determined by Metallurgical Analysis ☐ Other Analysis _____ PWJF_OTHER_ANALYSIS_DETAILS

☐ Sub-cause is Tentative or Suspected; Still Under Investigation *(Supplemental Report required)* PWJF_STILL_UNDER_INVEST_IND

| | |
|---|---|
| ☐ **Construction-, Installation-, or Fabrication-related** | |
| ☐ **Original Manufacturing-related (NOT girth weld or other welds formed in the field)** | |
| ☐ **Low Temperature Embrittlement (due to a process fluid)** | PWJF_INSULATION_DEGRAD_IND<br>2. Was **insulation degradation** a factor in this failure? ○ Yes ○ No |

## F6 - Equipment Failure

EQ_FAILURE_TYPE

| | |
|---|---|
| ☐ **Malfunction of Control/Relief Equipment** | |
| ☐ **Pump/Compressor or Pump/Compressor-related Equipment** | |
| ☐ **Threaded Connection/Coupling Failure** | |
| ☐ **Non-threaded Connection Failure** | |
| ☐ **Defective or Loose Tubing or Fitting** | |
| ☐ **Failure of Equipment Body (except Pump/Compressor), Vessel Plate, or other Material** | |
| ☐ **Other Equipment Failure** | 1. Describe: EQ_FAILURE_DETAILS _____ |

**Complete the following if any Equipment Failure sub-cause is selected.**

2. Did this failure involve **Low Temperature Embrittlement** due to process fluids? EQ_LOW_TEMP_EMBRITTLEMENT_IND ○ Yes ○ No
3. Was **insulation degradation** a factor in this failure? ○ Yes ○ No EQ_INSULATION_DEGRADATION_IND

## F7 - Incorrect Operation

OPERATION_TYPE

| | |
|---|---|
| ☐ **Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage** | |
| ☐ **Storage Tank or Pressure Vessel Allowed or Caused to Overfill or Overpressure** | |
| ☐ **Valve Left or Placed in Wrong Position, but NOT Resulting in an Overfill or Overpressure** | |
| ☐ **Pipe or Equipment Overpressured** | |
| ☐ **Equipment Not Installed Properly** | |
| ☐ **Wrong Equipment Specified or Installed** | |
| ☐ **Other Incorrect Operation** | 1. Describe: OPERATION_DETAILS _____ |

**Complete the following if any Incorrect Operation sub-cause is selected.**

2. Was this Incident related to: *(select all that apply)*
   - ○ Inadequate procedure RELATED_INADEQUATE_PROC_IND
   - ○ No procedure established RELATED_NO_PROC_IND
   - ○ Failure to follow procedur\ RELATED_FAILURE_FOLLOW_IND
   - ○ Other:* RELATED_OTHER_IND OPERATION_RELATED_DETAILS _____

## F8 – Other Incident Cause

OTHER_TYPE

| | |
|---|---|
| ☐ **Miscellaneous** | 1. Describe: MISC_DETAILS _____ _____ |
| ☐ **Unknown** | UNKNOWN_SUBTYPE<br>2. Specify: ○ Investigation complete, cause of Incident unknown<br>○ Still under investigation, cause of Incident to be determined*<br>*(*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:

External Corrosion EXTRNL_COR_GALVANIC_IND
- ☐ External Corrosion, Galvanic EXTRNL_COR_ATMOSPHERIC_IND
- ☐ External Corrosion, Atmospheric EXTRNL_COR_STRAY_CURRENT_IND
- ☐ External Corrosion, Stray Current Induced EXTRNL_COR_MICROBIOLOGIC_IND
- ☐ External Corrosion, Microbiologically Induced EXTRNL_COR_SELECTIVE_SEAM_IND
- ☐ External Corrosion, Selective Seam

Internal Corrosion INTRNL_COR_CORROSIVE_CMDTY_IND
- ☐ Internal Corrosion, Corrosive Commodity INTRNL_COR_WTR_DRPOUT_ACID_IND
- ☐ Internal Corrosion, Water drop-out/Acid INTRNL_COR_MICROBIOLOGIC_IND
- ☐ Internal Corrosion, Microbiological INTRNL_COR_EROSION_IND
- ☐ Internal Corrosion, Erosion

Natural Forces NF_EARTH_MOVEMENT_IND
- ☐ Earth Movement, NOT due to Heavy Rains/Floods NF_HEAVY_RAINS_IND
- ☐ Heavy Rains/Floods NF_LIGHTNING_IND
- ☐ Lightning NF_TEMPERATURE_IND
- ☐ Temperature NF_HIGH_WINDS_IND
- ☐ High Winds NF_SNOW_ICE_IND
- ☐ Snow/Ice NF_VEGITATION_ROOT_IND
- ☐ Tree/Vegetation Root

Excavation Damage EXCVTN_DMG_OPERATOR_IND
- ☐ Excavation Damage by Operator (First Party) EXCVTN_DMG_OP_CONTRACTOR_IND
- ☐ Excavation Damage by Operator's Contractor (Second Party) EXCVTN_DMG_THIRD_PARTY_IND
- ☐ Excavation Damage by Third Party EXCVTN_DMG_PREVIOUS_DAMAGE_IND
- ☐ Previous Damage due to Excavation Activity

Other Outside Force OSF_NEARBY_INDUSTRIAL_IND
- ☐ Nearby Industrial, Man-made, or Other Fire/Explosion OSF_VEHICLE_IND
- ☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation OSF_BOAT_IND
- ☐ Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment OSF_OTHER_MARITIME_IND
- ☐ Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation OSF_ELECTRICAL_ARCING_IND
- ☐ Electrical Arcing from Other Equipment or Facility OSF_PREVIOUS_MECHANICAL_IND
- ☐ Previous Mechanical Damage NOT Related to Excavation
- ☐ Intentional Damage OSF_INTENTIONAL_IND
- ☐ Other underground facilities buried within 12 inches of the failure location OSF_OTHER_UNDERGROUND_IND

Pipe/Weld Failure
- ☐ Design-related PWF_DESIGN_IND
- ☐ Construction-related PWF_CONSTRUCTION_IND
- ☐ Installation-related PWF_INSTALLATION_IND
- ☐ Fabrication-related PWF_FABRICATION_IND
- ☐ Original Manufacturing-related PWF_MANUFACTURING_IND

Equipment Failure
- ☐ Malfunction of Control/Relief Equipment EQF_CONTROL_RELEAF_IND
- ☐ Threaded Connection/Coupling Failure EQF_THREADED_COUPLING_IND
- ☐ Non-threaded Connection Failure EQF_NON_THREADED_IND
- ☐ Valve Failure EQF_VALVE_FAILURE_IND

Incorrect Operation
- ☐ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO_DAMAGE_BY_OPERATOR_IND
- ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure IO_VALVE_POSITION_IND
- ☐ Pipeline or Equipment Overpressured IO_EQUIPMENT_OVERPRESSURE_IND
- ☐ Equipment Not Installed Properly IO_NOT_INSTALLED_PROPERLY_IND
- ☐ Wrong Equipment Specified or Installed IO_WRONG_EQUIPMENT_IND
- ☐ Inadequate Procedure IO_INADEQUATE_PROCEDURE_IND
- ☐ No procedure established IO_NO_PROCEDURE_IND
- ☐ Failure to follow procedures IO_FOLLOW_PROCEDURE_IND

## 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_TELEPHONE
Preparer's Telephone Number

PREPARER_TITLE
Preparer's Title (type or print)

PREPARER_EMAIL
Preparer's E-mail Address

PREPARER_FAX
Preparer's Facsimile Number

AUTHORIZER_NAME
Authorized Signer's Name

PREPARED_DATE
Date

AUTHORIZER_TELEPHONE
Authorized Signer Telephone Number

AUTHORIZER_TITLE
Authorized Signer's Title

AUTHORIZER_EMAIL
Authorized Signer's E-mail Address

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

| Field Name | Field Name Description |
|---|---|
| DATAFILE_AS_OF | *Data as of date* |
| SIGNIFICANT | *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'.* |
| SERIOUS | *Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.* |
| IYEAR | *Year incident occurred, derived from accident date* |
| EST_COST_OPER_PAID_CURRENT | *Converted Property Damage to Current Year dollars* |
| EST_COST_PROP_DAMAGE_CURRENT | *Converted Property Damage to Current Year dollars* |
| EST_COST_EMERGENCY_CURRENT | *Converted Property Damage to Current Year dollars* |
| EST_COST_OTHER_CURRENT | *Converted Property Damage to Current Year dollars* |
| EST_COST_UNINTENT_REL_CURRENT | *Converted Property Damage to Current Year dollars* |
| EST_COST_INTENT_REL_CURRENT | *Converted Property Damage to Current Year dollars* |
| TOTAL_COST_IN84 | *Converted Property Damage to 1984 dollars* |
| TOTAL_COST_CURRENT | *Converted Property Damage to Current Year dollars* |
| MAP_CAUSE | *Cause by PHMSA for 20 year incident trending* |
| MAP_SUBCAUSE | *SubCause by PHMSA for 20 year incident trending* |