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 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): A2. Name of Operator: NAME A3. Address of Operator:	/ / / / / OPERATOR_ID		
A3a. OPERATOR_STREET_ADDRESS (Street Address) 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 IDATE	A5. Initial Operator National Response Center Report Number:		

A7. Incident resulted from:		
Unintentional release of commodity Intentional release of commodity Intentional release of commodity Emergency shutdown Reasons other than the above *Describe:		
COMMODITY_RELEASED_TYPE A8. Commodity released: (select only one, based on predominant volume released)		
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		
UNINTENTIONAL_RELEASE A9. Estimated volume of commodity released unintentionally: / / /,/ / / Thousand Cubic Feet (MCF)		
INTENTIONAL_RELEASE A10. Estimated volume of intentional and controlled release/blowdown: VOLUME_TO_GROUND A11. Estimated volume of liquid spilled to the ground:		
A12. Were there fatalities? O Yes O No FATALITY_IND A13. Were there injuries requiring inpatient hospitalization? O Yes O No		
If Yes, specify the number in each category: NUM_EMP_FATALITIES If Yes, specify the number in each category: NUM_EMP_INJURIES		
A12a. Operator employees <u>[</u>		
A12b. Contractor employees working for the Operator NUM_CONTR_FATALITIES working for the Operator NUM_CONTR_INJURIES working for the Operator		
A12c. Non-Operator NUM_ER_FATALITIES emergency responders / / / / / emergency responders / / / / / emergency responders / / / / /		
A12d. General public NUM_GP_FATALITIES A13d. General public NUM_GP_INJURIES NUM_GR_INJURIES NUM_GR_INJURIES		
A12e. Total fatalities (sum of above) / / / / / A13e. Total injuries (sum of above) / / / / /		
A14. Was the LNG Facility shut down due to the incident? O Yes O No Explain: SHUTDOWN_DUE_ACCIDENT_IND SHUTDOWN_EXPLAIN		
If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)		
A14a. Local time and date of shutdown / / / / / / / / / / / / / / / / / / /		
A14b. Local time LNG Facility restarted / / / / / / / / / / / / O Still shut down* IGNITE_IND Hour Month Day Year (*Supplemental Report required)		
A15. Was there an ignition? O Yes O 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? O Yes O No		
A17. Number of general public 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.		
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.		
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 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_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 FACILITY_TYPE_MOBILE_TEMP_IND
	☐ Mobile / Temporary (select the following based on use at time of Incident)
	Intrastate SUB_MOBILE_TEMP_INTRASTATE_IND
	Interstate SUB_MOBILE_TEMP_INTERSTATE_IND
	☐ Other ➡ *Describe:FACILITY_TYPE_OTHER_IND, FACILITY_TYPE_OTHER_DETAILS
В3.	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
B4.	ITEM_INVOLVED 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
	☐ No item involved

PART C – ADDITIONAL CONSEQUENCE INFORMATION	
C1. Estimated Property Damage: C1a. Estimated cost of public and non-Operator private property damage	
C1i. Estimated Total Cost (sum of 1.e and 1.h above) PRPTY \$ / / / / / / / / / / / / / / / / / /	_
D1. Was a computerized Control System in place? No	
PART E – DRUG & ALCOHOL TESTING INFORMATION	
EMPLOYEE_DRUG_TEST_IND 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? O No O Yes E1a. Specify how many were tested: / / NUM_EMPLOYEES_TESTED E1b. Specify how many failed: / NUM_EMPLOYEES_FAILED CONTRACTOR_DRUG_TEST_IND 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? O No O 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		
☐ External Corrosion		
☐ Internal Corrosion		
F2 - Natural Force Damage		
☐ 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 s	sub-cause is selected.	
2. Were the natural forces causing the Incident generate	d in conjunction with an extreme weather event? O Yes O No	
2a. If Yes, specify: (select all that apply)	NF_HURRICANE_IND NF_TROPICAL_STORM_IND NF_TORNADO_IND O Hurricane O Tropical Storm O Tornado O Other NF_OTHER_IND, NF_EXTREME_WEATHER_DETAILS	
F3 – Excavation Damage		
☐ 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 Doutside Force Doutside Force Type	amage		
☐ 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 1. Vehicle/Equipment operated by: (select only one) O Operator O Operator's Contractor O Third Party		
☐ Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	Select one or more of the following IF an extreme weather event was a factor: OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND O Hurricane O Tropical Storm O Tornado OHeavy Rains/Flood O Other OSF_OTHER_WEATHER_IND OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS		
☐ Electrical Arcing from Other Equipment or Facility			
☐ Previous Mechanical Damage NOT Related to Excavation			
☐ Intentional Damage	3. Specify: O Vandalism O Terrorism O Theft of commodity O Theft of equipment O Other OSF_INTENTIONAL_DETAILS OSF_INTENT_SECURITY_BREACH_IND 4. Did the Intentional Damage involve a breach of security? O No O Yes (Explain fully in the PART G Narrative)		
☐ Other Outside Force Damage	5. Describe: OSF_OTHER_DETAILS		
F5 - Material Failure of Pipe o	r Weld 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 t PWJF_FIELD_EXAM_IND PWJF_METALLU Field Examination Determined by M PWJF_STIL Sub-cause is Tentative or Suspected; Still PWJF_FAILURE_TYPE	ne following: <i>(select all that apply)</i> IRGICAL_IND etallurgical Analysis		
☐ 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)	Was insulation degradation a factor in this failure? O Yes O No PWJF_INSULATION_DEGRAD_IND		

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:	
Complete the following if any Equipment Fai	ilure sub-cause is selected. EQ_LOW_TEMP_EMBRITTLEMENT_IND	
 Did this failure involve Low Temperature Was insulation degradation a factor in the 	Embrittlement due to process fluids? O Yes O No	
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:	
Complete the following if any Incorrect Operation sub-cause is selected.		
2. Was this Incident related to: (select all that apply) O Inadequate procedure O No procedure established O Failure to follow procedure O Other:* RELATED_INADEQUATE_PROC_IND RELATED_NO_PROC_IND RELATED_FAILURE_FOLLOW_IND RELATED_OTHER_IND, OPERATION_RELATED_DETAILS		

F8 – Other Incident Cause		
OTHER_TYPE Miscellaneous	1. Describe:	MISC_DETAILS
☐ Unknown	2. Specify: UNKNOWN_SUBTYPE	O Investigation complete, cause of Incident unknown O Still under investigation, cause of Incident to be determined* (*Supplemental Report required)
PART I – CONTRIBUTING FACTORS		

PART I – CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part F. Do identified, select all that apply below and explain each in the Nat	o not report the Apparent Cause again in this Part I. If Contributing Factors were arrative:
External Corrosion EXTRNL_COR_GALVANIC_IND External Corrosion, Galvanic External Corrosion, Atmospheric External Corrosion, Atmospheric External Corrosion, Stray Current Induced External Corrosion, Microbiologically Induced External Corrosion, Microbiologically Induced External Corrosion, Selective Seam Internal Corrosion, Corrosive Commodity Internal Corrosion, Corrosive Commodity Internal Corrosion, Microbiological Internal Corrosion, Erosion INTRNL_COR_EROSION_IND Natural Forces	Pipe/Weld Failure Design-related PWF_DESIGN_IND Installation-related PWF_CONSTRUCTION_IND Installation-related PWF_INSTALLATION_IND Fabrication-related PWF_FABRICATION_IND Fabrication-related PWF_FABRICATION_IND Original Manufacturing-related PWF_MANUFACTURING_IND DTY_IND Malfunction of Control/Relief Equipment CID_IND Malfunction of Control/Relief Equipment Threaded Connection/Coupling Failure Non-threaded Connection Failure EQF_NON_THREADED_IND Valve Failure EQF_VALVE_FAILURE_IND Incorrect Operation IO_DAMAGE_BY_OPERATOR_IND Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO_VALVE_POSITION_IND Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure IO_EQUIPMENT_OVERPRESSURE_IND Pipeline or Equipment Overpressured Equipment Not Installed Property O_NOT_INSTALLED_PROPERLY_INI Wrong Equipment Specified or Installed Inadequate Procedure IO_INADEQUATE_PROCEDURE_IND No procedure established IO_NO_PROCEDURE_IND AGE_IND Failure to follow procedures IO_FOLLOW_PROCEDURE_IND OSF_ELECTRICAL_ARCING_IND
☐ Other underground facilities buried within 12 inches of the failure location OSF_OTHER_UNDERGROUND_IND	;

RT G – NARRATIVE DESCRIPTION OF THE INCID	ENT	(Attach additional sheets as necessary)
MADDATIVE		
NARRATIVE		
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RT H – PREPARER AND AUTHORIZED PERSON		
THE THE AREN AND ACTIONIZED I EROON		
PARER_NAME		PREPARER_TELEPHONE
rer's Name (type or print)		Preparer's Telephone Number
PARER_TITLE		
rer's Title (type or print)		
EPARER_EMAIL		PREPARER_FAX
rer's E-mail Address		Preparer's Facsimile Number
THORIZER_NAME		AUTHORIZER_TELEPHONE
	D-4-	
rized Signer's Name THORIZER_TITLE	Date PREPARED_DATE	Authorized Signer Telephone Number AUTHORIZER_EMAIL

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

Field Name	Field Name Description
IYEAR	Year accident occurred, derived from accident date
FACILITY_LATITUDE	Latitude, if available
FACILITY_LONGITUDE	Longitude, if available