

<div style="display: inline-block; text-align: left; margin-top: 10px;"> U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration </div>		DOT USE ONLY	
		Initial Date Submitted	REPORT_DATE
		Report Submission Type	REPORT_SUBMISSION_TYPE
		Date Submitted	FILING_DATE
<p>ANNUAL REPORT FOR CALENDAR YEAR 20__ REPORT_YEAR</p> <p>LIQUEFIED NATURAL GAS (LNG) FACILITIES</p>			
<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 2137-0522. 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> <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 - OPERATOR INFORMATION		DOT USE ONLY	
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) / / / / / OPERATOR_ID		2. NAME OF COMPANY OR ESTABLISHMENT: PARTA2NAMEOFCOMP <hr/> IF SUBSIDIARY, NAME OF PARENT: PARTA2NAMEOFPARENT_COM <hr/>	
3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED: PARTA3NAME Name <hr/> PARTA3TITLE Title <hr/> PARTA3EMAIL Email Address <hr/> / / / / - / / / / - / / / / / PARTA3PHONE Telephone Number		4. HEADQUARTERS ADDRESS: PARTA4STREET PARTA4CITY Street Address <hr/> PARTA4STATE PARTA4ZIP State: / / / / Zip Code: / / / / / - / / / / / / / / / - / / / / - / / / / / Telephone Number	
5. RESERVED			

PART B - PLANT DESCRIPTION, TYPE, AND FUNCTION

Name, ID, and Status, should be EXACTLY THE SAME as NPMS fields LNG_NM, LNG_ID, and STATUS_CD. Location must match the location submitted to NPMS. The LNG Facility ID (LNG_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator.

Use the following key to complete the Descriptive table(s) below:

Status Codes

I In Service
B Abandoned
R Retired

LNG Source

T Truck
R Railroad
M Ship/Barge
L Liquefaction

Type of LNG Plant

BL Base Load
PS Peak Shaving
SA Satellite
MT Mobile/Temporary
OT Other → Describe

Function of LNG Plant

MI Marine Terminal - Import
ME Marine Terminal - Export
MB Marine Terminal – Both
SL Storage w/ Liquefaction
SN Storage w/o Liquefaction
SB Storage w/ Both
SU Stranded Utility
VF Vehicular Fuel
NR Nitrogen Rejection Unit
OT Other → Describe

	LNG Plant #1	LNG Plant #2	Add Plants as needed
Name of LNG Plant	FACILITY_NAME		
NPMS LNG ID	NPMS_LNG_ID		
Location of Plant For a fixed LNG Plant, provide the State (e.g., TX); for a Mobile/Temporary facility, provide the Zip Code where it is typically stored.	FACILITY_STATE FACILITY_ZIP_CODE		
Plant Status	FACILITY_STATUS		
Date Put In Service	IN_SERVICE_SINCE		
Process			
Maximum Liquefaction Rate (MMCF/D)	LIQUEFACTION_RATE		
Number of Vaporizers	NO_OF_VAPORIZERS		
Maximum Vaporization Capacity (MMCF/D)	TOTAL_CAPACITY_MMCF		
LNG Source	LNG_SOURCE		
Interstate or Intrastate	INTER_INTRA_STATE		
LNG Storage			
Number of LNG Tanks	NO_OF_LNG_TANKS		
Total Capacity (Bbls)	TOTAL_CAPACITY_BBLS		
Type of LNG Plant	TYPE_OF_FACILITY,	TYPE_OF_FACILITY_OTHER	
Function of LNG Plant	FUNCTION_OF_FACILITY,	FUNCTION_OF_FACILITY_OTHER	
Inspection UNIT ID (DOT INTERNAL USE ONLY)			

For each LNG Plant listed above (that is, for each column completed above), complete PARTs C and D.

PARTs C and D					
The data reported in these PARTs C and D apply to LNG PLANT NUMBER / __/ __/ (from PART B)					
PART C – LEAKS IN PAST YEAR		Record the number of leaks resulting in a release detected and repaired, by location and cause. (NOTE: Careful review of the instructions is required.)			
Cause		Leaks			Totals
		Plant Piping and Equipment	Storage Tank	Other Location	
External Corrosion		PARTCECPPE	PARTCECSTANK	PARTCECOTHLOC	Calc PARTCECTOTAL
Internal Corrosion		PARTCICPPE	PARTCICSTANK	PARTCICOTHLOC	Calc PARTCICTOTAL
Natural Force Damage		PARTCNFDMGPPE	PARTCNFDMGSTANK	PARTCNFDMGOTHLOC	Calc PARTCNFDMGTOTAL
Excavation Damage		PARTCEXDMGPPE	PARTCEXDMGSTANK	PARTCEXDMGOTHLOC	Calc PARTCEXDMGTOTAL
Other Outside Force Damage		PARTCOUTDMGPPE	PARTCOUTDMGSTANK	PARTCOUTDMGOTHLOC	Calc PARTCOUTDMGTOTAL
In-plant Piping or Weld ONLY (For these types of failures involving Equipment, see the Instructions)	Construction-, Installation-, or Fabrication-related	PARTCCIFPPE	PARTCCIFSTANK	PARTCCIFOTHLOC	Calc PARTCCIFTOTAL
	Original Manufacturing-related	PARTCMFGIFPPE	PARTCMFGSTANK	PARTCMFGOTHLOC	Calc PARTCMFGTOTAL
	Low Temperature Embrittlement	PARTCLOWTEMPPE	PARTCLOWTEMPSTANK	PARTCLOWTEMPOTHLOC	Calc PARTCLOWTEMPTOTAL
Equipment Failure		PARTCEQUIPFPE	PARTCEQUIPFSTANK	PARTCEQUIPFOTHLOC	Calc PARTCEQUIPFTOTAL
Incorrect Operation		PARTCINOPERPPE	PARTCINOPERSTANK	PARTCINOPEROTHLOC	Calc PARTCINOPERTOTAL
Other Causes		PARTCOCAUSEPPE	PARTCOCAUSESTANK	PARTCOCAUSEOTHLOC	Calc PARTCOCAUSETOTAL
Totals		Calc PARTCPPETOTAL	Calc PARTCSTANKTOTAL	Calc PARTCOTHLOCTOTAL	Calc PARTCTOTAL

PART D – OTHER EVENTS		Record the number of Events. (NOTE: Careful review of the instructions is required.)	
TYPE		Number of Events	
Rollover		PARTDROLLEVENTS	
Security Breach		PARTDSBREACHEVENTS	
ESD Actuations not reported as Incidents			
- Activated by false signal		PARTDFALSESIGNALEVENTS	
- Activated by maintenance or other non- emergency event		PARTDMNTENANCEEVENTS	
Insulation Degradation		PARTDINSDEGEVENTS	
Other Types		PARTDOTHTYPEEVENTS	
Totals		PARTDEVENTSTOTAL	Calc

PART E - PREPARER SIGNATURE	
PARTNPREPNAME	PARTNPREPPHONE
Preparer's Name	Telephone Number
PARTNPREPTITLE	PARTNPREFAX
Preparer's Title	Facsimile Number
PARTNPREPEMAIL	
Preparer's E-mail Address	

Note: Field Name not on the form as follow:

Field Name	Field Name Description
DATAFILE_AS_OF	Data as of date
LNG_FACILITY_ID	The LNG Facility ID (LNG_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator.
PARTA4NAMEOFCOMP	Part A.4 – Headquarters Address – Name of the Company