NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522

EXPIRATION DATE: 10/31/2017

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

INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES

Report Date REPORT_RECEIVED_DATE

No. 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 2137-0522. Public reporting for this collection of information is estimated to be approximately 10 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)* REPORT_TYPE

☐ Original ☐ Supplemental ☐ Final

Last Revision Date

1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / / OPERATOR_ID
2. Name of Operator: NAME
3. Address of Operator:
   - 3.a OPERATOR_STREET_ADDRESS (Street Address)
   - 3.b OPERATOR_CITY_NAME (City)
   - 3.c State: / / / OPERATOR_STATE_ABBREVIATION
   - 3.d Zip Code: / / / / / / - / / / / / OPERATOR_POSTAL_CODE
4. Local time *(24-hr clock)* and date of the Incident:

   / / / / / Hour / / / Month / / / Day / / / Year

   LOCAL_DATETIME
5. National Response Center Report Number:

   / / / / / / / NRC_RPT_NUM
6. 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
7. 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
8. 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

UNINTENTIONAL_RELEASE

9. Estimated volume of commodity released unintentionally: / / /,/ / / / Thousand Cubic Feet (MCF)

INTENTIONAL_RELEASE

10. Estimated volume of intentional and controlled release/blowdown : / / /,/ / / / Thousand Cubic Feet (MCF)

VOLUME_TO_GROUND

11. Estimated volume of liquid spilled to the ground : / / /,/ / / / Bbls

FATALITY_IND

12. Were there fatalities? ○ Yes ○ No

If Yes, specify the number in each category:

NUM_EMP_FATALITIES

12.a Operator employees / / / / /

NUM_CONTR_FATALITIES

12.b Contractor employees working for the Operator / / / / /

NUM_ER_FATALITIES

12.c Non-Operator emergency responders / / / / /

NUM_GP_FATALITIES

12.d General public / / / / /

FATAL

12.e Total fatalities (sum of above) / / / / /

INJURY_IND

13. Were there injuries requiring inpatient hospitalization? ○ Yes ○ No

If Yes, specify the number in each category:

NUM_EMP_INJURIES

13.a Operator employees / / / / /

NUM_CONTR_INJURIES

13.b Contractor employees working for the Operator / / / / /

NUM_ER_INJURIES

13.c Non-Operator emergency responders / / / / /

NUM_GP_INJURIES

13.d General public / / / / /

INJURE

13.e Total injuries (sum of above) / / / / /

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

○ Yes ○ No ⇨ Explain: _____ SHUTDOWN_EXPLAIN

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

SHUTDOWN_DATETIME

*14.a Local time and date of shutdown / / / / / (Hour) / / / (Month) / / / (Day) / / / (Year)

STILL_SHUTDOWN_IND

RESTART_DATETIME

14.b Local time LNG Facility restarted / / / / / (Hour) / / / (Month) / / / (Day) / / / (Year) ○ Still shut down

*(*Supplemental Report required)*

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

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

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

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

PART B – ADDITIONAL FACILITY INFORMATION

1. 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_MARINE_IND FACILITY_SOURCE_RAILROAD_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

2. 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

3. 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

4. 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

1. Estimated Property Damage:

EST_COST_OPER_PAID
1.a Estimated cost of public and non-Operator private property damage $ /__/__/__/,/__/__/__/,/__/__/__/

EST_COST_PROP_DAMAGE
1.b Estimated cost of Operator's property damage & repairs $ /__/__/__/,/__/__/__/,/__/__/__/

EST_COST_EMERGENCY
1.c Estimated cost of Operator's emergency response $ /__/__/__/,/__/__/__/,/__/__/__/

EST_COST_OTHER
1.d Estimated other costs $ /__/__/__/,/__/__/__/,/__/__/__/

Describe EST_COST_OTHER_DETAILS _____

1.e Total estimated property damage (sum of above) $ /__/__/__/,/__/__/__/,/__/__/__/

Cost of Commodity Released

EST_COST_GAS_RELEASED
1.f Estimated cost of commodity released unintentionally $ /__/__/__/,/__/__/__/,/__/__/__/

EST_COST_INTENTIONAL_RELEASE
1.g Estimated cost of commodity released during intentional and controlled blowdown $ /__/__/__/,/__/__/__/,/__/__/__/

TOTAL_COST – Estimated Total Cost, sum of 1.a-d and 1.f-g
1.h Total estimated cost of commodity released (sum of 1.f & 1.g above) $ /__/__/__/,/__/__/__/,/__/__/__/

PART D – ADDITIONAL OPERATING INFORMATION

1. Was a computerized Control System in place? CCS_IN_PLACE_IND

☐ No
☐ Yes ⇨
1.a Was it operating at the time of the Incident? ○ Yes ○ No CCS_OPERATING_IND
1.b Was it fully functional at the time of the Incident? ○ Yes ○ No CCS_FUNCTIONAL_IND

2. How was the Incident initially detected: *(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

1. 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 ⇨
1.a Specify how many were tested: /__/__/__/ NUM_EMPLOYEES_TESTED
1.b Specify how many failed: /__/__/__/ NUM_EMPLOYEES_FAILED

2. 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 ⇨
2.a Specify how many were tested: /__/__/__/ NUM_CONTRACTORS_TESTED
2.b 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. Describe secondary, contributing, or root causes of the Incident in the narrative (PART G).

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.

2. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? ○ Yes ○ No

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

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 1. Vehicle/Equipment operated by: *(select only one)* ○ 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**	OSF_HURRICANE_IND, OSF_TROPICAL_STORM_IND, OSF_TORNADO_IND 2. Select one or more of the following IF an extreme weather event was a factor: ○ Hurricane ○ Tropical Storm ○ Tornado ○ Heavy Rains/Flood ○ 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: OSF_INTENTIONAL_SUBTYPE ○ Vandalism ○ Terrorism ○ Theft of commodity ○ Theft of equipment ○ Other _____ OSF_INTENTIONAL_DETAILS 4. Did the Intentional Damage involve a breach of security? ○ No OSF_INTENT_SECURITY_BREACH_IND ○ Yes *(Explain fully in the PART G Narrative)*
☐ **Other Outside Force Damage**	5. Describe: _____ OSF_OTHER_DETAILS

F5 - Material Failure of Pipe or 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 the following: *(select all that apply)*

PWJF_FIELD_EXAM_IND PWJF_METALLURGICAL_IND

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

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

PWJF_FAILURE_TYPE ☐ **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)**	2. Was **insulation degradation** a factor in this failure? ○ Yes ○ 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: 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? ○ Yes ○ No EQ_LOW_TEMP_EMBRITTLEMENT_IND
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 procedure RELATED_FAILURE_FOLLOW_IND
   - ○ Other:* RELATED_OTHER_IND OPERATION_RELATED_DETAILS

F8 – Other Incident Cause

OTHER_TYPE

☐ **Miscellaneous**

1. Describe: MISC_DETAILS _____

☐ **Unknown**

2. Specify:
   - ○ Investigation complete, cause of Incident unknown
   - ○ Still under investigation, cause of Incident to be determined*

*(*Supplemental Report required)* UNKNOWN_SUBTYPE

PART G – NARRATIVE DESCRIPTION OF THE INCIDENT

(Attach additional sheets as necessary)

NARRATIVE

PART H – PREPARER AND AUTHORIZED SIGNATURE

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, fire, explosion, total property damage $50K or more in 1984 dollars then SIGNIFICANT='YES', else SIGNIFICANT='NO'.*
IYEAR	*Year accident occurred, derived from accident date*
FACILITY_LATITUDE	*Latitude, if available*
FACILITY_LONGITUDE	*Longitude, if available*
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_GAS_RELEASED_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 accident trending*
MAP_SUBCAUSE	*SubCause by PHMSA for 20 year accident trending*
SERIOUS	*Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.*