



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

- | | |
|--|--|
| <p>4. Local time (<i>24-hr clock</i>) and date of the Incident:</p> <p><u> </u>/<u> </u>/<u> </u> <u> </u>/<u> </u> <u> </u>/<u> </u> <u> </u>/<u> </u></p> <p style="text-align: center;">Hour Month Day Year</p> <p style="color: red; text-align: center;">LOCAL_DATETIME</p> | <p>5. National Response Center Report Number:</p> <p><u> </u>/<u> </u>/<u> </u>/<u> </u>/<u> </u>/<u> </u> NRC_RPT_NUM</p>
<p>6. Local time (<i>24-hr clock</i>) and date of initial telephonic report to the National Response Center (if reported): NRC_RPT_DATETIME</p> <p><u> </u>/<u> </u>/<u> </u> <u> </u>/<u> </u> <u> </u>/<u> </u> <u> </u>/<u> </u></p> <p style="text-align: center;">Hour Month Day Year</p> |
|--|--|

7. Incident resulted from:
- | | |
|--|--|
| <input type="checkbox"/> Unintentional release of commodity | UNINTENTIONAL_RELEASE_IND |
| <input type="checkbox"/> Intentional release of commodity | INTENTIONAL_RELEASE_IND |
| <input type="checkbox"/> Emergency shutdown | EMERGENCY_SHUTDOWN_IND |
| <input type="checkbox"/> 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**

9. Estimated volume of commodity released unintentionally: / / ././ / / / Thousand Cubic Feet (MCF)
10. Estimated volume of intentional and controlled release/blowdown : / / ././ / / / Thousand Cubic Feet (MCF)
11. Estimated volume of liquid spilled to the ground : / / ././ / / / Bbls

<p>FATALITY_IND</p> <p>12. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>12.a Operator employees NUM_EMP_FATALITIES <div style="text-align: center;">/ / / / /</div></p> <p>12.b Contractor employees NUM_CONTR_FATALITIES working for the Operator <div style="text-align: center;">/ / / / /</div></p> <p>12.c Non-Operator NUM_ER_FATALITIES emergency responders <div style="text-align: center;">/ / / / /</div></p> <p>12.d General public NUM_GP_FATALITIES <div style="text-align: center;">/ / / / /</div></p> <p>12.e Total fatalities (sum of above) FATAL <div style="text-align: center;">/ / / / /</div></p>	<p>INJURY_IND</p> <p>13. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>13.a Operator employees NUM_EMP_INJURIES <div style="text-align: center;">/ / / / /</div></p> <p>13.b Contractor employees NUM_CONTR_INJURIES working for the Operator <div style="text-align: center;">/ / / / /</div></p> <p>13.c Non-Operator NUM_ER_INJURIES emergency responders <div style="text-align: center;">/ / / / /</div></p> <p>13.d General public NUM_GP_INJURIES <div style="text-align: center;">/ / / / /</div></p> <p>13.e Total injuries (sum of above) INJURE <div style="text-align: center;">/ / / / /</div></p>
<p>14. Was the LNG Facility shut down due to the incident? SHUTDOWN_DUE_ACCIDENT_IND</p> <p><input type="radio"/> Yes <input type="radio"/> No ➡ Explain: SHUTDOWN_EXPLAIN</p> <p>If Yes, complete Questions 14.a and 14.b: <i>(use local time, 24-hr clock)</i> SHUTDOWN_DATETIME</p> <p>*14.a Local time and date of shutdown <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="text-align: center;">/ / / / / Hour</div> <div style="text-align: center;">/ / / / / Month Day Year</div> <div style="text-align: center;">/ / / / / Month Day Year</div> </div> RESTART_DATETIME</p> <p>*14.b Local time LNG Facility restarted <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="text-align: center;">/ / / / / Hour</div> <div style="text-align: center;">/ / / / / Month Day Year</div> <div style="text-align: center;">/ / / / / Month Day Year</div> </div> STILL_SHUTDOWN_IND</p> <p style="text-align: right;"><input type="radio"/> Still shut down* (*Supplemental Report required)</p>	
<p>15. Was there an ignition? <input type="radio"/> Yes <input type="radio"/> No IGNITE_IND</p> <p>16. Was there an explosion? <input type="radio"/> Yes <input type="radio"/> No EXPLODE_IND</p> <p>17. Number of general public evacuated: <div style="text-align: center;">/ / / / /</div> NUM_PUB_EVACUATED</p> <p>18. Number of operator/contractor personnel evacuated: <div style="text-align: center;">/ / / / /</div> NUM_OPER_AND_CONTRACTOR_EVAC</p>	

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 <i>(list all that apply)</i>	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	

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:

- 1.a Estimated cost of public and non-Operator private property damage **EST_COST_OPER_PAID** \$ / / / / / / / / / / / /
- 1.b Estimated cost of Operator's property damage & repairs **EST_COST_PROP_DAMAGE** \$ / / / / / / / / / / / /
- 1.c Estimated cost of Operator's emergency response **EST_COST_EMERGENCY** \$ / / / / / / / / / / / /
- 1.d Estimated other costs **EST_COST_OTHER** \$ / / / / / / / / / / / /
- Describe **EST_COST_OTHER_DETAILS** _____
- 1.e Total estimated property damage (sum of above) \$ / / / / / / / / / / / /

Cost of Commodity Released

- 1.f Estimated cost of commodity released unintentionally **EST_COST_GAS_RELEASED** \$ / / / / / / / / / / / /
- 1.g Estimated cost of commodity released during intentional and controlled blowdown **EST_COST_INTENTIONAL_RELEASE** \$ / / / / / / / / / / / /
- PRPTY – 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		
<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.		
2. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No 2.a If Yes, specify: (select all that apply) <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Other _____		
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	OSF_VEHICLE_SUBTYPE 1. Vehicle/Equipment operated by: <i>(select only one)</i> <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	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: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other OSF_OTHER_WEATHER_IND OSF_HEAVY_RAINS_IND 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	3. Specify: OSF_INTENTIONAL_SUBTYPE <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 4. Did the Intentional Damage involve a breach of security? <input type="radio"/> No OSF_INTENT_SECURITY_BREACH_IND <input type="radio"/> Yes <i>(Explain fully in the PART G Narrative)</i>
<input type="checkbox"/> 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: <i>(select all that apply)</i> PWJF_FIELD_EXAM_IND PWJF_METALLURGICAL_IND <input type="checkbox"/> Field Examination <input type="checkbox"/> Determined by Metallurgical Analysis <input type="checkbox"/> Other Analysis PWJF_OTHER_ANALYSIS_IND <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i> PWJF_STILL_UNDER_INVEST_IND	
<input type="checkbox"/> PWJF_FAILURE_TYPE 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)	2. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> 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_INSULATION_DEGRADATION_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_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

PREPARER_FAX

Preparer's Facsimile Number

AUTHORIZER_TELEPHONE

Authorized Signer Telephone Number

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	<i>Data as of date</i>
SIGNIFICANT	<i>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'.</i>
IYEAR	<i>Year accident occurred, derived from accident date</i>
FACILITY_LATITUDE	<i>Latitude, if available</i>
FACILITY_LONGITUDE	<i>Longitude, if available</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_GAS_RELEASED_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
EST_COST_INTENT_REL_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
PRPTY_CURRENT	<i>Converted Property Damage to Current Year dollars</i>
MAP_CAUSE	<i>Cause by PHMSA for 20 year accident trending</i>
MAP_SUBCAUSE	<i>SubCause by PHMSA for 20 year accident trending</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>