

<p>FATALITY_IND</p> <p>12. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No If Yes, specify the number in each category:</p> <p>12.a Operator employees NUM_EMP_FATALITIES / / / / /</p> <p>12.b Contractor employees NUM_CONTR_FATALITIES working for the Operator / / / / /</p> <p>12.c Non-Operator NUM_ER_FATALITIES emergency responders / / / / /</p> <p>12.d General public NUM_GP_FATALITIES / / / / /</p> <p>12.e Total fatalities (sum of above) FATAL / / / / /</p>	<p>INJURY_IND</p> <p>13. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No If Yes, specify the number in each category:</p> <p>13.a Operator employees NUM_EMP_INJURIES / / / / /</p> <p>13.b Contractor employees NUM_CONTR_INJURIES working for the Operator / / / / /</p> <p>13.c Non-Operator NUM_ER_INJURIES emergency responders / / / / /</p> <p>13.d General public NUM_GP_INJURIES / / / / /</p> <p>13.e Total injuries (sum of above) INJURE / / / / /</p>
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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

14.b Local time LNG Facility restarted Hour / / / / Month / Day / Year / / / RESTART_DATETIME 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 <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

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

<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 <u> OSF_OTHER_WEATHER_IND </u> 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 <u> OSF_INTENTIONAL_DETAILS </u> 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: <u> OSF_OTHER_DETAILS </u>

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 <u> PWJF_OTHER_ANALYSIS_IND </u> <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

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>