

 <p>U.S. Department of Transportation</p> <p>Pipeline and Hazardous Materials</p> <p>Safety Administration</p>	<p>ANNUAL REPORT FOR CALENDAR YEAR 20__</p> <p>LIQUEFIED NATURAL GAS (LNG) FACILITIES</p>	DOT USE ONLY	
		Initial Date Submitted	
		Report Submission Type	
		Date Submitted	
<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 https://www.phmsa.dot.gov/forms/pipeline-forms.</p>			
PART A - OPERATOR INFORMATION		DOT USE ONLY	
<p>1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)</p> <p style="text-align: center;">_/_/_/_/_/</p>		<p>2. NAME OF COMPANY OR ESTABLISHMENT:</p> <p>_____</p> <p>IF SUBSIDIARY, NAME OF PARENT:</p> <p>_____</p>	
<p>3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:</p> <p>Name _____</p> <p>Title _____</p> <p>Email Address _____</p> <p>Telephone Number _____</p>		<p>4. HEADQUARTERS ADDRESS:</p> <p>Street Address _____</p> <p>State: _/_/_/ Zip Code: _/_/_/_/_/ - _/_/_/_/_/</p> <p>Telephone Number _____</p>	
<p>5. RESERVED</p>			

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			
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.			
Plant Status			
Date Put In Service			
Process			
Maximum Liquefaction Rate (MMCF/D)			
Number of Vaporizers			
Maximum Vaporization Capacity (MMCF/D)			
LNG Source			
Interstate or Intrastate			
LNG Storage			
Number of LNG Tanks			
Total Capacity (Bbls)			
Type of LNG Plant			
Function of LNG Plant			
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					Calc
Internal Corrosion					Calc
Natural Force Damage					Calc
Excavation Damage					Calc
Other Outside Force Damage					Calc
In-plant Piping or Weld ONLY (For these types of failures involving Equipment, see the Instructions)	Construction-, Installation-, or Fabrication-related				Calc
	Original Manufacturing-related				Calc
	Low Temperature Embrittlement				Calc
Equipment Failure					Calc
Incorrect Operation					Calc
Other Causes					Calc
Totals		Calc	Calc	Calc	Calc

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

PART E - PREPARER SIGNATURE	
Preparer's Name	_____ / / / /- / / /- / / / / / Telephone Number
Preparer's Title	_____ / / / /- / / /- / / / / / Facsimile Number
Preparer's E-mail Address	_____