



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

## INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES

Report Date **REPORT\_RECEIVED\_DATE**  
**REPORT\_NUMBER**  
No. **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 2137-0635. 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.

### 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)

☐ Original ☐ Supplemental ☐ Final **REPORT\_TYPE**

Last Revision Date

A1. Operator's OPS-issued Operator Identification Number (OPID): **OPERATOR\_ID**  
/ / / / /

A2. Name of Operator: **NAME**

A3. Address of Operator:

A3a. **OPERATOR\_STREET\_ADDRESS**  
(Street Address)

A3b. **OPERATOR\_CITY\_NAME**  
(City)

A3c. State: / / **OPERATOR\_STATE\_ABBREVIATION**

A3d. Zip Code: / / / / - / / / **OPERATOR\_POSTAL\_CODE**

A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met: **LOCAL\_DATETIME**

/ / / / /  
Hour Month Day Year

A4a. Time Zone for local time (select only one)

☐ Alaska ☐ Eastern ☐ Central **TIME\_ZONE**  
☐ Hawaii-Aleutian  
☐ Mountain ☐ Pacific.

A4b. Daylight Saving in effect? **DAYLIGHT\_SAVINGS\_IND**

☐ Yes ☐ No

A4c. Local time of confirmed discovery

**CONFIRMED\_DISCOVERY\_DATETIME**  
/ / / / /  
Hour Month Day Year

A5. Initial Operator National Response Center Report Number:

/ / / / / **NRC\_RPT\_NUM**

A6. 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

**ADDITIONAL\_NRC\_REPORT\_NUMBERS**

A6a. Additional NRC Report numbers submitted by the operator: \_\_\_\_\_

A7. 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**

A8. 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**

A9. Estimated volume of commodity released unintentionally: **UNINTENTIONAL\_RELEASE** / / / / / Thousand Cubic Feet (MCF)

A10. Estimated volume of intentional and controlled release/blowdown : **INTENTIONAL\_RELEASE** / / / / / Thousand Cubic Feet (MCF)

A11. Estimated volume of liquid spilled to the ground : **VOLUME\_TO\_GROUND** / / / / / Bbls

A12. Were there fatalities? ☐ Yes ☐ No **FATALITY\_IND**

If Yes, specify the number in each category:

A12a. Operator employees **NUM\_EMP\_FATALITIES** / / / / /

A12b. Contractor employees **NUM\_CONTR\_FATALITIES**  
working for the Operator / / / / /

A12c. Non-Operator **NUM\_ER\_FATALITIES**  
emergency responders / / / / /

A12d. General public **NUM\_GP\_FATALITIES** / / / / /

A12e. Total fatalities (sum of above) **FATAL** / / / / /

A13. Were there injuries requiring inpatient hospitalization? ☐ Yes ☐ No **INJURY\_IND**

If Yes, specify the number in each category:

A13a. Operator employees **NUM\_EMP\_INJURIES** / / / / /

A13b. Contractor employees **NUM\_CONTR\_INJURIES**  
working for the Operator / / / / /

A13c. Non-Operator **NUM\_ER\_INJURIES**  
emergency responders / / / / /

A13d. General public **NUM\_GP\_INJURIES** / / / / /

A13e. Total injuries (sum of above) **INJURE** / / / / /

A14. Was the LNG Facility shut down due to the incident? **SHUTDOWN\_DUE\_ACCIDENT\_IND**

☐ Yes ☐ No ➡ Explain: **SHUTDOWN\_EXPLAIN**

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

A14a. Local time and date of shutdown **SHUTDOWN\_DATETIME**  
/ / / / /  
Hour Month Day Year

A14b. Local time LNG Facility restarted **RESTART\_DATETIME** **STILL\_SHUTDOWN\_IND**  
/ / / / /  
Hour Month Day Year  
☐ Still shut down\*  
(required) (\*Supplemental Report)

A15. Was there an ignition? ☐ Yes ☐ No

If A15. is Yes, answer A15a. and A16:

**GAS\_CONSUMED\_BY\_FIRE\_IN\_MCF**

A15a. Estimated volume of gas consumed by fire (MCF): (must be less than or equal to A9.)

**EXPLODE\_IND**

A16. Was there an explosion? ☐ Yes ☐ No

**NUM\_PUB\_EVACUATED**

A17. Number of general public evacuated: / / / / /

**NUM\_OPER\_AND\_CONTRACTOR\_EVAC**

A18. Number of operator/contractor personnel evacuated: / / / / /

**Injured Persons not included in A13** The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A13. **If a person is included in A13, do not include them in A19.**

**NUM\_PERSONS\_HOSP\_NOT\_OVNIGHT**

A19. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: \_\_\_\_\_

**If a person is included in A19, do not include them in A20.**

**NUM\_INJURED\_TREATED\_BY\_EMT**

A20. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: \_\_\_\_\_

#### Buildings Affected

A21. Number of residential buildings affected (evacuated or required repair or gas service interrupted): **NUM\_RESIDENT\_BUILDING\_AFFCTD**

A22. Number of business buildings affected (evacuated or required repair or gas service interrupted): **NUM\_BUSINESS\_BUILDING\_AFFCTD**

## PART B – ADDITIONAL FACILITY INFORMATION

B1. 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		FACILITY_LATITUDE FACILITY_LONGITUDE
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	

B2. 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**

B3. 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**
- ☐ **FUNCTION\_NITRO\_SPECIAL\_USE\_IND**
- ☐ Nitrogen Rejection Unit or Other Special Use ⇨ \*Describe: **FUNCTION\_SPECIAL\_USE\_DETAILS**

**ITEM\_INVOLVED**

B4. Item involved in Incident: *(select only one)*

- ☐ 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

\_\_\_\_\_

C1a.	Estimated cost of public and non-Operator private property damage	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
		<b>EST_COST_OPER_PAID</b>
C1b.	Estimated cost of Operator's property damage & repairs	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
		<b>EST_COST_PROP_DAMAGE</b>
C1c.	Estimated cost of emergency response	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
		<b>EST_COST_EMERGENCY</b>
C1d.	Estimated other costs	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
	Describe _____	<b>EST_COST_OTHER_DETAILS</b>
C1e.	Total estimated property damage (sum of above)	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
<b>Cost of Commodity Released</b>		
C1f.	Estimated cost of commodity released unintentionally	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
		<b>EST_COST_UNINTENTIONAL_RELEASE</b>
C1g.	Estimated cost of commodity released during intentional and controlled blowdown	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
		<b>EST_COST_INTENTIONAL_RELEASE</b>
C1h.	Total estimated cost of commodity released (sum of 1.f & 1.g above)	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _
		<b>TOTAL_COST</b>
C1i.	Estimated Total Cost (sum of 1.e and 1.h above)	\$ / _ / _ / _ , _ / _ / _ / _ / _ / _

\_\_\_\_\_

D1. Was a computerized Control System in place?

☐ No

☐ Yes ➡

1a. Was it operating at the time of the Incident? ☐ Yes ☐ No CCS\_OPERATING\_IND

1b. Was it fully functional at the time of the Incident? ☐ Yes ☐ No CCS\_FUNCTIONAL\_IND

ACCIDENT\_IDENTIFIER

D2. What was the Operator's initial indication of the Failure? (select only one)

☐ 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)

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PART F – APPARENT CAUSE		*Select only one APPARENT Cause of the Incident, and answer any questions on the right or below as indicated. Enter secondary, contributing, or root causes of the Incident in Part I – Contributing Factors.
CAUSE	CAUSE_DETAILS	
<b>F1 - Corrosion Failure</b> INTERNAL_EXTERNAL		
<input type="checkbox"/> External Corrosion		
<input type="checkbox"/> Internal Corrosion		
<b>F2 - Natural Force Damage</b> 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	
<p>Complete the following if any Natural Force Damage sub-cause is selected. NF_EXTREME_WEATHER_IND</p> <p>2. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? <input type="radio"/> Yes <input type="radio"/> No</p> <p>2a. If Yes, specify: (select all that apply) NF_HURRICANE_IND NF_TROPICAL_STORM_IND NF_TORNADO_IND</p> <p><input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado</p> <p><input type="radio"/> Other NF_OTHER_IND NF_EXTREME_WEATHER_DETAILS</p>		
<b>F3 – Excavation Damage</b> 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	<b>OSF_VEHICLE_SUBTYPE</b> 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	2. Select one or more of the following IF an extreme weather event was a factor: <b>OSF_HURRICANE_IND</b> <b>OSF_TROPICAL_STORM_IND</b> <b>OSF_TORNADO_IND</b> <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <b>OSF_HEAVY_RAINS_IND</b> <b>OSF_OTHER_WEATHER_IND</b> <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other _____ <b>OSF_OTHER_WEATHER_DETAILS</b>	
<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: <b>OSF_INTENTIONAL_SUBTYPE</b> <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other <b>OSF_INTENTIONAL_DETAILS</b> <b>OSF_INTENT_SECURITY_BREACH_IND</b> 4. Did the Intentional Damage involve a breach of security? <input type="radio"/> No <input type="radio"/> Yes <i>(Explain fully in the PART G Narrative)</i>	
<input type="checkbox"/> Other Outside Force Damage	5. Describe: <b>OSF_OTHER_DETAILS</b>	
<b>F5 - Material Failure of Pipe or Weld</b> <b>PWJF_FAILURE_TYPE</b>		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> <b>PWJF_FIELD_EXAM_IND</b> <b>PWJF_METALLURGICAL_IND</b> <b>PWJF_OTHER_ANALYSIS_IND</b> <input type="checkbox"/> Field Examination <input type="checkbox"/> Determined by Metallurgical Analysis <input type="checkbox"/> Other Analysis <b>PWJF_OTHER_ANALYSIS_DETAILS</b> <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i> <b>PWJF_STILL_UNDER_INVEST_IND</b>		
<input type="checkbox"/> 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)	<b>PWJF_INSULATION_DEGRAD_IND</b> 2. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> No	

F6 - Equipment Failure		EQ_FAILURE_TYPE
<input type="checkbox"/> Malfunction of Control/Relief Equipment		
<input type="checkbox"/> Pump/Compressor or Pump/Compressor-related Equipment		
<input type="checkbox"/> Threaded Connection/Coupling Failure		
<input type="checkbox"/> Non-threaded Connection Failure		
<input type="checkbox"/> Defective or Loose Tubing or Fitting		
<input type="checkbox"/> Failure of Equipment Body (except Pump/Compressor), Vessel Plate, or other Material		
<input type="checkbox"/> Other Equipment Failure	1. Describe: <u>EQ_FAILURE_DETAILS</u>	
<p>Complete the following if any Equipment Failure sub-cause is selected.</p> <p>2. Did this failure involve <b>Low Temperature Embrittlement</b> due to process fluids? <input type="radio"/> Yes <input type="radio"/> No <span>EQ_LOW_TEMP_EMBRITTLEMENT_IND</span></p> <p>3. Was <b>insulation degradation</b> a factor in this failure? <input type="radio"/> Yes <input type="radio"/> No <span>EQ_INSULATION_DEGRADATION_IND</span></p>		
F7 - Incorrect Operation		OPERATION_TYPE
<input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage		
<input type="checkbox"/> Storage Tank or Pressure Vessel Allowed or Caused to Overfill or Overpressure		
<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in an Overfill or Overpressure		
<input type="checkbox"/> Pipe or Equipment Overpressured		
<input type="checkbox"/> Equipment Not Installed Properly		
<input type="checkbox"/> Wrong Equipment Specified or Installed		
<input type="checkbox"/> Other Incorrect Operation	1. Describe: <u>OPERATION_DETAILS</u>	
<p>Complete the following if any Incorrect Operation sub-cause is selected.</p> <p>2. Was this Incident related to: (select all that apply)</p> <p><input type="radio"/> Inadequate procedure <span>RELATED_INADEQUATE_PROC_IND</span></p> <p><input type="radio"/> No procedure established <span>RELATED_NO_PROC_IND</span></p> <p><input type="radio"/> Failure to follow procedure <span>RELATED_FAILURE_FOLLOW_IND</span></p> <p><input type="radio"/> Other: <u>RELATED_OTHER_IND OPERATION_RELATED_DETAILS</u></p>		



F8 – Other Incident Cause		OTHER_TYPE
<input type="checkbox"/> Miscellaneous	1. Describe: <span style="color: red;">MISC_DETAILS</span>	
<input type="checkbox"/> Unknown	2. Specify: <span style="color: red;">UNKNOWN_SUBTYPE</span> <input type="radio"/> Investigation complete, cause of Incident unknown <input type="radio"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required)	

PART I – CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part F. Do not report the Apparent Cause again in this Part I. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:	
<p>External Corrosion <span style="color: red;">EXTRNL_COR_GALVANIC_IND</span></p> <input type="checkbox"/> External Corrosion, Galvanic <span style="color: red;">EXTRNL_COR_ATMOSPHERIC_IND</span>	<p>Pipe/Weld Failure</p> <input type="checkbox"/> Design-related <span style="color: red;">PWF_DESIGN_IND</span>
<input type="checkbox"/> External Corrosion, Atmospheric <span style="color: red;">EXTRNL_COR_STRAY_CURRENT_IND</span>	<input type="checkbox"/> Construction-related <span style="color: red;">PWF_CONSTRUCTION_IND</span>
<input type="checkbox"/> External Corrosion, Stray Current Induced <span style="color: red;">EXTRNL_COR_MICROBIOLOGIC_IND</span>	<input type="checkbox"/> Installation-related <span style="color: red;">PWF_INSTALLATION_IND</span>
<input type="checkbox"/> External Corrosion, Microbiologically Induced <span style="color: red;">EXTRNL_COR_SELECTIVE_SEAM_IND</span>	<input type="checkbox"/> Fabrication-related <span style="color: red;">PWF_FABRICATION_IND</span>
<input type="checkbox"/> External Corrosion, Selective Seam	<input type="checkbox"/> Original Manufacturing-related <span style="color: red;">PWF_MANUFACTURING_IND</span>
<p>Internal Corrosion <span style="color: red;">INTRNL_COR_CORROSIVE_CMDTY_IND</span></p> <input type="checkbox"/> Internal Corrosion, Corrosive Commodity <span style="color: red;">INTRNL_COR_WTR_DRPOUT_ACID_IND</span>	<p>Equipment Failure</p> <input type="checkbox"/> Malfunction of Control/Relief Equipment <span style="color: red;">EQF_CONTROL_RELIEF_IND</span>
<input type="checkbox"/> Internal Corrosion, Water drop-out/Acid <span style="color: red;">INTRNL_COR_MICROBIOLOGIC_IND</span>	<input type="checkbox"/> Threaded Connection/Coupling Failure <span style="color: red;">EQF_THREADED_COUPLING_IND</span>
<input type="checkbox"/> Internal Corrosion, Microbiological <span style="color: red;">INTRNL_COR_EROSION_IND</span>	<input type="checkbox"/> Non-threaded Connection Failure <span style="color: red;">EQF_NON_THREADED_IND</span>
<input type="checkbox"/> Internal Corrosion, Erosion	<input type="checkbox"/> Valve Failure <span style="color: red;">EQF_VALVE_FAILURE_IND</span>
<p>Natural Forces <span style="color: red;">NF_EARTH_MOVEMENT_IND</span></p> <input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods	<p>Incorrect Operation <span style="color: red;">IO_DAMAGE_BY_OPERATOR_IND</span></p> <input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage <span style="color: red;">IO_VALVE_POSITION_IND</span>
<input type="checkbox"/> Heavy Rains/Floods <span style="color: red;">NF_HEAVY_RAINS_IND</span>	<input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure <span style="color: red;">IO_EQUIPMENT_OVERPRESSURE_IND</span>
<input type="checkbox"/> Lightning <span style="color: red;">NF_LIGHTNING_IND</span>	<input type="checkbox"/> Pipeline or Equipment Overpressured <span style="color: red;">IO_NOT_INSTALLED_PROPERLY_IND</span>
<input type="checkbox"/> Temperature <span style="color: red;">NF_TEMPERATURE_IND</span>	<input type="checkbox"/> Equipment Not Installed Properly <span style="color: red;">IO_WRONG_EQUIPMENT_IND</span>
<input type="checkbox"/> High Winds <span style="color: red;">NF_HIGH_WINDS_IND</span>	<input type="checkbox"/> Wrong Equipment Specified or Installed
<input type="checkbox"/> Snow/Ice <span style="color: red;">NF_SNOW_ICE_IND</span>	<input type="checkbox"/> Inadequate Procedure <span style="color: red;">IO_INADEQUATE_PROCEDURE_IND</span>
<input type="checkbox"/> Tree/Vegetation Root <span style="color: red;">NF_VEGITATION_ROOT_IND</span>	<input type="checkbox"/> No procedure established <span style="color: red;">IO_NO_PROCEDURE_IND</span>
<p>Excavation Damage <span style="color: red;">EXCVTN_DMG_OPERATOR_IND</span></p> <input type="checkbox"/> Excavation Damage by Operator (First Party) <span style="color: red;">EXCVTN_DMG_OP_CONTRACTOR_IND</span>	<input type="checkbox"/> Failure to follow procedures <span style="color: red;">IO_FOLLOW_PROCEDURE_IND</span>
<input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) <span style="color: red;">EXCVTN_DMG_THIRD_PARTY_IND</span>	
<input type="checkbox"/> Excavation Damage by Third Party <span style="color: red;">EXCVTN_DMG_PREVIOUS_DAMAGE_IND</span>	
<input type="checkbox"/> Previous Damage due to Excavation Activity	
<p>Other Outside Force <span style="color: red;">OSF_NEARBY_INDUSTRIAL_IND</span></p> <input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion <span style="color: red;">OSF_VEHICLE_IND</span>	
<input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation <span style="color: red;">OSF_BOAT_IND</span>	
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment <span style="color: red;">OSF_OTHER_MARITIME_IND</span>	
<input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation <span style="color: red;">OSF_ELECTRICAL_ARCING_IND</span>	
<input type="checkbox"/> Electrical Arcing from Other Equipment or Facility <span style="color: red;">OSF_PREVIOUS_MECHANICAL_IND</span>	
<input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation	
<input type="checkbox"/> Intentional Damage <span style="color: red;">OSF_INTENTIONAL_IND</span>	
<input type="checkbox"/> Other underground facilities buried within 12 inches of the failure location <span style="color: red;">OSF_OTHER_UNDERGROUND_IND</span>	

(Attach additional sheets as necessary)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Preparer's Telephone Number

Preparer's Facsimile Number

Authorized Signer Telephone Number

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, or total property damage is \$50K or more in 1984 dollars, then SIGNIFICANT='YES', else SIGNIFICANT='NO'.
SERIOUS	Identify if record meets the SERIOUS criteria or not: If there was fatality or injury then SERIOUS = 'YES' else SERIOUS = 'NO'.
IYEAR	Year incident occurred, derived from accident date
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_UNINTENT_REL_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_SEVEN_CAUSE	Cause by PHMSA for 20 year incident trending
MAP_SEVEN_SUBCAUSE	SubCause by PHMSA for 20 year incident trending
MAP_EIGHT_CAUSE	Cause by PHMSA for 20 year incident trending
MAP_EIGHT_SUBCAUSE	SubCause by PHMSA for 20 year incident trending