



INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES

No. _____
(DOT Use Only)

INSTRUCTIONS

PART A – KEY REPORT INFORMATION

☐ Original ☐ Supplemental ☐ Final

Last Revision Date

- Hour Month Day Year

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

12. Were there fatalities? ☐ Yes ☐ No

If Yes, specify the number in each category:

12.a Operator employees / / / / /

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

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

12.d General public / / / / /

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

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

If Yes, specify the number in each category:

13.a Operator employees / / / / /

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

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

13.d General public / / / / /

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

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

☐ Yes ☐ No ➡ Explain: _____

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

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

*14.b Local time LNG Facility restarted / / / / /
Hour Month Day Year ☐ Still shut down*
(*Supplemental Report required)

15. Was there an ignition? ☐ Yes ☐ No

16. Was there an explosion? ☐ Yes ☐ No

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

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

PART B – ADDITIONAL FACILITY INFORMATION

1. Facility Information: (select Facility/Plant from dropdown list)

	LNG FACILITY / PLANT
Name of LNG Plant / Facility	
NPMS LNG ID	
Plant / Facility Status	
Plant / Facility Location	
State	/ / /
Process	
Liquefaction/Vaporization Rate (MMCF/D) at the time of the Incident	
Number of Vaporizers in service at the time of the Incident	
Total Capacity (MMCF/D)	
LNG Source (list all that apply)	
Interstate or Intrastate	
LNG Storage	
Number of LNG Tanks	
Volume of LNG in Storage at the time of the Incident (Bbls)	

2. Type of LNG Plant / Facility: *(select all that apply)*

- ☐ Base Load
- ☐ Peak Shaving
- ☐ Satellite
- ☐ Mobile / Temporary *(select the following based on use at time of Incident)*
 - ☐ Intrastate
 - ☐ Interstate
- ☐ Other ➡ *Describe: _____

3. Function of LNG Plant / Facility at the time and date of the Incident: *(select all that apply)*

- ☐ Marine Terminal *(select one or both)*
 - ☐ Import Terminal
 - ☐ Export Terminal
- ☐ Storage *(select one or both)*
 - ☐ With Liquefaction
 - ☐ Without Liquefaction
- ☐ Stranded Utility
- ☐ Vehicular Fuel
- ☐ Nitrogen Rejection Unit or Other Special Use ➡ *Describe: _____

4. 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: _____
- ☐ No item involved

PART C – ADDITIONAL CONSEQUENCE INFORMATION

1. Estimated Property Damage:

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

Cost of Commodity Released

- 1.f Estimated cost of commodity released unintentionally \$ / / / / / / / / / /
- 1.g Estimated cost of commodity released during intentional and controlled blowdown \$ / / / / / / / / / /
- 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?

☐ No☐ Yes ➡

1.a Was it operating at the time of the Incident?

☐ Yes☐ No

1.b Was it fully functional at the time of the Incident?

☐ Yes☐ No2. How was the Incident initially detected: (*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 ➡ * _____ (*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?

☐ No☐ Yes ➡ 1.a Specify how many were tested: / / / /

1.b Specify how many 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?

☐ No☐ Yes ➡ 2.a Specify how many were tested: / / / /

2.b Specify how many failed: / / / /

F4 - Other Outside Force Damage

<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	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: <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other _____
<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: <input type="radio"/> Vandalism <input type="radio"/> Terrorism <input type="radio"/> Theft of commodity <input type="radio"/> Theft of equipment <input type="radio"/> Other _____ 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: _____

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> <input type="checkbox"/> Field Examination <input type="checkbox"/> Determined by Metallurgical Analysis <input type="checkbox"/> Other Analysis _____ <input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i>	
<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)	2. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> No

F6 - Equipment Failure

<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: _____ _____

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

3. Was **insulation degradation** a factor in this failure? ☐ Yes ☐ No

F7 - Incorrect Operation	
<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: _____ _____

Complete the following if any Incorrect Operation sub-cause is selected.

2. Was this Incident related to: *(select all that apply)*

- ☐ Inadequate procedure
- ☐ No procedure established
- ☐ Failure to follow procedure
- ☐ Other: _____

F8 – Other Incident Cause

