



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

INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES

Report Date _____

No. _____
(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

Last Revision Date: _____

A1. Operator's OPS-issued Operator Identification Number (OPID): ____/____/____/____/____/____/____/____

A2. Name of Operator: _____

A3. Address of Operator:

A3a. _____
(Street Address)

A3b. _____
(City)

A3c. State: ____/____/____

A3d. Zip Code: ____/____/____/____/____/____ - ____/____/____/____/____/____

A4. Local time (24-hr clock) and date of incident:

____/____/____/____/____/____
Hour Month Day Year

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

- ☐ Alaska ☐ Eastern ☐ Central
☐ Hawaii-Aleutian
☐ Mountain ☐ Pacific.

A4b. Daylight Saving in effect?

- ☐ Yes ☐ No

A4c. Local time of confirmed discovery

____/____/____/____/____/____
Hour Month Day Year

A5. Initial Operator National Response Center Report Number:

____/____/____/____/____/____

A6. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if reported):

____/____/____/____/____/____
Hour Month Day Year

A6a. Additional NRC Report numbers submitted by the operator: _____

A7. Incident resulted from:

- ☐ Unintentional release of commodity
☐ Intentional release of commodity
☐ Emergency shutdown
☐ Reasons other than the above ➡ *Describe: _____

A8. Commodity released: (select only one, based on predominant volume released)

- ☐ 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: _____

A9. Estimated volume of commodity released unintentionally: ____/____/____/____/____/____/____/____ Thousand Cubic Feet (MCF)

A10. Estimated volume of intentional and controlled release/blowdown : / / /, / / / / Thousand Cubic Feet (MCF)

A11. Estimated volume of liquid spilled to the ground : / / /, / / / / Bbls

A12. Were there fatalities? ☐ Yes ☐ No

If Yes, specify the number in each category:

A12a. Operator employees / / / / /

A12b. Contractor employees
working for the Operator / / / / /

A12c. Non-Operator
emergency responders / / / / /

A12d. General public / / / / /

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

A13. Were there injuries requiring inpatient hospitalization? ☐ Yes ☐ No

If Yes, specify the number in each category:

A13a. Operator employees / / / / /

A13b. Contractor employees
working for the Operator / / / / /

A13c. Non-Operator
emergency responders / / / / /

A13d. General public / / / / /

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

A14. Was the LNG Facility shut down due to the incident?

☐ Yes ☐ No ➡ Explain: _____

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

A14a. Local time and date of shutdown / / / / / / / /
Hour Month Day Year

A14b. Local time LNG Facility restarted / / / / / / / / ☐ Still shut down*
Hour Month Day Year (*Supplemental Report required)

A15. Was there an ignition? ☐ Yes ☐ No

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

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

A16. Was there an explosion? ☐ Yes ☐ No

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

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.**

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.

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): _____

A22. Number of business buildings affected (evacuated or required repair or gas service interrupted): _____

PART B – ADDITIONAL FACILITY INFORMATION

B1. 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) _____

B2. 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: _____

B3. 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: _____

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: _____
☐ No item involved

PART C – ADDITIONAL CONSEQUENCE INFORMATION

C1. Estimated Property Damage:

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

PART D – ADDITIONAL OPERATING INFORMATION

D1. Was a computerized Control System in place?

☐ No

☐ Yes ➡

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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 ➡ * _____ (Explain in PART G Narrative)

PART E – DRUG & ALCOHOL TESTING INFORMATION

E1. 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

E1a. Specify how many were tested: / / /

E1b. Specify how many failed: / / /

E2. 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

E2a. Specify how many were tested: / / /

E2b. Specify how many failed: / / /

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.

F1 - Corrosion Failure

☐ External Corrosion

☐ Internal Corrosion

F2 - Natural Force Damage

☐ **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: _____

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

2a. If Yes, specify: (*select all that apply*)

☐ Hurricane

☐ Tropical Storm

☐ Tornado

☐ Other _____

F3 – Excavation Damage

- ☐ 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

- ☐ Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident

- ☐ Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation

1. Vehicle/Equipment operated by: *(select only one)*
☐ Operator ☐ Operator's Contractor ☐ Third Party

- ☐ 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: ☐ Hurricane ☐ Tropical Storm ☐ Tornado
☐ Heavy Rains/Flood ☐ Other _____

- ☐ Electrical Arcing from Other Equipment or Facility

- ☐ Previous Mechanical Damage NOT Related to Excavation

- ☐ Intentional Damage

3. Specify:
☐ Vandalism ☐ Terrorism
☐ Theft of commodity ☐ Theft of equipment
☐ Other _____

4. Did the Intentional Damage involve a breach of security?
☐ No
☐ Yes *(Explain fully in the PART G Narrative)*

- ☐ 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: *(select all that apply)*

- ☐ Field Examination ☐ Determined by Metallurgical Analysis ☐ Other Analysis _____
- ☐ Sub-cause is Tentative or Suspected; Still Under Investigation *(Supplemental Report required)*

- ☐ Construction-, Installation-, or Fabrication-related

- ☐ Original Manufacturing-related (NOT girth weld or other welds formed in the field)

- ☐ Low Temperature Embrittlement (due to a process fluid)

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

F6 - Equipment Failure

- ☐ 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: _____

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

Pipe/Weld Failure

- ☐ Design-related
- ☐ Construction-related
- ☐ Installation-related
- ☐ Fabrication-related
- ☐ Original Manufacturing-related

Equipment Failure

- ☐ Malfunction of Control/Relief Equipment
- ☐ Threaded Connection/Coupling Failure
- ☐ Non-threaded Connection Failure
- ☐ Valve Failure

Incorrect Operation

- ☐ Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage
- ☐ Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure
- ☐ Pipeline or Equipment Overpressured
- ☐ Equipment Not Installed Properly
- ☐ Wrong Equipment Specified or Installed
- ☐ Inadequate Procedure
- ☐ No procedure established
- ☐ Failure to follow procedures

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Preparer's Name (type or print)

Preparer's Title (type or print)

Preparer's Telephone Number

Preparer's E-mail Address

Authorized Signer's-Name _____ Date _____

Authorized Signer's Title

Preparer's Facsimile Number _____

Authorized Signer Telephone Number _____

Authorized Signer's E-mail Address