

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p>INCIDENT REPORT – LIQUEFIED NATURAL GAS (LNG) FACILITIES</p>	<p>Report Date _____</p> <p>No. _____ (DOT Use Only)</p>
<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 10 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>INSTRUCTIONS</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 http://www.phmsa.dot.gov/pipeline.</p>		
<p>PART A – KEY REPORT INFORMATION</p>		<p>*Report Type: (select all that apply) <input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final</p>
<p>*1. Operator's OPS-issued Operator Identification Number (OPID): / / / / / / /</p> <p>*2. Name of Operator: _____</p> <p>*3. Address of Operator:</p> <p style="margin-left: 40px;">*3.a _____ (Street Address)</p> <p style="margin-left: 40px;">*3.b _____ (City)</p> <p style="margin-left: 40px;">*3.c State: / / /</p> <p style="margin-left: 40px;">*3.d Zip Code: / / / / / / - / / / / /</p>		
<p>*4. Local time (24-hr clock) and date of the Incident:</p> <p style="margin-left: 40px;"> / / / / / / / / / / Hour Month Day Year </p>		<p>5. National Response Center Report Number: / / / / / / / /</p> <p>6. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if reported):</p> <p style="margin-left: 40px;"> / / / / / / / / / / Hour Month Day Year </p>
<p>*7. Incident resulted from:</p> <p> <input type="checkbox"/> Unintentional release of commodity <input type="checkbox"/> Intentional release of commodity <input type="checkbox"/> Emergency shutdown <input type="checkbox"/> Reasons other than the above ➡ *Describe: _____ </p> <p>*8. Commodity released: (select only one, based on predominant volume released)</p> <p> <input type="checkbox"/> No release of commodity involved <input type="checkbox"/> Natural Gas while being handled in gaseous phase <input type="checkbox"/> LNG (Liquefied Natural Gas) while being handled in liquid phase <input type="checkbox"/> LPG (Liquefied Petroleum Gas) while being handled in liquid phase <input type="checkbox"/> Petroleum Gas while being handled in gaseous phase <input type="checkbox"/> Refrigerant Gas <input type="checkbox"/> Other Commodity ➡ *Name: _____ </p> <p>9. Estimated volume of commodity released unintentionally: / / / / / / / / / / Thousand Cubic Feet (MCF)</p> <p>10. Estimated volume of intentional and controlled release/blowdown : / / / / / / / / / / Thousand Cubic Feet (MCF)</p> <p>11. Estimated volume of liquid spilled to the ground : / / / / / / / / / / Bbls</p>		

<p>*12. Were there fatalities? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>*12.a Operator employees <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>*12.b Contractor employees working for the Operator <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>*12.c Non-Operator emergency responders <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>*12.d General public <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>12.e Total fatalities (sum of above) <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p>	<p>*13. Were there injuries requiring inpatient hospitalization? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, specify the number in each category:</p> <p>*13.a Operator employees <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>*13.b Contractor employees working for the Operator <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>*13.c Non-Operator emergency responders <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>*13.d General public <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p> <p>13.e Total injuries (sum of above) <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u></p>
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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	
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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	<u> </u> / <u> </u> / <u> </u>
*Latitude	<u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>
*Longitude	- <u> </u> / <u> </u> / <u> </u> / <u> </u> . <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u>
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 <i>(list all that apply)</i>	
*PHMSA- or State-inspected	
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☐ No

*2. 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: / / / /

PART F – APPARENT CAUSE		<i>*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).</i>	
F1 - Corrosion Failure			
<input type="checkbox"/> External Corrosion			
<input type="checkbox"/> Internal Corrosion			
F2 - Natural Force Damage			
<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: _____	
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? <input type="radio"/> Yes <input type="radio"/> No			
*2.a If Yes, specify: (select all that apply) <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Other _____			
F3 – Excavation Damage			
<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

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

F7 - Incorrect Operation

- ☐ 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: _____

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

☐ Miscellaneous

*1. Describe:

☐ Unknown

*2. Specify:

- ☐ Investigation complete, cause of Incident unknown
☐ Still under investigation, cause of Incident to be determined*
(*Supplemental Report required)

PART G – NARRATIVE DESCRIPTION OF THE INCIDENT

(Attach additional sheets as necessary)

PART H – PREPARER AND AUTHORIZED SIGNATURE

*Preparer's Name (type or print)

Preparer's Telephone Number

Preparer's Title (type or print)

Preparer's E-mail Address

Preparer's Facsimile Number

Authorized Signature

Date*

*Authorized Signature Telephone Number

*Authorized Signature's Name (type or print)

Authorized Signature's Title (type or print)

Authorized Signature's E-mail Address