



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.

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>.

Report Type: (select all that apply)

☐ Original ☐ Supplemental ☐ Final **REPORT_TYPE**

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

LOCAL_DATETIME IDATE

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

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

ADDITIONAL NRC REPORT NUMBERS

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**
COMMODITY_RELEASED_TYPE

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

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

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** / / / / / / Hour Month Day Year
STILL_SHUTDOWN_IND
☐ Still shut down*
(*Supplemental Report required)

A15. Was there an ignition? ☐ Yes ☐ No **IGNITE_IND**

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

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

A16. Was there an explosion? ☐ Yes ☐ No

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

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

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: **NUM_PERSONS_HOSP_NOT_OVNIGHT** _____

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: **NUM_INJURED_TREATED_BY_EMT**

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		
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** **FACILITY_TYPE_MOBILE_TEMP_IND**
☐ Mobile / Temporary *(select the following based on use at time of Incident)*
☐ 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**
☐ Nitrogen Rejection Unit or Other Special Use ➡ *Describe: **FUNCTION_NITRO_SPECIAL_USE_IND, 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

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	<p>OSF_VEHICLE_SUBTYPE</p> <p>1. Vehicle/Equipment operated by: <i>(select only one)</i></p> <p><input type="radio"/> Operator <input type="radio"/> Operator's Contractor <input type="radio"/> Third Party</p>
<input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring	<p>2. Select one or more of the following IF an extreme weather event was a factor:</p> <p>OSF_HURRICANE_IND OSF_TROPICAL_STORM_IND OSF_TORNADO_IND</p> <p><input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado</p> <p><input type="radio"/> Heavy Rains/Flood <input type="radio"/> Other OSF_OTHER_WEATHER_IND</p> <p>OSF_HEAVY_RAINS_IND OSF_OTHER_WEATHER_DETAILS</p>
<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	<p>3. Specify: OSF_INTENTIONAL_SUBTYPE</p> <p><input type="radio"/> Vandalism <input type="radio"/> Terrorism</p> <p><input type="radio"/> Theft of commodity <input type="radio"/> Theft of equipment</p> <p><input type="radio"/> Other OSF_INTENTIONAL_DETAILS</p> <p>OSF_INTENT_SECURITY_BREACH_IND</p> <p>4. Did the Intentional Damage involve a breach of security?</p> <p><input type="radio"/> No <input type="radio"/> Yes <i>(Explain fully in the PART G Narrative)</i></p>
<input type="checkbox"/> Other Outside Force Damage	<p>5. Describe: OSF_OTHER_DETAILS</p>

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".

<p>1. The sub-cause selected below is based on the following: <i>(select all that apply)</i></p> <p>PWJF_FIELD_EXAM_IND PWJF_METALLURGICAL_IND</p> <p><input type="checkbox"/> Field Examination <input type="checkbox"/> Determined by Metallurgical Analysis <input type="checkbox"/> Other Analysis PWJF_OTHER_ANALYSIS_IND PWJF_OTHER_ANALYSIS_DETAILS</p> <p><input type="checkbox"/> Sub-cause is Tentative or Suspected; Still Under Investigation PWJF_STILL_UNDER_INVEST_IND <i>(Supplemental Report required)</i></p>	
<input type="checkbox"/> PWJF_FAILURE_TYPE 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)	<p>2. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> No</p> <p>PWJF_INSULATION_DEGRAD_IND</p>

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: EQ_FAILURE_DETAILS
Complete the following if any Equipment Failure sub-cause is selected. <div style="text-align: right;">EQ_LOW_TEMP_EMBRITTLEMENT_IND</div> 2. Did this failure involve Low Temperature Embrittlement due to process fluids? <input type="radio"/> Yes <input type="radio"/> No <div style="text-align: right;">EQ_INSULATION_DEGRADATION_IND</div> 3. Was insulation degradation a factor in this failure? <input type="radio"/> Yes <input type="radio"/> 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: OPERATION_DETAILS
Complete the following if any Incorrect Operation sub-cause is selected. 2. Was this Incident related to: <i>(select all that apply)</i> <input type="radio"/> Inadequate procedure RELATED_INADEQUATE_PROC_IND <input type="radio"/> No procedure established RELATED_NO_PROC_IND <input type="radio"/> Failure to follow procedure RELATED_FAILURE_FOLLOW_IND <input type="radio"/> Other: * RELATED_OTHER_IND, OPERATION_RELATED_DETAILS	

F8 – Other Incident Cause

OTHER_TYPE <input type="checkbox"/> Miscellaneous	1. Describe: MISC_DETAILS <hr/> <hr/>
<input type="checkbox"/> Unknown	2. Specify: <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 EXTRNL_COR_GALVANIC_IND</p> <p><input type="checkbox"/> External Corrosion, Galvanic EXTRNL_COR_ATMOSPHERIC_IND</p> <p><input type="checkbox"/> External Corrosion, Atmospheric EXTRNL_COR_STRAY_CURRENT_IND</p> <p><input type="checkbox"/> External Corrosion, Stray Current Induced EXTRNL_COR_MICROBIOLOGIC_IND</p> <p><input type="checkbox"/> External Corrosion, Microbiologically Induced EXTRNL_COR_SELECTIVE_SEAM_IND</p> <p><input type="checkbox"/> External Corrosion, Selective Seam</p> <p>Internal Corrosion INTRNL_COR_CORROSIVE_CMDTY_IND</p> <p><input type="checkbox"/> Internal Corrosion, Corrosive Commodity INTRNL_COR_WTR_DRPOUT_ACID_IND</p> <p><input type="checkbox"/> Internal Corrosion, Water drop-out/Acid INTRNL_COR_MICROBIOLOGIC_IND</p> <p><input type="checkbox"/> Internal Corrosion, Microbiological</p> <p><input type="checkbox"/> Internal Corrosion, Erosion INTRNL_COR_EROSION_IND</p> <p>Natural Forces NF_EARTH_MOVEMENT_IND</p> <p><input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods</p> <p><input type="checkbox"/> Heavy Rains/Floods NF_HEAVY_RAINS_IND</p> <p><input type="checkbox"/> Lightning NF_LIGHTNING_IND</p> <p><input type="checkbox"/> Temperature NF_TEMPERATURE_IND</p> <p><input type="checkbox"/> High Winds NF_HIGH_WINDS_IND</p> <p><input type="checkbox"/> Snow/Ice NF_SNOW_ICE_IND</p> <p><input type="checkbox"/> Tree/Vegetation Root NF_VEGITATION_ROOT_IND</p> <p>Excavation Damage EXCVTN_DMG_OPERATOR_IND</p> <p><input type="checkbox"/> Excavation Damage by Operator (First Party) EXCVTN_DMG_OP_CONTRACTOR_IND</p> <p><input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) EXCVTN_DMG_THIRD_PARTY_IND</p> <p><input type="checkbox"/> Excavation Damage by Third Party EXCVTN_DMG_PREVIOUS_DAMAGE_IND</p> <p><input type="checkbox"/> Previous Damage due to Excavation Activity</p> <p>Other Outside Force OSF_NEARBY_INDUSTRIAL_IND</p> <p><input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion</p> <p><input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation OSF_VEHICLE_IND</p> <p><input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment OSF_BOAT_IND</p> <p><input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation OSF_OTHER_MARITIME_IND</p> <p><input type="checkbox"/> Electrical Arcing from Other Equipment or Facility ➔ OSF_ELECTRICAL_ARCING_IND</p> <p><input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation ➔ OSF_PREVIOUS_MECHANICAL_IND</p> <p><input type="checkbox"/> Intentional Damage OSF_INTENTIONAL_IND</p> <p><input type="checkbox"/> Other underground facilities buried within 12 inches of the failure location OSF_OTHER_UNDERGROUND_IND</p>	<p>Pipe/Weld Failure</p> <p><input type="checkbox"/> Design-related PWF_DESIGN_IND</p> <p><input type="checkbox"/> Construction-related PWF_CONSTRUCTION_IND</p> <p><input type="checkbox"/> Installation-related PWF_INSTALLATION_IND</p> <p><input type="checkbox"/> Fabrication-related PWF_FABRICATION_IND</p> <p><input type="checkbox"/> Original Manufacturing-related PWF_MANUFACTURING_IND</p> <p>Equipment Failure EQF_CONTROL_RELEASE_IND</p> <p><input type="checkbox"/> Malfunction of Control/Relief Equipment EQF_THREADED_COUPLING_IND</p> <p><input type="checkbox"/> Threaded Connection/Coupling Failure EQF_NON_THREADED_IND</p> <p><input type="checkbox"/> Non-threaded Connection Failure EQF_VALVE_FAILURE_IND</p> <p><input type="checkbox"/> Valve Failure</p> <p>Incorrect Operation IO_DAMAGE_BY_OPERATOR_IND</p> <p><input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage IO_VALVE_POSITION_IND</p> <p><input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure IO_EQUIPMENT_OVERPRESSURE_IND</p> <p><input type="checkbox"/> Pipeline or Equipment Overpressured</p> <p><input type="checkbox"/> Equipment Not Installed Properly IO_NOT_INSTALLED_PROPERLY_IND</p> <p><input type="checkbox"/> Wrong Equipment Specified or Installed IO_WRONG_EQUIPMENT_IND</p> <p><input type="checkbox"/> Inadequate Procedure IO_INADEQUATE_PROCEDURE_IND</p> <p><input type="checkbox"/> No procedure established IO_NO_PROCEDURE_IND</p> <p><input type="checkbox"/> Failure to follow procedures IO_FOLLOW_PROCEDURE_IND</p>
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(Attach additional sheets as necessary)

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Authorized Signer's Title

Field Name	Field Name Description
IYEAR	Year accident occurred, derived from accident date
FACILITY_LATITUDE	Latitude, if available
FACILITY_LONGITUDE	Longitude, if available