

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522

EXPIRATION DATE: mm/dd/yyyy



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 2137-0522. 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.

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>.

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply)

Original Supplemental Final

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

2. Name of Operator: _____

3. Address of Operator:

3.a _____
(Street Address)

3.b _____
(City)

3.c State: / / /

3.d Zip Code: / / / / / / - / / / /

4. Local time (24-hr clock) and date of the Incident:
 / / / / / / / /
 Hour Month Day Year

5. National Response Center Report Number:
 / / / / / / /

6. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if reported):
 / / / / / / / /
 Hour Month Day Year

7. Incident resulted from:

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

8. 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: _____

9. Estimated volume of commodity released unintentionally: / / /, / / / / Thousand Cubic Feet (MCF)

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

11. Estimated volume of liquid spilled to the ground : / / /, / / / / 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 cost to Operator:
 - 1.a Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator \$ / / / / / / / / / / / / / / / /
 - 1.b Estimated cost of commodity released unintentionally \$ / / / / / / / / / / / / / / / /
 - 1.c Estimated cost of commodity released during intentional and controlled blowdown \$ / / / / / / / / / / / / / / / /
 - 1.d Estimated cost of Operator's property damage & repairs \$ / / / / / / / / / / / / / / / /
 - 1.e Estimated cost of Operator's emergency response \$ / / / / / / / / / / / / / / / /
 - 1.f Estimated other costs \$ / / / / / / / / / / / / / / / /
Describe _____
 - 1.g Estimated total costs (sum of 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: _____
<p>Complete the following if any Natural Force Damage sub-cause is selected.</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>2.a If Yes, specify: <i>(select all that apply)</i> <input type="radio"/> Hurricane <input type="radio"/> Tropical Storm <input type="radio"/> Tornado <input type="radio"/> Other _____</p>	
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	
<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: _____

**INSTRUCTIONS FOR FORM PHMSA F-7100.3
INCIDENT REPORT –
LNG (LIQUEFIED NATURAL GAS) FACILITY**

GENERAL INSTRUCTIONS

Each operator of a liquefied natural gas (LNG) facility shall file Form PHMSA F-7100.3 for an incident that meets the criteria in 49 CFR §191.3 as soon as practicable but not more than 30 days after the incident. Requirements for submitting reports are in §191.7.

Activation of an emergency shutdown system for any reason other than an actual emergency need not be reported, as described in 49 CFR §191.3 under "Incident". For purposes of this requirement, an actual emergency is defined in §193.2007.

PHMSA requires electronic reporting. Follow these instructions for electronic filing or to request an alternative reporting method. If you have questions about this report or these instructions, contact PHMSA's Information Resources Manager at (202) 366-8075. If you need copies of Form PHMSA F-7100.3 and/or instructions they can be found on the Pipeline Safety Community main page, <http://phmsa.dot.gov/pipeline>, by clicking the Forms hyperlink and scrolling down to the section entitled PHMSA/OPS Forms (accidents/incidents/annuals).

§191.3 Definitions.

* * * * *

***Incident* means any of the following events:**

(1) An event that involves a release of gas from a pipeline, or of liquefied natural gas, liquefied petroleum gas, refrigerant gas, or gas from an LNG facility, and that results in one or more of the following consequences:

(i) A death, or personal injury necessitating in-patient hospitalization;

(ii) Estimated property damage of \$50,000 or more, including loss to the operator and others, or both, but excluding cost of gas lost;

(iii) Unintentional estimated gas loss of 3 million cubic feet or more;

(2) An event that results in an emergency shutdown of an LNG facility. Activation of an emergency shutdown system for reasons other than an actual emergency does not constitute an incident.

(3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2) of this definition.

§191.5 Telephonic notice of certain incidents.

(a) At the earliest practicable moment following discovery, each operator shall give notice in accordance with paragraph (b) of this section of each incident as defined in §191.3.

(b) Each notice required by paragraph (a) of this section shall be made by telephone to 800-424-8802 (in Washington, DC, 267-2675) and shall include the following information:

(1) Names of operator and person making report and their telephone numbers.

(2) The location of the incident.

(3) The time of the incident.

(4) The number of fatalities and personal injuries, if any.

(5) All other significant facts that are known by the operator that are relevant to the cause of the incident or extent of the damages.

§ 191.15 Transmission systems; gathering systems; and liquefied natural gas facilities: Incident report.

(a) *General.* Each operator of a transmission or a gathering pipeline system must submit DOT Form PHMSA F 7100.2 as soon as practicable but not more than 30 days after detection of an incident required to be reported under § 191.5 of this part.

(b) *LNG.* Each operator of a liquefied natural gas plant or facility must submit DOT Form PHMSA F-7100.3 as soon as practicable but not more than 30 days after detection of an incident required to be reported under § 191.5 of this part.

(c) *Supplemental report.* Where additional related information is obtained after a report is submitted under paragraph (a) or (b) of this section, the operator must make a supplemental report as soon as practicable with a clear reference by date to the original report.

Further information regarding when reports are identified as “Final” will be covered below under Part A – Key Report Information.

REPORTING METHODS

Incident Reports must be submitted online unless an alternate method is approved (see Alternate Reporting Methods below). Use the following procedure for online reporting:

1. Navigate to the new **Electronic Incident Accident (EIA) System** at the following URL <http://pipelineonlinereporting.phmsa.dot.gov/>.
2. Enter Operator ID and PIN (*the name that appears is the operator name assigned to the operator ID and PIN and is automatically populated by our database and cannot be changed by the operator at the time of filing*).
3. Under “**Create Reports**” on the left side of the screen, select the type of report you would like to create (i.e., gas transmission or gas distribution incident, or hazardous liquid accident) and proceed with entering your data. **Note:** *Data fields marked with a single asterisk are considered required fields that must be completed before the system will accept your initial filing.*
4. Click “**Submit**” when finished with your filing to have your report uploaded to our database; or click “**Save**” which doesn’t submit the report to PHMSA but stores it in a draft status to allow you to come back to complete your filing at a later time. **Note:** *The “Save” feature will allow you to start a report and save a draft of it which you can print out to gather additional information and then come back to accurately complete your data entry before submitting it to PHMSA.*
5. Once you hit [Submit], the system will return you to the initial view of the screen that lists your [Saved Incident/Accident Reports] in the top portion of the screen and your [Submitted Incident/Accident Reports] in the bottom portion of the screen. **Note:** *To confirm that your report was successfully submitted to PHMSA, look for it in the bottom portion of the screen where you can also view a PDF of what you submitted.*

Note: Supplemental Report Filing – Follow Steps 1 and 2 above, and then select a report from the [Submitted Incident/Accident Reports] lists as described in Step 5. The report will default to *Supplemental* and pre-populate data fields with data you previously submitted. At this point, you can amend your data and re-submit the report to PHMSA as a Supplemental Report.

If you submit your report online, DO NOT MAIL OR FAX the completed report to DOT as this may result in duplicate entries.

Alternate Reporting Methods

Operators for whom electronic reporting imposes an undue burden and hardship may submit a written request for an alternative reporting method. Operators must follow the requirements in §191.7(c) to request an alternative reporting method and must comply with any conditions imposed as part of PHMSA’s approval of an alternate reporting method. Type or print all entries when submitting hardcopy forms.

RESCINDING A REPORT

An operator who reports an incident and upon subsequent investigation determines that the event did not meet the criteria in 49 CFR 191.3 may request that the report be rescinded. Requests for rescission should be submitted on operator letterhead and mailed or faxed to the Information Resources Manager at the address/fax number below. Requests may also be submitted by email to InformationResourcesManager@dot.gov. Requests should include the following information:

- a. The Report ID, the unique 8-digit identifier assigned by PHMSA,
- b. Operator name,
- c. PHMSA-issued operator ID number,
- d. The number assigned by the National Response Center (NRC) when a telephonic report was made in accordance with 49 CFR 191.5, If supplemental reports were made to the NRC for the incident, list all NRC report numbers associated with the event.
- e. Date of the incident,
- f. Location of the incident, and
- g. A brief statement as to why the report should be rescinded.

Mail rescissions to:

DOT/PHMSA Office of Pipeline Safety
Information Resources Manager,
1200 New Jersey Ave., SE
East Building, 2nd Floor, (PHP-20)
Room Number E22-321
Washington, DC 20590

Fax rescissions to: Information Resources Manager at (202) 366-4566.

SPECIAL INSTRUCTIONS

1. Certain data fields must be completed before an Original Report will be accepted. The data fields that must be completed for an Original Report to be accepted are indicated on the online form . Your Original Report will not be able to be submitted online until the required information has been provided, although your partially completed form can be saved online so that you can return at a later time to provide the missing information. If filing a hardcopy of this report, the report will not be accepted by PHMSA unless all of these fields have been completed.
2. An entry should be made in each applicable space or check box, unless otherwise directed by the section instructions.

3. If the data is unavailable, enter “unknown” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank.
4. Estimate data only if necessary. Provide an estimate in lieu of answering a question with “Unknown” or leaving the field blank. Estimates should be based on best-available information and reasonable effort.
5. For unknown or estimated data entries, the operator should file a Supplemental Report when additional or more accurate information becomes available.
6. If the question is not applicable, enter “N/A” for text fields and leave numeric fields and fields using check boxes or “radio” buttons blank. Do not enter zero unless this is the actual value being submitted for the data in question.
7. For questions requiring non-zero numeric answers, all data fields should be filled in using zeroes when appropriate.

Example:

(Part A, Question 13.a) Operator employees injured: /0/0/0/4/ (4 people)

8. If **OTHER** is checked for any answer to a question, include an explanation or description on the line provided, making it clear why “other” was the necessary selection.
9. Pay close attention to each question for the phrase:
 - a. *(select all that apply)*
 - b. *(select only one)*

If a phrase is not provided for a given question, then “select only one” should apply. “Select only one” means that you should select the single, primary, or most applicable answer. **DO NOT SELECT MORE ANSWERS THAN REQUESTED.** “Select all that apply” requires that all applicable answers (one or more than one) be selected.

10. **Date format** = mm/dd/yy or for year = /yyyy/

11. **Time format:** All times are reported as a 24-hour clock:

Time format examples:

- a. (0000) = midnight = /0/0/0/0/
- b. (0800) = 8:00 a.m. = /0/8/0/0/
- c. (1200) = Noon = /1/2/0/0/
- d. (1715) = 5:15 p.m. = /1/7/1/5/
- e. (2200) = 10:00 p.m. = /2/2/0/0/

12. **Local time** always refers to time at the site of the incident. Note that time zones at the incident site may be different than the time zone for the person discovering or reporting the event. For example, if a release occurs at an LNG facility in Denver, Colorado at 2:00 pm MST, but a supervisor located in Houston is filing the report after having been notified at

3:00 pm CST, the time of the incident should be reported as 1400 hours based on the time in Denver, which is the physical site of the incident.

SPECIFIC INSTRUCTIONS

PART A – KEY REPORT INFORMATION

Report Type: (select all that apply)

Check the appropriate report box or boxes to indicate the type of report being filed. Depending on the descriptions below, the following combinations of boxes may be selected:

- Original Report
- Original Report plus Final Report
- Supplemental Report
- Supplemental Report plus Final Report

Original Report

Select this type of report if this is the FIRST report filed for this incident, and not enough information is available at this time to conclude that this is also a Final Report where no further information will be forthcoming. Select Original Report in cases where further information may be forthcoming, such as when final property damage numbers or apparent failure cause is not immediately available).

Original Report *plus* **Final Report**

Select both the Original Report and Final Report boxes if ALL of the information requested is known and can be provided at the time the initial report is filed, including final property damage costs and apparent failure cause information. Selecting both these boxes will indicate that further information is not expected to be forthcoming through a Supplemental Report. If, however, for some reason new information or corrected information becomes available unexpectedly, the operator should still file a Supplemental Report indicating such and explaining the circumstances in Part G – Narrative Description of the Incident.

Supplemental Report

Select this type of report only if you have already filed an Original Report AND you are now providing new, updated, and/or corrected information. Multiple supplements are to be submitted, as necessary, in order to provide new, updated, and/or corrected information when it becomes available.

For Supplemental Reports filed online, all data previously submitted will automatically populate in the form. Page through the form to make edits and additions where needed.

For Supplemental Reports filed by fax or mail, check the Supplemental Report box, complete Part A, Questions 1 through 8 and then enter ONLY information that has changed or is being added for the remainder of the report. Do NOT enter previously submitted information that has not changed other than Part A, Questions 1-8 before completing Part H – Preparer and Authorized Signature. Part A, Questions 1-8 and Part H need to be repeated with each filing in order to properly associate the Supplemental Report with previously filed reports.

Operators are encouraged to file Supplemental Reports within one year in those instances where the Supplemental Report is used to update information from investigations that were still ongoing when the prior report was filed.

Supplemental Report *plus* **Final Report**

If an Original Report has already been filed AND new, updated, and/or corrected information is now being submitted via a Supplemental Report, AND the submitter is reasonably certain that no further information will be forthcoming, then the Final Report box should also be selected along with the Supplemental Report box.

Supplemental Reports must be filed as soon as practicable following the Operator's awareness of new, additional, or updated information. Failure to comply with these requirements can result in enforcement actions, including the assessment of civil penalties not to exceed \$100,000 for each violation for each day that such violation persists up to a maximum of \$1,000,000.

Important: If an Operator files one of the two types of Final Reports (either Original + Final or Supplemental + Final) and then subsequently finds that new or corrected information needs to be provided, the operator is to submit another Supplemental Report, selecting the appropriate box or boxes (Supplemental or Supplemental + Final) for the newly submitted report and including an explanation in PART G – Narrative Description of the Incident.

In Part A, answer Questions 1 thru 18 by providing the requested information or by checking the appropriate box.

1. Operator's OPS-Issued Operator Identification Number (OPID)

The Office of Pipeline Safety (OPS) in the Pipeline and Hazardous Materials Safety Administration (PHMSA) assigns the operator identification number (OPID). Most OPIDs are 5 digits. Older OPIDs may contain fewer digits. If your OPID contains fewer than 5 digits, insert leading zeros to fill all blanks. (For example, enter 00395 instead of 395.) Contact the Information Resources Manager at (202) 366-8075 if you need assistance with an OPID. Business hours are 8:30 AM to 5:00 PM Eastern Time.

2. Name of Operator

This is the company name used when registering for an OPID and PIN in the Online Data Entry System. For online entries, the Name of Operator will be automatically filled in based on the OPID number entered in Question 1. If the name that appears automatically after entering the OPID is not correct or does not coincide with the OPID entered, contact the Information Resources Manager at (202)366-8075.

3. Address of Operator

Enter the address of the operator's business office to which any correspondence related to the Incident Report should be sent.

4. Local time (24-hour clock) and date of the Incident

Enter the date of the incident and the local time the incident occurred.

See "Special Instructions", Items 10 and 11 for examples of **Date format** and **Time format** expressed as a 24-hour clock.

5. National Response Center (NRC) Report Number

§191.5 requires that incidents meeting the criteria outlined in §191.3 be reported directly to the **24-hour National Response Center (NRC) at 1-800-424-8802** at the earliest practicable moment (generally within 2 hours). The NRC assigns numbers to each call. The number of that telephonic report is to be entered in Question 5.

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

Enter the time and date of the telephonic report of the incident to the NRC. The time should be shown by 24-hour clock notation, and should reflect the time in the time zone where the incident was physically located. (See "Special Instructions", Items 10 and 11.)

7. Incident resulted from

Indicate whether the incident resulted from an unintentional or an intentional release of commodity, an emergency shutdown, or as the result of other reasons. If “Reasons other than the above” is selected, describe the circumstances.

8. Commodity released

Report the type of commodity released. Select “No release of commodity involved” if the incident is from an emergency shutdown or other cause that did not involve a release. If Other Commodity is selected, enter the specific name of the commodity released.

9. Estimated volume of commodity released unintentionally

Estimate the amount of commodity that was released (in thousands of standard cubic feet, MCF) from the beginning of the incident until such time as the commodity is no longer being released from the facility or until intentional and controlled blowdown has commenced. Estimates should be based on the best available information.

10. Estimated volume of intentional and controlled release/blowdown

Estimate the amount of commodity that was released (in thousands of standard cubic feet, MCF) during any intentional release or controlled blowdown conducted as part of responding to or recovering from the incident. Intentional and controlled blowdown implies a level of control of the facility and situation by the Operator such that the area and the public are protected during the controlled release.

11. Estimated volume of liquid spilled to the ground

Estimate the amount of commodity that was spilled to the ground (or other containment) as a liquid (in barrels) from the beginning of the incident until such time as the commodity is no longer being released from the facility. **Barrel** means a unit of measurement equal to **42 U.S. standard gallons**. If less than 1 barrel, report to 1 decimal place (see table below).

If estimated volume is		Report		If estimated volume is		Report	
<6	gallons	0.1	barrels	23-27	gallons	0.6	barrels
7-10	gallons	0.2	barrels	28-31	gallons	0.7	barrels
11-14	gallons	0.3	barrels	32-35	gallons	0.8	barrels
15-18	gallons	0.4	barrels	36-39	gallons	0.9	barrels
19-22	gallons	0.5	barrels	40-42	gallons	1.0	barrels

12. Were there fatalities?

If a person dies at the time of the incident or within 30 days of the initial incident date due to injuries sustained as a result of the incident, report as a fatality. If a person dies subsequent to an injury more than 30 days past the incident date, report as an injury. This aligns with the Department of Transportation's general guidelines for all modes for reporting deaths and injuries.

Contractor employees working for the operator are individuals hired to work for or on behalf of the operator of the pipeline. These individuals should not be reported as “Operator employees”.

Non-Operator emergency responders are individuals responding to render professional aid at the incident scene including on-duty and volunteer fire fighters, rescue workers, EMTs, police officers, etc. “Good Samaritans” that stop to assist should be reported as “General public.”

13. Were there injuries requiring inpatient hospitalization?

Injuries requiring inpatient hospitalization are injuries sustained as a result of the incident that require hospital admission *and* at least one overnight stay.

Contractor employees working for the operator (see Item 12).

Non-operator emergency responders (see Item 12).

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

Report any shutdowns that occur because of damage incurred during the incident or to make repairs necessitated by the incident. Instances in which an incident was caused by a situation that did not involve damage to the facility (e.g., emergency shutdown) and in which no need for repairs resulted should not be reported as being shutdown, even though the facility may have been shutdown as a precautionary measure to inspect for damages.

If No is selected, explain the reason that no shutdown was needed in the space provided.

If Yes is selected, complete Questions 14.a and 14.b. If the facility has not been restarted at the time of reporting, check “Still shut down” for Question 14.b and then include the restart time in a future Supplemental Report.

15. Was there an ignition?

Ignite means the released commodity caught fire.

16. Was there an explosion?

Explode means the ignition of the released commodity with a sudden and violent release of energy.

17. Number of General Public Evacuated

The number of people evacuated should be estimated based on operator knowledge, or police, fire or other emergency responder reports. If there was no evacuation involving the general public, report zero (0). If an estimate is not possible for some reason, leave the field blank but include an explanation of why it was not possible to provide a number in Part G – Narrative Description of the Incident.

18. Number of Operator/Contractor Personnel Evacuated

Report here the number of operator employees or contracted personnel evacuated from the facility. If there was no evacuation from the facility, report zero (0).

PART B – ADDITIONAL FACILITY INFORMATION

1. Facility Information

Complete the table, providing or editing information for the facility involved in the incident.

Name of LNG Plant / Facility is the name used by the operator to identify the facility. This should be the same as the LNG_NM field reported to the National Pipeline Mapping System (NPMS)

NPMS ID should be the same as the NPMS field LNG_ID.

Plant / Facility Status should be the same as NPMS field STATUS_CD. Use the following abbreviations to indicate Plant / Facility Status:

Status Codes

- I In Service
- B Abandoned
- R Retired

Plant / Facility Location should match the location submitted to NPMS. Latitude and longitude information is particularly important for mobile facilities.

The latitude and longitude of the LNG Facility/Plant are to be reported as Decimal Degrees with a minimum of 5 decimal places (e.g. Lat: 38.89664 Long: -77.04327), using the NAD83 or WGS84 datums.

If you have coordinates in degrees/minutes or degrees/minutes/seconds use the formula below to convert to decimal degrees:

$$\text{degrees} + (\text{minutes}/60) + (\text{seconds}/3600) = \text{decimal degrees}$$

e.g. $38^{\circ} 53' 47.904'' = 38 + (53/60) + (47.904/3600) = 38.89664^{\circ}$

All locations in the United States will have a negative longitude coordinate, **which has already been included on the form so that operators do not have to enter the negative sign.**

If you cannot locate the LNG Plant / Facility with a GPS or some other means, the U.S. Census Bureau provides a tool for determining latitude and longitude, (<http://tiger.census.gov/cgi-bin/mapbrowse-tbl>). You can use the online tool to identify the geographic location of the LNG Plant / Facility. The tool displays the latitude and longitude in decimal degrees below the map. Any questions regarding the required format, conversion or how to use the tool noted above can be directed to Amy Nelson (202.493.0591 or amy.nelson@dot.gov).

Process should report the listed process information for the facility at the time of the incident. Total capacity refers to the entire facility, not any specific piece of equipment.

LNG Source. Identify the source or sources of LNG such as Truck, Railroad, Marine (ship/barge), or Liquefaction. All LNG sources that apply should be selected. Use the following abbreviations to indicate the LNG Source(s):

LNG Source

- T Truck
- R Railroad
- M Ship/Barge
- L Liquefaction

PHMSA- or State-inspected correlates to the agency that inspects the facility for compliance with 49 CFR Part 193. (This will either be the federal or PHMSA state agent for interstate facilities or the state for intrastate facilities.)

LNG Storage. Volume of LNG in Storage at the time of the incident should be the total volume stored on site at the time of the incident.

2. Type of LNG Plant / Facility

Check the type of LNG plant or facility involved in the incident:

Base Load: A facility that operates continuously at a constant rate to provide gas supply throughout the year.

Peak Shaving: LNG peak shaving facilities are used for storing surplus natural gas for use during peak demand periods such as winter and summer.

Satellite: Satellite peak shaving plants do not include process equipment to convert natural gas to LNG. Instead, trucks deliver LNG for storage on site. Satellite peak shaving plants typically inject natural gas into distribution pipeline systems.

Mobile/Temporary: These facilities are used to provide a temporary supply during scheduled activities such as maintenance or construction or supply emergencies that may

arise. For these facilities, identify whether the facility is associated with or providing commodity for an interstate or intrastate pipeline.

Other: Describe the plant or facility type in the space provided.

3. **Function of LNG Plant / Facility at the time and date of the Incident**

Identify the function or functions of the plant or facility.

4. **Item involved in Incident**

Identify the primary item involved in the incident. If the incident occurred on an item not listed in this section, select Other and specify in the space provided the item that failed or was otherwise involved in the Incident.

PART C – ADDITIONAL CONSEQUENCE INFORMATION

1. **Estimated cost to Operator**

All relevant costs to the operator must be included on the initial written Incident Report as well as Supplemental Reports. This includes (but is not limited to) costs due to property damage to the operator's facilities and to the property of others, lost commodity, facility repair and replacement, and environmental cleanup and damage. Do not report costs incurred for facility repair, replacement, or change that are not related to the incident done solely for convenience. An example of doing work solely for convenience is working on other portions of the facility that were shut down because of the incident. Litigation and other legal expenses related to the Incident are not reportable.

Operators should report costs based on the best estimate available at the time a report is submitted. It is likely that an estimate of final repair costs may not be available when the initial report must be submitted (30 days, per § 191.15). The best available estimate of these costs should be included in the initial report. For convenience, this estimate can be revised, if needed, when Supplemental Reports are filed for other reasons, however, when no other changes are forthcoming, Supplemental Reports should be filed as new cost information becomes available. If Supplemental Reports are not submitted for other reasons, a Supplemental Report should be filed for the purpose of correcting the estimated cost if these costs differ from those already reported by 20 percent or \$20,000, whichever is greater.

Public and Non-operator private property damage estimates generally include physical damage to the property of others, the cost of investigation and remediation of a site not owned or operated by the Operator, laboratory costs, third party expenses such as engineers or scientists, and other reasonable costs, excluding litigation and other legal expenses related to the incident.

Paid/reimbursed means that the entity experiencing the property damage was compensated by the operator or operator's representative for the damage or the cost to repair the damage. Estimate costs, if necessary, for the initial filing, and then file a Supplemental Report when actual costs become known or as estimated costs change.

Cost of commodity released unintentionally should be based on the volume reported in Part A, Question 9.

Cost of commodity released during intentional and controlled blowdown should be based on the volume reported in Part A, Question 10.

Operator's property damage estimates generally include physical damage to the property of Operator or Owner Company such as the estimated installed value of the equipment damaged due to the Incident, excluding litigation and other legal expenses related to the incident.

When estimating the **Cost of repairs** to company facilities, the standard shall be the cost necessary to safely restore property to its predefined level of service. When more comprehensive repairs or improvements are justified but not required for continued operation, the cost of such repairs or replacement is not attributable to the incident. Costs associated with improvements to the facility to mitigate the risk of future failures are not included.

Estimated cost of **Operator's emergency response** includes emergency response operations necessary to return the incident site to a safe state, actions to minimize the volume of commodity released, conduct reconnaissance, and to identify the extent of incident impacts. They include materials, supplies, labor, and benefits. Costs related to stakeholder outreach, media response, etc. should not be included.

Other costs should include any and all costs which are not included above. Operators should NOT use this category to report any costs which belong in cost categories separately listed above.

Costs should be reported in only one category and should not be double-counted. Costs can be split between two or more categories when they overlap more than one reporting category.

PART D – ADDITIONAL OPERATING INFORMATION

1. Was a computerized Control System in place?

Computerized control systems include distributed control systems (DCS), supervisory control and data acquisition systems (SCADA), and other types of computer-based systems used for control of all or a portion of the facility. Computer-based control of an individual piece of equipment is not considered a computerized control system.

Answer Yes or No to indicate whether a computerized control system was installed in the facility. If Yes, then indicate whether the system was operating at the time of the incident, indicating separately whether the computerized control system was capable of performing all of its functions, and whether or not it was actually in operation at the time of the incident. If No, describe why the system was not operating or describe the functions that were not operational at the time of the incident in Part G – Narrative Description of the Incident.

2. How was the Incident initially detected? (select only one)

Local operating personnel including contractors means employees or contractors working on behalf of the operator outside the control room.

Remote operating personnel would include pipeline controllers or other individuals monitoring or operating a facility from a control room, whether located at the facility or remotely.

Notification from Public should include notification to the operator directly by a member of the public including emergency responders, or notification from public safety personnel when a member of the public reports an incident by dialing 911, or when public safety personnel, themselves, identify the incident.

PART E – DRUG & ALCOHOL TESTING INFORMATION

Requirements for post-incident drug and alcohol tests are in 49 CFR 199. If the incident circumstances were such that tests were not required per these regulation, and if no tests were conducted, check No. If tests were administered, select Yes and report separately the number of operator employees and contractors working for the operator that were tested and the number that failed such tests.

PART F – APPARENT CAUSE

In **PART F – Apparent Cause**, complete only one of the eight Sections listed as F1 thru F8.

After identifying the main cause category as designated by F1 thru F8, select the one, single sub-cause that best describes the apparent cause of the incident in the shaded column on the left. Answer the corresponding questions that accompany your selected sub-cause, and describe any secondary, contributory, or root causes of the Incident in Part G – Narrative Description of the Incident.

F1 – Corrosion Failure

Corrosion includes a release or failure caused by galvanic, atmospheric, stray current, microbiological, or other corrosive action. A corrosion release is not limited to a hole in the pipe. If the bonnet or packing gland on a valve or flange on piping deteriorates or becomes loose and leaks due to corrosion and failure of bolts, it should be classified as Corrosion. (Note: If the bonnet, packing, or other gasket has deteriorated before the end of its expected life but not due to corrosive action, the failure should be classified under F6 - Equipment Failure.)

F2 – Natural Force Damage

Natural Force Damage includes a release or failure resulting from earth movement, earthquakes, landslides, subsidence, lightning, heavy rains/floods, washouts, flotation, mudslide, scouring, temperature, frost heave, frozen components, high winds, or similar natural causes.

Earth Movement NOT due to Heavy Rains/Floods refers to incidents caused by land shifts such as earthquakes, landslides, or subsidence, but not mudslides which are presumed to be initiated by heavy rains or floods.

Heavy Rains/Floods refer to all water related incident causes. While mudslides involve earth movement, report them here since typically they are an effect of heavy rains or floods.

Lightning includes both damage and/or fire caused by a direct lightning strike and damage and/or fire as a secondary effect from a lightning strike in the area. An example of such a secondary effect would be a forest fire started by lightning that results in damage to an LNG facility which results in an incident.

Temperature (Weather-related) refers to failures due to weather-related temperature effects, either heat or cold, where temperature was the initial cause. Do NOT report here incidents caused by embrittlement due to handling of cryogenic/process fluids which

should be reported under either F5 – Material Failure of Pipe or Weld if occurring on in-plant piping or welds, or under F6 – Equipment if occurring on other equipment.

Thermal stress refers to mechanical stress induced in a pipe or component when some or all of its parts are not free to expand or contract in response to changes in temperature. Do NOT report here Incidents resulting from thermal stresses associated with handling of cryogenic liquids within the facility. Report these events under either F5 – Material Failure of Pipe or Weld if occurring on in-plant piping or welds, or under F6 – Equipment if occurring on other equipment.

High Winds includes damage caused by wind-induced forces. Select this category if the damage is due to the force of the wind itself. Damage caused by impact from objects blown by wind would be reported as section F4 - Other Outside Force Damage.

Answer Questions 2 and 2.a if the incident occurred in conjunction with an extreme weather event such as a hurricane, tropical storm, or tornado. If an extreme weather event related to something other than a hurricane, tropical storm, or tornado were involved, indicate Other and describe in the space provided.

F3 – Excavation Damage

Excavation Damage includes a release or failure resulting directly from excavation damage by operator's personnel (oftentimes referred to as “first party” excavation damage) or by the operator’s contractor (oftentimes referred to as “second party” excavation damage) or by people or contractors not associated with the operator (oftentimes referred to as “third party” excavation damage). Also, includes a release or failure determined to have resulted from previous damage due to excavation activity. For damage from outside forces OTHER than excavation which results in a release, use F2 - Natural Force Damage or F4 - Other Outside Force as appropriate.

Excavation Damage by Operator (First Party) refers to incidents caused as a result of excavation by a direct employee of the operator.

Excavation Damage by Operator’s Contractor (Second Party) refers to incidents caused as a result of excavation by the operator’s contractor or agent or other party working for the operator.

Excavation Damage by Third Party refers to incidents caused by excavation damage resulting from actions by personnel or other third parties not working for or acting on behalf of the operator or its agent.

Previous Damage due to Excavation Activity refers to incidents that were apparently caused by prior excavation activity.

F4 – Other Outside Force Damage

Other Outside Force Damage includes a release or failure resulting from non-excavation-related outside forces, such as nearby industrial, man-made, or other fire or explosion; damage by vehicles or other equipment; failures due to mechanical damage; and, intentional damage including vandalism and terrorism.

Nearby Industrial, Man-made or other Fire/Explosion as Primary Cause of Incident applies to situations where the fire occurred before and caused the release. An example of such a failure would be an explosion/fire at a neighboring facility or installation (chemical plant, tank farm, other industrial facility) that results in an incident at the operator's facility. (Note that an incident report is required only if damage to facilities subject to Part 192 exceeded \$50,000, or if one of the other incident criteria in § 191.3 is triggered). This section should not be used if a release occurred first and then the gas ignited. If the fire is known to have been started as a result of a lightning strike, the incident's cause should be classified under F2 - Natural Force Damage. Arson events directed at harming the pipeline or the operator should be reported as "Intentional Damage" in this section. Forest fires that are caused by human activity and result in a release should be reported in this section.

Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation. Other motorized vehicles or equipment include tractors, backhoes, bulldozers and other tracked vehicles, and heavy equipment that can move. Include under this sub-cause, incidents caused by vehicles operated by the pipeline operator, the pipeline operator's contractor, or a third party and specify the vehicle/equipment operator's affiliation. If the activity involved digging, drilling, boring, grading, cultivation or similar activities, report under F3 - Excavation Damage.

Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring. This sub-cause includes impacts by maritime equipment or vessels that have lost their moorings and are carried into the LNG facility by the current. This sub-cause also includes maritime equipment or vessels set adrift as a result of severe weather events and carried into the LNG facility by waves, currents, or high winds. In such cases, also indicate the type of severe weather event.

Electrical Arcing from Other Equipment or Facility such as a pole transformer or adjacent facility electrical equipment.

Previous Mechanical Damage NOT Related to Excavation. This sub-cause covers incidents where damage occurred at some time prior to the release, and would include prior outside force damage of an unknown nature, prior damage from other outside forces, and any other previous mechanical damage other than that which was apparently related to prior excavation. Incidents resulting from damage sustained during construction, installation, or fabrication of the pipe or a weld should be reported under F5 - Material Failure of Pipe or Weld.

Intentional Damage

Vandalism means willful or malicious destruction of the operator's facility or equipment. This category would include pranks, systematic damage inflicted to harass the operator, motor vehicle damage that was inflicted intentionally, and a variety of other intentional acts.

Terrorism, per 28 C.F.R. §0.85 General functions, includes the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Operators selecting this item are encouraged to also notify the FBI.

Indicate if a breach of security occurred in conjunction with the incident.

Other Outside Force Damage. Describe in the space provided and, if necessary, provide additional explanation in Part G.

F5 – Material Failure of Pipe or Weld

Use this section to report material failures only if “Item involved in Incident” (Part B, Question 5) is “**In-plant Piping**” or “**Weld.**” Indicate how the sub-cause was determined or if the sub-cause is still being investigated.

This section includes releases in or failures from defects or anomalies within the material of the pipe body or within the pipe seam or other weld due to faulty manufacturing procedures, defects resulting from poor construction/installation practices, and in-service stresses such as vibration, fatigue and environmental cracking.

Construction-, Installation-, or Fabrication-related includes a release or failure caused by a dent, gouge, excessive stress, or some other defect or anomaly introduced during the process of constructing, installing, or fabricating in-plant piping (or welds which are an integral part of in-plant piping), including welding or other activities performed at the facility.

Original Manufacturing-related includes a release or failure caused by a defect or anomaly introduced during the process of manufacturing the pipe used in in-plant piping, including seam defects and defects in the pipe body.

Low Temperature Embrittlement (due to a process fluid) means a release in or failure of in-plant piping or weld due to the effect of handling cryogenic fluids. Embrittlement failure of equipment other than in-plant piping or weld, including due to effects of spilled or leaking cryogenic fluids, should be reported under F6 - Equipment Failure.

Was insulation degradation a factor in this failure?

Indicate here whether the reduced effectiveness of insulation was a factor.

F6 – Equipment Failure

This section applies to failures of items other than “**In-plant Piping**” or “**Weld**”.

Equipment Failure includes a release or failure resulting from: malfunction of control/relief equipment including valves, regulators, or other instrumentation; failures of pumps or compressors, or pump- or compressor-related equipment; failures of various types of connectors, connections, and appurtenances; failures of the body of equipment, vessel plate, or other material (including those caused by construction-, installation-, or fabrication-related and original manufacturing-related defects or anomalies and low temperature embrittlement); and, all other equipment-related failures.

Malfunction of Control/Relief Equipment. Examples of this type of incident cause include: overpressurization resulting from malfunction of control or alarm device; relief valve malfunction; valves failing to open or close on command; or valves which opened or closed when not commanded to do so. If overpressurization or some other aspect of this incident was caused by incorrect operation, the incident should be reported under F7 - Incorrect Operation.

Other Equipment Failure. If this is selected, describe the circumstances and provide information regarding this failure element that make it clear why none of the other possible choices were appropriate selections.

Did this failure involve Low Temperature Embrittlement due to process fluids?

Indicate here whether the equipment failure identified above involved or was caused by embrittlement due to handling cryogenic fluids, including impacts from spills.

Was insulation degradation a factor in this failure?

Indicate here whether the reduced effectiveness of insulation was a factor.

F7 – Incorrect Operation

Incorrect Operation includes a release or failure resulting from operating, maintenance, repair, or other errors by facility personnel, including, but not limited to improper valve selection or operation, inadvertent overpressurization, or improper selection or installation of equipment.

Other Incorrect Operation. If this is selected, describe the circumstances.

F8 – Other Incident Cause

This section is provided for incident causes that do not fit in any of the main cause categories listed in Sections F1 through F7.

If the incident cause is known but doesn't fit in any category in Sections F1 through F7, check the **Miscellaneous** box and enter a description of the incident and continue in Part G, Narrative Description of the Incident, if more space is needed.

If the incident cause is unknown at time of filing this report, check the **Unknown** box in this section and select one reason from the accompanying two choices. If the investigation is not completed and the cause of the incident is thus still to be determined, file a supplemental report once the investigation is completed to report the apparent cause.

PART G – NARRATIVE DESCRIPTION OF THE INCIDENT

Concisely describe the incident, including the facts, circumstances, and conditions that may have contributed directly or indirectly to causing the incident. Include secondary, contributing, or root causes when possible, or any other factors associated with the cause that are deemed pertinent. Use this section to clarify or explain unusual conditions, to provide sketches or drawings, and to explain any estimated data. Operators submitting reports on-line will be afforded the opportunity to attach/upload files containing sketches, drawings, or additional data.

If you checked the Miscellaneous block in Section F8, the narrative should describe the incident in detail, including all known or suspected causes and possible contributing factors.

Operators should use the narrative to describe any secondary, contributing, or root causes that they consider important but which could not be reported in Part F since only the apparent cause is reported there.

PART H – PREPARER AND AUTHORIZED SIGNATURE

The Preparer is the person who compiled the data and prepared the responses to the report and who is to be contacted for more information (preferably the person most knowledgeable about the information in the report or who knows how to contact the person most knowledgeable). Enter the Preparer's e-mail address if the Preparer has one, and the phone and fax numbers used by the Preparer.

An Authorized Signature must be obtained from an officer, manager, or other person whom the operator has designated to review and approve (and date) the report. This individual is responsible for assuring the accuracy and completeness of the reported data. In addition to their title, a phone number and email address are to be provided for the individual signing as the Authorized Signature.