

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<h2 style="margin:0;">ANNUAL REPORT FOR CALENDAR YEAR 20__</h2> <h3 style="margin:0;">LIQUEFIED NATURAL GAS (LNG) FACILITIES</h3>	INITIAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/>		
<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 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.</p> <p style="text-align: center;"><b>Important:</b> Please read the separate instructions for completing this form before you begin.</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"><b>PART A - OPERATOR INFORMATION</b></td> <td style="width:55%;">DOT USE ONLY</td> </tr> </table>			<b>PART A - OPERATOR INFORMATION</b>	DOT USE ONLY
<b>PART A - OPERATOR INFORMATION</b>	DOT USE ONLY			
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) / / / / /	2. NAME OF COMPANY OR ESTABLISHMENT: _____  IF SUBSIDIARY, NAME OF PARENT: _____			
3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:  Name _____ Title _____ Email Address _____ / / / - / / / - / / / / / Telephone Number	4. HEADQUARTERS ADDRESS:  Company Name _____ Street Address _____ State: / / / Zip Code: / / / / / - / / / / / / / / - / / / - / / / / / Telephone Number			
5. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION FOR PART B, OR INCLUDE LEAKS OR REPORTABLE INCIDENTS IN PART C OR SAFETY-RELATED CONDITIONS OR EVENTS IN PART D? <i>(Select all that apply. If there are changes to PART B, or if there are numbers to report in PARTS C or D, complete those sections. Also, if there are changes to PART B from the previous year's report, select the relevant checkbox(es) for the YES questions below.)</i>				
<input type="checkbox"/> This report is <b>FOR CALENDAR YEAR 2010</b> reporting or is a <b>FIRST-TIME REPORT</b> and, therefore, <i>the remaining choices in this Question 5 do not apply.</i> Complete all remaining PARTS of this form as applicable.				
<input type="checkbox"/> NO, there are <b>NO CHANGES</b> from last year's final reported information for PART B. Do NOT complete PART B, but complete PARTS C and/or D when applicable.				
<input type="checkbox"/> YES, this report represents a <b>CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION</b> for PART B <b>due to corrected information</b> ; however, the assets and operations are the same as those which were covered under last year's report. Submit a Supplement for last year's report, and then complete PART B and, when applicable, PARTS C and/or D.				
<input type="checkbox"/> YES, this report represents a <b>CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION</b> for PART B because of the following <b>change(s) in assets and/or operations</b> from those which were covered under last year's report. Complete PART B and, when applicable, PARTS C and/or D. <i>(Select all reasons for these changes from the following list)</i>				
<input type="checkbox"/> Merger of companies and/or operations <input type="checkbox"/> Acquisition of LNG facility <input type="checkbox"/> Divestiture of LNG facility <input type="checkbox"/> New construction or new installation of LNG facilities <input type="checkbox"/> Modifications to existing LNG facilities <input type="checkbox"/> Change in OPID <input type="checkbox"/> Other → Describe: _____				
<input type="checkbox"/> NO, there are <b>NO LEAKS OR REPORTABLE INCIDENTS RESULTING IN A RELEASE</b> to report in PART C. Do NOT complete PART C, but complete PARTS B and/or D when applicable.				
<input type="checkbox"/> NO, there are <b>NO SAFETY-RELATED CONDITIONS OR EVENTS</b> to report in PART D. Do NOT complete PART D, but complete PARTS B and/or C when applicable.				

**PART B - FACILITY DESCRIPTION, TYPE, AND FUNCTION**

Name, ID, and Status, should be EXACTLY THE SAME as NPMS fields LNG\_NM, LNG\_ID, and STATUS\_CD. Location must match the location submitted to NPMS. The LNG Facility ID (LNG\_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator.

Use the following key to complete the Descriptive table(s) below:

**Status Codes**

- I In Service
- B Abandoned
- R Retired

**LNG Source**

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

**Type of LNG Facility**

- BL Base Load
- PS Peak Shaving
- SA Satellite
- MT Mobile/Temporary
- OT Other → Describe

**Function of LNG Facility**

- MI Marine Terminal - Import
- ME Marine Terminal - Export
- MB Marine Terminal - Both
- SL Storage w/ Liquefaction
- SN Storage w/o Liquefaction
- SB Storage w/ Both
- SU Stranded Utility
- VF Vehicular Fuel
- NR Nitrogen Rejection Unit
- OT Other → Describe

	LNG Plant / Facility #1	LNG Plant / Facility #2	Add Plants / Facilities as needed
<b>Name of LNG Plant / Facility</b>			
<b>NPMS LNG ID</b>			
<b>Plant / Facility Location</b>			
State			
Latitude			
Longitude			
<b>Plant / Facility Status</b>			
<b>Date Put In Service</b>			
<b>Process</b>			
Liquefaction Rate (MMCF/D)			
Number of Vaporizers			
Total Capacity (MMCF/D)			
<b>LNG Source</b>			
<b>Interstate or Intrastate</b>			
<b>LNG Storage</b>			
Number of LNG Tanks			
Total Capacity (Bbls)			
<b>Type of LNG Plant / Facility</b>			
<b>Function of LNG Plant / Facility</b>			
<b>Inspection UNIT ID (DOT INTERNAL USE ONLY)</b>			

**For each LNG Facility listed above (that is, for each column completed above), complete PARTs C and D.**

**PARTs C and D**

The data reported in these PARTs C and D apply to LNG PLANT / FACILITY NUMBER / \_ / \_ / \_

PART C – LEAKS AND REPORTABLE INCIDENTS IN PAST YEAR		Record the number of leaks and reportable incidents resulting in a release detected and repaired, by location and cause. (NOTE: Careful review of the instructions is required.)						
LOCATION	Corrosion	In-plant Piping or Weld ONLY (For these types of failures involving Equipment, see the Instructions)		Other Outside Force Damage	Incorrect Operation	Natural Force Damage, Excavation Damage, Equipment Failure and all other causes not otherwise listed	Total number where Insulation Degradation was a factor	Totals
		Construction-, Installation-, or Fabrication-related	Original Manufacturing-related					
Plant Piping and Equipment								Calc
Storage Tank								Calc
Other Location								Calc
<b>Totals</b>	Calc	Calc	Calc	Calc	Calc	Calc	Calc	Calc

PART D – OTHER CONDITIONS AND EVENTS		Record the number of Safety-Related Conditions and Events.	
TYPE	Number of Safety-Related Conditions Reported	Number of Events	Totals
Rollover			Calc
Security Breach			Calc
<b>ESD Actuations not reported as Incidents</b>			
- Activated by false signal			Calc
- Activated by maintenance or other non-emergency event			Calc
Insulation Degradation			Calc
Other Types			Calc
<b>Totals</b>	Calc	Calc	Calc

**PART E - PREPARER SIGNATURE**

Preparer's Name (type or print)	_____ _____	/ _ / _ / _ - / _ / _ / _ - / _ / _ / _ / Telephone Number
Preparer's Title	_____ _____	/ _ / _ / _ - / _ / _ / _ - / _ / _ / _ / Facsimile Number
Preparer's E-mail Address	_____ _____	

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

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**GENERAL INSTRUCTIONS**

All section references are to Title 49 of the Code of Federal Regulations (49 CFR). The Liquefied Natural Gas (LNG) Facilities Annual Report has been revised as of calendar year 2010 affecting submissions for 2010 and beyond. Please read through the Annual Report and instructions carefully before beginning to complete the Report. Where common data elements exist between this Report and an operator's NPMS submission, the data submitted by the operator on their Annual Report should be the same as the data submitted through NPMS when possible. (Additionally, and in order to align an operator's NPMS submission with their Annual Report data, PHMSA suggests that operators send their NPMS submission to PHMSA by March 15, representing LNG Facility assets as of December 31 of the previous year.)

**Annual Reports must be submitted by March 15 for the preceding calendar year.** In order to improve the accuracy of reported data, operators are requested to review prior years' reports in order to validate that their reported numbers are accurate, or to identify and correct inconsistencies or errors that are either found or that may exist in any previously reported data. Operators should file Supplemental Reports as necessary, including those supplementing prior years' Reports.

Each LNG Facility operator is required to file an Annual Report. The terms "component," "liquefied natural gas or LNG," "LNG Facility," "LNG Plant," and "operator", are defined in § 193.2007.

If you need copies of the Form PHMSA F-7100.3-1 and/or instructions, they can be found on the Pipeline Safety Community main page, <http://phmsa.dot.gov/pipeline>, by clicking Data and Statistics and then selecting the Forms hyperlink. If you have questions about this Report or these instructions, please call the PHMSA Information Resources Manager at (202) 366-8075.

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
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**REPORTING METHOD**

Annual Reports must be submitted online unless an alternate method is approved (see Alternative Reporting Methods below). Use the following procedure:

1. Navigate to the Pipeline Safety Community main page, <http://www.phmsa.dot.gov/pipeline>, click the **ONLINE DATA ENTRY** link listed.
2. Click on the LNG Facilities Annual Report link.
3. Enter Operator Identification Number (OPID) and PIN. [If an operator does not have an OPID or a PIN, the **ONLINE DATA ENTRY** page includes directions on how to obtain one.]
4. Click **Add** to begin data entry for a new calendar year's Report. [For Supplemental Reports, click on the Report ID and select **Modify** to make corrections or add new information.]
5. To save intermediate work without formally submitting it to PHMSA, click **Save**.
6. Click **Submit** when you have completed the Report (for either an Initial Report or a Supplemental Report) and are ready to initiate formal submission of your Report to PHMSA.
7. A confirmation page will appear for you to print and save for your records.

**Alternative 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.

**SPECIFIC INSTRUCTIONS**

Make an entry in each block for which data is available. Estimate data only if necessary. Avoid entering any data as **UNKNOWN or 0 (zero)** except where zero is appropriate to indicate that there were no instances or amounts of the attribute being reported.

Enter the Calendar Year for which the Report is being filed, bearing in mind that reporting requirements are for the preceding calendar year (i.e., for the March 15, 2011 deadline, the Report should provide information for assets as they existed at the end of the 2010 calendar year).

Check **Initial Report** if this is the original filing for the calendar year. Check **Supplemental Report** if this is a follow-up to a previously filed Report to amend or correct information for that calendar year. On Supplemental Reports, enter all information requested in Parts A and E, and only the new or revised information for the other Parts of the Report.

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

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**PART A – OPERATOR INFORMATION**

Complete all 5 sections of Part A before continuing to Part B.

**1. Operator’s 5-digit Identification Number (OPID)**

All operators that meet the definition of an “operator” under § 193.2007 must have a PHMSA-assigned Operator Identification Number (also known as an OPID). If the person completing the Report does not know the OPID for the facility(ies) being reported, this information may be requested from the PHMSA Information Resources Manager at (202) 366-8075. (See instructions on the ONLINE DATA ENTRY page as described above.)

**2. Name of Company or Establishment**

This is the company name used when registering for an OPID and PIN in the Online Data Entry System. When completing the Report online, the Name of Operator is automatically filled in based on the OPID entered in Part A, Question 1. If the name that appears does not coincide with the OPID, contact the PHMSA Information Resources Manager.

If the company corresponding to the OPID is a subsidiary, enter the name of the parent company.

**3. Individual Where Additional Information May Be Obtained**

Enter the name, title, email address and telephone number of the individual who should be contacted if additional information regarding this Report submission is needed.

**4. Headquarters Address**

Enter the address and phone number of the operator’s corporate headquarters.

**5. Does this Report represent a change from last year’s final reported information for Part B, or include leaks or reportable incidents in Part C, or Safety-Related Conditions or Events in Part D?**

Check “This Report is for calendar year 2010 reporting or is a first-time Report...” only for the reporting of calendar year 2010 data, including any supplements to that information, or if this is a first-time Report. Because this revision of the Annual Report will be used for the first time to report data for calendar year 2010, some of the “Parts” of this Report referred to in this question are new and, therefore, no comparable data will have been reported for the prior year. For calendar year 2010 only, respond to this question by selecting the box “This Report is for calendar year 2010 reporting or is a first-time Report...”, and then complete all remaining Parts of the Report as applicable. Similarly, if no Annual Report has been previously filed for this operator, OPID, or facility(ies), or for other reasons, select the box “This Report is for calendar year 2010 reporting or is a first-time Report...”, and then complete all remaining Parts of the Report as applicable.

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

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For calendar year submissions beyond 2010, an option has been created to allow the operator to provide data for relevant Parts when certain portions of the information have not changed.

Check the “No” box related to Part B if there are no changes in the information reported in Part B of this form from the information reported for the prior year in Part B for the LNG Facility(ies) that is(are) the subject of this Report. If this box is checked, Part B need not be completed.

When there are changes in the information reported for the current reporting year compared against the prior calendar year, these changes can occur for one of the two following reasons:

- 1) New information or new calculations may have changed the understanding of facility data, leading to differences in some data elements reported on the Annual Report in the previous year’s Report, even though the physical assets themselves have not changed, or
- 2) The facility(ies) may have changed – either physically or operationally.

Check one or both of the two “Yes” boxes if reported facility information has changed. If the change is due to a change in the facility(ies) and/or operations (number 2 above), check the appropriate box or boxes to indicate the nature of the change(s). If “Other” is selected, provide a brief description of the change. If either one of or both “Yes” boxes are checked, complete Part B.

- Merger, Acquisition, or Divestiture involves a change in ownership or operating responsibility that would likely result in changes in the reported information.
- New construction or new installation that would likely result in changes in reported information.
- Modifications that would likely result in changes in reported information.
- Change in an operator’s OPID number – or changes in the facilities covered by a particular OPID number - may result in changes throughout the Annual Report.

Check the “No” box related to Part C if there have been no leaks or reportable incidents from the facility during the reporting year that would be reported in Part C. Do not complete Part C.

Check the “No” box related to Part D if there have been no Safety-Related Conditions or other Events during the reporting year that would be reported in Part D. Do not complete Part D.

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

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**PART B – FACILITY DESCRIPTION, TYPE, AND FUNCTION**

Report in Part B the elements identified related to the description, type, and function of the Plants/Facilities covered by this Annual Report, and as they existed at the end of the reporting year.

The Name, ID, and Status of the Plant/Facility, should be EXACTLY THE SAME as NPMS fields LNG\_NM, LNG\_ID, and STATUS\_CD, and the location must match the location submitted to NPMS. It should be noted that the LNG Facility ID (LNG\_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator. The following descriptions apply to the Type of LNG Facility entries:

**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 an interstate or intrastate pipeline.

**Other:** Describe the Plant/Facility type in the space provided.

**PART C – RELEASES IN PAST YEAR**

Report in Part C leaks as well as incidents reportable under § 191.3 which resulted in a release of LNG, liquefied petroleum gas, refrigerant gas, or other gas. Leaks are unintentional escapes of LNG, liquefied petroleum gas, refrigerant gas, or other gas from the facility that are not reportable as Incidents under § 191.3. Report in Part C the total number of leaks and reportable incidents involving a release of LNG, liquefied petroleum gas, refrigerant gas, or other gas that were repaired during the reporting year, by location and cause. Report these releases originating in plant piping/equipment, storage tanks, or other locations separately as indicated on the form. Also, include the total number of such releases where insulation degradation was a factor. Include all releases repaired or eliminated including by replaced pipe or other component during the calendar year. Do not include test failures. Enter zero (0) in any cell for which no releases occurred. Do not leave any cells blank.

**CORROSION:** includes releases caused by galvanic, atmospheric, stray current, microbiological, or other corrosive action. These are not limited to a hole in pipe. If the bonnet or packing gland on a valve or flange on piping deteriorates or becomes loose resulting in a release due to corrosion and failure of bolts, it is classified as Corrosion. For incidents reported on PHMSA's LNG Facility



**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

---

Incident Reporting form, this includes both the “External Corrosion” and “Internal Corrosion” sub-causes under F1 – Corrosion Failure.

**CONSTRUCTION-, INSTALLATION-, OR FABRICATION-RELATED:** includes releases 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. For incidents reported on PHMSA’s LNG Facility Incident Reporting form, this includes the “Construction-, Installation-, or Fabrication-related” sub-cause under F5 – Material Failure of Pipe or Weld.

**ORIGINAL MANUFACTURING-RELATED:** includes releases 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. For incidents reported on PHMSA’s LNG Facility Incident Reporting form, this includes the “Original Manufacturing Defect-related” sub-cause under F5 – Material Failure of Pipe or Weld.

**OTHER OUTSIDE FORCE DAMAGE:** includes releases 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. For incidents reported on PHMSA’s LNG Facility Incident Reporting form, this includes all of the sub-causes under F4 – Other Outside Force Damage.

**INCORRECT OPERATION:** includes releases 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. For incidents reported on PHMSA’s LNG Facility Incident Reporting form, this includes all of the sub-causes under F7 – Incorrect Operation.

**ALL OTHER CAUSES NOT OTHERWISE LISTED:** includes the following:

- **Natural Force Damage:** includes releases 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. For incidents reported on PHMSA’s LNG Facility Incident Reporting form, this includes all of the sub-causes under F2 – Natural Force Damage
- **Excavation Damage:** includes releases 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 leaks and reportable incidents that are determined to have resulted from previous damage due to excavation activity. For incidents reported on PHMSA’s LNG Facility Incident Reporting form, this includes all the sub-causes under F3 – Excavation Damage;

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

---

- **Low Temperature Embrittlement of in-plant piping (due to a process fluid)** means failure of in-plant piping or weld due to the effect of handling cryogenic fluids.
- **Equipment:** includes releases 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. For incidents reported on PHMSA's LNG Facility Incident Reporting form, this includes all of the sub-causes under F6 – Equipment Failure.
- **Other:** includes releases resulting from any other cause, including those of an unknown or unknowable nature. For incidents reported on PHMSA's LNG Facility Incident Reporting form, this includes both of the two sub-causes under F8 – Other Incident Cause.

**INSULATION DEGRADATION:** refers to reduced effectiveness of insulation (e.g., loss of vacuum) that was a contributing factor to or that causes a release from primary containment, usually due to thermal damage.

**PART D – OTHER CONDITIONS AND EVENTS**

Report the number of events that were determined to be significant to safety that occurred at the facility(ies) during the reporting year, such as movement of tanks and/or tank foundations and impairment of the structural integrity or safety of tanks, piping, or other LNG facility equipment or components. Report separately the number of events that were reported as Safety-Related Conditions (§ 191.23) and events not reported as Safety-Related Conditions. Section 191.23(b)(4) specifies that a Safety-Related Condition Report need not be filed if corrective action is completed before the deadline for filing a Report. Such events should be included in the “Number of Events” column in Part D. Conditions or events that resulted in a release of LNG, liquefied petroleum gas, refrigerant gas, or other gas from the facility should be reported in Part C. Enter zero (0) in any cell for which no events occurred. Do not leave any cells blank.

**Rollover** refers to an event in which significant stratification has occurred within a tank and, as a result, significant quantities of liquefied gas suddenly relocate due to differences in density. Rollovers have resulted in damage to storage facilities and are safety significant events for LNG carriers and their unloading operations at import terminals.

**Security Breach** refers to an actual breach of security. Actuation of security alarms due to circumstances other than an actual breach need not be reported.

**INSTRUCTIONS FOR FORM PHMSA F-7100.3-1 (Rev. xx-2010)**  
**ANNUAL REPORT FOR CALENDAR YEAR 20\_\_**  
***LIQUEFIED NATURAL GAS (LNG) FACILITIES***

---

**Emergency Shutdown Device (ESD) Actuations** that result from actual emergencies must be reported as Incidents (§§ 191.3 and 191.15). These events need not be reported again here. Report in this Part ESD Actuations that resulted from causes *other than* an actual emergency. Report ESD Actuations that resulted from a false signal separately from those resulting from maintenance or other non-emergency event at the facility.

**Insulation Degradation** refers to reduced effectiveness of insulation (e.g., loss of vacuum) requiring corrective action. Do not include instances of insulation degradation that contributed to or resulted in a leak or reportable incident. These should be reported in Part C.

**Other Types** should include major meteorological or geophysical disturbances or other events that the operator considers to have been significant to safety including, but not necessarily limited to, Safety-Related Conditions and safety significant events not otherwise included in other rows of Part D and that were reported during the reporting year or that would have been reported had corrective action not been completed before the reporting deadline. Do not report again any events that have been included in other rows of Part D.

**PART E – PREPARER SIGNATURE**

The Preparer is the person who compiled the information and prepared the responses to the Report. Enter the Preparer's name and title, and e-mail address if the Preparer has one, and the phone and fax numbers used by the Preparer.