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|  <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>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.</p> | | |
| PART A - OPERATOR INFORMATION | | 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? (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.) | | |
| <input type="checkbox"/> This report is FOR CALENDAR YEAR 2010 reporting or is a FIRST-TIME REPORT 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 NO CHANGES 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 CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION for PART B due to corrected information ; 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 CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION for PART B because of the following change(s) in assets and/or operations from those which were covered under last year's report. Complete PART B and, when applicable, PARTS C and/or D. (Select all reasons for these changes from the following list) | | |
| <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 NO LEAKS OR REPORTABLE INCIDENTS RESULTING IN A RELEASE 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 NO SAFETY-RELATED CONDITIONS OR EVENTS 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 Plant / Facility

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

Function of LNG Plant / 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 |
|--|-------------------------|-------------------------|-----------------------------------|
| Name of LNG Plant / Facility | | | |
| NPMS LNG ID | | | |
| Location of Plant / Facility For a fixed LNG Plant/Facility, provide the State (e.g., TX); for a Mobile/Temporary facility, provide the Zip Code where it is typically stored. | | | |
| Plant / Facility Status | | | |
| Date Put In Service | | | |
| Process | | | |
| Liquefaction Rate (MMCF/D) | | | |
| Number of Vaporizers | | | |
| Total Capacity (MMCF/D) | | | |
| LNG Source | | | |
| Interstate or Intrastate | | | |
| LNG Storage | | | |
| Number of LNG Tanks | | | |
| Total Capacity (Bbls) | | | |
| Type of LNG Plant / Facility | | | |
| Function of LNG Plant / Facility | | | |
| Inspection UNIT ID (DOT INTERNAL USE ONLY) | | | |

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 / __/__/ (from PART B) | | | | | |
| 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.) | | | |
| Cause | | Incidents and Leaks | | | Totals |
| | | Incidents | Leaks | | |
| | | | Plant Piping and Equipment | Storage Tank | Other Location |
| External Corrosion | | | | | <i>Calc</i> |
| Internal Corrosion | | | | | <i>Calc</i> |
| Natural Force Damage | | | | | <i>Calc</i> |
| Excavation Damage | | | | | <i>Calc</i> |
| Other Outside Force Damage | | | | | <i>Calc</i> |
| In-plant Piping or Weld ONLY <i>(For these types of failures involving Equipment, see the Instructions)</i> | Construction-, Installation-, or Fabrication-related | | | | <i>Calc</i> |
| | Original Manufacturing-related | | | | <i>Calc</i> |
| | Low Temperature Embrittlement | | | | <i>Calc</i> |
| Equipment Failure | | | | | <i>Calc</i> |
| Incorrect Operation | | | | | <i>Calc</i> |
| Other Causes | | | | | <i>Calc</i> |
| Totals | | <i>Calc</i> | <i>Calc</i> | <i>Calc</i> | <i>Calc</i> |

| 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 | | | <i>Calc</i> |
| Security Breach | | | <i>Calc</i> |
| ESD Actuations not reported as Incidents | | | |
| - Activated by false signal | | | <i>Calc</i> |
| - Activated by maintenance or other non- emergency event | | | <i>Calc</i> |
| Insulation Degradation | | | <i>Calc</i> |
| Other Types | | | <i>Calc</i> |
| Totals | <i>Calc</i> | <i>Calc</i> | <i>Calc</i> |

| 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. 06-2011)
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LIQUEFIED NATURAL GAS (LNG) FACILITIES

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. This Annual Report is required per §191.17 and must be filed per §191.7. 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.)

Each operator of a liquefied natural gas facility must submit an Annual Report for that system on DOT Form PHMSA F 7100.3-1. This report must be submitted each year, not later than March 15, for the preceding calendar year, except that for the 2010 reporting year the report must be submitted by August 15, 2011. 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.

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, call PHMSA's Information Resources Manager at 202-366-8075.

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ONLINE REPORTING REQUIREMENTS

Annual Reports must be submitted online unless an alternate method is approved (see Alternate Reporting Methods below).

The following two separate PIN/password requirements must be fulfilled prior to submitting data online:

1. You must have an Office of Pipeline Safety (OPS) provided Operator Identification Number (OPID) and Personal Identification Number (PIN). If you do not have one, complete and submit the form located on the OPS Online Data Entry and Operator Registration System New Operator Registration web site at http://opsweb.phmsa.dot.gov/cfdocs/opsapps/pipes/new_operator.cfm to obtain one.
2. You must ALSO have a Username and Password obtained by registering through the PHMSA Portal. If you have an OPS OPID and PIN, you may obtain a Username and Password through the PHMSA Portal. If you do not have a Username and Password for the PHMSA Portal, go to <https://portal.phmsa.dot.gov/pipeline> and click on *Create Account* and complete the form as required.

Important: Each operator without an OPID is to plan accordingly and allow for several weeks prior to the due date of the Report to obtain their OPID from PHMSA.

REPORTING METHOD

Use the following procedures to complete an Annual Report:

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 “**Year 2010 and later**” hyperlink under the *LNG Facilities Report* subtitle. This takes you to the PHMSA Portal login screen.
3. Enter your “Username” and “Password” and click on “**Login**”.
4. Under “**Create Reports**” on the left side of the screen, under *Annual* select “LNG Facilities” 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 submission.* Also, only one Annual Report for an OPID may be submitted per year.
5. To save intermediate work without formally submitting it to PHMSA, click **Save**. To modify a draft of an Annual Report that you saved, go to **Saved Reports** and click on *LNG Facilities*. Locate your saved report by the date or report year. Select the

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record by clicking on it once, and then click **Modify** below the record.

6. Once all sections of the form have been completed, click on **Validate** to ensure all required fields have been completed and data meets all other requirements. A list of errors will be generated that must be fixed prior to submitting an Annual Report.
7. 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.
8. A confirmation message will appear that confirms a record has been successfully submitted. To save or print a copy of your submission, go to **Submitted Reports** on the left hand side, and click on *LNG Facilities*. Locate your submitted report by the date or report year, and then click on the PDF icon to either open the file and print it, or save an electronic copy.
9. To submit a *Supplemental Report*, go to **Submitted Reports** on the left hand side, and click on *LNG Facilities*. Locate your submitted report by the date or report year. Select the record by clicking on it once, and then click "Create Supplemental".

Alternate Reporting Methods

Operators for whom electronic reporting imposes an undue burden and hardship may submit a written request for an alternate reporting method. Operators must follow the requirements in §191.7(d) to request an alternate 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).

Select **Initial Report** if this is the original filing for the calendar year. Select **Supplemental Report** if this is a follow-up to a previously filed Report to amend or correct information for that calendar year.

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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 PHMSA’s 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 PHMSA’s 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?

Select “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 filing of an Annual Report for these facilities. 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, all operators should 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.

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

Select “No” 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 selected, 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.

Select 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), select 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 selected, 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.

Select “No” 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.

Select “No” 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.

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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 State where the fixed Plant/Facility is located 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:

Mobile LNG facilities are those not characterized as permanent infrastructure that are designed to be easily moved, e.g. skid-mounted or trailer-mounted, or otherwise portable (see 59A).

Temporary LNG facilities are those used for short term applications to provide supply during planned construction and maintenance activities or in cases of unplanned events such as peakshaving to meet unanticipated demand.

Also, see §193.2019:

Mobile/Temporary LNG facilities.

- (a) Mobile and temporary LNG facilities for peak shaving application, for service maintenance during gas pipeline systems repair/alteration, or for other short term applications need not meet the requirements of this part if the facilities are in compliance with applicable sections of NFPA 59A (incorporated by reference, see § 193.2013).

Note: When reporting the Zip Code where these Mobile/Temporary facilities are located, indicate the location where they are typically stored.

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

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PART C – LEAKS AND REPORTABLE INCIDENTS IN PAST YEAR

Report separately 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. A non-hazardous release that can be eliminated by lubrication, adjustment, or tightening is not a leak. Include all leaks repaired or eliminated including by replaced pipe or other component during the calendar year. Report separately in Part C the total numbers 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 leaks originating in plant piping and equipment, storage tanks, or other locations separately as indicated on the form. Include all leaks repaired or eliminated, including by replaced pipe or other component during the calendar year. Do not include test failures. Incidents reportable under §191.3 should be reported using the same cause for which the Incident Report was submitted. Enter zero (0) in any cell for which no releases occurred. Do not leave any cells blank.

For the purposes of this Part C, Leaks and Incidents are to be classified as either:

EXTERNAL CORROSION: includes releases or failures in the pipe or other component due to galvanic, bacterial, chemical, stray current, or other corrosive action initiating on the outside surface of the pipe. For PHMSA's LNG Incident Reporting form, this includes the "External Corrosion" sub-cause under F1 – Corrosion Failure.

INTERNAL CORROSION: includes releases or failures in the pipe or other component due to galvanic, bacterial, chemical, stray current, or other corrosive action initiating on the inside surface of the pipe. From PHMSA's LNG Incident Reporting form, this includes the "Internal Corrosion" sub-cause under F1 – Corrosion Failure.

NATURAL FORCE DAMAGE: includes releases or failures 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 PHMSA's LNG Incident Reporting form, this includes main cause F2.

EXCAVATION DAMAGE: includes releases or failures 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 releases or failures determined to have resulted from previous damage due to excavation activity. This category would include damage to aboveground facilities or piping when incurred during the conduct of excavation activity. For damage from outside forces OTHER than those associated with excavation activity, Natural Force Damage or Other Outside Force will most likely apply. For PHMSA's LNG Incident Reporting form, this includes main cause F3.

OTHER OUTSIDE FORCE DAMAGE: includes, but are not limited to, releases or failures resulting from non-excavation-related outside forces, such as nearby industrial, man-made, or other

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fire or explosion; damage by vehicles or other equipment; releases or failures due to mechanical damage; and, intentional damage including vandalism and terrorism. For PHMSA's LNG Incident Reporting form, this includes main cause F4.

IN-PLANT PIPING OR WELD: Use one of these next three categories to report material failures only if the item involved in the Incident or leak is in-plant piping or welds. These include 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 low temperature embrittlement. For PHMSA's LNG Incident Reporting form, this includes main cause F5.

CONSTRUCTION-, INSTALLATION-, OR FABRICATION-RELATED: includes releases or failures 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 PHMSA's LNG Incident Reporting form, this includes the sub-cause of the same name under F5.

ORIGINAL MANUFACTURING-RELATED: includes releases or failures 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 PHMSA's LNG Incident Reporting form, this includes the sub-cause of the same name under F5.

LOW TEMPERATURE EMBRITTLEMENT: includes releases in or failures of in-plant piping or welds 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 Equipment Failure. For PHMSA's LNG Incident Reporting form, this includes the sub-cause of the same name under F5.

EQUIPMENT FAILURE: includes releases from or failures of items other than in-plant piping or welds, and includes releases or failures 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 releases or failures. For PHMSA's LNG Incident Reporting form, this includes main cause F6.

INCORRECT OPERATION: includes releases or failures 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 PHMSA's LNG Incident Reporting form, this includes main cause F7.

OTHER CAUSES: includes releases or failures resulting from any other cause not listed above, including those of a miscellaneous or unknown or unknowable nature. For PHMSA's LNG Incident Reporting form, this includes main cause F8.

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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. §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.

ESD (Emergency Shutdown Device) 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. Do not report intentional, non-emergency ESD’s.

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.