U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: I-2008100389
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/30/2008

4. Time of Incident (use 24-hour time):
10:52

5. Enter National Response Center Report Number (if applicable):
882294

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: ALPINE
County: BREWSTER
State: TX
Zip Code: (if known): 79830
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
UPRR M.P. 607.67

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS STREET MAIL STOP
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002005OQ

11. Shipper/Offeror:
Name: AIR LIQUIDE
Street: 11400 BAY AREA BLVD
City: PASADENA
State: TX
Zip Code: 77507
Waybill/Shipping Paper: 221456
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 5858 88TH STREET
City: SACRAMENTO
State: CA
Zip Code: 95828

14. Proper Shipping Name of Hazardous Material: ARGON, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1951

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2 Liquid - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Tank Car

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 141-Piping or Fittings
How Failed: - 308-Leaked
Causes of Failure: - Loose Closure, Component, or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: 113A90W
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	19120 Liquid - Gallon	Package Capacity:
Amount in Package:	15447 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	TRN023	Manufacture Date:
Serial Number:	BOCX3017	Last Test Date:
Material of Construction:	ASTM A240, TYPE 304 (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	(if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	0.438 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness:	0.5 INCH (if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: PRESSURE GAGE FI
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:	True
Police Report #:	True
In-house cleanup:	False
Other Cleanup:	False

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 4,550.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	325
Total number of employees evacuated:	2
Total evacuated:	327
Duration of the evacuation:	4

36. Was a major transportation artery or facility closed? False

If yes, how many?

37. Was the material involved in a crash or derailment? False

If yes, provide the following information:

Estimated speed (mph):	
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

Brian Morgan, Citizen, reported smoke or vapor coming from a white tankcar which was travelling west toward Alpine, TX. The train, identified as the QEWWC 29 , was notified to stop for inspection. The Alpine, Texas Fire dept. was notified and responded. The Brewster County Emergency Management Coordinator initiated evacuation in the area of the tankcar. Mr. John Jackson, Manager Hazardous Materials was notified and a conference call was established with the Alpine Fire Dept. Further inspection of the train by the Fire Dept. revealed three tankcar were releasing product.It was determined the tankcars contained Argon and all three cars were leaking from inside the control boxes. The IAPX 1026 and the IAPX1030 were determined to be releasing product from the liquid fill/withdrawal valves. The BOCX 3017 was leaking from a fitting on a feeder line to a pressure gage.The Alpine Fire Dept. defrosted the control boxes and closed the open valves, stopping the release. Mr. Jackson responded with VivaEnvironmental Contractor .inspected .repaired and secured the cars for transportation.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

Shipper should review loading / unloading procedures and training.

PART VIII – CONTACT INFORMATION

Contact's Name:	TIMOTHY O'BRIEN
Contact's Title:	DIRECTOR HAZARDOUS MATERIALS
Business Name and Address:	UNION PACIFIC RAILROAD
	1400 DOUGLAS STREET MAIL STOP OMAHA NE 68179
E-mail Address:	tjobrien@up.com
Telephone Number:	2813507490
Fax Number:	4022332369
Hazmat Registration Number:	
Date:	09/24/2008
Preparer is:	Carrier

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PART I - REPORT TYPE

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/30/2008

4. Time of Incident (use 24-hour time):
10:52

5. Enter National Response Center Report Number (if applicable):
882294

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: ALPINE
County: BREWSTER
State: TX
Zip Code: (if known): 79830
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
UPRR M.P. 607.67

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS STREET MAIL STOP
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002005OQ

11. Shipper/Offeror:
Name: AIR LIQUIDE AMERICA CORP.
Street: 11400 BAY AREA BLVD
City: PASADENA
State: TX
Zip Code: 77507
Waybill/Shipping Paper: 222070
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 8832 DICE RD
City: SANTA FE SPRINGS
State: CA
Zip Code: 90670

14. Proper Shipping Name of Hazardous Material: ARGON, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1951

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 5 Liquid - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Tank Car

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 134-Liquid Valve
How Failed: - 308-Leaked
Causes of Failure: - Loose Closure, Component, or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: 204W
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	16555 Liquid - Gallon	Package Capacity:	
Amount in Package:	15296 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:
Manufacture Date:
Serial Number: IAPX1026
Last Test Date: 03/01/1999
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type: LIQUID FILL WITH
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:	True
Police Report #:	True
In-house cleanup:	False
Other Cleanup:	False

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 4,550.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	325
Total number of employees evacuated:	2
Total evacuated:	327
Duration of the evacuation:	4

36. Was a major transportation artery or facility closed? False

If yes, how many?

37. Was the material involved in a crash or derailment? False

If yes, provide the following information:

Estimated speed (mph):	
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
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- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

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PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

Shipper should review loading / unloading procedures and training.

PART VIII – CONTACT INFORMATION

Contact's Name:	TIMOTHY O'BRIEN
Contact's Title:	DIRECTOR HAZARDOUS MATERIALS
Business Name and Address:	UNION PACIFIC RAILROAD
	1400 DOUGLAS STREET MAIL STOP OMAHA NE 68179
E-mail Address:	tjobrien@up.com
Telephone Number:	2813507490
Fax Number:	4022332369
Hazmat Registration Number:	
Date:	09/24/2008
Preparer is:	Carrier

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882294

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
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County: BREWSTER
State: TX
Zip Code: (if known): 79830
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
UPRR M.P. 607.67

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNION PACIFIC RAILROAD
Street: 1400 DOUGLAS STREET MAIL STOP
City: OMAHA
State: NE
Zip Code: 68179
Federal DOT Id Number:
Hazmat Registration Number: 062706002005OQ

11. Shipper/Offeror:
Name: AIR LIQUIDE
Street: 11400 BAY AREA BLVD
City: PASADENA
State: TX
Zip Code: 77507
Waybill/Shipping Paper: 323693
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 8832 DICE RD
City: SANTA FE SPRINGS
State: CA
Zip Code: 90670

14. Proper Shipping Name of Hazardous Material: ARGON, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1951

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 600 Liquid - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Tank Car

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 134-Liquid Valve
How Failed: - 308-Leaked
Causes of Failure: - Loose Closure, Component, or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: 113A90W
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	17300 Liquid - Gallon	Package Capacity:
Amount in Package:	15670 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	ACF300	Manufacture Date:
Serial Number:	IAPX1030	Last Test Date:
Material of Construction:	ASTM A240, TYPE 304 (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	(if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	0.438 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness:	0.437 INCH (if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: LIQUID FILL/WITH
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:	True
Police Report #:	True
In-house cleanup:	False
Other Cleanup:	False

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
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Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	325
Total number of employees evacuated:	2
Total evacuated:	327
Duration of the evacuation:	4

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If yes, how many?

37. Was the material involved in a crash or derailment? False

If yes, provide the following information:

Estimated speed (mph):	
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

Brian Morgan, Citizen, reported smoke or vapor coming from a white tankcar which was travelling west toward Alpine, TX. The train, identified as the QEWWC 29 , was notified to stop for inspection. The Alpine, Texas Fire dept. was notified and responded. The Brewster County Emergency Management Coordinator initiated evacuation in the area of the tankcar. Mr. John Jackson, Manager Hazardous Materials was notified and a conference call was established with the Alpine Fire Dept. Further inspection of the train by the Fire Dept. revealed three tankcar were releasing product.It was determined the tankcars contained Argon and all three cars were leaking from inside the control boxes. The IAPX 1026 and the IAPX1030 were determined to be releasing product from the liquid fill/withdrawal valves. The BOCX 3017 was leaking from a fitting on a feeder line to a pressure gage.The Alpine Fire Dept. defrosted the control boxes and closed the open valves, stopping the release. Mr. Jackson responded with VivaEnvironmental Contractor .inspected .repaired and secured the cars for transportation.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

Shipper should review loading / unloading procedures and training.

PART VIII – CONTACT INFORMATION

Contact's Name:	TIMOTHY O'BRIEN
Contact's Title:	DIRECTOR HAZARDOUS MATERIALS
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Fax Number:	4022332369
Hazmat Registration Number:	
Date:	09/24/2008
Preparer is:	Carrier