



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-2023090042
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/02/2023
4. Time of Incident (use 24-hour time):
06:30
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: Santa Clara
County: SANTA CLARA
State: CA
Zip Code: (if known): 95054
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
480 ALDO AVE
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
- Name: INGENIUM GROUP, LLC
Street: 893 AMES AVE
City: MILPITAS
State: CA
Zip Code: 95035-6326
Federal DOT Id Number:
Hazmat Registration Number: 062923600023FH
11. Shipper/Officer:
- Name: AGILENT TECHNOLOGIES
Street: 5301 STEVENS CREEK BLVD
City: Santa Clara
State: CA
Zip Code: 95051
Waybill/Shipping Paper: BOL
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 2600 N. CRESSON HWY
City: Cresson
State: TX
Zip Code: 76035
14. Proper Shipping Name of Hazardous Material: ETHANOLAMINE OR ETHANOLAMINE SOLUTIONS
15. Technical/Trade Name: ETHANOLAMINE
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2491

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 125 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:
IBC

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: - 115-Discharge Valve or Coupling
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Broken Component or Device

26a. Provide the packaging identification markings, if available.

Identification Markings: UN 31 HA1/Y/1218/USA/AA2572/3671/2033/1

(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: IBC Material of Construction: Fiberboard Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: 275 Liquid - Gallon Amount in Package: 270 Liquid - Gallon Number in Shipment: 2 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: 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: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

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

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

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

False

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: \$ 0.00
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:
Responders:
General Public:

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

False

If yes, how many?

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:
Responders:
General Public:

Non-Hospitalized:

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

Employees:
Responders:
General Public:

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

False

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 0
Duration of the evacuation:

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:

Around 6:30am, the yard personnel were in the process of transferring containers to different trailers when they noticed a tote that might have a possible leak around the valve. They prepped an empty tote in the event there was a need to transfer the material out of the tote. Once they were all prepped, they checked the valve handle to make sure it was fully in the closed position. When the outlet cap was unscrewed, the material shot out of the valve due to a missing ball valve. Over half of the material was captured in the second tote and approximately 125 gals of the material released to the asphalt around the load dock. There was no release to the environment. The yard team quickly controlled the release with berms, absorbents, and vermiculite/floor dry and proceeded to clean up the material.

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:

Ingenium provided the client with the reconditioned tote. Employees will be expected to inspect totes before taking to the clients. In addition, Ingenium will be transitioning to new totes or totes in which only the cages are reconditioned.

PART VIII – CONTACT INFORMATION

Contact's Name:	CINDY RITTENHOUSE
Contact's Title:	EHS REGIONAL MANAGER
Business Name and Address:	INGENIUM GROUP 480 ALDO AVE Santa Clara CA 95054
E-mail Address:	crittenhouse@pureingenium.com
Telephone Number:	(408)-470-0068
Fax Number:	(760)-466-3980
Hazmat Registration Number:	
Date:	08/09/2023
Preparer is:	Carrier