



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: E-2014080035
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/28/2014
4. Time of Incident (use 24-hour time):
08:40
5. Enter National Response Center Report Number (if applicable):
1090462
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: CHATTANOOGA
County: HAMILTON
State: TN
Zip Code: (if known): 37406
- Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4500 Amnicola Hwy
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: Univar USA
Street: 3 Riverside Lane
City: Chattanooga
State: TN
Zip Code: 37406
Federal DOT Id Number: 028633
- Hazmat Registration Number: 060512552065UW
11. Shipper/Officer:
- Name: Univar USA
Street: 3 Riverside Lane
City: Chattanooga
State: TN
Zip Code: 37406
Waybill/Shipping Paper: CG476289
- Hazmat Registration Number: 060512552065UW
12. Origin (if different from shipper address)
- Street: 530 Manufacturers Road
City: Chattanooga
State: TN
Zip Code: 37405
13. Destination:
- Street: 4146 S Creek RD
City: Chattanooga
State: TN
Zip Code: 37406
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: Caustic Soda
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 200 Liquid - Pound

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:
Cargo Tank Motor Vehicle (CTMV)

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 306-Failed to Operate
Causes of Failure: - Human Error

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

Identification Markings: DOT 312

(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:

Packaging Type:
Material of Construction:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 3600 Liquid - Gallon
Amount in Package: 3578 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:	Terminal Service Co.	Manufacture Date:	
Serial Number:	1M92M4029NT36020	Last Test Date:	01/07/2014
Material of Construction:	Stainless (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	35 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.165 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.188 INCH (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: False
Other Cleanup: True

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: \$ 25.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 5,000.00
(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?

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 3

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

False

If yes, provide the following information:

Estimated speed (mph): 0
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:

Driver was scheduled to deliver to Customer. Customer requested samples of product from the bottom valve and also from the top of tanker. Driver retrieved sample from the unloading valve. After, he proceeded to top of tanker, opened the manway and retrieved the sample from the top of tanker. Driver closed dome lid but did not secure it with the hold downs. After some time, the receiving person at Customer advised that the sample had failed due to cloudiness and the load was being rejected. Driver called and advised the office of the rejected load. He was then instructed to return to the plant. Driver failed to secure the dome on top of tanker. Driver left the customer and approached the intersection of S. Creek and Amnicola where he had to stop for a red light. The light changed to green. As he turned onto Amnicola Hwy, he noticed the material out of his mirrors running down the side of tanker. He pulled to the side of the roadway and stopped. He called the Univar Chattanooga Dispatcher (Chris Frazier) and advised him of what happened. The Dispatcher advised me (Robby Brewer, Branch Operations Manager) of the spill.

I arrived as well as Chattanooga Fire Dept at which time the road was shut down. Marion Environmental was called for cleanup. The entire road was closed until 1200 and then half was opened to allow traffic to flow both directions with one lane instead of normal 2 lanes in each direction. Marion finished the cleanup around 1630.

The tanker was brought back to Univar and weighed for loss of material. The difference in the gross weights from when tanker was loaded and return to the plant was 200 pounds.

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:

Retrain and review procedures with driver

PART VIII – CONTACT INFORMATION

Contact's Name:	Robby Brewer
Contact's Title:	Branch Operations Manager
Business Name and Address:	Univar USA
	3 Riverside Lane Chattanooga TN 37406
E-mail Address:	robby.brewer@univarusa.com
Telephone Number:	423-629-3902
Fax Number:	423-629-3929
Hazmat Registration Number:	
Date:	08/04/2014
Preparer is:	Shipper