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-2013090098
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/13/2013

4. Time of Incident (use 24-hour time):
09:30

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: SAN ANGELO
County: TOM GREEN
State: TX
Zip Code: (if known): 76904
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2307 LOOP 306 (LA QUNITA)

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: REFINERY SPECIALTIES INC
Street: 1505 CROSSWIND DR
City: BRYAN
State: TX
Zip Code: 77808
Federal DOT Id Number: 610351
Hazmat Registration Number: 051413550073VX

11. Shipper/Offeror:

Name: REFINERY SPECIALTIES INC
Street: 1505 CROSSWIND DR
City: BRYAN
State: TX
Zip Code: 77808
Waybill/Shipping Paper: R131213
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 1505 CROSSWINDS DRIVE
City: BRYAN
State: TX
Zip Code: 77808

13. Destination:

Street:
City: SAN ANGELO
State: TX
Zip Code: 76904

14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID

15. Technical/Trade Name: RSI-221 ACID SOLVENT - 15% HCL

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1789

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18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 300 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:
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: - 118-Flange
How Failed: - 304-Cracked
Causes of Failure: - Defective Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	MAJONA STEEL CORP	Manufacture Date:	07/15/2012
Serial Number:	1M9M1BA28CA90608	Last Test Date:	07/19/2012
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	35 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.25 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.25 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type: PIPE FLANGE
Model: SA-105
Manufacturer: MAJONA STEEL CORP

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 #: True 2013-1305933-000
Police Report #: False
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:	$ 30,000.00
Property Damage:	$ 0.00
Response Cost:	$ 20,162.00
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:	20
Total number of employees evacuated:	
Total evacuated:	20
Duration of the evacuation:	12

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:

AN ESTIMATED 300 GALLONS (ESTIMATED BY SAN ANGELO FIRE MARSHALL) WAS RELEASED ONTO PAVEMENT IN THE LA QUINTA PARKING LOT AND REMAINED ON PAVEMENT WHERE PRODUCT AND WATER WERE CONTAINED BY DIRT DAM PLACED AT THE 4400 BLOCK OF BLUE RIDGE TRAIL. SODA ASH WAS APPLIED TO NEUTRALIZE THE ACID, ALTERING THE PH. NO WATER BODY OR STORM WATER DRAINAGES WERE IMPACTED OR THREATENED BY THIS PRODUCT.

THE FOLLOWING CONTINUES TO DESCRIBE CLEANING SOLUTIONS (PO BOX 3371 BRYAN, TX) RECOVERY EFFORTS THE DAY OF THE EVENT AFTER SAN ANGELO FD RELEASED THE SCENE. SAFETY OF WORKERS AND THE CONSTANT FLOW OF MOTEL EMPLOYEES AND GUEST WAS A PRIORITY WHILE CONTINUING TO FOCUS ON THE TASK AT HAND. THE REMAINING PRODUCT ON THE TRANSPORT WAS OFF-LOADED AND TRANSPORTED TO AN OFF-SITE FACILITY. WE USED FRESH WATER FLUSH ON SEGMENTS OF ABOURT 250 FT. FLUSHING THE IMPACTED AREA WITH FRESH WATER, STOPPING WATER WITH DIRT DAM, AND COLLECTING WATER WITH A VACUUM TRUCK. PRESSURE WASHERS WERE USED TO REMOVE THE SODA ASH FROM THE PAVEMENT AND ALLOWING IT TO BE CARRIED IN THE WATER. DIRT FROM DAMS WERE COLLECTED BY BACKHOE AND SHOVELS, PLACED ON PLASTIC TARPS AND SAMPLES OF DIRT WERE TAKEN TO A THIRD PARTY LAB. WE COVERED DIRT WITH PLASTIC AND SECURED THE AREA WITH ORANGE CONSTRUCTION FENCING.

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:

YES, WE WERE ABLE TO TAKE ACTION TO PREVENT RECURRENCE OF THE INCIDENT. WE HAVE ADDED A MECHANISM TO TAKE THE STRESS LOAD OFF THE FLANGE WHILE IN TRANSPORT. THE MECHANISM WILL SUPPORT THE DISCHARGE VALVE AT THE OF THE TANK TO PREVENT FURTHER INCIDENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARRETT TUCKER
Contact's Title:	PLANT AND FACILITY MANAGER
Business Name and Address:	REFINERY SPECIALITIES, INC. 38106 FM 3346 HEMPSTEAD TX 77445
E-mail Address:	GTUCKER@RSICHEM.COM
Telephone Number:	979-826-4961
Fax Number:	979-826-4935
Hazmat Registration Number:	
Date:	08/19/2013
Preparer is:	Carrier

07/15/2012