



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-2014050069
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/04/2014
4. Time of Incident (use 24-hour time):
04:10
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: WOLSEY
County: BEADLE
State: SD
Zip Code: (if known): 57384
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
400 SW SECTION LINE ROAD
8. Mode of Transportation: Rail
9. Transportation Phase: Unloading
10. Carrier/Reporter:
- Name: KOCH NITROGEN COMPANY, LLC
Street: 4111 E 37TH ST N
City: WICHITA
State: KS
Zip Code: 67220-3203
Federal DOT Id Number: Hazmat Registration Number: 050313001002VX
11. Shipper/Offendor:
- Name: PCS PHOSPHATE COMPANY, INC.
Street: 15843 SE 78TH ST
City: WHITE SPRINGS
State: FL
Zip Code: 32096
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street:
City:
State: XX
Zip Code:
14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION
15. Technical/Trade Name: PHOSPHORIC ACID
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1805

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 488 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: -

How Failed: -

Causes of Failure: -

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

Identification Markings: DOT111A-100W1

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

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 14385 Liquid - Gallon
Amount in Package: 11762 Liquid - Gallon
Number in Shipment:
Number Failed:

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:

Manufacture Date:
Last Test Date:

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

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

Transport 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 | NONE ISSUED |
| Police Report #: | False | |
| In-house cleanup: | False | |
| 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:	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:
Total number of employees evacuated:
Total evacuated:
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:

ON FRIDAY, APRIL 4, 2014 AT APPROXIMATELY 0410 HOURS A SPILL WAS DISCOVERED AT THE KOCH NITROGEN COMPANY, LLC (KNC) WOLSEY TERMINAL. THE SPILL OCCURRED WHEN KNC'S CONTRACTOR, BLICK'S PHOSPHATE CONVERSIONS, LLC (BLICK'S) WAS BUBBLING PHOSPHORIC ACID WITH AIR INSIDE A RAILCAR. KNC HAS CONTACTED WIT BLICK'S TO OPERATE THE BLICK'S PORTABLE REACTOR TO PRODUCE AMMONIUM POLYPHOSPHATE FERTILIZER (APP) AT KNC'S TERMINAL LOCATED IN RAILCARS.

THE BLICK'S OPERATORS WERE UNAWARE THAT THE FITTING CHOSEN ON THE TOP OF THE RAILCAR THAT THEY BELIEVED TO BE A VENT WAS A DIP-TUBE. WITH THE DIP-TUBE OPENED (RATHER THAN THE INTENDED VENT), DURING THE AIR BUBBLING PRESSURE BUILT UP IN THE RAILCAR FORCING LIQUID FROM THE BOTTOM OF THE RAILCAR OUT OF THE TOP OF THE DIP-TUBE.

DURING THE BUBBLING, THE BLICK'S OPERATOR ON DUTY INSPECTS THE EQUIPMENT PERIODICALLY. DURING HIS INSPECTION AT APPROXIMATELY 0410 HOURS, THE OPERATOR DISCOVERED SPILL ON THE GROUND. THE BUBBLING WAS TERMINATED AND THE BLICK'S OPERATOR NOTIFIED THE ON-SITE KNC OPERATOR OF THE RELEASE. KNC MADE NOTIFICATIONS TO THE NRC, SD, DENR, AND BEADLE COUNTY EMD REGARDING THIS INCIDENT.

THE RELEASE WAS CONTAINED ON SITE WITH AN EARTHEN BERN. LIME WAS BROUGHT ONSITE TO NEUTRALIZE THE ACID. THE LIME, ACID AND SOIL WERE MIXED TO ENSURE NEUTRALIZATION. THE NEUTRALIZED SOIL WAS TAKEN TO THE PIERRE LANDFILL AFTER THE LANDFILL HAD RECIEVED APPROVAL FROM SD DENR.

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:

BLICK'S AND KNC ARE REVIEWING THE POTENTIAL CORRECTIVE ACTIONS FOR THE RELEASE. BASED ON THIS PRELIMINARY INVESTIGATION, BLICK'S IS MODIFYING THE PROCEDURE TO ONLY VENT THROUGH THE RAILCAR MAN WAY AFTER A RECOMMENDATION BY THE RAILCAR OWNER. ALSO, ALL REACTING PROCEDURES WILL BE UPDATED TO PERFORM EQUIPMENT INSPECTIONS EVERY 15 MINUTES VERSUS THE CURRENT 30 MINUTE ROUNDS. THOSE PROCEDURES WILL BE IMPLEMENTED BEFORE PRODUCING APP AT THE WOLSEY TERMINAL.

PART VIII – CONTACT INFORMATION

Contact's Name:	WILLIAM MARSHALL
Contact's Title:	TRANSPORTATION & SECURITY COMPLIANCE MANAGER
Business Name and Address:	KOCH AG & ENERGY SOLUTIONS 4111 EAST 37TH STREET NORTH WICHITA KS 67220
E-mail Address:	WILLIAM.MARSHALL@KOCHIND.COM
Telephone Number:	316-828-6824
Fax Number:	316-828-3747
Hazmat Registration Number:	
Date:	05/02/2014
Preparer is:	Facility owner/operator