



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-2007030137
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 02/09/2007
4. Time of Incident (use 24-hour time): 14:30
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: NEW ORLEANS
County: ORLEANS
State: LA
Zip Code: (if known): 70115-1645
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
5403 Coffee Dr./ Cotton Whse.
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: New Orleans Public Belt Railroad
Street: 4822 Tchoupitoulas St.
City: NEW ORLEANS
State: LA
Zip Code: 70115-1645
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: Honeywell Corporation
Street: 905 Randolph Rd.
City: HOPEWELL
State: VA
Zip Code: 23860
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 1943 Battleground Rd.
City: DEER PARK
State: TX
Zip Code: 77536
14. Proper Shipping Name of Hazardous Material: CYCLOHEXANONE
15. Technical/Trade Name: CYCLOHEXYL KETONE
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1915

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1 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; 158-Vapor Valve

How Failed: - 308-Leaked; 308-Leaked

Causes of Failure: - Defective Component or Device; Defective Component or Device

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

Identification Markings: DOT 111 A 100 W1

(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: 201000 Liquid - Pound
Amount in Package: 166500 Liquid - Pound
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: Richmond Tank Car

Manufacture Date: 02/19/1969

Serial Number:

Last Test Date: 01/01/1999

Material of Construction: Steel Plate (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: Screw

Model:

Manufacturer: Jamesbury

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: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 2,570.00
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: 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? 4

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:

At 1430 on February 9, 2007 a switching crew detected a smell and saw liquid on the outside of tank car TLDX 123002 in Cotton Warehouse Yard. The car was isolated on Track 5 along the Clarence Henry Truckway. New Orleans Fire Dept., Louisiana State Police Hazmat Office, and the Harbor Police were all notified. United States Environmental Services were notified, and said it would be a while before they could respond. When the New Orleans Fire Dept. arrived, they closed the truckway down. When U.S.E.S. arrived, they discovered the liquid line valve, and the vapor line valve leaking. They were able to reseal the liquid line valve, but recommended both valves be changed before the car be moved. The incident Item #07-00643 was closed at 1822. On February 12, 2007 Rescar Inc. changed the two valves on the car, and the car was released for movement.

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:

Quality inspections of the valves after loading could prevent such problems in the future.

PART VIII – CONTACT INFORMATION

Contact's Name:	Eric J. Stoulig
Contact's Title:	Assistant Bridge Supervisor
Business Name and Address:	New Orleans Public Railroad 4822 Tchoupitoulas St. NEW ORLEANS LA 70115-1645
E-mail Address:	erics@nopb.com
Telephone Number:	504-813-7423
Fax Number:	504-896-7425
Hazmat Registration Number:	
Date:	03/09/2007
Preparer is:	Carrier

02/19/1969