



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-2011100306
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/29/2011
4. Time of Incident (use 24-hour time):
12:20
5. Enter National Response Center Report Number (if applicable):
991196
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: WURLAND
County: GREENUP
State: KY
Zip Code: (if known): 41144
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
400 Harris Road
8. Mode of Transportation: Rail
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: CSX Transportation
Street: 500 Water Street
City: Jacksonville
State: FL
Zip Code: 32202
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: E.I. DuPont de Nemours and Co.
Street: HC 66-400 Harris Road
City: Wurland
State: KY
Zip Code: 41144
Waybill/Shipping Paper: 7381712659
Hazmat Registration Number: 061711550056T
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: Eastman Road
City: Kingsport
State: TN
Zip Code: 37662
14. Proper Shipping Name of Hazardous Material: SULFURIC ACID
15. Technical/Trade Name: 95% Sulfuric Acid
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1830

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 2140 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:

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: - Human Error

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

Identification Markings: DOT111A-100W2

(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:
Amount in Package:
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: Trinity
Serial Number: DUPX 14779
Material of Construction: Carbon Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 100 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.65 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.658 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 12/01/1999
Last Test Date: 09/01/2009

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: | True |
| - 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? True

If yes, enter the number of fatalities resulting from the hazardous material:

Employees: 1
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? False

If yes, how many? 0

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 around noon on 9/29, a loader at Wurtland was splashed with 95% sulfuric acid while finishing the final stages of the pressure check before releasing the tank car into transport. The operator was wearing hard hat, glasses and leather gloves. It is unclear what happened next but his partner had just left him to go finish some paperwork when he heard him yell for help. The load partner stepped out of the loader's office and saw the other loader running towards him with acid dripping from his face and torso area. Several other employees nearby heard the loader yell for help and assisted with placing him in a safety shower. The plant immediately launched into a full response mode and called for medical helicopter to transport the individual to a nearby burn hospital based on their assessment of his condition. The as found condition of the rail car was: pressure test air hose disconnected, vent valve closed, and midland cap removed (no gasket in cap).

Step	Failure Event	Date	Time
1	Cars on spot	29-Sep-11	7:00
2	Started loading car on #2 Spot	29-Sep-11	9:00
3	Finished loading car on #2 Spot	29-Sep-11	11:00
4	Operator B leaves for the safety meeting and delivers sample to control room	29-Sep-11	11:15
5	Operator B returns to rack and observes Operator A closing #2 spot car. Indicated that normal PPE (hard hat, gloves, and glasses) were worn. No pin or leakage at this time. Operator B heard the air going into the car	29-Sep-11	12:05
6	Operator B tells Operator A he is going to do paperwork. Operator A gets water, and sits down in the chair inside the operator loader shack	29-Sep-11	12:15
7	Operator B hears a noise that sounded like a release	29-Sep-11	12:20
8	Operator B hears Operator A call for help but did not immediately recognize what the noise was. Operator B stands up, looks outside the loading shack and sees acid spray from car.	29-Sep-11	12:20
9	Operator B radios for help	29-Sep-11	12:30
10	Operations personnel document as found condition	29-Sep-11	13:30

approximately 2140 lbs of the spilled material was contained in secondary containment and pumped to the site elementary neutralization system. it is estimated that <1 lb of material was discharged to the Ohio river

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:

The incident investigation is ongoing and recommendations will be submitted upon completion of the investigation.

PART VIII - CONTACT INFORMATION

Contact's Name:	Matt Barnes
Contact's Title:	SHE Consultant
Business Name and Address:	DuPont Wurtland Plant 400 Harris Road Wurtland KY 41144
E-mail Address:	matthew.d.barnes@usa.dupont.com
Telephone Number:	614-429-7341
Fax Number:	
Hazmat Registration Number:	061711550056T
Date:	10/26/2011
Preparer is:	Shipper

12/01/1999