



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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/28/2006
4. Time of Incident (use 24-hour time):
21:15
5. Enter National Response Center Report Number
(if applicable):
805996
6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:
7. Location of Incident:
- City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
- Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
- Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
- Hazmat Registration Number: 051304550017MO
11. Shipper/Officer:
- Name: HERITAGE OPERATING LP
Street: 2225 11TH AVENUE
City: HELENA
State: MT
Zip Code: 59601-
Waybill/Shipping Paper:
- Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous
Material:
15. Technical/Trade Name:
16. Hazardous Class/Division:
17. Identification Number: (E.g. UN2764, NA 2020)

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units)

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

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:

(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:
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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities. For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



U.S Department of Transportation
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PART I - REPORT TYPE

1. Incident Id: I-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Offoror:
Name: HERITAGE OPERATING LP
Street: 2225 11TH AVENUE
City: HELENA
State: MT
Zip Code: 59601-
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material:

- 15. Technical/Trade Name:**
- 16. Hazardous Class/Division:**
- 17. Identification Number:** (E.g. UN2764, NA 2020)
- 18. Packing Group:** (if applicable)
- 19. Quantity Released:** (Include Measurement Units)
- 20. Was the material shipped as a hazardous waste?**
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?**
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?**
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?**

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:

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:

(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: 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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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) |
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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PART VIII – CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Offendor:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS

15. Technical/Trade Name: PROPANE

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 250 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:

Other, ASME TANK

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: - 144-Pressure Relief Valve or Device - Reclosing

How Failed: - 304-Cracked

Causes of Failure: -

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

Identification Markings:

(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: 30000 Liquid - Gallon
Amount in Package: 5000 Liquid - Gallon
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: AMERICAN BRIDGE
Serial Number: U6696
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)

Manufacture Date: 01/01/1974
Last Test Date: 01/01/1974

If valve or device failed:

Type: PRESSURE RELIEF
Model:
Manufacturer: FISHER

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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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? True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed? True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities. For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII - CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Officer:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name: PROPANE
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

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:

Other, ASME TANK

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: - 104-Body

How Failed: - 303-Burst or Ruptured

Causes of Failure: - Fire, Temperature, or Heat

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

Identification Markings: ASME TANK

(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: 1000 Liquid - Gallon
Amount in Package: 300 Liquid - Gallon
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: AMERICAN WELDING & TANK
Serial Number: 7FC000029
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: 01/01/1993
Last Test Date: 01/01/1993

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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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:	\$ 19,000.00
Carrier Damage:	\$ 100,000.00
Property Damage:	\$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities. For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII - CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Officer:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name: PROPANE
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4280 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:

Cylinder

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: - 104-Body

How Failed: - 303-Burst or Ruptured

Causes of Failure: - Fire, Temperature, or Heat

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

Identification Markings: DOT 4E240

(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: 80 Liquid - Pound
Amount in Package: 33 Liquid - Pound
Number in Shipment: 550
Number Failed: 550

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

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

Manufacturer: WORTHINGTON

Manufacture Date:

Serial Number:

Last Test Date:

Material of Construction: ALUMINUM (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: 240 (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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities.

For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Offoror:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS

15. Technical/Trade Name: PROPANE

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1945 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:

Cylinder

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: DOT 4BA240

(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: 80 Liquid - Pound
Amount in Package: 33 Liquid - Pound
Number in Shipment: 250
Number Failed: 250

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

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

Manufacturer: MANCHESTER
Serial Number:
Material of Construction: STEEL (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: 240 (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: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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? True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed? True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities. For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII - CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Offendor:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS

15. Technical/Trade Name: PROPANE

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 583 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:

Cylinder

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: DOT SP 13957 - 294

(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 Inner Packaging (if any):	
Package Capacity:	78.1 Liquid - Pound	Package Capacity:	
Amount in Package:	33 Liquid - Pound	Amount in Package:	
Number in Shipment:	75	Number in Shipment:	
Number Failed:	75	Number Failed:	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer:	THE LITE CYLINDER COMPANY	Manufacture Date:	
Serial Number:		Last Test Date:	
Material of Construction:	COMPOSITE (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:	294 (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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities. For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Officer:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS

15. Technical/Trade Name: PROPANE

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 140 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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: MC 331

(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: 2800 Liquid - Gallon
Amount in Package: 2240 Liquid - Gallon
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: AMERITANK
Serial Number: 101591
Material of Construction: STEEL (NOT) (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.44 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.243 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type: PRESSURE RELIEF
Model:
Manufacturer: FISHER

Manufacture Date: 11/01/1991
Last Test Date: 07/01/2006

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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities.

For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
E-mail Address:	GSMIGAJ@CENTURYTEL.NET
Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Officer:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name: PROPANE
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1075

23. Was this an undeclared hazardous materials shipment? False

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
Responders: 0
General Public: 0

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True

If yes, provide the following information:

Total number of general public evacuated: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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)

- | | |
|--|--|
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Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
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Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier



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-2007010615
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 07/28/2006
4. Time of Incident (use 24-hour time): 21:15
5. Enter National Response Center Report Number (if applicable): 805996
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LAS VEGAS
County: CLARK
State: NV
Zip Code: (if known): 89081
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4420 MCGUIRE STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601-
Federal DOT Id Number: 242281
Hazmat Registration Number: 051304550017MO
11. Shipper/Officer:
Name: HERITAGE OPERATING LP
Street: 754 RIVER ROCK DRIVE
City: HELENA
State: MT
Zip Code: 59601
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4420 MCGUIRE STREET
City: NORTH LAS VEGAS
State: NV
Zip Code: 89081
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: LIQUEFIED PETROLEUM GAS
15. Technical/Trade Name: PROPANE
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1075

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 502 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: - 104-Body; 144-Pressure Relief Valve or Device - Reclosing

How Failed: - 313-Vented

Causes of Failure: - Fire, Temperature, or Heat; Fire, Temperature, or Heat

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

Identification Markings: MC 331

(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: 2500 Liquid - Gallon
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: 120224
Material of Construction: STEEL (NOT) (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.438 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.243 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 07/01/1993
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: | False | - Fire: | True |
| - Explosion: | True | - 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 6164568
Police Report #: True TBA
In-house cleanup: True
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: \$ 19,000.00
Carrier Damage: \$ 100,000.00
Property Damage: \$ 500,000.00
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?

True

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: 1
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: 2000
Total number of employees evacuated: 1
Total evacuated: 2001
Duration of the evacuation: 36

36. Was a major transportation artery or facility closed?

True

If yes, how many? 36

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:

Reporting party operates a retail propane operation under the trade name "Pro flame" at the property which it owns located at 4420 McGuire Street in North Las Vegas, Nevada.

On the evening of July 28, 2006, Proflame employee was present at the facility in the ordinary course of his employment. Employee was present at the facility for the purpose of filling approximately one hundred (100) 33-pound forklift motor fuel cylinders for delivery to customers the following day. Employee was trained and certified by reporting party's plant operator to fill cylinders as required by Nevada Law.

Employee was dispensing liquid propane gas from a bobtail located at the facility into the forklift motor fuel cylinders. The transfer operation generally involves connecting a brass dispenser nozzle attached to the bobtail truck by a high-pressure rubber hose to the cylinder to be filled. Liquid propane gas is dispensed under pressure into the receptacle cylinder. Employee verified that each of the cylinders was not filled beyond its safe fill level by observing the quality of the gas being emitted from the fixed liquid level gauge located on each of the receptacle cylinders.

The fixed liquid level gauge consists of an aperture into the cylinder which is in turn connected to a dip tube which may be opened through a screw assembly on the gauge itself. The propane escaping through the aperture will change from clear to white as the liquid level in the cylinder reaches the bottom of the dip tube, signaling that the cylinder has been filled to maximum capacity. At that stage, the flow of gas is discontinued to the receptacle cylinder. The fixed liquid level gauge is then closed and the dispenser nozzle is disconnected.

Employee was in the process of filling, by his estimate, approximately the sixtieth of the approximately 100 cylinders at the district at the time of this incident. While filling the cylinder with the fixed liquid level gauge open, gas exiting the gauge ignited from an unknown source and flashed to the cylinder. Reporting party believes the ignition startled an employee, causing him to back away from the cylinder. It is believed that, in that process, the cylinder fell on its side, putting the dip tube attached to the fixed liquid level gauge into the liquid space in the cylinder and allowing liquid propane gas to exit through the orifice. Reporting party believes that ignited gas from the fixed liquid level gauge applied heat to a number of nearby filled aluminum forklift cylinders, causing the safety relief valves installed in each of the cylinders (as required by law) to open, releasing more gas into the atmosphere which was in turn ignited.

Reporting party believes that the fire caused a number of the aluminum cylinders to fail. The fire and failing cylinders caused a number of other cylinders, a bulk storage tank at the premises, as well as at least one storage tank on a bobtail at an adjacent facility operated by Amen gas, to fail. Reporting party has also been advised by representatives of the Nevada LP-Gas Board that a relief valve on the 30,000 bulk storage tanks located at the premises was caused to activate by an impact on the valve itself, most likely from a failed aluminum cylinder.

The description set forth above represents reporting party's current understanding of the operative facts of this incident. The investigation of this incident is continuing as of the date of this Report.

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:

Immediately after this incident occurred, this reporting party arranged for several experts to travel to the scene in an attempt to determine the cause or causes of the incident. Reporting party also fully cooperated with the various federal, state and local agencies involved in the investigation of the incident.

To date, all of the evidence indicates that vaporized propane gas being emitted from the fixed liquid level gauge on the forklift motor fuel cylinder being filled by reporting party's employee, ignited at an unknown source. All of the evidence indicates that this initial ignition set off a chain reaction of events resulting in a large fire and the rupturing of a number of cylinders and two bulk storage tanks.

Reporting party has devoted a great deal of resources to attempting to gain as full an understanding of the cause or causes of this incident as possible. In that regard, the evidence discovered to date indicates that employee was following company procedure and acting in accordance with his training in all respects meaningful to the occurrence of the incident in transferring liquid propane gas into the cylinder being filled.

Reporting party has not discovered any evidence which indicates that there was an unintended release of propane gas or a failure of any equipment which in any way caused or contributed to the incident.

Lastly, reporting party has not discovered any evidence or information which suggests a source of the initial ignition, notwithstanding an exhausting investigation, witness interviews, review of all available physical evidence and consultation with the appropriate federal, state and local authorities. For the reasons set forth above, reporting party has been unable to formulate any recommendations for the improvement of hazardous materials transportation of relevance or significance to the underlying incident.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY SMIGAJ
Contact's Title:	DIRECTOR OF SAFETY
Business Name and Address:	HERITAGE OPERATING L.P. P.O. BOX 9080 KALISPELL MT 59904
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Telephone Number:	406-257-3154
Fax Number:	406-257-3584
Hazmat Registration Number:	
Date:	01/19/2007
Preparer is:	Carrier

