



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-2017010053
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/14/2016
4. Time of Incident (use 24-hour time): 13:30
5. Enter National Response Center Report Number (if applicable): 1166392
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: MONETTE
County: CRAIGHEAD
State: AR
Zip Code: (if known): 72447
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
210 NE MAIN ST
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: CHS INC
Street: 46890 264TH ST
City: SIOUX FALLS
State: SD
Zip Code: 57107
Federal DOT Id Number: 41-0251095
Hazmat Registration Number: 060603701008LN
11. Shipper/Officer:
Name: CHS INC
Street: 5500 CENEX DRIVE
City: INVER GROVE HEIGHTS
State: MN
Zip Code: 55077
Waybill/Shipping Paper: 0126169
Hazmat Registration Number: 060603701008LN
12. Origin (if different from shipper address)
Street: 15211 US 63 NORTH
City: BONO
State: AR
Zip Code: 72416
13. Destination:
Street: 210 NE MAIN ST
City: MONETTE
State: AR
Zip Code: 72447
14. Proper Shipping Name of Hazardous Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1203

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 355 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: - 159-Vent
How Failed: - 308-Leaked
Causes of Failure: - Overfilled

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

Identification Markings: NO MARKINGS GIVEN

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Packaging Type:
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: 0
Amount in Package: 0
Number in Shipment: 0
Number Failed: 0

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

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

Manufacturer:
Serial Number:
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date:
Last Test Date:

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

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

Transport Index:

PART IV – CONSEQUENCES

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

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

- Fire/EMS Report #: False
Police Report #: False
In-house cleanup: False
Other Cleanup: True

32. Damages Was the total damage cost more than \$500?

True

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 700.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 1,184.00
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality?

False

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

Employees: 0
Responders: 0
General Public: 0

33b. Were there human fatalities that did not result from the hazardous material?

False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal injury?

False

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

Hospitalized (Admitted Only):

Employees: 0
Responders: 0
General Public: 0

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees: 0
Responders: 0
General Public: 0

35. Did the hazardous material cause or contribute to an evacuation?

False

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated:
Duration of the evacuation:

36. Was a major transportation artery or facility closed?

False

If yes, how many?

37. Was the material involved in a crash or derailment?

False

If yes, provide the following information:

Estimated speed (mph):
Weather conditions:
Vehicle overturned?
Vehicle left roadway/track?

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|--|--|
| - Shipment had not been transported | - Transported by air (first flight) |
| - Transport by air (subsequent flights) | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility | |

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

DRIVER WAS UNLOADING GASOLINE INTO BULK STORAGE TANK. DRIVER FAILED TO CALCULATE TANK VOLUME AND OVERFILLED THE STORAGE TANK. GASOLINE SPILLED OUT OF VENT ON TOP OFF TANK. TANK IS LOCATED IN CONCRETE CONTAINMENT AND ALL GASOLINE SPILLED WAS IN CONTAINMENT. JIM'S TANK SERVICE, AN EMERGENCY RESPONSE COMPANY RECOVERED ALL SPILLED GASOLINE AND DELIVERED TO DISPOSAL FACILITY. WE ORIGINALLY REPORTED SPILL AS 1500 GALLONS BASED ON INACCURATE TANK READINGS. THE EMERGENCY RESPONSE COMPANY REPORTED ACCURATE AMOUNT AS 355 GALLONS.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

THE DRIVER RESPONSIBLE FOR THIS SPILL AS BEING RETRAINED. HE IS BEING TRAINED ON FIGURING TANK VOLUME AND MAXIMUM FILL CAPACITIES TO PREVENT FUTURE SPILLAGE.

PART VIII – CONTACT INFORMATION

Contact's Name:	DOUGLAS OLDRE
Contact's Title:	REGIONAL SAFETY
Business Name and Address:	CHS INC
	46890 264TH ST SIOUX FALLS SD 57107
E-mail Address:	DOUG.OLDRE@CHSINC.COM
Telephone Number:	651 355 8121
Fax Number:	605 331 4925
Hazmat Registration Number:	06603701008LN
Date:	01/11/2017
Preparer is:	Carrier