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-2014080318
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/06/2014

4. Time of Incident (use 24-hour time):
05:28

5. Enter National Response Center Report Number (if applicable):

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: PORTLAND
County: MULTNOMAH
State: OR
Zip Code: (if known): 97217
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
6707 NORTH BASIN

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: UNITED PARCEL SERVICE CO.
Street: 55 GLENLAKE PKWY
City: ATLANTA
State: GA
Zip Code: 30328-3498
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: THERMO FISHER SCIENTIFIC INC.
Street: 6771 SILVER CREST RD
City: NAZARETH
State: PA
Zip Code: 18064-9746
Waybill/Shipping Paper: 1ZV3300R0372680654
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 1776 TITAN DR NW
City: SALEM
State: OR
Zip Code: 97304

14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID

15. Technical/Trade Name: HCL

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 0.5 Liquid - Liter

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:
Non-Bulk

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: - Dropped

26a. Provide the packaging identification markings, if available.
Identification Markings: UN4G/X6.4/S/13/USA/+AA3165 UN4G/Y8.7/S/1
(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:	Bottle
Material of Construction:		Material of Construction:	Glass, procelain, or stoneware
Head Type (Drums only):			

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	6.4 Liquid - Kilogram	Package Capacity:	2.5 Liquid - Liter
Amount in Package:	2.5 Liquid - Liter	Amount in Package:	2.5 Liquid - Liter
Number in Shipment:	1	Number in Shipment:	1
Number Failed:	1	Number Failed:	1

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

Manufacturer: GEORGIA PACIFIC
Manufacture Date:
Serial Number:
Last Test Date:
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:

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

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

PART IV – CONSEQUENCES

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

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

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

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

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

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

Material Loss:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	
Responders:	
General Public:	

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

If yes, how many?

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:	2
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:	0
Total number of employees evacuated:	75
Total evacuated:	75
Duration of the evacuation:	1

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:

EMPLOYEE FOUND CORROSIVE PACKAGE FUMING, BOTTLE HAD FALLEN OUT OF THE PACKAGE AND CRACKED THE CAP AND STARTED LEAKING. THERE WAS AN IMPACT DENT IN THE BOX SUGGESTING THERE WAS SOME FORCE BEHIND THE BOTTLE LEAVING THE PACKAGE. EMPLOYEE IMMEDIATELY LEFT AREA NOTIFIED SUPERVISOR WHO CALLED FOR A RESPONDER. THEY ALSO IMMEDIATELY HAD THE EMPLOYEES LEAVE THE AREA BUT IN THE PROCESS OF EVACUATING. TWO EMPLOYEES FELT SYMPTOMS FROM THE PACKAGE, BUT THEY DID NOT REQUIRE MEDICAL ATTENTION AS THE SYMPTOMS (LIGHT HEADEDNESS AND THROAT IRRITATION) WENT AWAY AFTER SITTING OUTSIDE FOR ABOUT 5 MINUTES. DAN RIELY AND JOHN SHOWED UP IN FULL PPE (GOGGLES, BOOTS, GOGGLES, SILVER SHIELD GLOVES, APRON) AND SCBA AND FOLLOWED THE DECIION TREE AND DETERMINED AN OUTSIDE RESPONDER WAS NEEDED AFTER CORDONING OFF AREA. ONE WAS CALLED WHO THEN CAME IN TO TAKE CARE OF THE PACKAGE, CLEAN UP THE SPILL AND AFFECTED PACKAGING AND SOLIDIFIED AND SEALED THEM AWAY INTO TWO CONTAINERS WHICH THEY WILL BE HANDLING THE DISPOSAL OF.

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:

BETTER INTERNAL PACKAGING, BETTER PACKAGE HANDLING

PART VIII – CONTACT INFORMATION

Contact's Name:	RITA BURKE
Contact's Title:	DANGEROUS GOODS MANAGER
Business Name and Address:	UNITED PARCEL SERVICE 55 GLENLAKE PKWY ATLANTA GA 30328
E-mail Address:	RBURKE@UPS.COM
Telephone Number:	678 746 8550
Fax Number:	678 746 8551
Hazmat Registration Number:	
Date:	08/14/2014
Preparer is:	Carrier