



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-2011030373
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/15/2011
4. Time of Incident (use 24-hour time):
05:15
5. Enter National Response Center Report Number
(if applicable):
970040
6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:
7. Location of Incident:
- City: ANAHEIM
County: ORANGE
State: CA
Zip Code: (if known): 92805
- Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1331 S. VERNON ST
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
- Name: UNITED PARCEL SERVICE
Street: 55 GLENLAKE PKWY
City: ATLANTA
State: GA
Zip Code: 30328
- Federal DOT Id Number: Hazmat Registration Number:
11. Shipper/Officer:
- Name: FISHER SCIENTIFIC INTERN"L
Street: 6722 BICKMORE AVE
City: CHINO
State: CA
Zip Code: 91708
- Waybill/Shipping Paper: 1Z9V34910319467890 Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 7231 GARDEN GROVE BLVD
City: GARDEN GROVE
State: CA
Zip Code: 92841
14. Proper Shipping Name of Hazardous Material: ACETIC ACID, GLACIAL OR ACETIC ACID SOLUTION, WITH MORE THAN 80 PERCENT ACID, BY MASS
15. Technical/Trade Name: ACETIC ACID
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN2789

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: True
Other Cleanup: False

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

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

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

33a. Did the hazardous material cause or contribute to a human fatality? 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: 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: 0
Total number of employees evacuated: 169
Total evacuated: 169
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:

AT APPROXIMATELY 0515 PRELOADER JARED TANAKA DISCOVERED A LEAKING PACKAGE ON SLIDE IN SPACE 1120. HE NOTIFIED HIS SUPERVISOR LUIS UNLAND WHO THEN CALLED VICTOR DUARTE (RESPONDER) RONNIE RIVAS (RMP), AND FULLTIME SUPERVISOR DANIEL CASTRO. THE PACKAGE WAS UPRIGHT AND LEAKING FROM THE BOTTOM VICTOR FOLLOWED THE DECISION TREE AND RESPONSE SHEET. JARED TANAKA WAS SENT TO THE CLINIC DUE TO COMPLAINTS ABOUT THE SMELL AND FUMES - HE RETURNED TO WORK THE SAME DAY WITHOUT RESTRICTIONS.

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:

NO COMMENT PROVIDED.

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:	404 828 8909
Fax Number:	404 828 4108
Hazmat Registration Number:	
Date:	03/18/2011
Preparer is:	Carrier