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-2012010319
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/20/2012

4. Time of Incident (use 24-hour time):
10:00

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: FAIRBURN
County: FULTON
State: GA
Zip Code: (if known): 30213
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
6800 MCLARIN ROAD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: TRIMAC TRANSPORTATION SOUTH INC
Street: 15333 JKF BLVD SUITE 800
City: Houston
State: TX
Zip Code: 77032
Federal DOT Id Number: 36431
Hazmat Registration Number: 061109551019RT

11. Shipper/Offeror:
Name: INTERNATIONAL CHEMICAL CO
Street: 1887 E 71ST STREET
City: TULSA
State: OK
Zip Code: 74106
Waybill/Shipping Paper: 4500406462
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 1855 FAIRLAWN ROAD
City: TUSCALOOSA
State: AL
Zip Code: 35401

13. Destination:
Street: 951 BANKHEAD HWY & PIERCE
City: WINDER
State: GA
Zip Code: 30680

14. Proper Shipping Name of Hazardous Material: SULFUR, MOLTEN

15. Technical/Trade Name: SULFUR

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA2448

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 45000 Liquid - Pound

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
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: - 155-Valve Seat
How Failed: - 306-Failed to Operate
Causes of Failure: - Valve Open

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:	Packaging Type:
Material of Construction:	Material of Construction:
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:	45000 Liquid - Pound	Package Capacity:	
Amount in Package:	45000 Liquid - Pound	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer: POLAR
Serial Number: 1PMS14220L101055
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: (if Cylinder)
Manufacture Date: 05/01/1990
Last Test Date:

If valve or device failed:
Type: GEAR
Model: LANDING GEAR
Manufacturer: POLAR

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:	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? False

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

Hospitalized (Admitted Only):

Employees:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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:

ON 01/19/2012 DRIVER WAS MAKING A DELIVERY TO WINDER, GA PLANT, PRODUCT WAS COLD AND WOULD NOT FLOW THRU VALVE SYSTEM. DRIVER DISPATCHER TOLD HIM TO TAKE THE UNIT TO FAIRBURN, GA TO HEAT THE PRODUCT UP YO 275 DEGREES AND THEN MAKE HIS DELIVERY AGAIN. AFTER ARRIVING AT THE OFFICE THE DRIVER REPORTED TO SHOP AND ASKED FOR THEM TO INSPECT HIS VALVE GEAR ON THE TRAILER'S INTERNAL VALVE. MECHANIC CHECKED THE VALVE AND SAID IT LOOKED FINE. THE TRAILER WAS CONNECTED TO THE STREAM LINE FOR 13 HOURS ABOUT 9:30 AM ON 01/20/2012. THE MECHANICS AND THE DRIVERS WERE TO CHECK THE VALVE OPENING FOR A COLD PLUG OF SULFUR WHEN ONE OF THE MECHANICS STRUCK THE VALVE WITH A HAMMER AND AND PRODUCT CAME OUT OF THE VALVE FULL FLOW. IT WAS TOO HOT TO TRY AND CLOSE THE VALVE AND INJURE SOMEONE; SO THE PRODUCT WAS ALLOWED TO FLOW UNTIL THE TRAILER WAS DONE.

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:

In the future the mechanics will work on equipment without the assistance of the drivers. All will be retrained in proper procedures on sulfur trailer equipment. A supervisor will also assist when this type of equipment is required to be operated.

PART VIII – CONTACT INFORMATION

Contact's Name:	WINNIE VAUGHN
Contact's Title:	MANAGER SAFETY SERVICES
Business Name and Address:	TRIMAC TRANSPORTATION SOUTH 15333 JKF BLVD SUITE 800 HOUSTON TX 77032
E-mail Address:	WVAUGHN@TRIMAC.COM
Telephone Number:	864 439 2270
Fax Number:	866 447 5477
Hazmat Registration Number:	
Date:	01/25/2012
Preparer is:	Carrier

05/01/1990