



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: X-2011010134
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/23/2010
4. Time of Incident (use 24-hour time):
08:30
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: Kansas City
County: Jackson
State: MO
Zip Code: (if known): 64120
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: Kansas City Southern Railroad
Street: 427 W 12th Street (U.S. Mail PO Box 2193)
City: Kansas City
State: MO
Zip Code: 64105
Federal DOT Id Number: KCS
Hazmat Registration Number: 050508550006QS
11. Shipper/Officer:
- Name: Air Liquide Industrial US LP
Street: 5100 N Twin Hwy
City: Nederland
State: TX
Zip Code: 77627
Waybill/Shipping Paper: 87024
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 5100 N Twin Hwy
City: Nederland
State: TX
Zip Code: 77627
13. Destination:
- Street: 615 South Main Street
City: Rockford
State: IL
Zip Code: 61101
14. Proper Shipping Name of Hazardous Material: ARGON, REFRIGERATED LIQUID (CRYOGENIC LIQUID)
15. Technical/Trade Name:
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1951

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 200 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:

Tank Car

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: - 157-Valve Stem; 158-Vapor Valve

How Failed: - 308-Leaked; 308-Leaked

Causes of Failure: - Human Error; Loose Closure, Component, or Device

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

Identification Markings: 112J

(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: 16520 Liquid - Gallon
Amount in Package: 14520 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: N/A
Serial Number: IAPX1017
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: | |
| - Explosion: | | - Material Entered Waterway/Storm Sewer: | |
| - Vapor (Gas) Dispersion: | | - Environmental Damage: | |
| - No Release: | False | | |

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

Fire/EMS Report #: True None
Police Report #: True None
In-house cleanup:
Other Cleanup:

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:	\$ 0.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 5,000.00
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:

KCS car men found the car to be leaking during the initial inspection. Isolate the car in zone 5 track 22 for response. Hulcher Environmental Services was mobilized for response. Responder found loose packing gland on valve stem. The packing was tightened stopping the release. To facilitate response, removed seals Air Liquide 0870835 and 0870836. These seals were replaced with seal numbers are 2692074 and 2692075.

KCS emergency mitigation services were activated to provide for special switching for safety isolation, yard service interruption, Critical Incident Desk notifications, emergency response, dedicated internal management oversight, train/yard crew delay, and regulatory reporting as appropriate. KCS Switching Terminal Tariff 8100 Item 860 and KCS Rules Publication Tariff 9011 + 9012 Item 260 may apply as services require.

Report Notes:

Item 27, amount in package, was estimated by preparer. This action was to facilitate data acceptance by defective DOT IT system edits. Specifically, this estimated quantity was required for two reasons:

- (1) because the shipper only provided bulk quantity on shipping paper, as 1 Tank Car, per DOT requirements; and
- (2) because the DOT e-system requires data in this field which use the same units of measure as found in the capacity field.

KCS will continue to report in this fashion unit instructed differently by DOT or PHMSA.

Report Notes:

Item 26a, package markings, didn't provide selection for proper DOT specifications. The DOT specification for this package is 204W. The DOT electronic system forces data to be entered in this field. Therefore to make DOT accept this report data other than 204W was entered.

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 Kansas City Southern Railway (KCSR) notified shipper of this release. Non Accidental Releases (NAR) can be devastating on several different levels. They can cause personal injury, environmental damage, disrupt rail yards, adjacent facilities and communities, and snarl train operations for hundreds of miles and both directions. NAR's are troublesome to all because they are, by and large, preventable. For non accident releases (a.k.a. packages or closure defects such as this), the shipper is requested to conduct a root-cause investigation to determine the cause(s) of release and to then facilitate corrective action to prevent recurrence. It is requested that the shipper share their findings with KCS. The Association of American Railroads (AAR) hazmat inspector (aka BOE inspector) will follow up to all Non Accident Releases (NAR) to assist hazmat shipper with regulatory requirements and training to help prevent recurrence of unsafe transportation conditions. Also, please reference <http://nar.aar.com/> for help understanding and preventing NAR's.

PART VIII – CONTACT INFORMATION

Contact's Name:	Steve McNealy
Contact's Title:	Senior Manager Hazardous Materials and Compliance
Business Name and Address:	Kansas City Southern Railroad 427 W 12th Street (US Mail PO Box 219335 Kansas City MO 64105
E-mail Address:	smcnealy@kcsouthern.com
Telephone Number:	816-983-1588
Fax Number:	816-983-1622
Hazmat Registration Number:	050508550006QS
Date:	
Preparer is:	Carrier