



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-2010080088
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 06/21/2010
4. Time of Incident (use 24-hour time): 15:30
5. Enter National Response Center Report Number (if applicable): 944928
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: PENSACOLA
County: ESCAMBIA
State: FL
Zip Code: (if known): 32501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1901 CYPRESS STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: DAVISON FUELS INC
Street: 8450 TANNER WILLIAMS ROAD
City: MOBILE
State: AL
Zip Code: 36608-
Federal DOT Id Number: 829501
Hazmat Registration Number: 052010551041S
11. Shipper/Offendor:
Name: DAVISON FUELS INC
Street: 8450 TANNER WILLIAMS ROAD
City: MOBILE
State: AL
Zip Code: 36608-
Waybill/Shipping Paper: 0643937
Hazmat Registration Number: 052010551041S
12. Origin (if different from shipper address)
Street: 400 INDUSTRIAL PARKWAY
City: SARALAND
State: AL
Zip Code: 36571
13. Destination:
Street: 1901 CYPRESS STREET
City: PENSACOLA
State: FL
Zip Code: 32501
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: DIESEL FUEL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 400 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: - 124-High Level Sensor
How Failed: - 306-Failed to Operate
Causes of Failure: - Defective Component or Device

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: Amount in Package: Number in Shipment: Number Failed:	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: | True |
| - 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: \$ 873.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 12,000.00
Remediation/Cleanup Cost: \$ 40,000.00
(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:

DAVISON FUEL TRUCK DRIVER WAS AT A DELIVERY LOCATION (BAHIA MAR MANNA) AND WAS TRASFERRING DIESEL FUEL FROM TRANSPORT TRUCK TO THE CUSTOMER'S ABOVE GROUND STORAGE TANK. TANK CAPACITY WAS 8000 GALLONS. CUSTOMER HAD ORDERED 5000 GALS - HOWEVER TANK COULD NOT HOLD ALL PRODUCT THAT WAS ORDERED. PRODUCT OVER FLOWED FROM TANK ONTO GROUND. DRIVER STOPPED THE PRODUCT TRANSFER WHEN HE OBSERVED THIS AND WORKED TO CONTAIN SPILLED PRODUCT.

NOTE THAT TANK IS LOCATED BY WATER - THIS IS A MARINA - SOME PRODUCT DID FLOW INTO WATER - HOWEVER IT WAS IMMEDIATELY CONTAINED BY BOOMS. THE WATER WAS IN A BOAT FUELING SLIP WITH CONCRETE WALLS AND A BOAT THAT WAS CONTRACTED TO THE BP GULF OF MEXICO SPILL TRANSPORT WAS AT MARINA FOR FUELING. THAT CREW SAW THE OVERFLOW AND IMMEDIATELY DEPLOYED THE BOOMS AND ABSORBENTS TO CONTAIN THE PRODUCT. A VACUMN TRUCK WAS BROUGHT IN AND ALL OILY WATER REMOVED THAT SAME DAY.

THE HIGH-LEVEL OVER FILL ALARM ON THE STORAGE TANK FAILED TO OPEN AND THERE WAS- NO LEVEL CAUSE ON THIS TANK TO WARN OF LEVEL.

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:

THERE WAS NO WAY FOR DRIVER TO CHECK LEVEL USING A CAUSE STICK.

THERE WAS NO LEVEL GADGET ON THE TANK.

THERE WAS NO SECONDARY CONTAINMENT SYSTEM (DYKE) AROUND TANK TO CONTAIN ANY SPILLAGE ON OVERFLOW EVEN THOUGH THIS TANK WAS NEAR A BODY OF WATER.

HUMAN ERROR CONTRIBUTED TO THE INCIDENT, HOWEVER I FEEL THAT THERE SHOULD BE SOME TYPE OF READABLE LEVEL GADGET ON THE TANK ITSELF (AT THE TANKS IMMEIDATE PHYSICAL LOCATION)

ALSO IN SITUATIONS USE THIS WHERE A.S.T.'S ARE LOCATED NEAR A BODY OF WATER IT SHOULD BE REQUIRED TO HAVE SOME TYPE OF SECONDARY CONTAINMENT SYSTEM - (A DYKE) TO CONTAIN ANY ACCIDENTAL SPILLAGE.

PART VIII – CONTACT INFORMATION

Contact's Name:	JEFF O'BRIEN
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	DAVISON FUELS, INC. 8450 TANNER WILLIAMS ROAD MOBILE AL 36608
E-mail Address:	
Telephone Number:	251-633-4446
Fax Number:	251-639-4755
Hazmat Registration Number:	052010551041S
Date:	07/19/2010
Preparer is:	Carrier