



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: E-2026040665  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
08/22/2025
4. Time of Incident (use 24-hour time):  
14:45
5. Enter National Response Center Report Number (if applicable):  
1440620
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:  
City: BEAUMONT  
County: JEFFERSON  
State: TX  
Zip Code: (if known): 77705  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
1400 Olin RD
8. Mode of Transportation: Rail
9. Transportation Phase: Unloading
10. Carrier/Reporter:  
Name: CHEMTRADE REFINERY SERVICES INC.  
Street: 1400 OLIN RD  
City: BEAUMONT  
State: TX  
Zip Code: 77705-5754  
Federal DOT Id Number:  
Hazmat Registration Number: 062325550004H
11. Shipper/Officer:  
Name: TOTALENERGIES PETROCHEMICALS & REFINING USA, INC.  
Street: HWY 366 AND 32ND ST  
City: PORT ARTHUR  
State: TX  
Zip Code: 77640  
Waybill/Shipping Paper: 142077  
Hazmat Registration Number: 062325550364H
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:
13. Destination:  
Street: 1400 Olin Rd  
City: BEAUMONT  
State: TX  
Zip Code: 77705
14. Proper Shipping Name of Hazardous Material: SULFURIC ACID, SPENT
15. Technical/Trade Name: SULFURIC ACID, SPENT
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1832

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 1405 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: - 110-Cover  
How Failed: - 313-Vented  
Causes of Failure: - Human Error

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

Identification Markings: 111A100W2

(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:<br>Material of Construction:<br>Head Type (Drums only):                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Packaging Type:<br>Material of Construction:                                     |
| <b>27. Describe the package capacity and the quantity:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |
| Single Package or Outer Packaging:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Single Package or Inner Packaging (if any):                                      |
| Package Capacity: 13345 Liquid - Gallon<br>Amount in Package: 11000 Liquid - Gallon<br>Number in Shipment: 1<br>Number Failed: 1                                                                                                                                                                                                                                                                                                                                                                                               | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: |
| <b>28. Provide packaging construction and test information, as appropriate:</b><br>Manufacturer: Procor Limited<br>Serial Number: PROX-13311<br>Material of Construction: ASTM A-516-GR.70 (if Tank Car, CTMV, Portable Tank, or Cylinder)<br>Design Pressure: 100 PSI (if Tank Car, CTMV, Portable Tank)<br>Shell Thickness: 0.5 INCH (if Tank Car, CTMV, Portable Tank)<br>Head Thickness: 0.5 INCH (if Tank Car, CTMV)<br>Service Pressure: (if Cylinder)<br>If valve or device failed:<br>Type:<br>Model:<br>Manufacturer: |                                                                                  |
| <b>29. If the packaging is for Radioactive Materials, complete the following:</b><br>Packaging Category:<br>Packaging Certification:<br>Certification Number:<br>Nuclide(s) Present: Transport Index:<br>Activity:<br>Critical Safety Index:                                                                                                                                                                                                                                                                                   |                                                                                  |

Manufacturer: Procor Limited  
Serial Number: PROX-13311  
Material of Construction: ASTM A-516-GR.70 (if Tank Car, CTMV, Portable Tank, or Cylinder)  
Design Pressure: 100 PSI (if Tank Car, CTMV, Portable Tank)  
Shell Thickness: 0.5 INCH (if Tank Car, CTMV, Portable Tank)  
Head Thickness: 0.5 INCH (if Tank Car, CTMV)  
Service Pressure: (if Cylinder)  
If valve or device failed:  
Type:  
Model:  
Manufacturer:

Manufacture Date: 07/31/1981  
Last Test Date:

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:                                  |  |
| - 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  
Police Report #:   
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:            | \$ 750.00     |
| Carrier Damage:           | \$ 0.00       |
| Property Damage:          | \$ 0.00       |
| Response Cost:            | \$ 0.00       |
| Remediation/Cleanup Cost: | \$ 200,000.00 |

(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:  
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: 1  
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: 0  
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:

During unloading of a spent-acid tank car, an employee did not follow proper procedure and failed to relieve pressure from the car before opening the siphon cap, resulting in a release of spent acid. The employee sustained a chemical burn, and 1,403 gallons of spent acid were released within Chemtrade property. The spill was contained on site. Remediation and disposal were completed properly without further incident.

## 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:

As an immediate corrective action, an additional verification step was implemented requiring a second qualified individual to independently confirm that the railcar or trailer is fully depressurized and that all hoses and valves are correctly aligned prior to initiating transfer. Requirements for close and continuous monitoring at the start of all transfer activities were reinforced to enable prompt identification and response to leaks. These requirements are documented and apply to all Chemtrade personnel and third-party carriers. Longer-term risk reduction will prioritize implementation of engineering controls, where feasible, to reduce reliance on administrative controls.

A function-specific tank car unloading training module was developed to define required unloading steps. Completion of this training is required at all Chemtrade sites.

## PART VIII – CONTACT INFORMATION

|                             |                                                                         |
|-----------------------------|-------------------------------------------------------------------------|
| Contact's Name:             | Stephan Lebel                                                           |
| Contact's Title:            | Plant Manager                                                           |
| Business Name and Address:  | CHEMTRADE REFINERY SERVICES INC.<br>1400 OLIN RD BEAUMONT TX 77705-5754 |
| E-mail Address:             | Slebel@chemtradelogistics.com                                           |
| Telephone Number:           | 409-679-3012                                                            |
| Fax Number:                 |                                                                         |
| Hazmat Registration Number: | 062325550004H                                                           |
| Date:                       | 04/30/2026                                                              |
| Preparer is:                | Facility owner/operator                                                 |

07/31/1981