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-2016100044
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/07/2016

4. Time of Incident (use 24-hour time):
09:36

5. Enter National Response Center Report Number (if applicable):
1158380

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: GREENSBORO
County: GUILFORD
State: NC
Zip Code: (if known): 27409
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
THE ON RAMP HWY 70 TO HWY 29

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID-SOUTH, INC.
Street: 2 HCI BLVD
City: GREENSBORO
State: NC
Zip Code: 27409-2621
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: BRENNTAG MID-SOUTH, INC.
Street: 2 HCI BLVD
City: GREENSBORO
State: NC
Zip Code: 27409-2621
Waybill/Shipping Paper: 1513920-00
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 1155 LITTLE OTTER DRIVE
City: BEDFORD
State: VA
Zip Code: 24523

14. Proper Shipping Name of Hazardous Material: SODIUM HYPOCHLORITE, SOLUTION

15. Technical/Trade Name: SODIUM HYPOCHLORITE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1791

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 457.5 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:
IBC

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: - 104-Body
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: 31H1/Y/MO/YR/USA, 31H2/Y/MO/YR
(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:	330 Liquid - Gallon	Package Capacity:	
Amount in Package:	320 Liquid - Gallon	Amount in Package:	
Number in Shipment:	4	Number in Shipment:	
Number Failed:	2	Number Failed:	

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

Manufacturer:	SNYDER	Manufacture Date:	05/16/2016
Serial Number:	103347687	Last Test Date:	05/16/2016
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:

29. If the packaging is for Radioactive Materials, complete the following:
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:	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 #: True 16-0907028
Police Report #: True 20160907082
In-house cleanup: False
Other Cleanup: False

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:	$ 2,000.00
Carrier Damage:	$ 47,000.00
Property Damage:	$ 1,500.00
Response Cost:	$ 5,012.00
Remediation/Cleanup Cost:	$ 18,000.00

(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? True

If yes, how many? 13

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	25
Weather conditions:	DRY
Vehicle overturned?	True
Vehicle left roadway/track?	False

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:

THE DRIVER WAS ATTEMPTING TO ENTER US HIGHWAY 29 VIA THE TUCKER STREET ON-RAMP. WHILE NEGOTIATING THE CURVE ON THE ON-RAMP, THE TRACTOR TRAILER TIPPED OVER AND LANDED ON ITS SIDE. TIME OF THE ACCIDENT WAS 0936. WHEN THE TRAILER TURNED ON ITS SIDE, TWO TOTES CONTAINING 45% POTASSIUM HYDROXIDE, AND 15% SODIUM HYPOCHLORITE CAME OUT OF THE ROOF OF THE TRAILER ONTO THE HIGHWAY. BOTH TOTES SUSTAINED CRACKS RESULTING IN A RELEASE OF THE PRODUCT ONTO THE ONTO THE HIGHWAY THERE WAS 866 POUNDS OF POTASSIUM HYDROXIDE RELEASED, AND 457.5 POUNDS OF SODIUM HYPOCHLORITE RELEASED. GREENSBORO FIRE DEPARTMENT AND POLICE DEPARTMENT WERE THE FIRST ON THE SCENE. GREENSBORO FD PROCEEDED TO DIG SOIL FROM THE SIDE OF THE HIGHWAY TO BLOCK THE STORM DRAIN NEAR THE RELEASE. NO PRODUCT REACHED THE STORM DRAIN. BRENNTAG'S GREENSBORO FACILITY WAS CONTACTED AND BRENNTAG PERSONNEL REPORTED TO THE SCENE. BRENNTAG PROCEEDED TO CONTACT CURA EMERGENCY SERVICES TO FACILITATE EMERGENCY RESPONSE. CURA CONTRACTED WITH A LOCAL EMERGENCY RESPONSE COMPANY, SWS ENVIRONMENTAL SERVICE, TO CONDUCT THE HAZARDOUS MATERIAL SPILL CLEANUP. THE HAZARDOUS MATERIAL RESPONSE INCLUDED SPREADING SAND AND ABSORBENT TO CONTAIN THE SPILLED MATERIAL. SWS PERSONNEL EMPTIED THE TRAILER OF THE REMAINING UNDAMAGED MATERIAL AND PLACED IT ONTO A BRENNTAG TRUCK TO BE RETURNED TO THE FACILITY. ONCE THE OVERTURNED TRACTOR TRAILER WAS EMPTY OF CONTAINER, A WRECKER SERVICE GOT THE VEHICLE UPRIGHT AND THE VEHICLE WAS TOWED TO THE WRECKER COMPANY'S YARD. AFTER THE TRACTOR TRAILER WAS TAKEN AWAY, SWS COMPLETED CLEANUP OF THE HIGHWAY. GREENSBORO OPENED THE HIGHWAY AT 1036 PM.

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:

DRIVER WAS SITED FOR EXCESSIVE SPEED CAUSING TURNOVER. RETRAINING DRIVER ON PROPER SPEED WHEN TAKEN SHARP TURNS ON THE ROADWAY. INVESTIGATING IMPROVED LOAD SECUREMENT WITH ALL FACILITIES TO MINIMIZE LOAD SHIFTS DURING ACCIDENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	JEFF MATHENEY
Contact's Title:	SAFETY REGULATORY AND QUALITY MANAGER
Business Name and Address:	
	2000 E. PETTIGREW ST DURHAM NC 27703
E-mail Address:	JMATHENEY@BRENNTAG.COM
Telephone Number:	919 281 2946
Fax Number:	919 596 6438
Hazmat Registration Number:	
Date:	09/30/2016
Preparer is:	Carrier

05/16/2016

U.S Department of Transportation
Research and Special Programs Administration

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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-2016100044
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/07/2016

4. Time of Incident (use 24-hour time):
09:36

5. Enter National Response Center Report Number (if applicable):
1158380

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: GREENSBORO
County: GUILFORD
State: NC
Zip Code: (if known): 27409
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
THE ON RAMP HWY 70 TO HWY 29

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: BRENNTAG MID-SOUTH, INC.
Street: 2 HCI BLVD
City: GREENSBORO
State: NC
Zip Code: 27409-2621
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: BRENNTAG MID-SOUTH, INC.
Street: 2 HCI BLVD
City: GREENSBORO
State: NC
Zip Code: 27409-2621
Waybill/Shipping Paper: 1513920-00
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 1155 LITTLE OTTER DRIVE
City: BEDFORD
State: VA
Zip Code: 24523

14. Proper Shipping Name of Hazardous Material: POTASSIUM HYDROXIDE, SOLUTION

15. Technical/Trade Name: POTASSIUM HYDROXIDE

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1814

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 866 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:
IBC

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: 31H2/Y/MO/YR
(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:	270 Liquid - Gallon	Package Capacity:	
Amount in Package:	264 Liquid - Gallon	Amount in Package:	
Number in Shipment:	3	Number in Shipment:	
Number Failed:	2	Number Failed:	

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

Manufacturer:	SNYDER	Manufacture Date:	05/16/2016
Serial Number:	211310656	Last Test Date:	05/16/2016
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:

29. If the packaging is for Radioactive Materials, complete the following:
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:	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 #:	True	16-0907028
Police Report #:	True	20160907082
In-house cleanup:	False	
Other Cleanup:	False	

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:	$ 2,000.00
Carrier Damage:	$ 47,000.00
Property Damage:	$ 1,500.00
Response Cost:	$ 5,012.00
Remediation/Cleanup Cost:	$ 18,000.00

(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? True

If yes, how many? 13

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	25
Weather conditions:	DRY
Vehicle overturned?	True
Vehicle left roadway/track?	False

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:

THE DRIVER WAS ATTEMPTING TO ENTER US HIGHWAY 29 VIA THE TUCKER STREET ON-RAMP. WHILE NEGOTIATING THE CURVE ON THE ON-RAMP, THE TRACTOR TRAILER TIPPED OVER AND LANDED ON ITS SIDE. TIME OF THE ACCIDENT WAS 0936. WHEN THE TRAILER TURNED ON ITS SIDE, TWO TOTES CONTAINING 45% POTASSIUM HYDROXIDE, AND 15% SODIUM HYPOCHLORITE CAME OUT OF THE ROOF OF THE TRAILER ONTO THE HIGHWAY. BOTH TOTES SUSTAINED CRACKS RESULTING IN A RELEASE OF THE PRODUCT ONTO THE ONTO THE HIGHWAY THERE WAS 866 POUNDS OF POTASSIUM HYDROXIDE RELEASED, AND 457.5 POUNDS OF SODIUM HYPOCHLORITE RELEASED. GREENSBORO FIRE DEPARTMENT AND POLICE DEPARTMENT WERE THE FIRST ON THE SCENE. GREENSBORO FD PROCEEDED TO DIG SOIL FROM THE SIDE OF THE HIGHWAY TO BLOCK THE STORM DRAIN NEAR THE RELEASE. NO PRODUCT REACHED THE STORM DRAIN. BRENNTAG'S GREENSBORO FACILITY WAS CONTACTED AND BRENNTAG PERSONNEL REPORTED TO THE SCENE. BRENNTAG PROCEEDED TO CONTACT CURA EMERGENCY SERVICES TO FACILITATE EMERGENCY RESPONSE. CURA CONTRACTED WITH A LOCAL EMERGENCY RESPONSE COMPANY, SWS ENVIRONMENTAL SERVICE, TO CONDUCT THE HAZARDOUS MATERIAL SPILL CLEANUP. THE HAZARDOUS MATERIAL RESPONSE INCLUDED SPREADING SAND AND ABSORBENT TO CONTAIN THE SPILLED MATERIAL. SWS PERSONNEL EMPTIED THE TRAILER OF THE REMAINING UNDAMAGED MATERIAL AND PLACED IT ONTO A BRENNTAG TRUCK TO BE RETURNED TO THE FACILITY. ONCE THE OVERTURNED TRACTOR TRAILER WAS EMPTY OF CONTAINER, A WRECKER SERVICE GOT THE VEHICLE UPRIGHT AND THE VEHICLE WAS TOWED TO THE WRECKER COMPANY'S YARD. AFTER THE TRACTOR TRAILER WAS TAKEN AWAY, SWS COMPLETED CLEANUP OF THE HIGHWAY. GREENSBORO OPENED THE HIGHWAY AT 1036 PM.

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Describe:

DRIVER WAS SITED FOR EXCESSIVE SPEED CAUSING TURNOVER. RETRAINING DRIVER ON PROPER SPEED WHEN TAKEN SHARP TURNS ON THE ROADWAY. INVESTIGATING IMPROVED LOAD SECUREMENT WITH ALL FACILITIES TO MINIMIZE LOAD SHIFTS DURING ACCIDENTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	JEFF MATHENEY
Contact's Title:	SAFETY REGULATORY AND QUALITY MANAGER
Business Name and Address:	
	2000 E. PETTIGREW ST DURHAM NC 27703
E-mail Address:	JMATHENEY@BRENNTAG.COM
Telephone Number:	919 281 2946
Fax Number:	919 596 6438
Hazmat Registration Number:	
Date:	09/30/2016
Preparer is:	Carrier

05/16/2016