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-2014110321
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/12/2014

4. Time of Incident (use 24-hour time):
13:15

5. Enter National Response Center Report Number (if applicable):
1092107

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

7. Location of Incident:
City: MONTVILLE
County: MORRIS
State: NJ
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: FINCH FUEL OIL CO INC
Street: 648 SCHUYLER AVE
City: KEARNY
State: NJ
Zip Code: 07032-4242
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: FINCH FUEL OIL CO INC
Street: 648 SCHUYLER AVE
City: KEARNY
State: NJ
Zip Code: 07032-4242
Waybill/Shipping Paper: 467453
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 678 DOREMUS AVE
City: NEWARK
State: NJ
Zip Code: 07105

13. Destination:
Street: 143 RIVER ROAD
City: MONTVILLE
State: NJ
Zip Code:

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DYED #2 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) 438 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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1202 NA1993
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 75,000.00

(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:

ON AUGUST 12,2014 FINCH FUEL WAS MAKING A ROUTINE DELIVERY OF #2 DYED DIESEL FUEL TO A UST LOCATED AT 86 RIVER ROAD, MONTVILLE NJ. DURING DELIVERY THE UST WAS OVERFILLED RESULTING IN THE RELEASE OF APPROXIMATELY 438-GALLONS (BASED ON INVENTORY RECORDS AND INTERVIEWS WITH PERSONNEL). DIESEL FUEL FLOWED ACROSS A PAVED SURFACE, ENTERED A STORM DRAIN AND FLOWED INTO THE ROCKAWAY RIVER. EMERGENCY RESPONSE PERSONNEL FROM MORRIS COUNTY RESPONDED ALONG WITH RESPONSE PERSONNEL FROM ATLANTIC RESPONSE INC. CONTAINMENT BOOMS AND ABSORBENT BOOMS WERE PLACED IN THE RIVER AND THE STORM DRAIN TO CONTAIN AND COLLECT THE DIESEL FUEL. THE NJDEP WAS NOTIFIED AND CLEANUP UNDER THE NJDEP LSRP PROGRAM WAS IMPLEMENTED. A VACUUM TRUCK WAS USED TO COLLECT FUEL FROM THE CONTAINMENT AREAS. ALL SITE WORK WAS/IS BEING COMPLETED UNDER THE DIRECT SUPERVISION OF NJDEP EMERGENCY MANAGEMENT PERSONNEL AS WELL AS THE MORRIS COUNTY HAZMAT TEAM. PERSONNEL HIRED BY FINCH FUEL AND THEIR INSURANCE PROVIDER ARE CURRENTLY COMPLETING SITE ACTIVITIES UNDER THE NJDEP LSRP CLEANUP PROGRAM.

THE RELEASE WAS DETERMINED TO BE THE RESULT OF THE FINCH DRIVERS DELIVERING TO THE WRONG TANK. INVESTIGATIONS CONDUCTED DETERMINED THAT THE DELIVERY SHOULD HAVE BEEN MADE TO A UST AT 143 RIVER ROAD, MONTVILLE NJ AND NOT 86 RIVER ROAD. NOTE BOTH FACILITIES ARE MONTVILLE NJ DPW FACILITIES.

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 ACCIDENTAL RELEASE WAS REVIEWED WITH THE FINCH FUEL DRIVERS AND PROCEDURES HAVE BEEN PUT IN PLACE FOR DRIVERS TO VERIFY THE LOCATION OF THEIR DELIVERIES PRIOR TO COMMENCING. DRIVERS WERE ALSO ADVISED TO VERIFY THE SIXE OF THE UST PRIOR TO MAKING THE DELIVERY AS WELL AS VERIFYING MEASUREMENTS OF FREE SPACE IN THE TANK PRIOR TO COMMENCING DELIVERY.

PART VIII – CONTACT INFORMATION

Contact's Name:	DAVID M SOCKS
Contact's Title:	CHIEF OPERATING OFFICER
Business Name and Address:	RESPONSE ENVIRONMENTAL
	912 SPRING CIRCLE MECHANICSBURG PA 17055
E-mail Address:	DSOCKS@SPILLMANAWAL.COM
Telephone Number:	717 697 3455
Fax Number:	508 795 0910
Hazmat Registration Number:	
Date:	11/14/2014
Preparer is:	Other - CONSULTANT