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-2016080006
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/26/2016

4. Time of Incident (use 24-hour time):
09:30

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: BIG CABIN
County: CRAIG
State: OK
Zip Code: (if known): 74332
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
31209 SOUTH HWY 69

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: ACORD TRANSPORTATION, INC.
Street: 1125 S INDUSTRIAL RD
City: CHANDLER
State: OK
Zip Code: 74834-9402
Federal DOT Id Number: 201153
Hazmat Registration Number: 050715550063XZ

11. Shipper/Offeror:

Name: PRYOR CHEMICAL COMPANY
Street: 4463 HUNT ST
City: PRYOR
State: OK
Zip Code: 74361-4511
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 4463 HUNT STREET
City: PRYOR
State: OK
Zip Code: 74361-4511

13. Destination:

Street: 2769 US - 69
City: WELDON
State: IA
Zip Code: 50264-8532

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: AMMONIA

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 0.000001 Gas - Milliliter

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? True
If yes, provide the Hazard Zone: D

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: - 139-O-Ring or Seals
How Failed: - 308-Leaked
Causes of Failure: - Deterioration or Aging

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:	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:	LUBBOCK	Manufacture Date:	06/18/1979
Serial Number:	60385	Last Test Date:	03/14/2014
Material of Construction:	SA 517-E (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	530 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.39 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.25 INCH (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:	False	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #: True 2016139, 2016023
Police Report #: False
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 800.00
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:	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? True

If yes, provide the following information:

Total number of general public evacuated:	20
Total number of employees evacuated:	1
Total evacuated:	21
Duration of the evacuation:	2

36. Was a major transportation artery or facility closed? True

If yes, how many? 2

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 03/26/16 ACORD TRANSPORTATION DRIVER STEVE HILL WAS TRANSPORTING A LOAD OF ANHYDROUS AMMONIA FROM PRYOR OK TO WELLDON, IA. WHILE STOPPED AT THE WOODSHED TRUCK STOP IN BIG CABIN, OK, ANOTHER INDIVIDUAL NOTICED AN ODOR OF AMMONIA IN THE VICINITY OF THE TRAILER, YET OUR DRIVER WAS NOT CONFRONTED. IT WAS NOT UNTIL MR. HILL WENT TO LEAVE THE TRUCK STOP THAT HE WAS CONTACTED AND STOPPED BY THE BIG CABIN POLICE. UPON SPEAKING WITH THE OFFER, THE OFFICER INFORMED MR. HILL THAT HE HAD A LEAK BUT WOULD NOT LET MR. HILL (A QUALIFIED COMPETENT, AND TRAINED INDIVIDUAL) TO APPROACH THE TRAILER FOR FURTHER INVESTIGATION. THE OFFICER THREATENED TO ARREST MR. HILL IF HE ATTEMPTED TO APPROACH THE TRAILER. INSTEAD, BIG CABIN AND VINITA, OK FIRE DEPARTMENTS WERE CONTACTED. UPON ARRIVAL, THE AREA WAS IMMEDIATELY EVACUATED. THE NUMBER OF INDIVIDUALS IN THE AFFECTED AREA IS UNKNOWN. UPON INVESTIGATION, THE ODOR WAS IDENTIFIED TO BE COMING FROM A SHUT OFF AREA NEAR THE BACK OF THE TRAILER. THE ALLEGED RELEASE WAS SO MINIMAL THAT YOU HAD TO BE RIGHT AT THE SHUT OFF.

ANOTHER ACORD TRUCK ARRIVED AT THE SCENE WITH THE INTENT OF TRANSFERRING THE PRODUCT INTO IT. THE ACORD TRUCK INVOLVED IN THE INCIDENT WAS MOVED TO A SAFER LOCATION AWAY FROM THE TRUCK STOP. THE PRODUCT WAS THEN TRANSFERRED FROM ONE ACORD TRANSPORT TO THE TO OTHER. THIS WAS DONE SAFELY WITH NO LOSS OF PRODUCT.

FOLLOWING THE INCIDENT, TRAILER 7122 WAS RETURNED TO ACORD'S FACILITY CHANDLER, OK FOR FURTHER INSPECTION AND REPAIR IF NEEDED. ALTHOUGH NO VISIBLE DAMAGES WERE OBSERVED ON ANY OF THE TRAILER COMPONENTS, NEW ORINGS WERE INSTALLED IN THE BONNET ASSEMBLY AT THE REAR OF THE TRAILER AS A PRECAUTIONARY MEASURE.

SEE REPORTS OF RESPONDING AGENCIES FOR VERIFICATION THAT ALLEGED RELEASE WAS SO MINIMAL (IF ANY) THAT IT DID NOT EVEN REQUIRE REPORTING. NO HARM TO THE ENVIRONMENT NOR ANY PERSONNEL INJURIES WERE SUSTAINED AS A RESULT OF THE 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:

ACORD TRANSPORTATION, INC. EQUIPMENT IS CONSISTENTLY, CONTINUOUSLY AND THOROUGHLY INSPECTED ON AN ONGOING BASIS TO ENSURE COMPLIANCE AND SAFE OPERATION. THIS PROCESS WILL CONTINUE TO BE DONE. EVEN WITH THIS INCIDENT, WHERE A SLIGHT ODOR OF AMMONIA WAS DETECTED, THERE WAS NO DAMAGE TO ANY OF THE EQUIPMENT IDENTIFIED DURING A PAST INCIDENT INSPECTION. AS A PRECAUTIONARY MEASURE. ANY COMPONENTS THAT COULD HAVE POTENTIALLY RESULTED IN ANY TYPE OF LEAK WERE REPLACED. AS STATED IN THE RESPONDING AGENCIES' REPORTS, NO PRODUCT WAS LOST.

PART VIII – CONTACT INFORMATION

Contact's Name:	DUSTY STASYSZEN
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	ACORD TRANSPORTATION, INC. 1125 S. INDUSTRIAL ROAD CHANDLER OK 74834
E-mail Address:	DUSTY@ACORDTRANSPORTATION.COM
Telephone Number:	405 831 4765
Fax Number:	405 858 0198
Hazmat Registration Number:	050715550063XZ
Date:	
Preparer is:	Carrier

06/18/1979