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-2012040169
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/21/2011

4. Time of Incident (use 24-hour time):
06:00

5. Enter National Response Center Report Number (if applicable):
996185

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

7. Location of Incident:
City: ELWOOD
County: WILL
State: IL
Zip Code: (if known): 60421
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MISSISSIPPI & CENTER STREETS

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: GRAINCO FS, INC.
Street: 3107 N. HWY 23
City: Ottawa
State: IL
Zip Code: 61350
Federal DOT Id Number: 1108740
Hazmat Registration Number: 060711551011T

11. Shipper/Offeror:
Name: GRAINCO FS, INC.
Street: 3107 N. HWY 23
City: OTTAWA
State: IL
Zip Code: 61350
Waybill/Shipping Paper:
Hazmat Registration Number: 060711551011T

12. Origin (if different from shipper address)
Street: 8115 N. RT. 47
City: YORKVILLE
State: IL
Zip Code: 60560

13. Destination:
Street: CENTER & MISSISSIPPI STREETS
City: ELWOOD
State: IL
Zip Code: 60421

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) 493 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: - 125-Hose
How Failed: - 308-Leaked
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS PROVIDED
(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:	500 Liquid - Gallon	Package Capacity:	
Amount in Package:	493 Liquid - Gallon	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	BOSTON STEEL & MFG.	Manufacture Date:	08/01/2000
Serial Number:	A7936T	Last Test Date:	11/21/2011
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	5 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.216 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:	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 #: False
Police Report #: False
In-house cleanup: True
Other Cleanup: False

32. Damages Was the total damage cost more than $500? False

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: $ 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? 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:

Monday, November 21, 2011
Between 6:00-6:30 PM GRAINCO FS, Inc. employee finished machine fill of equipment for KR & G Excavating. He exited the site on Center Point Street. He proceeded to turn left on Mississippi Street and a hose that connects the tank belly valve to the pump came off the pump. Diesel fuel began to flow onto the road.

The drive was unaware of the leak. He turned North on Baseline Road then West on Arsenal Road. When turning left on Arsenal the driver could see the fuel discharge and immediately pulled over on the Arsenal Road shoulder. He exited the cab and shut off the belly valve to stop the release.

He immediately called another GRAINCO FS fuel driver. He then called Operations Manager and then Risk and Regulatory Manager.

Will County Highway Department to spread sand on Mississippi Street and Baseline Road.

Jim Snyder, Energy Department Manager and Bill Stahler went to the scene arriving approximately at 8:30PM. We met with Brian from Will County HAZMAT, Elwood Fire Depariment Lieutenant, Will County Highway Department and Jim Clark, IEPA Emergency Response. After about one hour of discussions IEPA was satisfied that we could respond the following morning in the light to start clean up. We could
not obtain any more sand as the officials declared the emergency over. Our only contact, D Construction, was having a party and did not have anyone available to respond.

Tuesday, November 22, 2011
Jim Snyder, Bill Stahler and Mark Tuttle, Energy Services responded to the scene at approximately 7:30 AM. they placed fuel absorbent booms and pillows at two storm drains at the corner of Mississippi Street and Baseline Road. Also, booms and pillows were placed at the Arsenal Road shoulder.

D Construction was contacted and a street sweeper arrived to sweep sand spread the prior night by Will County Highway. In addition, sand was spread and swept twice along Mississppi Street on Tuesday AM by D Construction

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:

ON DECEMBER 1, 2011 A TRAINING MEETING WAS HELD WITH ALL FUEL DRIVERS AND SUPERVISORS. THE INCIDENT WAS REVIEWED. HAZARD COMMUNICATION AND DISPENSING PROCEDURES WERE REVIEWED. ALL FUEL TRUCKS HAVE BEEN RETROFITTED SO THAT THE PUMPS AND VALVES ONLY OPERATE WHEN THE PARKING BRAKES ARE APPLIED. WHEN BRAKES ARE RELEASED THE VALVES CLOSE AND THE PUMPING SYSTEM IS LOCKED OUT.

PART VIII – CONTACT INFORMATION

Contact's Name:	BILL STAHLER
Contact's Title:	RISK & REGULATORY MGR.
Business Name and Address:	GRAINCO FS, INC. 3107 N. ROUTE 23 OTTAWA IL 61350
E-mail Address:	BSTAHLER@GRAINCOFS.COM
Telephone Number:	815-434-0131
Fax Number:	815-434-0227
Hazmat Registration Number:	
Date:	03/27/2012
Preparer is:	Carrier

08/01/2000