



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-2008030155
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/01/2008
4. Time of Incident (use 24-hour time):
14:20
5. Enter National Response Center Report Number (if applicable):
861258
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: BERKELEY
County: SAINT LOUIS
State: MO
Zip Code: (if known): 63134
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8979 SEEGER INDUSTRIAL DR
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: UNIVAR USA INC.
Street: 8979 SEEGER INDUSTRIAL DR
City: BERKELEY
State: MO
Zip Code: 63134
Federal DOT Id Number: 28633
Hazmat Registration Number: 0502065500040Q
11. Shipper/Officer:
Name: GENERAL CHEMICAL EAST ST LOUIS
Street: 2500 KINGS HIGHWAY
City: EAST SAINT LOUIS
State: IL
Zip Code: 62201
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 8979 SEEGER INDUSTRIAL DR
City: Berkeley
State: MO
Zip Code: 63134
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: ALUMINUM SLFATE 48%
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 29120 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:
Other, PIPE LINE VALVE

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: 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):
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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):
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Package Capacity: 0	Package Capacity:
Amount in Package: 0	Amount in Package:
Number in Shipment: 0	Number in Shipment:
Number Failed: 0	Number Failed:

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

Manufacturer:	Manufacture Date:
Serial Number:	Last Test Date:
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 #: False
Police Report #: False
In-house cleanup: True
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: \$ 2,080.00
Carrier Damage: \$ 0.00
Property Damage: \$ 3,000.00
Response Cost: \$ 3,000.00
Remediation/Cleanup Cost: \$ 24,729.00
(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?

False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:
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:
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:

Operators began the process of off loading a tank trailer through a transfer pipe from the trailer to the container fill room at approximately 14:15 PM. During the container filling process the operator noticed a drop in material volume, checked the transfer line and discovered an open valve. Aluminum Sulfate 48% leaked from a damaged 1.5 inch drain valve located in the transfer line. Prior to unloading the tank trailer, operators discovered that the three 1.5 inch drain valves in the transfer line were frozen in the open position. Steam was applied to the valves and apparently when the operator closed the valves the stem connecting the ball assembly to the handle broke on one of the valves, this allowed the handle to turn to the closed position and the ball assembly to remain in the open position. The Aluminum Sulfate leaked into a swale area of approximately 3,300 sq. ft. UNIVAR employees responded by covering spill and creating a dam of Soda Ash to contain and neutralize the material. Our Emergency Response Contractor responded with heavy equipment and secured the spill and began the recovery process. Due to the weather conditions (temperatures in the thirties and snow on the ground) the Aluminum Sulfate tended to solidify assisting in the clean up process. The contractor was able to scoop up the material and contaminated soils into six containers totaling approximately 200 tons, they remained on site until the evening of February 2 to ensure all cleanup was completed.

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 CPVC transfer pipeline that connects the tank trailer unloading area to the container fill room is approximately 200 feet long and has three drain valves in the line to allow drainage of residues. After each use the line is flushed with water to prevent cross contamination of materials. Our investigation of this incident has determined that due to weather conditions the water flushed through the line after the prior use froze in the drain valves. The use of the steam in the thawing process damaged the valve components allowing the handle to indicate the valve was closed while the ball assembly remained in the open position. New drain valves have been purchased and will be removed after the pipeline is flushed. Valves will be stored in a heated location when the line is not in use and will be reinstalled prior to the pipeline being used for material transfer.

PART VIII – CONTACT INFORMATION

Contact's Name:	DWIGHT E HAMMOND
Contact's Title:	REGULATORY MANAGER
Business Name and Address:	UNIVAR USA INC 8500 W 68TH ST BEDFORD PARK IL 60501
E-mail Address:	DWIGHT.HAMMOND@UNIVARUSA.COM
Telephone Number:	708-728-6755
Fax Number:	708-728-6834
Hazmat Registration Number:	
Date:	02/27/2008
Preparer is:	Facility owner/operator