



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: E-2007030261
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/12/2007
4. Time of Incident (use 24-hour time):
08:45
5. Enter National Response Center Report Number (if applicable):
828887
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NAMPA
County: CANYON
State: ID
Zip Code: (if known): 83687
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1717 E Fargo Avenue
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: S&S Transportation
Street: 2320 West Indiana Avenue
City: SALT LAKE CITY
State: UT
Zip Code: 84104
Federal DOT Id Number: 207529
Hazmat Registration Number: 060205013018NP
11. Shipper/Officer:
Name: BHS Acquisitions
Street: 2320 West Indiana Avenue
City: SALT LAKE CITY
State: UT
Zip Code: 84104
Waybill/Shipping Paper: JW13760
Hazmat Registration Number: 060205013018NP
12. Origin (if different from shipper address)
Street: 1717 E. Fargo Avenue
City: NAMPA
State: ID
Zip Code: 83687
13. Destination:
Street: 506 Columbia Street
City: HOOD RIVER
State: OR
Zip Code: 97031
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: Sodium Hydroxide 50%
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 275 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? True
If yes, provide the Exemption, Approval, or CA number: DOT-SP 12412

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: - 129-Inner Receptacle
How Failed: - 304-Cracked
Causes of Failure: - Forklift Accident

26a. Provide the packaging identification markings, if available.

Identification Markings:

(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:

Packaging Type: IBC
Material of Construction: Plastic
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type: IBC
Material of Construction: Plastic

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 300 Liquid - Gallon
Amount in Package: 300 Liquid - Gallon
Number in Shipment: 2
Number Failed: 0

Single Package or Inner Packaging (if any):

Package Capacity: 300 Liquid - Gallon
Amount in Package: 300 Liquid - Gallon
Number in Shipment: 2
Number Failed: 1

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

Manufacturer:	Bonar Plastics	Manufacture Date:	02/10/1991
Serial Number:	950230 019	Last Test Date:	01/01/2002
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: \$ 310.00
Carrier Damage: \$ 0.00
Property Damage: \$ 250.00
Response Cost: \$ 850.00
Remediation/Cleanup Cost: \$ 4,840.00
(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: 0
Total number of employees evacuated: 0
Total evacuated: 0
Duration of the evacuation: 0

36. Was a major transportation artery or facility closed?

False

If yes, how many? 0

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

False

If yes, provide the following information:

Estimated speed (mph): 0
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 March 12, 2007, one 300-Gallon tote of Sodium Hydroxide Solution 50% tipped over at 1717 E Fargo Ave, Nampa, ID. Earl Kane was staging materials in preparation to load a curtain van trailer for a shipment. While moving a 300 gallon tote of Sodium Hydroxide Solution 50% with the fork lift, he turned a corner too quickly (he was traveling on a slightly downgraded slope), and the tote began to tip. He lowered the tote to the ground, but the tote still tipped over. The tote is constructed of two pieces: the outer plastic shell and the inner plastic bladder. The outer shell was undamaged by the fall, but the top of the inner shell cracked. The top of the tote fractured and the flowing material opened a hole about 18-24 inches in diameter in the top of the bladder. Earl quickly turned the tote upright, but 250-275 gallons of material had leaked out.

The material ran down the asphalt into open soil. Earl quickly covered the material and the soil with an absorbent material. BHS contacted the appropriate emergency response agencies, the NRC, the Idaho Department of Environmental Quality, and Environmental Management Solutions, to assist with the clean-up. BHS rented a mini-excavator and collected the contaminated soil and absorbent. The area was rinsed with a non-hazardous citric acid solution and the rinsates were combined with the collected soil and absorbent.

The soil, absorbent, and rinsates were collected in lined containment totes. BHS worked with Environmental Management Solutions of Meridian, ID, during all of the clean up and remediation. The totes were taken for proper disposal at a certified waste treatment facility by Environmental Management Solutions.

The spill was completely contained to BHS property at 1717 E. Fargo Ave. The soil has since been replaced with fresh clean material.

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:

BHS has determined that Earl Kane was traveling too rapidly on the fork lift. BHS is planning to put all of its employees through a refresher course on fork lift safety.

PART VIII – CONTACT INFORMATION

Contact's Name:	Joe Bowen
Contact's Title:	Risk and Quality Manager
Business Name and Address:	BHS Acquisitions 1717 E. Fargo Avenue NAMPA ID 83687
E-mail Address:	joe@bhsmarketing.com
Telephone Number:	208-466-8437
Fax Number:	208-466-8989
Hazmat Registration Number:	
Date:	03/27/2007
Preparer is:	Shipper

02/10/1991