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: X-2016070541
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/15/2016

4. Time of Incident (use 24-hour time):
07:32

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: Pascagoula
County: Jackson
State: MS
Zip Code: (if known): 39581
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:

Name: CSX Transportation
Street: 500 Water Street J-275
City: Jacksonville
State: FL
Zip Code: 32202
Federal DOT Id Number: Unavailable
Hazmat Registration Number: 052014550074WY

11. Shipper/Offeror:

Name: Trammo Inc
Street: 4211 W BOY SCOUT BLVD STE 600
City: TAMPA
State: FL
Zip Code: 33607
Waybill/Shipping Paper: 958537
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 601 INDUSTRIAL RD
City: Pascagoula
State: MS
Zip Code: 39567

13. Destination:

Street: 4201 EVONIK RD
City: Theodore
State: AL
Zip Code: 36582

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name:

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) 10 Gas - 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? 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:
Tank Car

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: - 134-Liquid Valve
How Failed: - 313-Vented
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: 112J400W
(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:	N/A	Manufacture Date:
Serial Number:	TILX304701	Last Test Date:
Material of Construction:	N/A (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:
- Explosion:
- Vapor (Gas) Dispersion: True
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
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:	$ 500.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 8,000.00
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:	
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? True

If yes, provide the following information:

Total number of general public evacuated:	0
Total number of employees evacuated:	6
Total evacuated:	6
Duration of the evacuation:	6

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

If yes, how many? 6

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 07/15/16 at 0732 hours (Eastern Time) it was reported at Pascagoula Yard (CSXT), located in Pascagoula, MS, that tank car TILX304701, a loaded tank car of Anhydrous Ammonia, may be leaking. CSX crews detected an odor of ammonia coming from the area of this car. Local fire department was contacted and responded, United States Environmental Services (CSX Hazmat Contractor), and Hazmat Manager Trent Page responded. The local fire department confirmed that the car was leaking. USES and H/M Trent Page arrived onsite. H/M Trent Page notified the shipper, Trammo (Dori Hester) and requested a local shipper contact. Trammo, Dori Hester, provided Alan Bees with Trammo. Alan responded to assist.

The shippers employee and USES confirmed the following: liquid line valve (B end) partially open, liquid line plug (B end) less than tool tight and unsecured, sample line plug less than tool tight/ unsecured, and the thermometer well cap unsecured. The liquid line was closed and all plugs were secured.

A secondary inspection revealed that there was a constant leak coming from the pressure plate that was unable to be secured. Hazmat Manager Trent Page contacted FRA inspector Gene Booker and Hazmat Director Mike Austin contacted FRA Kevin Blackwell and requested emergency permission to move this car for offloading in the interest of public safety back to the shipper facility in Pascagoula located approximately less than 2 miles by rail away. Permission verbally granted by both. Local fire and EMA director along with Mississippi State DEQ hazmat agreed to move the car in the interest of public safety.

Car was returned to shipper in Pascagoula for offloading. Note: The waybill reflects Trammo as the shipper with a Sutton, FL address. The actual pickup location is at MISSISSIPPI PHOSPHATES CORP, 601 INDUSTRIAL RD, PASCAGOULA, MS 39567. The CSX mainline was shut down for approximately 6 hours during this incident. The CSX Yard was evacuated during this incident.

NAR Code: 117 (5 pts) Liquid Line Valve less than tool tight

5(5+3+9) x (2+4) = 510 NARRI

Pascagoula, MS 07/15/16 TILX304701 Anhydrous Ammonia

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:

No additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Gabriel Treesh
Contact's Title:	Director Chemical Safety
Business Name and Address:	CSX Transportation
	500 Water Street J-275 Jacksonville FL 32202
E-mail Address:	gabriel_treesh@csx.com
Telephone Number:	904-359-1685
Fax Number:	904-245-2867
Hazmat Registration Number:	052014550074WY
Date:	
Preparer is:	Carrier