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-2005070313
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/27/2005

4. Time of Incident (use 24-hour time):
15:35

5. Enter National Response Center Report Number (if applicable):
763625

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

7. Location of Incident:
City: HUGHSON
County: STANISLAUS
State: CA
Zip Code: (if known): 95326
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
5824 Geer Road

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Edwin Smith & Sons Dairy
Street: 4905 N. Quincy Road
City: DENAIR
State: CA
Zip Code: 95316
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Stanislaus Farm Supply
Street: 624 E. Service Road
City: MODESTO
State: CA
Zip Code: 95358
Waybill/Shipping Paper: w.t. #113001 w.o. #15007
Hazmat Registration Number: 062104017020M

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 4905 N. Quincy Road
City: DENAIR
State: CA
Zip Code: 95316

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: Anhydrous Ammonia

16. Hazardous Class/Division: Nonflammable Compressed Gas

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

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18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2500 Gas - 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? True
If yes, provide the Hazard Zone: D

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? True
If yes, provide the Exemption, Approval, or CA number: CA 33209

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: - 141-Piping or Fittings
How Failed: - 308-Leaked
Causes of Failure: - Rollover 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:		Single Package or Inner Packaging (if any):	
Packaging Type:	IBC	Packaging Type:	
Material of Construction:	Metal	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:	1000 Gas - Gallon	Package Capacity:	
Amount in Package:	2500 Gas - Pound	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	Zeenan	Manufacture Date:	01/01/1983
Serial Number:	CA 379222	Last Test Date:	01/01/1983
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: Internal
Model:
Manufacturer: Dallas

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	HF 05 00365
Police Report #:	True	2005-06-292
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:	$ 700.00
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? True

If yes, provide the following information:

Total number of general public evacuated:	4
Total number of employees evacuated:	0
Total evacuated:	4
Duration of the evacuation:	2

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? True

If yes, provide the following information:

Estimated speed (mph):	30
Weather conditions:	day, clear, dry
Vehicle overturned?	True
Vehicle left roadway/track?	True

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

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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:

Customer's employee was relocating tank. While moving from one field to another, he made a left turn from Geer Road to Alderson Road and rolled tank. Responsible party called9-1-1. Responding agencies--County FD, CHP, Haz-mat unit from Stanislaus County Dept of Env. Resources were dispatched. A company rep was also sent to the scene. A liquid valve on top of the tank was sheared off.Tank was on its side with vapor leaking from sheared valve. Tank was relocated approx. 50 yards to the east to nprevent downwind exposure. Tank was then uuprighted and vapor valve was opened to release pressure from tank and prevent liquid release. However, liquid was released which vaporized upon atmospheric exposure. Internal valve failed to completely close at sheared valve.Due to risks of attempting to stop leak and the lack of downwind exposure considerations. Vapor contined to be released from the tank for approx. 5 hours. Approx. 750 gallons of water were used to shield personnel while opening vapor valves and to direct vapor cloud from time to time. All incident operations were approved by the IC (CHP Officer Jerry Kessler #10715).

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:

Drivers need to slow down while towing equipment; remind all customers that ammonia regulators need to be removed from valves during transit; label tanks re; removal of regulators from valves during transit. On March 30, 2005, Stanislaus Farm Supply hosted an ammonia training for employees, customers, local fire departments, and Stanislaus County Department of Environmental Resources haz-mat team. I believe that this training was very helpful at this incident. Stanislaus Farm Supply will continue to help train local responders, employees and customers in the safe handling of ammonia products. Cal-Ammonia (Stockton, CA) has played a hughe role in this training. We will continue to work together to educate surrounding counties and their responders on safe ammonia handling and emergency response procedures.

PART VIII – CONTACT INFORMATION

Contact's Name:	Ed Tobler
Contact's Title:	Operations Coordinator
Business Name and Address:	Stanislaus Farm Supply
	624 East Service Road MODESTO CA 95358
E-mail Address:	etobler@stanislausfarmsupply.com
Telephone Number:	209-541-3167
Fax Number:	209-541-3191
Hazmat Registration Number:	
Date:	07/29/2005
Preparer is:	Shipper

01/01/1983