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-2012060209
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/10/2012

4. Time of Incident (use 24-hour time):
11:45

5. Enter National Response Center Report Number (if applicable):
1011114

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

7. Location of Incident:
City: BLASDELL
County: ERIE
State: NY
Zip Code: (if known): 14219
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HOOVER ROAD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AMREX CHERMICAL CO INC
Street: 117 E FREDRICK STREET
City: Binghamton
State: NY
Zip Code: 13904
Federal DOT Id Number: 249287
Hazmat Registration Number: 060609550012RT

11. Shipper/Offeror:
Name: AMREX CHEMICAL CO INC
Street: 117 E FREDRICK STREET
City: BINGHAMTON
State: NY
Zip Code: 13904
Waybill/Shipping Paper: 183635
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 391 EXCHANGE STREET
City: BUFFALO
State: NY
Zip Code: 14204

13. Destination:
Street: 3774 HOOVER ROAD
City: BLASDELL
State: NY
Zip Code: 14219

14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION

15. Technical/Trade Name: SODIUM HYDROXIDE CAUSTIC SODA

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? 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:
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: - 106-Bottom Outlet Valve
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Inadequate Blocking and Bracing

26a. Provide the packaging identification markings, if available.
Identification Markings: 31H2/Y/06/03/USA/4455/2475
(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:	Fiberboard	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:	275 Liquid - Gallon	Package Capacity:	
Amount in Package:	275 Liquid - Gallon	Amount in Package:	
Number in Shipment:	2	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	SNYDER INDUSTRIES	Manufacture Date:	06/01/2003
Serial Number:	0306354678	Last Test Date:	08/30/2010
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:	True
- No Release:	False		

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

Fire/EMS Report #:	True
Police Report #:	True
In-house cleanup:	False
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:	$ 2,816.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 19,398.00

(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? True

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:	1
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:

Driver was en route to delivery destination. He noticed in his mirror that something was leaking from the box of the truck. The driver immediately pulled over to the side of the road to investigate and discovered a leaking IBC of Sodium Hydroxide Liquid. The valve from the IBC was broken off. The driver called the Amrex Chemical Co. Buffalo office for assistance and 2 Amrex employees came to assess the scene and assist. After diking the material, the Woodlawn Fire Company was called. The fire department called in the NYS Department of Environmental Conservation for clean-up assistance. National Vacuum Corporation was called in by the NYS DEC to clean up the scene.The valve broke off the IBC after being struck by a pallet jack that shifted during transport. This caused the entire contents of the IBC to leak into the truck and onto the side of the roadway. The release duration was immediate to the time that the tote discharged all contents. Mitigation was the immediate diking and initial cleanup and further dean-up procedures as directed by the NYS Department of Environmental Conservation and conducted by National Vacuum Corporation.

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:

Affected personnel, including driver, were immediately re-trained on proper loading and securement with the emphasis on iBCs, load devices, and proper placement within the vehicle to ensure that valves are protected.

PART VIII – CONTACT INFORMATION

Contact's Name:	PAMELA REXER ROOD
Contact's Title:	DIRECTOR OF SAFETY & REGULATORY AFFAIRS
Business Name and Address:	AMREX CHEMICAL CO INC 117 E FREDRICK STREET BINGHAMTON NY 13904
E-mail Address:	AMREX@STNY.RR.COM
Telephone Number:	6077728784
Fax Number:	6077728786
Hazmat Registration Number:	
Date:	06/06/2012
Preparer is:	Carrier

06/01/2003