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-2004040076
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/07/2004

4. Time of Incident (use 24-hour time):
12:35

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: NORTH EAST
County: CECIL
State: MD
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NEAR ROUTE 272

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: CSXT
Hazmat Registration Number:

11. Shipper/Offeror:
Name: RHODIA INC
Street: 259 PROSPECT PLAINS RD
City: CRANBURY
State: NJ
Zip Code: 08512
Waybill/Shipping Paper: 712-070005-81263
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: PCS SALES (USA) INC
City: LEE CREEK
State: NC
Zip Code:

13. Destination:
Street: RHODIA INC
City: PORT MAITLAND ON
State: ZZ
Zip Code:

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 150 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

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

23. Was this an undeclared hazardous materials shipment?

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:	- 109-Closure (e.g., Cap, Top, or Plug); 137-Manway or Dome Cover; 141-Piping or Fittings
How Failed:	-
Causes of Failure:	- Derailment; Loose Closure, Component, or Device; Rollover Accident; Vehicular Crash or Accident Damage

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:	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:	16877 Liquid - Gallon	Package Capacity:
Amount in Package:		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:	W A C X	Manufacture Date:
Serial Number:	WACX151179	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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	$ 40,000.00
Carrier Damage:	$ 1,461,479.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 200,000.00

(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:	
Total number of employees evacuated:	
Total evacuated:	50
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? True

If yes, provide the following information:

Estimated speed (mph):	42
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:

SUBJECT TANK CARS WERE INVOLVED IN THE DERAILMENT OF CSXT TRAIN Q40605. THE RPBX 17142 WAS OVERTURNED IN THE DERAILMENT ON ITS SIDE AND WAS STRUCK IN THE BOTTOM PORTION OF THE TANK CAR BY ANOTHER TANK CAR (RPBX 176308). THE IMPACT OF THE COLLISION CAUSED A BREACH IN THE TANK JACKET AND TANK SHELL. THE BREECH IN THE TANK SHELL WAS A CRACK APPROXIMATELY 6 INCHES IN LENGTH AND 3/8 OF AN INCH IN WIDTH. THE TWO TANK CARS CAME TO REST IN A "T" SHAPE, WITH THE END OF THE RPBX 176308 INTO THE BOTTOM OF THE RPBX 17142. ONCE THE CARS WERE SEPARATED, THE CRACK IN THE TANK SHELL WAS DISCOVERED. THE REMAINING CONTENTS OF RPBX 17142 WAS THEN PUMPED OFF INTO VACUUM TRUCKS. ESTIMATE THAT 8,800 GALLONS OF PRODUCT WAS LOST FROM THE RPBX 17142. THE WACX 151179 WAS OVERTURNED ON IT'S SIDE IN THE DERAILMENT AND CAME TO REST WITH IT'S TOP ROLLED OVER 500 FROM VERTICAL. THE TOP OF THE TANK CAR WAS STRUCK BY A BOX CAR. THE MANWAY LID WAS HIT AND DAMAGED IN THE COLLISION. THREE OF THE MANWAY BOLTS WERE KNOCKED LOOSE OR BENT, THE MANWAY NOZZLE WAS ALSO DENTED. THIS RESULTED IN THE SLOW RELEASE OF PRODUCT FROM THE MANWAY NOZZLE. ATTEMPTS TO SECURE THE MANWAY LID WERE UNSUCCESSFUL. THE LEAK WAS STOPPED WHEN THE CAR WAS UPRIGHTED WITH A CRANE. ESTIMATE 150 GALLONS OF PRODUCT WERE LOST FROM THIS CAR. THE RPBX 17108 WAS OVERTURNED AND CAME TO REST ON IT'S SIDE WITH THE TOP FITTINGS APPROXIMATELY 1200 FROM VERTICAL. PRODUCT WAS FOUND TO BE DRIPPING FROM THE LIQUID EDUCTION LINE MOUNTING FLANGE, BETWEEN THE GASKET MATERIAL AND THE MOUNTING FLANGE PLATE. THE LEAK WAS STOPPED BY ROLLING THE TANK CAR BACK TO A VERTICAL ORIENTATION USING A CRANE. IT IS ESTIMATED THAT 100 GALLONS OF PRODUCT WAS LOST FROM THIS CAR. CONTAINMENT OF THE SPILLED ACID FROM ALL THREE CARS WERE ACCOMPLISHED BY EXCAVATING A CATCH PIT INTO WHICH THE SPILLED ACID FLOWED. ALL FREE LIQUIDS WERE SUBSEQUENTLY PUMPED OFF FROM THIS PIT AND ALL IMPACTED SOILS EXCAVATED FOR PROPER DISPOSAL.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	ROMANO DE SIMONE
Contact's Title:	DIRECTOR CHEMICAL SAFETY
Business Name and Address:	
E-mail Address:	
Telephone Number:	904-366-5815
Fax Number:	
Hazmat Registration Number:	
Date:	03/02/2004
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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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-2004040076
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/07/2004

4. Time of Incident (use 24-hour time):
12:35

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: NORTH EAST
County: CECIL
State: MD
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NEAR ROUTE 272

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: CSXT
Hazmat Registration Number:

11. Shipper/Offeror:
Name: RHODIA INC
Street: 259 PROSPECT PLAINS RD
City: CRANBURY
State: NJ
Zip Code: 08512
Waybill/Shipping Paper: 712-070005-81263
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: PCS SALES (USA) INC
City: LEE CREEK
State: NC
Zip Code:

13. Destination:
Street: RHODIA INC
City: PORT MAITLAND ON
State: ZZ
Zip Code:

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 100 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

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

23. Was this an undeclared hazardous materials shipment?

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: - 102-Auxiliary Valve; 141-Piping or Fittings
How Failed: -
Causes of Failure: - Derailment; Loose Closure, Component, or Device; 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:	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:	15524 Liquid - Gallon	Package Capacity:
Amount in Package:		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:	R P B X	Manufacture Date:
Serial Number:	RPBX17108	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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	$ 40,000.00
Carrier Damage:	$ 1,461,479.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 200,000.00

(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:	
Total number of employees evacuated:	
Total evacuated:	50
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? True

If yes, provide the following information:

Estimated speed (mph):	42
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:

SUBJECT TANK CARS WERE INVOLVED IN THE DERAILMENT OF CSXT TRAIN Q40605. THE RPBX 17142 WAS OVERTURNED IN THE DERAILMENT ON ITS SIDE AND WAS STRUCK IN THE BOTTOM PORTION OF THE TANK CAR BY ANOTHER TANK CAR (RPBX 176308). THE IMPACT OF THE COLLISION CAUSED A BREACH IN THE TANK JACKET AND TANK SHELL. THE BREECH IN THE TANK SHELL WAS A CRACK APPROXIMATELY 6 INCHES IN LENGTH AND 3/8 OF AN INCH IN WIDTH. THE TWO TANK CARS CAME TO REST IN A "T" SHAPE, WITH THE END OF THE RPBX 176308 INTO THE BOTTOM OF THE RPBX 17142. ONCE THE CARS WERE SEPARATED, THE CRACK IN THE TANK SHELL WAS DISCOVERED. THE REMAINING CONTENTS OF RPBX 17142 WAS THEN PUMPED OFF INTO VACUUM TRUCKS. ESTIMATE THAT 8,800 GALLONS OF PRODUCT WAS LOST FROM THE RPBX 17142. THE WACX 151179 WAS OVERTURNED ON IT'S SIDE IN THE DERAILMENT AND CAME TO REST WITH IT'S TOP ROLLED OVER 500 FROM VERTICAL. THE TOP OF THE TANK CAR WAS STRUCK BY A BOX CAR. THE MANWAY LID WAS HIT AND DAMAGED IN THE COLLISION. THREE OF THE MANWAY BOLTS WERE KNOCKED LOOSE OR BENT, THE MANWAY NOZZLE WAS ALSO DENTED. THIS RESULTED IN THE SLOW RELEASE OF PRODUCT FROM THE MANWAY NOZZLE. ATTEMPTS TO SECURE THE MANWAY LID WERE UNSUCCESSFUL. THE LEAK WAS STOPPED WHEN THE CAR WAS UPRIGHTED WITH A CRANE. ESTIMATE 150 GALLONS OF PRODUCT WERE LOST FROM THIS CAR. THE RPBX 17108 WAS OVERTURNED AND CAME TO REST ON IT'S SIDE WITH THE TOP FITTINGS APPROXIMATELY 1200 FROM VERTICAL. PRODUCT WAS FOUND TO BE DRIPPING FROM THE LIQUID EDUCTION LINE MOUNTING FLANGE, BETWEEN THE GASKET MATERIAL AND THE MOUNTING FLANGE PLATE. THE LEAK WAS STOPPED BY ROLLING THE TANK CAR BACK TO A VERTICAL ORIENTATION USING A CRANE. IT IS ESTIMATED THAT 100 GALLONS OF PRODUCT WAS LOST FROM THIS CAR. CONTAINMENT OF THE SPILLED ACID FROM ALL THREE CARS WERE ACCOMPLISHED BY EXCAVATING A CATCH PIT INTO WHICH THE SPILLED ACID FLOWED. ALL FREE LIQUIDS WERE SUBSEQUENTLY PUMPED OFF FROM THIS PIT AND ALL IMPACTED SOILS EXCAVATED FOR PROPER DISPOSAL.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	ROMANO DE SIMONE
Contact's Title:	DIRECTOR CHEMICAL SAFETY
Business Name and Address:	
E-mail Address:	
Telephone Number:	904-366-5815
Fax Number:	
Hazmat Registration Number:	
Date:	03/02/2004
Preparer is:	

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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1. Incident Id: I-2004040076
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/07/2004

4. Time of Incident (use 24-hour time):
12:35

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: NORTH EAST
County: CECIL
State: MD
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NEAR ROUTE 272

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX TRANSPORTATION
Street: 500 WATER STREET
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: CSXT
Hazmat Registration Number:

11. Shipper/Offeror:
Name: RHODIA INC
Street: 259 PROSPECT PLAINS RD
City: CRANBURY
State: NJ
Zip Code: 08512
Waybill/Shipping Paper: 712-070005-81263
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: PCS SALES (USA) INC
City: LEE CREEK
State: NC
Zip Code:

13. Destination:
Street: RHODIA INC
City: PORT MAITLAND ON
State: ZZ
Zip Code:

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 8800 Liquid - Gallon

20. Was the material shipped as a hazardous waste?
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

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

23. Was this an undeclared hazardous materials shipment?

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: - 103-Basic Material
How Failed: - 304-Cracked
Causes of Failure: - Derailment; Rollover Accident; Vehicular Crash or Accident Damage

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:	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:	15524 Liquid - Gallon	Package Capacity:
Amount in Package:		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:	R P B X	Manufacture Date:
Serial Number:	RPBX17142	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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	$ 40,000.00
Carrier Damage:	$ 1,461,479.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 200,000.00

(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:	
Total number of employees evacuated:	
Total evacuated:	50
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? True

If yes, provide the following information:

Estimated speed (mph):	42
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:

SUBJECT TANK CARS WERE INVOLVED IN THE DERAILMENT OF CSXT TRAIN Q40605. THE RPBX 17142 WAS OVERTURNED IN THE DERAILMENT ON ITS SIDE AND WAS STRUCK IN THE BOTTOM PORTION OF THE TANK CAR BY ANOTHER TANK CAR (RPBX 176308). THE IMPACT OF THE COLLISION CAUSED A BREACH IN THE TANK JACKET AND TANK SHELL. THE BREECH IN THE TANK SHELL WAS A CRACK APPROXIMATELY 6 INCHES IN LENGTH AND 3/8 OF AN INCH IN WIDTH. THE TWO TANK CARS CAME TO REST IN A "T" SHAPE, WITH THE END OF THE RPBX 176308 INTO THE BOTTOM OF THE RPBX 17142. ONCE THE CARS WERE SEPARATED, THE CRACK IN THE TANK SHELL WAS DISCOVERED. THE REMAINING CONTENTS OF RPBX 17142 WAS THEN PUMPED OFF INTO VACUUM TRUCKS. ESTIMATE THAT 8,800 GALLONS OF PRODUCT WAS LOST FROM THE RPBX 17142. THE WACX 151179 WAS OVERTURNED ON IT'S SIDE IN THE DERAILMENT AND CAME TO REST WITH IT'S TOP ROLLED OVER 500 FROM VERTICAL. THE TOP OF THE TANK CAR WAS STRUCK BY A BOX CAR. THE MANWAY LID WAS HIT AND DAMAGED IN THE COLLISION. THREE OF THE MANWAY BOLTS WERE KNOCKED LOOSE OR BENT, THE MANWAY NOZZLE WAS ALSO DENTED. THIS RESULTED IN THE SLOW RELEASE OF PRODUCT FROM THE MANWAY NOZZLE. ATTEMPTS TO SECURE THE MANWAY LID WERE UNSUCCESSFUL. THE LEAK WAS STOPPED WHEN THE CAR WAS UPRIGHTED WITH A CRANE. ESTIMATE 150 GALLONS OF PRODUCT WERE LOST FROM THIS CAR. THE RPBX 17108 WAS OVERTURNED AND CAME TO REST ON IT'S SIDE WITH THE TOP FITTINGS APPROXIMATELY 1200 FROM VERTICAL. PRODUCT WAS FOUND TO BE DRIPPING FROM THE LIQUID EDUCTION LINE MOUNTING FLANGE, BETWEEN THE GASKET MATERIAL AND THE MOUNTING FLANGE PLATE. THE LEAK WAS STOPPED BY ROLLING THE TANK CAR BACK TO A VERTICAL ORIENTATION USING A CRANE. IT IS ESTIMATED THAT 100 GALLONS OF PRODUCT WAS LOST FROM THIS CAR. CONTAINMENT OF THE SPILLED ACID FROM ALL THREE CARS WERE ACCOMPLISHED BY EXCAVATING A CATCH PIT INTO WHICH THE SPILLED ACID FLOWED. ALL FREE LIQUIDS WERE SUBSEQUENTLY PUMPED OFF FROM THIS PIT AND ALL IMPACTED SOILS EXCAVATED FOR PROPER DISPOSAL.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	ROMANO DE SIMONE
Contact's Title:	DIRECTOR CHEMICAL SAFETY
Business Name and Address:	
E-mail Address:	
Telephone Number:	904-366-5815
Fax Number:	
Hazmat Registration Number:	
Date:	03/02/2004
Preparer is:	