



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: NALCO COMPANY
Street: 7701 HIGHWAY 90-A
City: SUGAR LAND
State: TX
Zip Code: 77478
Waybill/Shipping Paper: BKT2016859
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 590 E. 100TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99507
14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.
15. Technical/Trade Name: HEAVY AROMATIC NAPHTH
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2034 Liquid - 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? 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: DOTE-10517

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: TX2016859/SEAU172414

(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:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number:
Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: NALCO COMPANY
Street: 7701 HIGHWAY 90-A
City: SUGAR LAND
State: TX
Zip Code: 77478
Waybill/Shipping Paper: BKT2016859
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 590 E. 100TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: COMBUSTIBLE LIQUID, N.O.S.
15. Technical/Trade Name: AROMATIC HYDROCARBON
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2043 Liquid - 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? 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: DOTE-10517

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: TX2016859/SEAU172414

(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:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: NALCO COMPANY
Street: 7701 HIGHWAY 90-A
City: SUGAR LAND
State: TX
Zip Code: 77478
Waybill/Shipping Paper: BKT2016859
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 590 E. 100TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, N.O.S.
15. Technical/Trade Name: METHANOL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 7429 Liquid - 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? 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: DOTE-10517

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: TX2016859/SEAU172414

(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:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII - CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: NALCO COMPANY
Street: 7701 HIGHWAY 90-A
City: SUGAR LAND
State: TX
Zip Code: 77478
Waybill/Shipping Paper: BKT2016859
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 590 E. 100TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, N.O.S.
15. Technical/Trade Name: ISOHEXANE, ETHYLIBEN
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2092 Liquid - 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? 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: DOTE-10517

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: TX2016859/SEAU172414

(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:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: NALCO COMPANY
Street: 7701 HIGHWAY 90-A
City: SUGAR LAND
State: TX
Zip Code: 77478
Waybill/Shipping Paper: BKT2016859
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 590 E. 100TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: PHOSPHORIC ACID ZINC
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable)	III
19. Quantity Released: (Include Measurement Units)	1731 Liquid - 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?	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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: TX2016859/SEAU172414
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN311H1/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:

Complete the following: Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Packaging Type: Drum Material of Construction: Head Type (Drums only):		Packaging Type: Material of Construction:	
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: Amount in Package: Number in Shipment: Number Failed:		Package Capacity: Amount in Package: Number in Shipment: Number Failed:	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: Serial Number: 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:		Manufacture Date: Last Test Date:	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: Packaging Certification: Certification Number: Nuclide(s) Present: Activity: Critical Safety Index:		Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: SPAN ALASKA CONSOLIDATORS
Street: 8130 SOUTH 216TH STREET
City: KENT
State: WA
Zip Code: 98032
Waybill/Shipping Paper: BKWEB252642
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2040 EAST 79TH AVENUE
City: ANCHORAGE
State: AK
Zip Code: 99507
14. Proper Shipping Name of Hazardous Material: COMPRESSED GAS, N.O.S
15. Technical/Trade Name: NITROGEN, METHANE
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1956

18. Packing Group: (if applicable)

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

Non-Bulk

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: -

How Failed: -

Causes of Failure: -

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

Identification Markings: WEB252642/SEAU872334

(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: Pressure receptacle

Material of Construction:

Head Type (Drums only):

Packaging Type:

Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity:

Amount in Package:

Number in Shipment:

Number Failed:

Package Capacity:

Amount in Package:

Number in Shipment:

Number Failed:

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

Manufacturer:

Serial Number:

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:

Manufacture Date:

Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:

Packaging Certification:

Certification Number:

Nuclide(s) Present:

Activity:

Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: SPAN ALASKA CONSOLIDATORS
Street: 8130 SOUTH 216TH STREET
City: KENT
State: WA
Zip Code: 98032
Waybill/Shipping Paper: BKWEB252642
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 2040 EAST 79TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99507
14. Proper Shipping Name of Hazardous Material: LIGHTER REPLACEMENT CARTRIDGES CONTAINING LIQUEFIED PETROLEUM GASES
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1057

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 24 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? 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB252642/SEAU872334

(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: Box
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII - CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: PAINT INCLUDING PAINT, LACQUER, ENAMEL, STAIN, SHELLAC SOLUTIONS, VARNISH, POLISH, LIQUID FILLER AND LIQUID LACQUER BASE
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1263

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1044 Liquid - 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? 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Box	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:	Manufacture Date:
Serial Number:	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: | False | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: PAINT INCLUDING PAINT, LACQUER, ENAMEL, STAIN, SHELLAC SOLUTIONS, VARNISH, POLISH, LIQUID FILLER AND LIQUID LACQUER BASE
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1263

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1580 Liquid - 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? 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Box	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:	Manufacture Date:
Serial Number:	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: | False | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: FLAMMABLE LIQUIDS, TOXIC, N.O.S.
15. Technical/Trade Name: ACETONE, PENTANE-2
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1992

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 13 Liquid - 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?** 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Box
Material of Construction:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: ADHESIVES, CONTAINING A FLAMMABLE LIQUID
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1133

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 27 Liquid - 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?** 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Box Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: Amount in Package: Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: CROMIC ACID, AMMONIA
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 92 Liquid - 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?** 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Box Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:
27. Describe the package capacity and the quantity:	
Package Capacity: Amount in Package: Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name: PHOSPHORIC ACID, AMM
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 98 Liquid - 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? 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Box
Material of Construction:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier



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-2007010504
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/19/2006
4. Time of Incident (use 24-hour time): 09:06
5. Enter National Response Center Report Number (if applicable): 821502
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: ANCHORAGE
County: ANCHORAGE
State: AK
Zip Code: (if known): 99501
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Water
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: HORIZON LINES LLC
Street: 4064 COLONY ROAD SUITE 200
City: CHARLOTTE
State: NC
Zip Code: 28211
Federal DOT Id Number: Hazmat Registration Number: 061906001150Q
11. Shipper/Officer:
Name: PACIFIC ALASKA FORWARDERS, INC.
Street: 2812 70TH AVENUE EAST
City: FIFE
State: WA
Zip Code: 98424
Waybill/Shipping Paper: Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 431 EAST 104TH AVE
City: ANCHORAGE
State: AK
Zip Code: 99515
14. Proper Shipping Name of Hazardous Material: PAINT INCLUDING PAINT, LACQUER, ENAMEL, STAIN, SHELLAC SOLUTIONS, VARNISH, POLISH, LIQUID FILLER AND LIQUID LACQUER BASE
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1263

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 115 Liquid - 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? 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: WEB102307/SEAU172102

(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: Jerrican Material of Construction: Head Type (Drums only):	Packaging Type: Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: Amount in Package: Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: Number Failed:

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

Manufacturer:	Manufacture Date:
Serial Number:	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: | False | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | True | | |

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

- Fire/EMS Report #: False
Police Report #: False
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: \$ 14,030.00
Carrier Damage: \$ 17,000.00
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?

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:

THE OCEAN CONTAINER VESSEL HORIZON TACOMA 670N WAS IN THE PACIFIC OCEAN EN ROUTE FROM TACOMA, WASHINGTON TO ANCHORAGE, ALASKA WHEN ROUGH WEATHER DAMAGED SEVERAL CONTAINERS AND ROUGH WAVES KNOCKED THREE HAZARDOUS CONTAINER SHIPMENTS INTO THE SEA. THERE WERE NO LEAKS BUT THE LOSS OF THE COMPLETE OCEAN CONTAINER REQUIRED THE FILING OF SEVERAL REPORTS TO CAPTURE EACH HAZMAT SHIPMENT LOSS. THE NRC WAS NOTIFIED ALONG WITH AND EMPLOYEE FROM THE WASHINGTON DEPARTMENT OF ECOLOGY. THE NOTIFICATION WAS LAOS MADE TO THE USCG LT. THE CONTAINERS WERE NOT DISCOVERED MISSING UNTIL 12/19/2006 WHEN THE MATE COULD GO ON DECK ON SURVEY THE DAMAGE CAUSED BY TWO DAYS OF ROUGH WEATHER. THE SHIPPERS WERE NALCO, SPAN ALASKA TRANSPORTATION AND PACIFIC ALASKA FORWARDERS, SHIPPING UNDER BOOKING AND CONTAINER N.O.S. TX2016859/SEAU172414, WEB252642/SEAU872334 AND WEB102307/SEAU172102 RESPECTIVELY. A REPORT WILL BE FILED FOR EACH CHEMICAL THAT WAS LOST AT SEA.

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:

ALL SHIPMENTS WERE SECURED WELL BUT THE FORCE OF THE WAVES CAUSED THE STEEL CABLES AND PINS TO BREAK.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFFORD BARTLEY
Contact's Title:	MANAGER HAZARDOUS MATERIALS
Business Name and Address:	HORIZON LINES 5800-1 WILLIAM MILLS STREET JACKSONVILLE FL 32226
E-mail Address:	CBARTLEY@HORIZONLINES.COM
Telephone Number:	(904) 482-1761
Fax Number:	(904) 482-1726
Hazmat Registration Number:	
Date:	01/12/2007
Preparer is:	Carrier