U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: E-2016101524
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/26/2016

4. Time of Incident (use 24-hour time):
12:30

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

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

7. Location of Incident:
City: BATTLE CREEK
County: CALHOUN
State: MI
Zip Code: (if known): 49037
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
195 Byrdes Dr

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: Airgas Specialty Products
Street: 2271 W. Dewey Road
City: Owosso
State: MI
Zip Code: 48867
Federal DOT Id Number: 1351125
Hazmat Registration Number: 061716600008Y

11. Shipper/Offeror:
Name: Airgas Specialty Products
Street: 2271 W. Dewey Road
City: Owosso
State: MI
Zip Code: 48867
Waybill/Shipping Paper: 422467
Hazmat Registration Number: 061716600008Y

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

13. Destination:
Street: 195 Byrdges Dr.
City: Battle Creek
State: MI
Zip Code: 49037

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: anhydrous ammonia

16. Hazardous Class/Division: Nonflammable Compressed Gas

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

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 21 Gas - Pound

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

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

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? 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:
Other, Cargo Tank

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: - 126-Hose Adaptor or Coupling
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT Specification MC-331 Cargo Tank
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**	
Package Capacity:	38750 Gas - Pound	Package Capacity:	
Amount in Package:	33906 Gas - Pound	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	Lubbock	Manufacture Date:	
Serial Number:	60767	Last Test Date:	04/15/2016
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

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:	$ 0.00
Carrier Damage:	$ 2,700.00
Property Damage:	$ 3,000.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? True

If yes, provide the following information:

Total number of general public evacuated:	0
Total number of employees evacuated:	100
Total evacuated:	100
Duration of the evacuation:	1

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

If yes, how many? 0

37. Was the material involved in a crash or derailment? False

If yes, provide the following information:

Estimated speed (mph):	0
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:

ASP Driver, Ben Marshall, had completed the anhydrous ammonia fill on Musashi's tank. The safety (B.A.S.E.) system on the cargo tank was shut down, thus all valves (i.e. internal, snappy joe, etc.) were closed. The driver did not properly disconnect the 1" X 100' delivery hose prior to pulling away, which resulted in an unsafe line break (at the customer's tank connection), a release of anhydrous ammonia (21 lbs./vaporization is immediate so actual duration of release is unknown), and property damage to both the customer's and Airgas' equipment. The leak was mitigated by safety valves on both ends of the system (excess flow valve shut on customer's fill connection/internal and snappy joe valves on Airgas' discharge line shut). The driver tested all connections where stress was applied as a result of the pull-away, and no leaks were present. No authorities were called to the site, and Musashi returned to normal operation after a 1 hr. evacuation of approximately 100-500 employees. The driver was directed to leave the site shortly thereafter by area manager, Michael Jones.

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:

Established Airgas SOP A-03 specifically states that all delivery hoses are to be disconnected prior to pulling away. No recommendations will be made regarding the content of that particular SOP.

Airgas has recommended that a brake interlock system be installed on this cargo tank, such that if a hose is extended off of its reel, all air will be lost to the trailer, which will set/lock the brakes and prevent such occurrence in the future.

Airgas has also determined that the driver be disciplined, and re-trained on the established Airgas SOP A-03 thereafter.

PART VIII – CONTACT INFORMATION

Contact's Name:	Michael Jones
Contact's Title:	Northern Region Area Manager
Business Name and Address:	Airgas Specialty Products 1200 W. 138th Street Riverdale IL 60827
E-mail Address:	mike.jones4@airgas.com
Telephone Number:	708-846-6279
Fax Number:	708-849-0230
Hazmat Registration Number:	
Date:	10/31/2016
Preparer is:	Carrier