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-2007020385
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/16/2007

4. Time of Incident (use 24-hour time):
14:40

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: RHOME
County: WISE
State: TX
Zip Code: (if known): 76078
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
BIG Z TRAVEL PLAZA, POB 857

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CHAMPION TECHNOLOGIES, INC.
Street: 15656 STATE HIGHWAY 76
City: HEALDTON
State: OK
Zip Code: 73438
Federal DOT Id Number: 033987
Hazmat Registration Number: 061604551031MO

11. Shipper/Offeror:
Name: CHAMPION TECHNOLOGIES, INC.
Street: 113 ILLINOIS LANE
City: RHOME
State: TX
Zip Code: 76078
Waybill/Shipping Paper: 057558
Hazmat Registration Number: 061604551031MO

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

13. Destination:
Street: VARIOUS LOCATIONS FOR TRIO OPERATING
City: DENTON
State: TX
Zip Code: 76205

14. Proper Shipping Name of Hazardous Material: METHANOL

15. Technical/Trade Name: METHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1230

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 230 Liquid - Gallon

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

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

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? True
If yes, provide the Exemption, Approval, or CA number: DOT-SP 12412

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: - 161-Weld or Seam
How Failed: - 304-Cracked
Causes of Failure: - Improper Preparation for Transportation

26a. Provide the packaging identification markings, if available.
Identification Markings: 31H2/Y/2-05/USA/M4858/5244/2622
(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:	230 Liquid - Gallon	Package Capacity:	
Amount in Package:	230 Liquid - Gallon	Amount in Package:	
Number in Shipment:	8	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	CLAWSON CONTAINER COMPANY	Manufacture Date:	02/01/2005
Serial Number:	69127	Last Test Date:	02/01/2005
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: BALL
Model: VFTF200
Manufacturer: BANJO

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

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

Fire/EMS Report #:	True 2007003696
Police Report #:	False
In-house cleanup:	False
Other Cleanup:	True

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 805.00
Carrier Damage:	$ 60.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 0.00

(See damage definitions in the instructions)

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

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

Total number of general public evacuated:	50
Total number of employees evacuated:	8
Total evacuated:	58
Duration of the evacuation:	7

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:

AFTER GETTING FUEL AT BIG Z TRAVEL PLAZA, OUR DRIVER DROVE OFF ON AN ACCESS ROAD. THE DRIVER THEN REMEMBERED THAT HE HADN'T PAID FOR FUEL. HE THEN WENT BACK TO BIG Z TRAVEL PLAZA. AS HE STEPPED OUT OF HIS TRUCK, HE NOTICED THAT THE TOTE TANK OF METHANOL WAS LEAKING. HE CLIMBED INTO THE BACK OF THE TRUCK TO MAKE SURE THE VALVE WAS CLOSED. AS HE PLACED HIS HAND ONTO THE VALVE IT BROKE OFF BETWEEN THE VALVE AND THE MAIN BODY LEAVING A 2-INCH HOLE AND EMPTYING 230 GALLONS OF METHANOL ONTO THE DRIVE OF BIG Z TRAVEL PLAZA. THIS TOOK PLACE IN LESS THAN 5 MINUTES FROM BROKEN TO EMPTY. THE DRIVER CONTACTED HIS SUPERVISOR AND HIS SUPERVISOR CONTACTED GARNER ENVIRONMENTAL SERVICES TO CLEAN UP THE SPILL. RHOME, TX FIRE DEPARTMENT BARRICADED AND EVACUATED THE TRAVEL PLAZA, WHILE GARNER ENVIRONMENTAL SERVICES MITIGATED THE SPILL UNDER THE SUPERVISION OF THE RHOME FIRE DEPARTMENT. SEVEN HOURS PASSED FROM THE TIME OF SPILL UNTIL THE TIME CLEAN UP WAS DONE. THIS TOOK PLACE IN 25 DEGREE F WEATHER CONTRIBUTING TO VALVE BREAKING ALONG WITH THE WEIGHT OF THE HOSE HOOKED TO THE VALVE IN TRANSIT.

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:

1. UNHOOK ALL HOSES BEFORE MOVING THE TRUCK.
2. MAINTAIN SECURITY OF TOTE TANKS TO STOP MOVEMENT IN TRANSIT.
3. PERIODIC VALVE REPLACEMENT ON TOTE TANKS.
4. UPDATE AND REVIEW JOB SAFETY ANALYSIS (JSAs)
5. REVIEW DOT EXEMPTION 12412.
6. UPDATE EMERGENCY CALL LIST.
7. DRIVER TRAINING ON OPERATION OF DELIVERY TRUCKS.
8. DISCUSS SPILL PREVENTION.

PART VIII – CONTACT INFORMATION

Contact's Name:	FLOYD J. DYER
Contact's Title:	SAFETY REPRESENTATIVE
Business Name and Address:	CHAMPION TECHNOLOGIES, INC. 15656 STATE HIGHWAY 76 HEALDTON OK 73438
E-mail Address:	JACK.DYER@CHAMP-TECH.COM
Telephone Number:	(580) 673-2122
Fax Number:	(580) 673-2103
Hazmat Registration Number:	
Date:	02/01/2007
Preparer is:	Carrier

02/01/2005