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-2014020252
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/20/2014

4. Time of Incident (use 24-hour time):
08:30

5. Enter National Response Center Report Number (if applicable):
1071614

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

7. Location of Incident:
City: MORGANTOWN
County: BERKS
State: PA
Zip Code: (if known): 19543
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MileMarker306 I-76 PA Turnpike

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Univar USA Inc.
Street: 17425 NE Union Hill Road
City: Redmond
State: WA
Zip Code: 98052
Federal DOT Id Number: 00028633
Hazmat Registration Number: 060512552065UW

11. Shipper/Offeror:
Name: Univar USA Inc.
Street: 532 E. EMAUS
City: Middletown
State: PA
Zip Code: 17057
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 200 Dean Sievers Place
City: Morrisville
State: PA
Zip Code: 19067

14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1791

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 250 Liquid - Gallon

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

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

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

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
IBC

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Inadequate Blocking and Bracing

26a. Provide the packaging identification markings, if available.
Identification Markings: 31H1
(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:	330 Liquid - Gallon	Package Capacity:
Amount in Package:	330 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:	Synder IND. Inc.	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:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	True
- No Release:	False		

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

Fire/EMS Report #:	False
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:	$ 276.00
Carrier Damage:	$ 0.00
Property Damage:	$ 5,500.00
Response Cost:	$ 13,500.00
Remediation/Cleanup Cost:	$ 4,400.00

(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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

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:

At approximately 8:30 AM on January 20th, a Univar USA Inc. tractor-trailer was travelling east on the Pennsylvania Turnpike enroute to our facility in Morrisville PA. The load had originated at our Middletown, PA facility. In the area of mile marker 306, just west of the Morgantown exit, our driver was forced to brake very hard to avoid a vehicle that abruptly pulled off the road. During this maneuver, the load shifted towards the front of the trailer. A 330 gal Intermediate Bulk Container (IBC) filled with a 12.5% sodium hypochlorite solution, pushed forward into the wooden dunnage at the front of the trailer. The IBC was punctured by a board in the bottom third of the container, releasing an estimated 200-250 gallons of material into the roadway, shoulder and adjacent grassy area. There were no injuries. The PA Turnpike Authority and Univar activated a spill response contractor (Lewis Environmental Inc.) to provide cleanup services. The spilled hypochlorite was picked up by absorbents and the impacted soils excavated into a roadside stockpile. An estimated 40 tons of vegetation and soils were excavated. The final site restoration is pending improvement in weather conditions.

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:

The Univar investigation has identified the following corrective measures:
-Purchase of additional securement load bars and straps,
-Refresher training for Univar operations employees.

PART VIII – CONTACT INFORMATION

Contact's Name:	Dean Sares
Contact's Title:	Regional Regulatory Manager
Business Name and Address:	Univar USA Inc. 1686 E. Highland Road Twinsburg OH 44087
E-mail Address:	dean.sares@univarusa.com
Telephone Number:	330-963-2033
Fax Number:	330-963-4327
Hazmat Registration Number:	
Date:	02/20/2014
Preparer is:	Carrier