



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-2004091006
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/06/2004
4. Time of Incident (use 24-hour time):
00:30
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: WYANDOTTE
County: WAYNE
State: MI
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1609 BIDDLE AVENUE
8. Mode of Transportation: Rail
9. Transportation Phase: Unloading
10. Carrier/Reporter:
- Name: BASF WYANDOTTE CORP
Street: 1609 BIDDLE AVENUE
City: WYANDOTTE
State: MI
Zip Code: 48192
Federal DOT Id Number: NRC# 712582
Hazmat Registration Number:
11. Shipper/Officer:
- Name: BASF WYANDOTTE CORP
Street: 8404 RIVER ROAD
City: GEISMAR
State: LA
Zip Code: 70734
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 1609 BIDDLE AVENUE
City: WYANDOTTE
State: MI
Zip Code: 48192
14. Proper Shipping Name of Hazardous Material: OTHER REGULATED SUBSTANCES, LIQUID, N.O.S.
15. Technical/Trade Name: POLYMERIC METHYLENE
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) NA3082

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3375 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

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

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

PART III - PACKAGING INFORMATION

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

Tank Car

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.

Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 125-Hose; 135-Loading or Unloading Lines

How Failed: - 304-Cracked

Causes of Failure: - Defective Component or Device; Freezing

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

Identification Markings:

(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

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

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Packaging Type:
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: 23750 Liquid - Gallon
Amount in Package:
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: GENERAL AMERICAN MARKS
COMPANY
Serial Number: GATX18747
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)

Manufacture Date:
Last Test Date: 09/01/1999

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:

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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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

True

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

Material Loss: \$ 25,000.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 150,000.00
(See damage definitions in the instructions)

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

False

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

Employees:
Responders:
General Public:

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

False

If yes, how many?

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

False

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

Hospitalized (Admitted Only):

Employees:
Responders:
General Public:

Non-Hospitalized:

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

Employees:
Responders:
General Public:

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

False

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 0
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:

AT APPROXIMATELY 8:30 PM (2030 HOURS) 2/4/04, POLYOL PLANT OPERATIONS PERSONNEL CONNECTED STEAM TO A MDI RAILCAR, GATX 18748. THIS WAS DONE TO HEAT THE CONTENTS SO THE MATERIAL COULD BE TRANSFERRED TO STORAGE AS PART OF THE SOP. NO OTHER CONNECTIONS WERE MADE TO THE CAR. THE CAR TEMPERATURE WAS CHECKED APPROXIMATELY EVERY HOUR. AT APPROXIMATELY 12:30 AM THE CHEMICAL HANDLER OBSERVED THE CAR TO BE LEAKING PRODUCT ALONG THE BOTTOM LENGTH OF THE CAR. THE MOST PROMINENT AMOUNT APPEARED TO BE NEAR THE "B" END OF THE CAR AND EXTENDING TO THE CENTER OF THE CAR. THE TOTAL AREA COVER IS ESTIMATED TO BE 150 FT BY 6 FT BY 0.5 FT DEEP RESULTING IN AN ESTIMATED LOSS OF ^ 3375 GALLONS OR ^35000 LBS. LOSSES WERE CONFIRMED BY A MASS BALANCE. IMMEDIATE CORRECTIVE ACTION OR RESPONSE. THE CHEMICAL HANDLER IMMEDIATELY NOTIFIED THE SHIFT SUPERVISOR. ALL VALVES/DRAINS DISCHARGING WATER FROM THE AREA WERE IMMEDIATELY CLOSED. THE SUMP FEED TO THE CARBON TREATMENT BEDS WAS SHUT DOWN. THE SPILL AREA WAS DIKED WITH ABSORBENT PILLOWS AND ZORBALL. THE PRESSURE PAD ON THE RAILCAR WAS VENTED TO MINIMIZE THE RATE OF THE LEAK. ONCE THE PAD WAS REMOVED THE VENT VALVE WAS CLOSED TO ALLOW A SMALL VACUUM TO FORM INSIDE THE CAR WHICH RESULTED IN FURTHER SLOWING THE LEAK. THE PLANT MANAGER, AND SESD ON CALL PERSONNEL WERE NOTIFIED. THE APPROPRIATE AGENCIES WERE NOTIFIED BY THE SESD ON CALL PERSON. SITE SECURITY PERSONNEL WERE ALSO NOTIFIED. THE ENTIRE AREA WAS EXAMINED TO VERIFY THE SPILL HAD BEEN CONTAINED. TO MINIMIZE THE SIZE OF THE POOL OF SPILLED MATERIAL A ^50 GALLON TUB WAS PLACED UNDER THE MAJOR LEAK POINT AND WHEN THE TUB FILLED ITS CONTENTS WERE PUMPED TO TOTES. ARRANGEMENTS WERE MADE WITH LOCAL APPROVED COMPANIES TO PROVIDE RESOURCES TO TRANSFER THE REMAINING CONTENTS TO ANOTHER RAILCAR. THE EH&S GROUP CONDUCTED AREA AIR MONITORING AT THE MDI LOAD RACK IN SUPPORT OF THE RAIL CAR RESPONSE ON 02/09/04. DIRECT-READ AREA MONITORING WAS PERFORMED USING A ZELLWEGER (MDA SCIENTIFIC) TLD METER WITH ISOCYANATE CHEMCASSETTE AND MDI KEY. OVERALL, NO DETECTABLE AIRBORNE CONCENTRATION (DETECTION LIMIT = 2 PPB) WAS NOTED AT ANY LOCATION TESTED. THE TEST LOCATIONS WERE AS FOLLOWS: SPILL AREA PERIMETER CONTAMINATED SECTIONS OF RAIL MDI CONTAMINATED TUBS

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

PART VIII – CONTACT INFORMATION

Contact's Name:	BOB D DAUGHERTY
Contact's Title:	SITE LOGISTICS MANAGER
Business Name and Address:	
E-mail Address:	
Telephone Number:	734-324-6447
Fax Number:	
Hazmat Registration Number:	
Date:	09/16/2004
Preparer is:	