



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-2011070008
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/16/2011
4. Time of Incident (use 24-hour time):
04:15
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: RICHLAND
County: RANKIN
State: MS
Zip Code: (if known): 39218
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
102 CARRIER BLVD.
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
- Name: YRC, INC.
Street: 10990 ROE AVE.
City: Overland Park
State: KS
Zip Code: 66211
Federal DOT Id Number: 71821
Hazmat Registration Number: 050109 550 022
11. Shipper/Officer:
- Name: SCHIBLEY CHEMICAL CO., INC.
Street: 1570 LOWELL ST.
City: ELYRIA
State: OH
Zip Code: 44036
Waybill/Shipping Paper: 2002876363
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 324 SOUTHFIELD CUTOFF
City: EL DORADO
State: AR
Zip Code: 71730
14. Proper Shipping Name of Hazardous Material: ORGANIC PEROXIDE TYPE F, LIQUID
15. Technical/Trade Name: CUMYL HYDROPEROXIDE
16. Hazardous Class/Division: Organic Peroxide
17. Identification Number: (E.g. UN2764, NA 2020) UN3109

PART III - PACKAGING INFORMATION

Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Packaging Type:	Drum	Packaging Type:	
Material of Construction:	Plastic	Material of Construction:	
Head Type (Drums only):	Non - Removable		
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity:	55 Liquid - Gallon	Package Capacity:	
Amount in Package:	55 Liquid - Gallon	Amount in Package:	
Number in Shipment:	12	Number in Shipment:	
Number Failed:	1	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: | 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
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: \$ 1,000.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 7,300.00
(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: 31
Total evacuated: 31
Duration of the evacuation: 2

36. Was a major transportation artery or facility closed?

True

If yes, how many? 2

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:

WHILE UNLOADING, IT WAS DISCOVERED A 55-GALLON DRUM OF LIQUID WAS FOUND LEAKING DUE TO BEING PUNCTURED AND DAMAGED BY FORKLIFT BLADE. THE DRUM AND AFFECTED MATERIALS WERE PLACED INTO PROPERLY MARKED, LABELED AND LINED SALVAGE DRUMS. THE DRUMS ARE BEING HELD PENDING DISPOSITION.

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:

NEVER HANDLE DRUMS WITH FORKLIFT BLADES.

PART VIII – CONTACT INFORMATION

Contact's Name:	STEVE SHINNERS
Contact's Title:	SR. MGR. - INDUST. SAFETY & ENVIRON.
Business Name and Address:	YRC, INC. 10990 ROE AVE. Overland Park KS 66211
E-mail Address:	Steve.Shinners@yrcw.com
Telephone Number:	913 344 3615
Fax Number:	913 344 3614
Hazmat Registration Number:	950109550022RT
Date:	06/23/2011
Preparer is:	Carrier