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-2012100188
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/16/2012

4. Time of Incident (use 24-hour time):
11:00

5. Enter National Response Center Report Number (if applicable):
1021246

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

7. Location of Incident:
City: BILOXI
County: HARRISON
State: MS
Zip Code: (if known): 39531
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
J-10 MM 44

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: LANDSTAR EXPRESS AMERICA, INC.
Street: 13410 SUTTON PARK DR S
City: Jacksonville
State: FL
Zip Code: 32224-5270
Federal DOT Id Number: 241572
Hazmat Registration Number:

11. Shipper/Offeror:
Name: LINEHOS CHEMICAL
Street: 113 PROGRESS DRIVE
City: RINCON
State: GA
Zip Code: 31326-3240
Waybill/Shipping Paper: LP-05-ACS12126
Hazmat Registration Number:

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

13. Destination:
Street: 9011 E. ALMEDA STREET
City: HOUSTON
State: TX
Zip Code: 77074

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 15 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:
Non-Bulk

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: -
How Failed: -
Causes of Failure: -

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

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

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
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:	$ 300.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 9,000.00
Remediation/Cleanup Cost:	$ 12,000.00

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

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):	
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:
INCIDENT SUMMARY Job # 1130-01854
Client: Gary Marsh I TREC Environmental

Location: I-10 west bound on ramp MM 44

By: Edward Schultz

Thursday 8-16-12

11:00 USES received a call from Earl Etheridge with MDEQ concerning an 18 wheeler with a leaking drum of Polyphosphoric Acid 110%.

12:30 USES is on site and walking through the scene with MDEQ and the firemen that are on site.

12:45 USES has talked with Gary Marsh concerning the incident and has been notified that they will be working for TREC Environmental.

13:00 USES has ordered three roll off boxes and a 12000lb extended reach fork lift to unload the trailer so that is can be de-contaminated. The trailer has been deemed not road worthy by the Mississippi Highway Patrol Motor Carrier division.

13:15 USES is awaiting the arrival of the equipment that has been ordered and the roll offboxes to load the drums in.

17:30 The extended reach fork lift is on sight. USES has also ordered a light plant for when the sun goes down.

17:45 The roll off boxes have started to show up and USES is helping place the boxes in the proper location for easy loading.

18:00 USES has begun the unloading of the good and damaged drums placing them back on the pallets that are still in good shape in the trailer.

20:30 USES is still working on the unloading of the trailer. The first roll off is loaded and headed to the Biloxi office for safe storage.

21:15 USES has begun to load the second roll off.

22:30 USES has finished loading the second roll off and has put all of the broken pallets and other miscellaneous trash in the third roll off box.

23:30 USES is back at the Biloxi office and off the clock with the exception of Paul Newton who is headed back to Mobile. Friday 8-17-12

8:00 USES is at the spill site to hand excavate any contaminated soils and place the soil in 55 gallon drums to be disposed of in the trash roll off.

10:00 USES has finished the dig and is loading up the drums and tools.

11:45 USES is back at the Biloxi office and is placing the contaminated soil in the roll off box for off site disposal.

12:30 USES has completed the dig and placement of the contaminated soils in the roll off box.

Saturday 8-18-12

7:00 USES is on site at the Biloxi office to reload the Landstar Trailer with the drums of Polyphosphoric Acid 110% that have been placed in roll off boxes for safe storage.

8:00 USES has started unloading the first roll off box and started to place the drums on new pallets and wrap them with shrink wrap the secure the drums to the pallets.

11:00 USES has completed the first roll off and is placing the second roll off box to be unloaded.

13:00 USES has completed the second roll off box and is getting the Landstar Tractor and Trailer in place to reload.

13:30 USES will load the pallets of acid all the way to the nose of the trailer as per the driver for landstar.

16:45 USES has completed the reloading of the trailer and is putting any and all trash in the third roll off for later disposal.

17:00 USES has completed the clean up and is off the clock. Paul Newton and John Tillman will be off the clock at 18:00.

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:

YES - A PROCESS REVIEW WITH DRIVER IS TO ASSURE INSPECTION AND ADJUSTED LOAD JACKS SECURE ON EACH & EVER LOAD.

PART VIII – CONTACT INFORMATION

Contact's Name:	GARY LEE MARSH
Contact's Title:	ENV. MGR.
Business Name and Address:	LANDSTAR EXPRESS AMERICA, INC. 13470 SUTTEN PARK DRIVE JACKSONVILLE FL 32224
E-mail Address:	SFC@SPILLCAP.COM
Telephone Number:	770-559-1334
Fax Number:	866-737-5677
Hazmat Registration Number:	241572
Date:	09/20/2012
Preparer is:	Other - AGENT AUTHORIZED