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-2020060077
2. This is to report: B

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/30/2020

4. Time of Incident (use 24-hour time):
19:30

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: LOS ANGELES INTERNATIONAL AI
County: LOS ANGELES
State: CA
Zip Code: (if known): 90009
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
6555 W Imperial Highway

8. Mode of Transportation: Air

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:
Name: QANTAS AIRWAYS LTD
Street: 655 W IMPERIAL HWY
City: LOS ANGELES
State: CA
Zip Code: 90044
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Schenker Inc
Street: 18851 Kenswick
City: Humble
State: TX
Zip Code: 77338
Waybill/Shipping Paper: 081-49131036
Hazmat Registration Number:

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

13. Destination:
Street: Medowie Rd Bldg 171
City: Williamtown
State: ZZ
Zip Code: NSW 2314

14. Proper Shipping Name of Hazardous Material: CARBON DIOXIDE

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1013

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18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 0

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? True

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: 4G
(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: Box	Packaging Type: Box
Material of Construction: Fiberboard	Material of Construction: Fiberboard or cardboard
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:	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: | 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: False
- Explosion: False
- Vapor (Gas) Dispersion: False
- No Release: True
- Fire: False
- Material Entered Waterway/Storm Sewer: False
- Environmental Damage: 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: False

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

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

Material Loss: $ 0.00
Carrier Damage: $ 0.00
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:
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? True

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)?
Air carrier cargo facility

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
  False
- Transport by air (subsequent flights)
  False
- Transfer at sort center/cargo facility
  False
- Transported by air (first flight)
  True
- Initial transport by highway to cargo facility
  False

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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:

On Saturday May 30, 2020 at approximate 1930 a driver arrived with documents for 081-49131036. Documents contained the IAC, air waybill and invoice. After Agent Gabby Rosales processed security paperwork, the driver presented shipment for dock acceptance.

During dock acceptance Noberto Duque discovered a clear envelope sleeve containing a Shippers Declaration. Noberto immediately flagged the shipment and brought it to the attention of Supervisor Kelly Covarrubias. The shipment had a Shipper's Declaration but no hazard labels or statement on the air waybill indicating the same. As a Category 6 trained person Kelly recognized the mismatch of Shipper's Declaration to labels. Kelly also recognized that that an air waybill description of "aircraft parts" could indicate the presence of a hidden dangerous good as outlined in IATA DGR 2.2. With aim of preventing undeclared dangerous goods from being transported and given the high visibility for this AOG must-ride shipment on the booking list we attempted to discern if this was indeed a dangerous good.

We enlisted CAP018 to obtain a contact for this air waybill and contacted Terri who is listed as point of contact in the remarks section, multiple calls resulted in voicemail. We dialed the listed number on the top right of CAP018 and were unable to reach a contact. We then found, in an email thread, a contact for the Schenker AOG desk that is monitored on a 24/7 basis (866-890-1235) and spoke to Diane. We explained the shipment arrived with a Shippers Declaration but lacked hazard labels. Diane confirmed it was not a dangerous good and granted permission to remove the declaration.

Shipment was then loaded and manifested on QF0940/30May 2020.

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:

A read and sign will be issued to all staff to advise when suspicion arises that a shipment may contain dangerous goods the shipment will be placed on hold (regardless of commodity or booking level). Qantas customer service will obtain written confirmation from the ultimate shipper, not the Forwarder. The Forwarder will then confirm by endorsement of the air waybill that no part of the content is dangerous (e.g. "Not-Restricted").

PART VIII – CONTACT INFORMATION

Contact's Name:	Michael Malone
Contact's Title:	Manager DG Compliance
Business Name and Address:	WORLDWIDE FLIGHT SERVICES, INC. CARGO BLDG 151 JFK AIRPORT JAMAICA NY 11430
E-mail Address:	mmalone@wfs.aero
Telephone Number:	(972)629-5016
Fax Number:	
Hazmat Registration Number:	
Date:	06/04/2020
Preparer is:	Other - GHA