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-2009090343
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/06/2009

4. Time of Incident (use 24-hour time):
00:15

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: MASCOUTAH
County: SAINT CLAIR
State: IL
Zip Code: (if known): 62258
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8839 RICHARD BRAUER ROAD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:
Name: TRANSPORT EXPRESS INC
Street: 7045 N. HANLEY ROAD
City: HAZELWOOD
State: MO
Zip Code: 63042
Federal DOT Id Number: 508696
Hazmat Registration Number: 051209550089RT

11. Shipper/Offeror:
Name: DOMINO AMJET, INC.
Street: 4321 LEE AVE.
City: Gurnee
State: IL
Zip Code: 60031
Waybill/Shipping Paper: 40421040342
Hazmat Registration Number:

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

13. Destination:
Street: 2DA TRANSVERSAL NORTE GUAICAIPURO
City: Caracas
State: ZZ
Zip Code:

14. Proper Shipping Name of Hazardous Material: METHYL ETHYL KETONE

15. Technical/Trade Name: METHYL ETHYL KETONE

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1193

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 0 Liquid - Milliliter

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: 4G/Y10.6/S/09, USA/+BR6892
(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:	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	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	True	- Environmental Damage:	False
- No Release:	False		

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

Fire/EMS Report #: True 2009-110
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 3,511.00
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:	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:	12
Total evacuated:	12
Duration of the evacuation:	5

36. Was a major transportation artery or facility closed? True

If yes, how many? 5

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:

08/05/09 1430 - Freight in question arrived TNXE/ORD dock where it was visually inspected, counted and signed for by our terminal manager. Freight loaded onto destination trailer at 1739. 08/05/09 2345 - TNXE driver arrived at Midamerica Airport dock, opened trailer doors and detected an odor. No signs of leakage within trailer were found. Entire contents of trailer (multiple shipments - both haz and non-haz) unloaded onto airport dock. One of the two shrink-wrapped skids containing MEK was then disassembled. An external inspection of the boxes by dock personnel did not reveal any to be damaged, wet or leaking. Dock personnel notified their chain of command. The shipper and Chemtrec were contacted. Fire Department arrived. A hazmat team arrived. TNXE driver and facility personnel were evacuated 150 feet from the building. Evacuees were updated every 15-20 minutes by liaison coordinator as to progress. Initial search by hazmat team unsuccessful in determining which boxes were causing the odor. All boxes were then opened. Three boxes, when the interior plastic bags were opened, caused their readings to spike to 160 ppm. These three boxes were then segregated and placed in a drum. These boxes contained nine (9), 1-Liter plastic bottles with a cardboard separator placed in a plastic bag. The plastic bottles had screw-on caps, none of which were found to be loose. According to the hazmat team leader, whereas no leakage was observed in the plastic bags, MEK evaporates at an extremely fast rate. The cause of the vapor release was undetermined. 08/06/09 0515 - TNXE driver advised he was awaiting decision as to how much freight was going to be accepted/rejected. 08/06/09 0645 - TNXE driver advised the entire hazmat shipment consisting of Printing ink-related material and MEK was refused and loaded back onto his trailer minus the three boxes in the drum being held at the airport facility dock; all other non-haz shipments and one other Class 3 hazmat shipment (Isopropanol) were accepted to forwarding to their respective destinations.

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:

At the post-incident interview with our driver, I learned that while evacuated, he was twice approached and asked details of the hazardous materials he transported to the facility. Both times he directed the questioner to the facility personnel who was last in possession of the shipping papers before the evacuation. I was in possession of copies of the hazmat shipping doc information for all three Class 3 hazardous shipments as well as the three pertinent ERG page numbers. If needed, I thought an official at the site would've called the carrier for this information. Should this ever happen again, I'll know to keep in more frequent communication with our driver and ask better questions.

PART VIII – CONTACT INFORMATION

Contact's Name:	MICHAEL J. SHAW
Contact's Title:	VICE PRESIDENT
Business Name and Address:	TRANSPORT EXPRESS, INC. 7045 NORTH HANLEY ROAD Hazelwood MO 63042
E-mail Address:	mshaw@fastrans.com
Telephone Number:	3144260055
Fax Number:	3144263434
Hazmat Registration Number:	
Date:	09/04/2009
Preparer is:	Carrier