



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-1990070594
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/29/1990
4. Time of Incident (use 24-hour time):
10:00
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: INDIANAPOLIS
County: MARION
State: IN
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1509 S SENATE AVE
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
- Name: SUPERIOR CARRIERS INC
Street: PO BOX 580 - HIGHWAY 11 N
City: MARION
State: VA
Zip Code: 24354
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
- Name: OCCIDENTAL CHEMICAL CO
Street: PO BOX 809050
City: DALLAS
State: TX
Zip Code: 75380-905
Waybill/Shipping Paper: 252624700
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 3825 KELLOGG AVE
City: CINCINNATI
State: OH
Zip Code: 45226
13. Destination:
- Street: 1509 S SENATE AVE
City: INDIANAPOLIS
State: IN
Zip Code: 46225
14. Proper Shipping Name of Hazardous
Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: CAUSTIC SODA 50%
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4483.5 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:

Cargo Tank Motor Vehicle (CTMV)

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: - 303-Burst or Ruptured

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:
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: 6359 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: KARI-KOOL - TANK TRK/TRL
MANUF
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 #:
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:	\$ 3,000.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 800.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 4,500.00

(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:

ON 7-19-90, DRIVER HOOKED UP HIS HOSE TO CUSTOMERS UNLOADING LINES, CUSTOMERS EMPLOYEE GAVE THE OKAY FOR THE DRIVER TO START UNLOADING. THE DRIVER PUT 20-25 POUNDS OF AIR PRESSURE ON TANK TO OFF LOAD THE PRODUCT. DRIVER STAYED BY THE DELIVERY HOSE FOR APPROX 10 MINS. TO ASCERTAIN THAT THERE WERE NO LEAKS IN CONNECTIONS AND THAT PRODUCT WAS UNLOADING CORRECTLY. DRIVER THEN WENT TO THE CAB ON HIS TRUCK TO DO SOME PAPERWORK. A FEW MINUTES LATER, THE UNLOADER ADVISED THE DRIVER THE PRODUCT HOSE HAD REPTURED. THE DRIVER GOT OUT OF THE TRUCK AND CLOSED ALL PRODUCT VALVES. THE PRODUCT WAS SPILLED INTO A CONCRETE HOLDING TANK (NO PRODUCT REACHED THE GROUND OR WATER). THE HOLDING TANK DRAINED DIRECTLY INTO THE CUSTOMERS WASTE WATER TANK WHERE WASTE IS STORED FROM CUSTOMERS MANUFACTURING PROCESS. THE PRODUCT WILL BE TREATED IN THE WASTE TANK. RECOMMENDATIONS: CONSIGNEES AND/OR SHIPPERS SHOULD BE REQUIRED BY REGULATIONS TO FURNISH THEIR OWN HOSES, PUMPS, AIR COMPRESSORS AND PERSONNEL FOR LOADING AND UNLOADING OF ANY PRODUCT. THE SHIPPERS AND CONSIGNEE'S ARE TRYING TO SUPPLEMENT THEIR WORKK FORCE WITH CARRIERS PERSONNEL, AND PLACING TOO MUCH RESPONSIBILITY ON THE DRIVERS. THE DELIVERING DRIVERS ARE NOT FAMILIAR WITH SHIPPERS AND/OR CONSIGNEES UNLOADING PROCEDURES, I.E. VALVES, TANKS, ATE., BY REQUIRING THE SHIPPERS AND/OR CONSIGNEES WOULD BE RESPONSIBLE TO OPEN OR CLOSE ALL OF THEIR VALVES, KNOW WHETHER THEIR RECEIVING TANKS WOULD HOLD THE PRODUCT. BY REQUIRING THE SHIPPERS AND CONSIGNEES TO FRUNISH THE HOSES, PUMPS, AIR COMPRESSOR'S, ETC., THAT COULD CAUSE A SPILL BY MALFUNCTIONING AND ELIMINATE THE POSSIBILITY OF CONTAMINATION OF PRODUCT AND REACTION BETWEEN THE DIFFEREDNT PRODUCTS IN HOSES THAT CAUSED DETERIORATION OF HOSES AND CAUSING HOSE OR PUMP FAILURE.

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: E C ESTILL
Contact's Title: VP OF SAFETY
Business Name and Address:

E-mail Address:
Telephone Number: 7037837261
Fax Number:
Hazmat Registration Number:
Date: 07/20/1990
Preparer is: