



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-2008040050
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/25/2008
4. Time of Incident (use 24-hour time): 10:00

5. Enter National Response Center Report Number (if applicable): 866864
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: CLEVELAND
County: CUYAHOGA
State: OH
Zip Code: (if known): 44134
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
4600 Brookpark Road

8. Mode of Transportation: Highway
9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: Univar USA Inc.
Street: 1686 East Highland Road
City: TWINSBURG
State: OH
Zip Code: 44087
Federal DOT Id Number: 0028633
Hazmat Registration Number: 022103002004LN

11. Shipper/Officer:
Name: Univar USA Inc.
Street: 1686 East Highland Road
City: TWINSBURG
State: OH
Zip Code: 44087
Waybill/Shipping Paper: CL533689
Hazmat Registration Number: 022103002004LN

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

13. Destination:
Street:
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
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) 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? True
If yes, provide the Exemption, Approval, or CA number: SP12412

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:
IBC

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: - 141-Piping or Fittings
How Failed: - 304-Cracked
Causes of Failure: -

26a. Provide the packaging identification markings, if available.

Identification Markings: 31H1/Y/M4858/7344/2623

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

Package Capacity:
Amount in Package:
Number in Shipment:
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 #: False
Police Report #: False
In-house cleanup: True
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: 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?

True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees: 1
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: 0
Total number of employees evacuated: 0
Total evacuated: 0
Duration of the evacuation: 0

36. Was a major transportation artery or facility closed?

False

If yes, how many? 0

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:

The driver arrived at the customer's site at 0945 and positioned his vehicle at the unloading area. The unloading hoses were connected from the intermediate bulk container, (IBC) to be offloaded and the unloading pump. A second hose was connected between the threaded discharge outlet of the pump coupling and the customers receiving tank. The employee secured and inspected all connections ensuring that there were no leaks. Upon receiving approval to begin offloading the employee activated the offloading pump by engaging the air. As the unloading process began the threaded discharge coupling between the pump and the receiving tank cracked causing approximately 15 gallons of sodium hydroxide solution to be released into the immediate area. The employee shut down the transfer pump stopping the flow. While doing this, the unloading employee was splashed with sodium hydroxide solution originating from the cracked fitting. The employee was moved to a safety shower and rinsed off. The employee was subsequently transported to MetroHealth Hospital, Cleveland OH, for medical evaluation. The employee was treated at the hospital for superficial chemical burns to the right and left thigh & a small superficial chemical burn to the neck. The employee was admitted to the hospital for further observation by the treating physician. The employee was released the following day and returned to work on a restricted basis. Facility employees cleaned up the area affected by the release. The recovered material was containerized for subsequent disposal at a licensed, permitted disposal facility. The transport unit was returned to the shipping facility for further examination. The failed coupling was examined and it was determined that the weight of the material in the transfer hose in conjunction with the pressure of the discharge pump contributed to the failure of the threaded coupling. To prevent future occurrences, a non threaded coupling was installed on the discharge port of the pump. This incident was reviewed with affected facility personnel and also at a facility safety meeting.

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:

To prevent future occurrences, a non threaded coupling was installed on the discharge port of the pump. This incident was reviewed with affected facility personnel and also at a facility safety meeting.

PART VIII – CONTACT INFORMATION

Contact's Name:	Damion Vickrey
Contact's Title:	Branch Operations Manager
Business Name and Address:	Univar USA Inc. 1686 East Highland Road TWINSBURG OH 44087
E-mail Address:	Damion.Vickrey@univarusa.com
Telephone Number:	330-963-2014
Fax Number:	330-425-7582
Hazmat Registration Number:	
Date:	04/03/2008
Preparer is:	Carrier