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-2013080290
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/30/2013

4. Time of Incident (use 24-hour time):
13:00

5. Enter National Response Center Report Number (if applicable):
1045605

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

7. Location of Incident:
City: BYRON
County: OLMSTED
State: MN
Zip Code: (if known): 55920
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
CTY RD 3 SOUTH OF CTY RD 4

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: FARM COUNTRY CO-OP
Street: 417 N MAIN ST
City: PINE ISLAND
State: MN
Zip Code: 55963-7533
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: FARM COUNTRY CO-OP
Street: 417 N MAIN ST
City: PINE ISLAND
State: MN
Zip Code: 55963-7533
Waybill/Shipping Paper:
Hazmat Registration Number:

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

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

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: ANHYDROUS AMMONIA

16. Hazardous Class/Division: Poisonous Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 20 Gas - 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:
Portable Tank

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: - 109-Closure (e.g., Cap, Top, or Plug); 140-Outer Frame
How Failed: - 304-Cracked; 305-Crushed
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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: 1000 Gas - 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: TRINITY INDUSTRIES
Manufacture Date: 01/01/1960
Serial Number:
Last Test Date:
Material of Construction: STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 (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	130029
Police Report #:	True	13-907061
In-house cleanup:	True	
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:	$ 16,000.00
Property Damage:	$ 0.00
Response Cost:	$ 2,000.00
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:	2
Total number of employees evacuated:	0
Total evacuated:	2
Duration of the evacuation:	12

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

If yes, how many?

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	18
Weather conditions:	NICE
Vehicle overturned?	True
Vehicle left roadway/track?	True

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:

1. THE OPERATOR TERRY PETERSON IS A VETERAN OF PUTTING ON NH3. HE BEEN APPLYING NH3 FOR OVER 25 YEARS WITH A VERY CLEAN SAFETY RECORD. HE WAS DRIVING OUR JD TRACTOR AND TOOLBAR AND PULLING A TWIN 1000 GALLON TANK. IT WAS EARLY AFTERNOON ON TUESDAY THE 30TH OF APRIL. TERRY WAS DRIVING WEST ON CTY RD 3 AND PROCEEDED SOUTH ON 3. AS HE WAS DRIVING STRAIGHT AHEAD ON 3 ABOUT 19MPH HE WENT ABOUT A 1/4 TO A 1/3 OF A MILE AND LOOKING STRAIGHT AHEAD. ALL OF A SUDDEN HE LOOKED IN THE MIRROR AND THE TANK WAS ALREADY PARTIALLY IN THE DITCH, AND THE WHEEL BASE OF THE TANK IS NARROWER THAN BOTH THE TOOLBAR AND THE TRACTOR. AS THE TANK WENT INTO THE DITCH ON THE WEST SIDE OF THE ROAD, THE END OF THE TANK'S HITCH WHERE THE PIN GOES IN BROKE OFF (WHERE THE TWO PIECES OF METAL CONNECT TO THE TONGUE), AND THE TANK THEN ROLLED OVER ONTO ITS TOP UPSIDE DOWN. HE THEN DROVE ABOUT 100 FEET AND PULLED OVER. HE CALLED FARM COUNTRY COOP'S OFFICE IN PINE ISLAND TO INFORM US OF THE PROBLEM. HE THEN WALKED BACK TO THE TANK AND IT WAS LEAKING. THERE WAS A SMALL CLOUD OF GAS, SO TERRY KNEW IT WAS LEAKING A LITTLE. THE WIND WAS 15 MPH OUT OF THE WEST BLOWING THE GAS OVER THE ROAD AND AWAY FROM THE TANK. 911 WAS CALLED IMMEDIATELY. A WOMAN WHO LIVED IN THE HOUSE LOCATED 60-70 YARDS AWAY ALSO ON THE WEST SIDE OF THE ROAD CAME OUT TO SEE WHATS GOING ON. TERRY TOLD HER THAT HER AND HER HUSBAND SHOULD LEAVE THE SCENE AS A PRECAUTION. THE POLICE WERE THERE WITHIN 15 MINUTES, AND FIVE MINUTES LATER THE BRYON FIRE DEPARTMENT VOLUNTEERS WERE ON THE SCENE. THE POLICE OFFICER ON THE SCENE SAID THAT NO TICKETS WOULD BE ISSUED. THE WITNESS BEHIND THE UNIT THOUGHT THE TANK WAS TRAVELLING STRAIGHT AND NORMAL.

2. THE CAUSE OF THE INCIDENT/RELEASE IS STILL UNCLEAR, BUT WHAT WE KNOW IS THIS. THE SHOULDERS OF THE BLACKTOP ROAD ARE SOFT, AND ALSO NARROW. THE ROAD IS ITSELF JUST A TWO LANE, AND WE NORMALLY HAVE TO RUN THE SHOULDER TO FIT DOWN THE ROAD. THE TANK'S TIRES ALWAYS END UP ON THE SHOULDER AT TIMES, AND IN THIS INSTANCE BECAUSE THE SHOULDER WAS NARROW AT ONLY 2 FEET OF WIDTH, THE TANK'S TIRES CAUGHT THE EDGE OF THE SHOULDER AND TERRY MAY HAVE COMPENSATED TO GET TOWARDS THE CENTER ROAD. THE TWO PIECES OF METAL WITH THE HOLES IN THEM ON THE END OF THE TONGUE WERE FINE, BUT WHERE THEY ATTACH TO THE TONGUE IS WHERE IT BROKE OFF. LOOKING AT THE METAL WHERE THEY BROKE IT LOOKS LIKE THERE WAS NOT 100% GOOD METAL LEFT. THE CONNECTION HAD A POSSIBLE WEAK AREA IN IT. THIS WOULD BE IMPOSSIBLE TO NOTICE UNLESS IT BROKE. NOW IF YOU CONSIDER THE STEEPNESS OF THE AREA, IT MAY OR MAY NOT HAVE BEEN A FACTOR. THE ONE ROLL CAGE DID ITS JOB ON ONE TANK PREVENTING THE VALVES FROM BUSTING OFF, BUT ON THE OTHER TANK THE CAGE BROKE OFF AND THE FRONT VALVE DID BREAK OFF. THE INSIDE PORTION OF THE VALVE SLAMMED SHUT BUT DID ALLOW SOME PRODUCT TO GET BY. IT DID ITS JOB MOSTLY.

3. THE IMPACT TO THE GENERAL PUBLIC WAS VERY MINIMAL. THERE WERE NO HEALTH ISSUES AT ALL. ALL PEOPLE AT THE SCENE WERE INFORMED OF THE ANHYDROUS AMMONIA PROPERTIES AND TO NOT GET CLOSE AND STAY UPWIND. TERRY MADE SURE NO ONE CAME RUSHING UP TO THE TANK. HE WAS VERY CLEAR TO KEEP A SAFE DISTANCE AWAY AND TO MAKE A PLAN TO RESOLVE THE PROBLEM. THE POLICE AND FIRE DEPARTMENT WERE THERE IMMEDIATELY AND DID AN EXCELLENT JOB OF SHUTTING DOWN ROAD AND ASSESSING THE SCENE. ON WEDNESDAY MORNING THE ROCHESTER FIRE DEPARTMENT DID AMMONIA CHECKS ON THE HOUSES NEARBY AND DETERMINED IT WAS SAFE TO RE-ENTER THE HOMES. IT IS OUR BELIEF THAT THERE NEVER WERE ANY ISSUES WITH AMMONIA IN OR NEAR THE HOUSES, BUT IT WAS DONE AS A PRECAUTION. OLMSTEAD COUNTRY LAW ENFORCEMENT REQUESTED THE TESTS BE DONE. THE BYRON FIRE DEPT. DID NOT HAVE AN AMMONIA TESTER.

3A. NO ONE WAS ENDANGERED, EXPOSED, OR INJURED AS A RESULT OF THE INCIDENT. THE OWNERS OF THE HOME NEAREST THE INCIDENT WERE EVACUATED AS A PRECAUTION.

3B. N/A

3C. N/A

4. FARM COUNTRY COOP AT 417 N. MAIN IN PINE ISLAND, MN 55963 OWNS THE NURSE TANK, TOOLBAR, AND TRACTOR INVOLVED IN THE INCIDENT. ALL HOSES AND COMPONENTS ARE OWNED BY FARM COUNTRY COOP.

5. PHOTOS ARE ATTACHED IN A FOLDER

6. THE ENTIRE FACILITY AT PINE ISLAND AND WANAMINGO WERE INSPECTED IN THE FALL OF 2012. A DETAILED INSPECTION OCCURRED WITH VERY SPECIFIC ANALYSIS ON EACH AND EVERY ITEM. THE DATES OF THE INSPECTION WERE ON AND AROUND SEPTEMBER TOOLBAR INVOLVED IN THE INCIDENT WAS UNIT NUMBER 6434.

7. THE HOSE FROM THE TOOLBAR WAS NOT CONNECTED TO THE TANK AT THE TIME OF THE INCIDENT. THERE WERE NO BRAKE-AWAY ISSUES INVOLVED.

8. THE TANK AND RUNNING GEAR ARE TOTALED, AND NO REPAIR IS POSSIBLE.

9. PPE WORN AT THE INCIDENT SITE WAS ONLY WORN BY BYRON VOLUNTEER FIRE DEPT. NON-VENTED GOGGLES, NH3 GLOVES, AND ACTUAL NH3 SUIT WERE WORN BY VOLUNTEERS.

10. THE FIRE DEPT HAD SAFETY WATER AVAILABLE AT ALL TIMES RIGHT FROM THEIR WATER TRUCK. THE WATER TANKS ON THE NH3 TANK WERE BROKEN OFF AND THROWN CLEAR OF THE TANKS. NO WATER WAS PUT ONTO THE LEAK. THE TRUCK WAS CLOSE ENOUGH TO BE ABLE TO SPRAY WATER ONTO THE LEAK, BUT AGAIN, NO WATER WAS APPLIED BECAUSE THE LEAK WAS NOT TOO BAD AND IT WOULD HAVE JUST CREATED MORE RESIDUE ON THE GROUND.

11. ONLY BYRON FIRE DEPARTMENT PERSONNEL WERE NEAR THE SCENE DURING THE LEAKING PHASE. WE KEPT A FARM COUNTRY COOP PERSON ON SCENE AS WELL BUT THAT PERSON STAYED CLEAR OF THE INCIDENT. JUSTIN MCKINNEY, NOEL FRANA, AND CARLE ROMO WERE EMPLOYEES NEAR THE SCENE REPRESENTING FCC. AFTER THE LEAKING STOPPED ON WEDNESDAY MORNING THE TOWING COMPANY PULVERS OUT OF ROCHESTER LOADED THE TANK ONTO A FLATBED TRAILER AND HAULED IT TO OUR FACILITY IN WANAMINGO. IT WAS THEN UNLOADED.

12. NO MAINTENANCE WAS PERFORMED ON THIS TANK DUE TO IT BEING TOTALED. THERE WAS NOT A FARMER/PRODUCER, CUSTOM APPLICATOR, OR FACILITY PERSON WORKING ON THE TANK. WE WILL NOT BE ABLE TO SALVAGE ANYTHING THE WAY IT LOOKS NOW FROM TANK 47 (TWIN TANK).

13. FARM COUNTRY COOP, FERTILIZER LICENSE NUMBER IS 20021803, AND EXPIRATION IS 12/31/2013.
14. RIGHT TO KNOW TRAINING WAS FURNISHED BY PARTTHENON ROSK PARTNERS. JACK VOLZ PROVIDED THE TRAINING, AND ATTACHED IS THE MATERIAL IN THE PRESENTATION. JACK'S CELL PHONE IS 507-381-4466.
15. THE CONTENT OF THE RTK TRAINING IS ATTACHED.
16. THE RTK TRAINING RE-EDUCATES EMPLOYEES TO STAY AWAY FROM NH3 RELEASES SUCH AS THIS INCIDENT. THERE WAS NO MAINTENANCE DONE AFTER THE INCIDENT, ONLY PRECAUTION AND STAYING SAFE DISTANCE AWAY. TERRY KNEW ENOUGH TO STAY OUT OF THE LEAK AREA AND TO KEEP OTHERS AWAY AS WELL.
17. SEE ATTACHED TRAINING SHEETS FOR TERRY'S RTK THIS YEAR.
18. THE CONTINGENCY PLAN RELATING TO INCIDENT RESPONSE PROCEDURES WAS CONTROLLED BY THE BYRON VOLUNTEER FIRE DEPARTMENT. FARM COUNTRY COOP WAS ONLY REPRESENTED BY HAVING A PERSON ON THE SCENE FOR THE TIME OF THE INCIDENT.
19. TO PREVENT THIS INCIDENT FROM HAPPENING IN THE FUTURE, WE WILL CONTINUE TO PROVIDE TRAINING TO OUR EMPLOYEES TO KEEP THEM SAFE AND TO KEEP OTHERS SAFE. NO ONE WAS INJURED OR HARMED IN ANY WAY FROM THIS INCIDENT, AND THAT IS NUMBER ONE PRIORITY. TERRY FEELS BAD ABOUT THE WHOLE INCIDENT AND IT SHOOK HIM UP QUITE A BIT. HE ATTENDS SAFETY TRAINING WITH NO ISSUES, AND KNOWS THAT IT IS IMPORTANT.

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:

PLEASE SEE ATTACHED ORDER TO COMPLY. WE WILL CONTINUE TO INSPECT OUR TANKS THROUGHLY AND ALSO TRAIN OUR EMPLOYEES TO CONTINUE BEING CAREFUL WHEN TRANSPORTING NH3. THIS WAS TERRY'S FIRST INCIDENT AND HE WASN'T GOING THAT FAST BUT SOMEHOW CAUGHT THE SHOULDER TOO MUCH.

PART VIII – CONTACT INFORMATION

Contact's Name:	JEFF NEWMAN
Contact's Title:	AGRONOMY SUPERVISOR
Business Name and Address:	FARM COUNTRY COOP
	417 N MAIN ST PINE ISLAND MN 55963
E-mail Address:	JEFF@FARMCOUNTRYCOOP.COM
Telephone Number:	507-824-2215
Fax Number:	507-356-8881
Hazmat Registration Number:	
Date:	08/02/2013
Preparer is:	Facility owner/operator

01/01/1960