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-2014050002
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/12/2013

4. Time of Incident (use 24-hour time):
11:50

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: MOBILE
County: MOBILE
State: AL
Zip Code: (if known): 36605
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
EXIT 10: I-10 WEST: ALABAMA

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: RETIF OIL & FUEL, LLC
Street: 1840 JUTLAND DRIVE
City: HARVEY
State: LA
Zip Code: 70058
Federal DOT Id Number: 263594
Hazmat Registration Number: 051712551073UV

11. Shipper/Offeror:
Name: RETIF OIL & FUEL,LLC
Street: 1840 JUTLAND DRIVE
City: HARVEY
State: LA
Zip Code: 70058
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 400 INDUSTRIAL PARKWAY EXT.
City: SARALAND
State: AL
Zip Code: 36571-3728

13. Destination:
Street: 8230 PADGETT SWITCH ROAD
City: IRVINGTON
State: AL
Zip Code: 36544

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: ULTRA LOW SULFUR DIESEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 7500 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? 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:
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: - 159-Vent
How Failed: - 313-Vented
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT MC 406 AL
(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:	HEIL	Manufacture Date:	01/01/1996
Serial Number:	5HTAB4328T7H6083	Last Test Date:	02/28/2013

Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.173 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.204 INCH (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:	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 #: True 1327943
Police Report #: True
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:	$ 27,400.00
Carrier Damage:	$ 60,000.00
Property Damage:	$ 0.00
Response Cost:	$ 11,689.00
Remediation/Cleanup Cost:	$ 208,728.00

(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? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	
Duration of the evacuation:	

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

If yes, how many? 20

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

If yes, provide the following information:

Estimated speed (mph):	30
Weather conditions:	CLEAR
Vehicle overturned?	True
Vehicle left roadway/track?	False

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 INCIDENT OCCURRED ON NOVEMBER 12, 2013 AT APPROXIMATELY 1150.

DRIVER ENTERED THE CLOVER LEAF OF THE EXIT TRAVELING AT APPROXIMATELY 30 MPH. IN THE TURN, HIS LOAD SHIFTED CAUSING HIM TO LOSE CONTROL AND THE TRACTOR/TRAILER TO ROLL OVER. DURING THE ROLL , THE VENT RELEASE SWITCH OPENED THE VENTS ALLOWING THE DIESEL TO FLOW FREELY FROM THEIR COMPARTMENTS. IN APPROXIMATELY 10 TO 15 MINUTES THE ENTIRE 7500 GALLONS OF DIESEL WAS RELEASED. ANOTHER COMPANY DRIVER ARRIVED ON THE SCENE IMMEDIATELY AFTER THE ROLL OVER AND ASSISTED OUR DRIVER OUT THE TRACTOR. 911 WAS CALLED AND THEN OUR LOCAL DISPATCHERS WERE INFORMED OF THE INCIDENT. DRIVER OF THE ROLLED VEHICLE WAS EXAMINED AND TRANSPORTED TO THE HOSPITAL. HE WAS RELEASED AND BACK TO OUR OFFICE BY 1600. COUNTY PERSONNEL WERE THE FIRST TO ARRIVE AND THEY BLOCKED THE FUEL FROM ENTER THE WATERWAY. OUR OSRO, UNITED STATES ENVIRONMENTAL SERVICES, WAS NOTIFIED WITHIN A FEW MINUTES OF THE INCIDENT AND ARRIVED ON THE SCENE IN LESS THAN 60 MINUTES. LOCAL FACILITY PERSONNEL ARRIVED ON SCENE WITHIN 20 MINUTES OF THE INCIDENT. OUR COMPANY OWNER AND I ARRIVED ON THE SCENE AT APPROXIMATELY 1400. BY THE TIME THAT I ARRIVED, OUR OSRO, COUNTY PERSONNEL, THE LOCAL FIRE DEPARTMENT, POLICE DEPARTMENT, ALABAMA STATE POLICE AND A TOWING SERVICE WAS ON THE SCENE.

WE CONTACTED THE SERVICES OF PPM CONSULTANTS, AN ENVIRONMENTAL CONSULTANT, TO OVERSEE THE CLEAN UP OF THE AFFECTED SITE. PPM DID SOIL SAMPLING TO ENSURE THAT THE REMEDIATION WAS PROPERLY HANDLED.

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:

OUR DRIVER WAS REQUIRED TO VIEW SEVERAL ON LINE SAFETY CLASSES AND PASS THE ASSOCIATED TEST/QUIZ. AFTER THESE COURSES WERE FINISHED, HE WAS REQUIRED TO ATTEND AND PASS A 40 HOUR DOT DRIVING COURSE. ONCE THIS WAS COMPLETED, THIS DRIVER WAS REQUIRED TO DRIVE SEVERAL DAYS WITH THREE OF OUR MORE EXPERIENCED DRIVERS. ALL OF THIS DRIVER'S RE-TRAINING WAS SUCCESSFULLY COMPLETED AND HE WAS RETURNED TO WORK.
THE PARTICULAR TRAILER THAT WAS INVOLVED IN THIS ACCIDENT HAD A VENT RELEASE SWITCH THAT OPENED ALL COMPARTMENT VENTS WHEN THE DOOR TO THE BELLY VALVE COMPARTMENT WAS OPENED. DURING THE ROLL OVER, THIS COMPARTMENT DOOR OPENED THUS OPENING ALL OF THE VENTS AND ALLOWED THE DIESEL TO FLOW FREELY BEFORE ANYONE WAS ABLE TO DO ANYTHING TO MITIGATE THE SITUATION.

PART VIII – CONTACT INFORMATION

Contact's Name:	BILL KELLER
Contact's Title:	DIRECTOR OF SAFETY, SECURITY
Business Name and Address:	RETIF OIL & FUEL, LLC 1840 JUTLAND HARVEY LA 70058
E-mail Address:	BKELLER@RETIF.COM
Telephone Number:	504 349 9150
Fax Number:	504 349 9009
Hazmat Registration Number:	
Date:	04/21/2014
Preparer is:	Carrier

01/01/1996