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-2007120477
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/01/2007

4. Time of Incident (use 24-hour time):
15:30

5. Enter National Response Center Report Number (if applicable):
853356

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

7. Location of Incident:
City: SILER CITY
County: CHATHAM
State: NC
Zip Code: (if known): 27344
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 64

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AIRGAS SPECIALTY PRODUCTS
Street: 2200 SPEED RAIL CT
City: CONCORD
State: NC
Zip Code: 28025
Federal DOT Id Number: 1351125
Hazmat Registration Number: 050707550015PQ

11. Shipper/Offeror:
Name: AIRGAS SPECIALTY PRODUCTS
Street: 2200 SPEED RAIL CT
City: CONCORD
State: NC
Zip Code: 28025
Waybill/Shipping Paper: 051296
Hazmat Registration Number: 050707550015PQ

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

13. Destination:
Street: 1201 JORDAN BLVD
City: GOLDSBORO
State: NC
Zip Code: 27533

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: ANHYDROUS AMMONIA

16. Hazardous Class/Division: Nonflammable Compressed Gas

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

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2070 Gas - Pound

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: - 116-Excess Flow Valve
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Broken Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: MC 331 NQT
(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:	8500 Gas - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	TTS VESSELS	Manufacture Date:	12/04/1997
Serial Number:	7-139	Last Test Date:	06/30/2007
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	265 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.632 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.316 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type: INTERNAL
Model:
Manufacturer: FISHER

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
Police Report #: True NC40461101070
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:	$ 117.00
Carrier Damage:	$ 12,500.00
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:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	1
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:	9
Total number of employees evacuated:	0
Total evacuated:	9
Duration of the evacuation:	36

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

If yes, how many? 36

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	CLEAR
Vehicle overturned?	False
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:

DRIVER WAS HEADING WEST ON HWY 64 RETRUNING TO THE PLANT FROM A DELIVERY TO GOLDSBORO, NC. THE SUN WAS LOW IN THE SKY BELOW THE VISOR AND DIRECTLY IN THE DRIVERS EYES. (I WITNESSED THIS WHEN I WAS ON SITE EXACTLY 24 HOR LATER; BUTCH) THERE WAS SWIFT TRACTOR TRAILER (VAN) HALF WAY IN THE RIGHT LANE STOPPED BECAUSE HE HAD ABLOW OUT OF THE RIGHT STEERING TIRE. HE HAD HIS TRIANGLES OUT BUT THEY WERE NOT THE PROPER DISTANCE TO GIVE ANOTHER DRIVER TIME TO REACT. THE DRIVER SAW THE TRUCK BUT DID NOT REALIZE IT WAS NOT OFF THE ROAD UNTIL IT WAS TOO LATE. HE HIT THE LEFT REAR OF THE TRAILER WITH THE RIGHT FRONT OF B17. THIS FOLDED THE STEERING TIRES UNDER AND B17 SKIDDED TO A STOP AT ABOUT 300. THE DRIVER WAS TAKEN TO CHAPEL HILL TO THE HOSPITAL TO BE CHECKED OUT. THE COLLISION SHEARED OFF THE PIPING AND VALVES ON THE PASSENGER SIDE OF THE UNIT. IT LEFT THE CLOSING PORTION OF THE INTERNAL VALVE INTHE TANK,THIS HELD FOR THE MOST PART BUT DID ALLOW A LITTLE VAPOR TO ESCAPE. THIS AREA WAS ENCASED BY A STEEL BOX BUILT BY AN OUTSIDE VENDOR WHERE THE UNIT COULD BE MOVED AND EVACUATED.

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:	MWJOHNSON
Contact's Title:	SOUTHERN REGIONAL MANAGER
Business Name and Address:	AIRGAS SPECIALTY PRODUCTS 2200 SPEED RAIL CT CONCORD NC 28025
E-mail Address:	BUTCH.JOHNSON@AIRGAS.COM
Telephone Number:	NoPhoneAvailable
Fax Number:	NoFaxAvailable
Hazmat Registration Number:	050707550015PQ
Date:	12/07/2007
Preparer is:	Shipper

12/04/1997