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-2020020096
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/06/2020

4. Time of Incident (use 24-hour time):
11:30

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: HEBRON
County: BOONE
State: KY
Zip Code: (if known): 41048
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
CINCINNATI KENTUCKY AIRPORT

8. Mode of Transportation: Highway

9. Transportation Phase: Loading

10. Carrier/Reporter:
Name: JET STAR INC
Street: 10825 ANDRADE DR
City: ZIONSVILLE
State: IN
Zip Code: 46077
Federal DOT Id Number: 125549
Hazmat Registration Number: 28376

11. Shipper/Offeror:
Name: PRIME ENGINEERING
Street: 3715 NORTHSIDE PARKWAY NW STE 200
City: ATLANTA
State: GA
Zip Code: 30327
Waybill/Shipping Paper:
Hazmat Registration Number: UN1863

12. Origin (if different from shipper address)
Street: CINCINNATI KENTUCKY AIRPORT
City: HEBRON
State: KY
Zip Code: 41048

13. Destination:
Street: 2462 SPENCER DRIVE
City: BURLINGTON
State: KY
Zip Code: 41005

14. Proper Shipping Name of Hazardous Material: FUEL, AVIATION, TURBINE ENGINE

15. Technical/Trade Name: JET FUEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1863

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 300 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:
Other, CARGO 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: -
How Failed: -
Causes of Failure: - Inadequate Procedures; Overfilled

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS PROVIDED
(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:	CUSTOM	Manufacture Date:	01/08/2000
Serial Number:	1C9A1B2B8T500104	Last Test Date:	05/05/2016
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:

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 #:	False
Police Report #:	False
In-house cleanup:	False
Other Cleanup:	True

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:	$ 1,200.00
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:	
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:

FOR THE PAST THREE MONTHS WE HAVE BEEN PUMPING DOWN CINCINNATI-KENTUCKY AIRPORT HYDRANT SYSTEM TO REPLACE VALVES. THE PROCEDURE IS TO HOOK OUR 3 INCH BLACKMEAR PUMP TO THE LOW POINT DRAIN AND A 1 INCH LINE TO THE TOP VENT OF THE PUMP WE ARE PUMPING. THE PUMP IS HOOKED TO THE BOTTOM LOADER OF THE TRAILER AND THE VENT IS RAN INTO THE DOME LID ON TOP. THE PUMP IS STARTED AND THE DRIVER IS ON TOP TO VERIFY THE VENT IS WORKING AND THE PRODUCT IS FLOWING. WE HAVE A SIGHT GLASS ON THE BOTTOM LOADER TO MONITOR THE FUEL.

IT TAKES TWO HOURS TO FILL THE TRAILER. AT 15 MINUTE INTERVALS THE DRIVER GOES BACK UP TOP TO CHECK THE FLOW. AFTER GETTING ON TOP HE REALIZED THE TANK WAS ALMOST FULL SO WE SHUT OFF ALL THE VALVES ON THE TRAILER AND PUMP. THE DRIVER THEN TRIED TO REMOVE THE VENT LINE AND REALIZED THE VENT LINE WAS NOT FLOWING.THE VENT LINE SHUT OFF IS LOCATED IN A VAULT UNDERGROUND WHERE CONFINE SPACE PERSONNEL ARE REQUIRED TO BE.ALL CONFINE SPACE PERSONNEL HAD GONE TO ANOTHER VAULT. WE NOTIFIED THE ENGINEER AND HE DROVE DOWN TO THE VAULT WHERE THE PERSONNEL WERE AT AND HAD THEM GO BACK TO THIS VAULT.DURING THIS TIME (ABOUT 5 MINUTES) WE PUT TWO HALF DRUMS UNDER THE LATTER DRAIN AT THE END OF THE TRAILER BUT ONCE THOSE FILLED UP IS WHEN IT STATED TO OVERFLOW.

THE FIRE DEPARTMENT WAS NOTIFIED AS WELL AS THE AIRPORT OPERATION. THE AIRPORT ENVIRONMENTAL PERSON ARRIVED AND TOOK OVER THE SIGHT. AN AIRPORT VAC TRUCK ARRIVED AND IMMEDIATELY AND BEGAN VACUUMING AND STARTED THE CLEANUP. WE CLOSED UP THE TRAILER AND ALL OF OUR EQUIPMENT. THEY HAD US LEAVE AND TAKE THE REMAINING FUEL TO THE AIRPORT FUEL FARM.

LATER THAT DAY IT WAS DETERMINED THE FUEL FARM ATTENDANT HAD TURNED ON A VALVE THAT WAS NOT TAGGED AND LOCKED OUT LIKE IT SHOULD HAVE BEEN. WHEN THIS WAS DONE IT RE-ENERGIZED THE LINE WE WERE PUMPING.

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:

THE NEW CHANGES ARE AS FOLLOWS:
ENGINEERING, CONFINE SPACE PERSONAL AND JET STAR PERSONEL WILL HAVE TWO WAY RADIOS WHEN ANY PUMPING IS BEING DONE. ALL CONFINE SPACE PERSONEL WILL BE AT THE VAULT AT ALL TIMES WHILE PUMPING. TAGGED AND LOCK OUT PERSONEL WILL RECHECK ALL VALVES BEFORE PUMPING FRO PROPER TAGGED OUT AND LOCKOUT.

PART VIII – CONTACT INFORMATION

Contact's Name:	DARRYL GUIDUCCI
Contact's Title:	CEO
Business Name and Address:	JET STAR INC
	10825 ANDRADE DR ZIONSVILLE IN 46077
E-mail Address:	DLGUIDUCCI@JETSTARINC.COM
Telephone Number:	3174424499
Fax Number:	3178734361
Hazmat Registration Number:	
Date:	01/30/2020
Preparer is:	Carrier

01/08/2000