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-2010090460
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/17/2010

4. Time of Incident (use 24-hour time):
06:00

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: RICHMOND
County: HENRICO
State: VA
Zip Code: (if known): 23227
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: ROBERTS OXYGEN CO INC
Street: 17011 RAILROAD STREET
City: GAITHERSBURG
State: MD
Zip Code: 20877
Federal DOT Id Number: 094099
Hazmat Registration Number: 061809550001RT

11. Shipper/Offeror:

Name: ROBERTS OXYGEN CO INC
Street: 17011 RAILROAD STREET
City: GAITHERSBURG
State: MD
Zip Code: 20877
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 2115 N. HAMILTON STREET
City: RICHMOND
State: VA
Zip Code: 23230

13. Destination:

Street:
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: ACETYLENE, DISSOLVED

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1001

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 40 Gas - Cubic Foot

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:
Cylinder

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: - 114-Cylinder Valve
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 4L
(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:	40 Gas - Cubic Foot	Package Capacity:
Amount in Package:	40 Gas - Cubic Foot	Amount in Package:
Number in Shipment:	5	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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:	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 #: False
Police Report #: True 102325053
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:	$ 50.00
Carrier Damage:	$ 25,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 6,400.00

(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? 4

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	DRY
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:

OUR VEHICLE WAS TRAVELING SOUTHBOUND ON INTERSTATE I-95 WHEN THE DRIVER WENT OFF THE ROAD ONTO THE RIGHT SHOULDER, AT WHICH POINT THE RE-ENTERED THE ROADWAY AND THE VEHICLE OVERTURNED. THE CARGO CONTENTS (I.E. COMPRESSED AND LIQUEFIELD ATMOSPHERIC, FLAMMABLE AND NON-FLAMMABLE GASES) OF THE VEHICLE IN THE CARGO BOX (8'x20 ENCLOSED VAN BODY) WERE RELEASED FROM THE CARGO HOLD. THE OVERTURN OF THE VEHICLE CAUSED THE CONTENTS OF (2) LIQUID OXYGEN CYLINDER (4500 CU FT, EA.) TO VENT TO THE ATMOSPHERE THRU THE SAFETY RELIEF DEVICE ON THE CYLINDERS AND THE CONTENTS OF (1) ACETYLENE CYLIND (40 CU FT) TO BE RELEASED DUE TO PHYSICAL DAMAGE TO THE VALVE. THE LOCAL EMEREGENCY RESPONSE PROVIDERS CLOSED THE INTERSTATE FROM 6:00 AM TO 10:00 AM (APPROXIMATELY) TO MONITOR THE VENTING THE OXYGEN CYLINDER DUE TO THE PROXIMITY OF THE VENTING GAS NEAR ASPHALT.

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:

N/A-THE CAUSE OF THE ACCIDENT APPEARS TO BE DRIVER ERROR, THE CARGO CONTENTS OF THE VEHICLE WERE SECURE FOR THE ANTICIPATED DIRECTION OF MOTION, AND THE VEHICLE OVER-TURN WAS AN UNEXPECTED AND ANTICIPATED EVENT.

PART VIII – CONTACT INFORMATION

Contact's Name:	LAWRENCE PRIEBE
Contact's Title:	MANAGER SAFETY, COMPLIANCE AND TRANSPORTATION
Business Name and Address:	ROBERTS OXYGEN COMPANY INC 17011 RAILROAD ST GAITHERSBURG MD 20877
E-mail Address:	
Telephone Number:	301-948-8105 X133
Fax Number:	301-740-7391
Hazmat Registration Number:	
Date:	09/10/2010
Preparer is:	Carrier

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-2010090460
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/17/2010

4. Time of Incident (use 24-hour time):
06:00

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: RICHMOND
County: HENRICO
State: VA
Zip Code: (if known): 23227
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: ROBERTS OXYGEN CO INC
Street: 17011 RAILROAD STREET
City: GAITHERSBURG
State: MD
Zip Code: 20877
Federal DOT Id Number: 094099
Hazmat Registration Number: 061809550001RT

11. Shipper/Offeror:

Name: ROBERTS OXYGEN CO INC
Street: 17011 RAILROAD STREET
City: GAITHERSBURG
State: MD
Zip Code: 20877
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 2115 N. HAMILTON STREET
City: RICHMOND
State: VA
Zip Code: 23230

13. Destination:

Street:
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: OXYGEN, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1073

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 38 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:
Cylinder

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: - 114-Cylinder Valve
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT- 4L
(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: 2	Number in Shipment:
Number Failed: 2	Number Failed:

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

Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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:	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 #: False
Police Report #: True 102325053
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:	$ 50.00
Carrier Damage:	$ 25,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 6,400.00

(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? 4

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	DRY
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:

OUR VEHICLE WAS TRAVELING SOUTHBOUND ON INTERSTATE I-95 WHEN THE DRIVER WENT OFF THE ROAD ONTO THE RIGHT SHOULDER, AT WHICH POINT THE RE-ENTERED THE ROADWAY AND THE VEHICLE OVERTURNED. THE CARGO CONTENTS (I.E. COMPRESSED AND LIQUEFIELD ATMOSPHERIC, FLAMMABLE AND NON-FLAMMABLE GASES) OF THE VEHICLE IN THE CARGO BOX (8'x20 ENCLOSED VAN BODY) WERE RELEASED FROM THE CARGO HOLD. THE OVERTURN OF THE VEHICLE CAUSED THE CONTENTS OF (2) LIQUID OXYGEN CYLINDER (4500 CU FT, EA.) TO VENT TO THE ATMOSPHERE THRU THE SAFETY RELIEF DEVICE ON THE CYLINDERS AND THE CONTENTS OF (1) ACETYLENE CYLIND (40 CU FT) TO BE RELEASED DUE TO PHYSICAL DAMAGE TO THE VALVE. THE LOCAL EMEREGENCY RESPONSE PROVIDERS CLOSED THE INTERSTATE FROM 6:00 AM TO 10:00 AM (APPROXIMATELY) TO MONITOR THE VENTING THE OXYGEN CYLINDER DUE TO THE PROXIMITY OF THE VENTING GAS NEAR ASPHALT.

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:

N/A-THE CAUSE OF THE ACCIDENT APPEARS TO BE DRIVER ERROR, THE CARGO CONTENTS OF THE VEHICLE WERE SECURE FOR THE ANTICIPATED DIRECTION OF MOTION, AND THE VEHICLE OVER-TURN WAS AN UNEXPECTED AND ANTICIPATED EVENT.

PART VIII – CONTACT INFORMATION

Contact's Name:	LAWRENCE PRIEBE
Contact's Title:	MANAGER SAFETY, COMPLIANCE AND TRANSPORTATION
Business Name and Address:	ROBERTS OXYGEN COMPANY INC 17011 RAILROAD ST GAITHERSBURG MD 20877
E-mail Address:	
Telephone Number:	301-948-8105 X133
Fax Number:	301-740-7391
Hazmat Registration Number:	
Date:	09/10/2010
Preparer is:	Carrier

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-2010090460
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/17/2010

4. Time of Incident (use 24-hour time):
06:00

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: RICHMOND
County: HENRICO
State: VA
Zip Code: (if known): 23227
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: ROBERTS OXYGEN CO INC
Street: 17011 RAILROAD STREET
City: GAITHERSBURG
State: MD
Zip Code: 20877
Federal DOT Id Number: 094099
Hazmat Registration Number: 061809550001RT

11. Shipper/Offeror:

Name: ROBERTS OXYGEN CO INC
Street: 17011 RAILROAD STREET
City: GAITHERSBURG
State: MD
Zip Code: 20877
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street: 2115 N. HAMILTON STREET
City: RICHMOND
State: VA
Zip Code: 23230

13. Destination:

Street:
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: OXYGEN, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1073

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 39 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:
Cylinder

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: - 114-Cylinder Valve
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 4L
(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: Manufacture Date:
Serial Number: Last Test Date:
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:	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 #:	False
Police Report #:	True 102325053
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:	$ 50.00
Carrier Damage:	$ 25,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 6,400.00

(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? 4

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	DRY
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:

OUR VEHICLE WAS TRAVELING SOUTHBOUND ON INTERSTATE I-95 WHEN THE DRIVER WENT OFF THE ROAD ONTO THE RIGHT SHOULDER, AT WHICH POINT THE RE-ENTERED THE ROADWAY AND THE VEHICLE OVERTURNED. THE CARGO CONTENTS (I.E. COMPRESSED AND LIQUEFIELD ATMOSPHERIC, FLAMMABLE AND NON-FLAMMABLE GASES) OF THE VEHICLE IN THE CARGO BOX (8'x20 ENCLOSED VAN BODY) WERE RELEASED FROM THE CARGO HOLD. THE OVERTURN OF THE VEHICLE CAUSED THE CONTENTS OF (2) LIQUID OXYGEN CYLINDER (4500 CU FT, EA.) TO VENT TO THE ATMOSPHERE THRU THE SAFETY RELIEF DEVICE ON THE CYLINDERS AND THE CONTENTS OF (1) ACETYLENE CYLIND (40 CU FT) TO BE RELEASED DUE TO PHYSICAL DAMAGE TO THE VALVE. THE LOCAL EMEREGENCY RESPONSE PROVIDERS CLOSED THE INTERSTATE FROM 6:00 AM TO 10:00 AM (APPROXIMATELY) TO MONITOR THE VENTING THE OXYGEN CYLINDER DUE TO THE PROXIMITY OF THE VENTING GAS NEAR ASPHALT.

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:

N/A-THE CAUSE OF THE ACCIDENT APPEARS TO BE DRIVER ERROR, THE CARGO CONTENTS OF THE VEHICLE WERE SECURE FOR THE ANTICIPATED DIRECTION OF MOTION, AND THE VEHICLE OVER-TURN WAS AN UNEXPECTED AND ANTICIPATED EVENT.

PART VIII – CONTACT INFORMATION

Contact's Name:	LAWRENCE PRIEBE
Contact's Title:	MANAGER SAFETY, COMPLIANCE AND TRANSPORTATION
Business Name and Address:	ROBERTS OXYGEN COMPANY INC 17011 RAILROAD ST GAITHERSBURG MD 20877
E-mail Address:	
Telephone Number:	301-948-8105 X133
Fax Number:	301-740-7391
Hazmat Registration Number:	
Date:	09/10/2010
Preparer is:	Carrier