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: E-2008030209
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/28/2007

4. Time of Incident (use 24-hour time):
13:30

5. Enter National Response Center Report Number (if applicable):
852913

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

7. Location of Incident:
City: N CHARLESTON
County: CHARLESTON
State: SC
Zip Code: (if known): 29405
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2653 Veneer St

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:
Name: Horizon Tank Lines, Inc.
Street: 3534 Wortham St
City: DURHAM
State: NC
Zip Code: 27705
Federal DOT Id Number: 564280
Hazmat Registration Number: 061406007020OQ

11. Shipper/Offeror:
Name: Old World
Street: 4065 Commercial Ave
City: NORTHBROOK
State: IL
Zip Code: 60062
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 1500 Greenleaf Rd
City: CHARLESTON
State: SC
Zip Code: 29405

13. Destination:
Street: 5600 Virginia Ave
City: N CHARLESTON
State: SC
Zip Code: 29406

14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION

15. Technical/Trade Name: Caustic

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 184 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: -
How Failed: -
Causes of Failure: - Vandalism

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 407
(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:	7000 Liquid - Gallon	Package Capacity:
Amount in Package:	3592 Liquid - 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:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:
Transport 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 074219
Police Report #: True 2007021501
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 4,801.00
Remediation/Cleanup Cost:	$ 72,781.00

(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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

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

If yes, how many? 0

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

If yes, provide the following information:

Estimated speed (mph):	0
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:

No package failure; Vandelism by a suspected previous employer. Rear internal & external valves were cracked open to allow product to slowly drain out of trailer. A driver showed up shortly after to p/u the trailer and discovered the product leaking. He immediately shut it off & reported the incident to his Manager & 911 was called. DEHAC was involved, a report filed with NRC, Sherriff's Dept, & Fire Dept. DEHAC has since arrested the suspected individual on 4 counts. Immediate cleanup of the site was done and test show that clean up was completed.

Contact was made with Art Ramsey of the Fed DOT, and a letter was faxed to him on 11/09/207 by me stating that this was called a "pre transpotation function" and that this property is not an authorized transfer station. He said that he needed this so he could decide if the DOT needed to investigate. I did as he instructed.

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:

Loaded or empty trailers are no longer parked at this location. This form 5800.1 was not filled out because I thought that this was classified as a "pre transpotation function", but after a discussion with a lady at the Haz-Mat Information Center (800-467-4922) on 03/14/2008, I was advised that I needed to go ahead & fill it out anyway.
She has also instructed that in the future I should file one of these reports right away, and then if it is really not required of me, then it can be changed. Our company is currently pricing cameras for our Terminals for security, and no tankers loaded or empty will be left on this property again. This property was locked, but access was still comprimised.
Again I apploigize for not filing this report earlier, but I assumed it was not required since the trailer was parked on our yard; I have since learned different.

PART VIII – CONTACT INFORMATION

Contact's Name:	Bobby Burns
Contact's Title:	Director of Safety
Business Name and Address:	Horizon Tank Lines, Inc 3534 Wortham St DURHAM NC 27705
E-mail Address:	bburns@horizontanklines.com
Telephone Number:	919-226-1861
Fax Number:	877-566-2244
Hazmat Registration Number:	
Date:	03/17/2008
Preparer is:	Carrier