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-2007010080
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/11/2006

4. Time of Incident (use 24-hour time):
18:30

5. Enter National Response Center Report Number (if applicable):
820786

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

7. Location of Incident:
City: PORT ARTHUR
County: JEFFERSON
State: TX
Zip Code: (if known): 77640
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HIGHWAY 366 AT 32ND STREET

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: OCCIDENTAL CHEMICAL
Street: 5005 LBJ FWY
City: DALLAS
State: TX
Zip Code: 75244-9050
Federal DOT Id Number: 244128
Hazmat Registration Number: 0531065500360

11. Shipper/Offeror:
Name: OCCIDENTAL CHEMICAL CORP
Street: 1000 TIDAL RD
City: DEER PARK
State: TX
Zip Code: 77536
Waybill/Shipping Paper: 81927674
Hazmat Registration Number:

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

13. Destination:
Street: HIGHWAY 366 AND 32ND STREET
City: PORT ARTHUR
State: TX
Zip Code: 77640

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

15. Technical/Trade Name: 50% CAUSTIC SODA RAYON GRADE

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) 1 Liquid - Quart

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: - 115-Discharge Valve or Coupling; 135-Loading or Unloading Lines
How Failed: - 308-Leaked
Causes of Failure: - Human Error; Missing Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 412
(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:	5000 Liquid - Gallon	Package Capacity:	
Amount in Package:	3522 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:	POLAR	Manufacture Date:	12/01/1995
Serial Number:	IPMS44324T101708	Last Test Date:	12/01/2006
Material of Construction:	STANILESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	35 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	132 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	148 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 #:	False
Police Report #:	False
In-house cleanup:	True
Other Cleanup:	False

32. Damages Was the total damage cost more than $500? False

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:	$ 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:	1
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? 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:

THE DRIVER HAD DIFFICULTY OBTAINING PROPER CAMLOCK FITTING. DRIVER USED OLD METAL SEALS AS SHIMS TO OBTAIN A TIGHT FITTING. THE DRIVER THEN OPENED THE INTERNAL HYDRAULIC VALVE, THEN PARTIALLY OPENED THE EXTERNAL VALVE. THE CAMLOCK FITTING ON THE HOSE STARTED TO LEAK ALMOST INSTANTLY SPRAYING PRODUCT UPWARD STRIKING THE DRIVER UNDER HIS FACE SHIELD ON HIS FACE AND NECK. THE DRIVER WAS WEARING ALL PRESCRIBED PERSONAL PROTECTIVE EQUIPMENT (PPE). BY REACTION TO THE SPRAY THE DRIVER CLOSED EXTERNAL AND INTERNAL VALVES AT THE SAME TIME.

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:

1. DRIVERS WILL FIND SAFETY SHOWER AND TEST TO ENSURE THAT IT WORKS PROPERLY BEFORE BEGINNING THE UNLOADING PROCESS.

2. ALL DRIVERS WILL BE RETRAINED TO ENSURE THEY HAVE A COMPLETE UNDERSTANDING AND CAPABLE OF FOLLOWING ALL SOP PROCEDURES.

3. ALL DRIVERS WILL BE RETRAINED TO ENSURE THEY FULLY UNDERSTAND THE PROCESS IN CORRECTLY CONNECTING THE PRODUCT HOSE TO PREVENT LEAKS.

4. ALL DRIVERS WILL BE RETRAINED TO EXPOSURE, DECONTAMINATION AND POTENTIAL HEALTH EFFECTS.

PART VIII – CONTACT INFORMATION

Contact's Name:	RICHARD S. VERGATZ
Contact's Title:	DIRECTOR OF LOGISTICS
Business Name and Address:	OXY CIP
	5005 LBJ FREEWAY DALLAS TX 75244
E-mail Address:	RSVI6@MSN.COM
Telephone Number:	972-404-3552
Fax Number:	972-404-3868
Hazmat Registration Number:	
Date:	12/22/2006
Preparer is:	Carrier

12/01/1995