



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-2007050172
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/25/2007
4. Time of Incident (use 24-hour time): 14:45
5. Enter National Response Center Report Number (if applicable): 833427
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: RANGER
County: GORDON
State: GA
Zip Code: (if known): 30734
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Rail
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: CSXT
Street: COUNTY ROAD 475
City: ETOWAH
State: TN
Zip Code: 37331
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: WESTLAKE CA&O
Street: 2468 INDUSTRIAL PARKWAY
City: CALVERT CITY
State: KY
Zip Code: 42029
Waybill/Shipping Paper: 80647972
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 1405 POSSUM HOLLOW RD
City: RANGER
State: GA
Zip Code: 30734
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: CAUSTIC SODA
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) 3109 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:

Tank Car

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: - 105-Bolts or Nuts; 121-Gasket

How Failed: - 308-Leaked; 311-Structural

Causes of Failure: - Defective Component or Device; Loose Closure, Component, or Device

26a. Provide the packaging identification markings, if available.

Identification Markings: DOT-105A-100W

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package: 198200 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
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 000000
Police Report #: True 000000
In-house cleanup: True
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: \$ 3,507.00
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: 0
Responders: 0
General Public: 0

Non-Hospitalized:

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

Employees: 2
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:

At 1447 an AUC employee Tommy Smith reported a leak from the bottom of the rail car spraying 5 to 15 feet. Opened the air valve to release pressure and slow leak. Pulled Caustic out through piping into a storage tank. Laid sodium bicarbonate and sand bags to stop flow. By 1452 leak had slowed. Leak was determined to come from flange area connecting internal valve & outlet piping to rail car. AUC employee Les Dodd closed internal valve and leak stopped within 15 seconds. Continued to dike flow and 40 cases of pool acid was applied during the neutralization process. Continued to pump caustic into 55 gallon drums. Estimated leak time 15 minutes. By 1523 local EMA and fire departments arrived. At 1645 rail representative Bob Pew arrived to repair gasket on bottom of car. At 1900 he indicated that the rubber gasket used (EPDM) was OK with caustic but was soft and recommended a Gylon 3510 as replacement. He also indicated the the bolts seem to be only hand tight. At 2040 dumpsters arrived to load contaminated soil. Clean up continued through the morning of 05/04/2007 under the directions of AUC Management, with the approval of Scott Coburn with GA DNR and Marian County Environmental agency. Local Fire & Police responded but not report numbers available at this 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:

- A) Higher level inspections of Westlake rail cars
- B) Rail industry and gov't recommend use of harder Gylon 3510 gasket over the EPDM softer ones.

PART VIII – CONTACT INFORMATION

Contact's Name:	David Ostrander
Contact's Title:	Risk Management Specialist
Business Name and Address:	Allied Universal Corp 3901 NW 115 Avenue MIAMI FL 33178
E-mail Address:	davido@allieduniversal.com
Telephone Number:	305-888-2623
Fax Number:	305-885-4671
Hazmat Registration Number:	0530065500490
Date:	05/22/2007
Preparer is:	Facility owner/operator