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-2014050112
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/09/2014

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

5. Enter National Response Center Report Number (if applicable):
1079316

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

7. Location of Incident:
City: STAR
County: RANKIN
State: MS
Zip Code: (if known): 39167
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
217 Andrew Jackson Circle

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Airgas Carbonic
Street: 2530 Sever Rd. Suite 300
City: Lawrenceville
State: GA
Zip Code: 30043
Federal DOT Id Number: 097586
Hazmat Registration Number: 062413550016V

11. Shipper/Offeror:
Name: Airgas Carbonic
Street: 217 Andrew Jackson Circle
City: Star
State: MS
Zip Code: 39167
Waybill/Shipping Paper: 447978
Hazmat Registration Number: 062413550016V

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

13. Destination:
Street: 5505 Jefferson Parkway
City: Whitehall
State: AR
Zip Code:

14. Proper Shipping Name of Hazardous Material: CARBON DIOXIDE, REFRIGERATED LIQUID

15. Technical/Trade Name: CO2

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN2187

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 30000 Liquid - Pound

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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 313-Vented
Causes of Failure: - Broken Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: 331
(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:	5600 Liquid - Gallon	Package Capacity:	
Amount in Package:		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:	Texas Trailer	Manufacture Date:	06/24/2008
Serial Number:	HO 700831	Last Test Date:	06/01/2013
Material of Construction:	SA517E (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	300 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.322 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.24 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:	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 0061-2014040981
In-house cleanup: False
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: $ 1,300.00
Carrier Damage: $ 275,000.00
Property Damage: $ 0.00
Response Cost: $ 5,250.00
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? 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? True

If yes, how many? 3

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

If yes, provide the following information:

Estimated speed (mph): 5
Weather conditions: clear
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 driver was exiting our Liquid CO2 plant after loading and heading out to our customer in Whitehall, AR. Our drivers have to cross a rail spur that comes into our plant and then the main line track on the county road that takes the trucks over to the traffic light on US 49. Our driver states that he did not hear the train whistle nor could he see the train approaching because of the curve in the railroad tracks until he had started to cross the track. Our driver said that he tried to get across the track but did not make it and was struck by the train in the rear of the trailer just in front of the trailer wheels. The impact from the train caused the trailer to be turned over on its side and drug down the tracks about 100 feet along with the tractor which remained upright. None of the valves failed as all were shut off and the tank did not rupture or crack but because the tank was laying on its side the liquid CO2 was coming out of the vapor relief valve and changing to vapor as soon as it hit atmoshere. Until a couple of wreckers could come and upright the trailer and get the liquid CO2 away from the vapor safety it continued to vent to atmoshere.

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:

Rankin County--the traffic control sign at the corner of Andrew Jackson Circle & Dixie Rd was changed from a Stop to a Yield sign. We developed a SOP for safely crossing the tracks and trained all drivers. We have met with the Mississippi DOT, Rankin County and the railroad to develop a long term plan to correct the warning signs and line of site issues--expected time frame to correct is 3 years.

PART VIII – CONTACT INFORMATION

Contact's Name:	Randy Moore
Contact's Title:	Safety Director
Business Name and Address:	Airgas Carbonic 1407 Columbia Nitrogen Rd Augusta GA 30901
E-mail Address:	randy.moore@airgas.com
Telephone Number:	706-373-9570
Fax Number:	866-309-6652
Hazmat Registration Number:	
Date:	05/08/2014
Preparer is:	Carrier

06/24/2008