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-2011060290
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/20/2011

4. Time of Incident (use 24-hour time):
22:00

5. Enter National Response Center Report Number (if applicable):
970590

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

7. Location of Incident:
City: MARSHALL
County: HARRISON
State: TX
Zip Code: (if known): 75670
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 2625 & HWY 31

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: WEATHERFORD ARTIFICIAL LIFT SYSTEMS, INC. DBA WEATHERFORD
Street: 495 WINSCOTT ROAD
City: Fort Worth
State: TX
Zip Code: 76126
Federal DOT Id Number: 390016
Hazmat Registration Number: 051910450002SU

11. Shipper/Offeror:
Name: WEATHERFORD ARTIFICIAL LIFT SERVICES, INC
Street: 5605 MEDCO DRIVE
City: Marshall
State: TX
Zip Code: 75672
Waybill/Shipping Paper: 2001617
Hazmat Registration Number: 051910450002SU

12. Origin (if different from shipper address)
Street: HWY 2625 -3 MILES WEST OF HWY 31
City: MARSHALL
State: TX
Zip Code: 75672

13. Destination:
Street: 5605 MEDCO DRIVE
City: MARSHALL
State: TX
Zip Code: 75672

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: CONTAINS POTASSIUM HYDROXIDE, POTASSIUM CARBONATE, DIESEL

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 400 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:
IBC

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: - 104-Body
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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: 20	Number in Shipment:
Number Failed: 4	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:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	False
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	True
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True
Police Report #: True TX-DPS
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:	$ 35,422.00
Carrier Damage:	$ 100,000.00
Property Damage:	$ 0.00
Response Cost:	$ 3,200.00
Remediation/Cleanup Cost:	$ 14,956.00

(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:	1
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? True

If yes, provide the following information:

Estimated speed (mph):	5
Weather conditions:	CLEAR AND 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:

THE ACCIDENT TOOK PLACE ON HIGHWAY 2625 APPROXIMATELY 3 MILES WEST OF HWY 31 NEAR MARSHALL, TEXAS. A WEATHERFORD CHEMICAL FLOAT TRUCK WAS MAKING A LEFT HAND TURN ONTO HWY 2625 FROM A LEASE ROAD. THE LEASE ROAD CONTAINED A DOWNWARD GRADE AND AS THE DRIVER ENTERED THE LEFT HAND TURN ONTO HWY 2625, THE CHEMICALS ON THE TRUCK SHIFTED TO THE RIGHT SIDE OF THE TRUCK CAUSING IT TO ROLL OVER. EMPLOYEES GOT OUT OF THE TRUCK SAFELY AND CALLED THEIR SUPERVISORS TO NOTIFY THEM OF THE ACCIDENT. APPROXIMATELY 400 GALLONS OF CHEMICAL WAS RELEASED ONTO THE HIGHWAY AND ROADSIDE DITCH FROM THE VARIOUS TOTES THAT HAD RUPTURED DURING THE ACCIDENT. THE TX HIGHWAY PATROL CALLED OUT A HAZMAT CREW TO CONTAIN AND COLLECT RESIDUAL CHEMICALS. ONCE CHEMICALS WERE CONTAINED, WEATHERFORD CONTACTED A CONTRACTOR TO EXCAVATE THE IMPACTED SOILS ALONG HIGHWAY 2625.

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:

REVIEW CURRENT CONVOY POLICY AND MAKE RECOMMENDATIONS FOR IMPROVEMENT, DISTRICT CONVOY SPEED LIMIT POLICY ON MAJOR HIGHWAYS SET AT 55MPH AND ON RURAL NON-SHOULDERED ROAD SET AT 45 MPH. NEW POLICY WRITTEN AND HAS BEEN REVIEWED WITH ALL PERSONNEL. NEW SPEED LIMIT INFORMATION TO BE POSTED IN ALL VEHICLES. IN ADDITION, WE WILL DEVELOP PROCEDURES TO ENSURE CHEMICALS LOADED ON TRUCK ARE BALANCED. TRAIN ALL EMPLOYEES IN THE NEW PROCEDURE AFTER APPROVAL OF THE PROCEDURE.

THE COMPANY HAS LEASED AND WILL BE INSTALLING VEHICLE MONITORING SYSTEMS IN ALL COMMERCIAL MOTOR VEHICLES THAT WILL PROVIDE DRIVER BEHAVIOR MENTORING AND COACHING, BUT WILL ALLOW ZONES TO BE CREATED FOR DIFFERENT AREAS AND ROAD TYPES. THIS WILL PROVIDE THE DRIVER'S ADDITIONAL WARNING OF POTENTIAL HAZARDOUS AREAS.

PART VIII – CONTACT INFORMATION

Contact's Name:	PATRICK FORD
Contact's Title:	ENVIRONMENTAL MANAGER
Business Name and Address:	WEATHERFORD INTERNATIONAL 15710 JFK BLVD. HOUSTON TX 77032
E-mail Address:	PATRICK.FORD@WEATHERFORD.COM
Telephone Number:	281-260-1431
Fax Number:	281-260-4731
Hazmat Registration Number:	
Date:	06/10/2011
Preparer is:	Carrier