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-2015120030
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/26/2015

4. Time of Incident (use 24-hour time):
06:25

5. Enter National Response Center Report Number (if applicable):
1126776

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

7. Location of Incident:
City: BAKERSFIELD
County: KERN
State: CA
Zip Code: (if known): 93308
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SR 99 3MILES NORTH OF BUCK OWE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AMBER CHEMICAL INC
Street: 5201 BOYLAN STREET
City: BAKERSFIELD
State: CA
Zip Code: 93308-5262
Federal DOT Id Number: 628235
Hazmat Registration Number: SP12412

11. Shipper/Offeror:
Name: AMBER CHEMICAL, INC.
Street: 5201 BOYLAN ST
City: BAKERSFIELD
State: CA
Zip Code: 93308-4567
Waybill/Shipping Paper:
Hazmat Registration Number: SP12412

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

13. Destination:
Street: 4636 E DRUMMOND AVE
City: FRESNO
State: CA
Zip Code: 93725

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 40 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? True
If yes, provide the Hazard Zone: 3

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:
Non-Bulk

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: - 150-Tank Shell
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings:
(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:	Drum	Packaging Type:
Material of Construction:	Metal other than steel or aluminum	Material of Construction:
Head Type (Drums only):	Non - Removable	

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:	110 Liquid - Gallon	Amount in Package:
Number in Shipment:		Number in Shipment:
Number Failed:		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:	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 9420-2015-0252
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:	$ 2,300.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 3,000.00
Response Cost:	$ 1,500.00
Remediation/Cleanup Cost:	$ 20,000.00

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

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

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	Clear
Vehicle overturned?	False
Vehicle left roadway/track?	False

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:

ACI DRIVER WAS TRAVELING N/B SR99 APPROXIMATELY 3 MILES NORTH OF BUCK OWENS DRIVE, BAKERSFIELD CA AT APPROXIMATELY 55MPH, WHEN HE SWERVED TO MISS VEHICLE #2 WHICH HAD STOPPED, CLIPPING REAR OF TRAILER OF VEHICLE # 2 CAUSING THE CONTENTS ON HIS TRUCK TO SPILL ONTO THE HIGHWAY. IBC'S AND METAL DRUMS RUPTURED UPON HITTING PAVEMENT CAUSING THE SPILLAGE OF CONTENTS.

AMBER CHEMICAL INC. RESPONDED TO SCENE WITH TWO ADDITIONAL CONTRACTORS TO CLEAN UP SPILL BY USING BENTONITE ON SPILLAGE TO NEUTRALIZE, AND THEN USED SAND ON TOP TO CLEAN UP SPILLAGE UNDER THE DIRECTION OF KERN COUNTY ENVIRONMENTAL HEALTH SERVICES AND CAL TRANSPORTATION DEPARTMENT.

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:

ACCIDENT WAS CAUSED BY INATTENTION OF THE DRIVER WHO WAS COUNSELED AND RECEIVED ADDITIONAL TRAINING.

PART VIII – CONTACT INFORMATION

Contact's Name:	BOB PRESLEY
Contact's Title:	SAFETY MANAGER
Business Name and Address:	AMBER CHEMICAL INC
	5201 BOYLAN STREET BAKERSFIELD CA 93308
E-mail Address:	BPRESLEY@AMBERCHEM.COM
Telephone Number:	661 325 2072
Fax Number:	661 325 2085
Hazmat Registration Number:	
Date:	11/29/2015
Preparer is:	Carrier

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PART I - REPORT TYPE

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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

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08/26/2015

4. Time of Incident (use 24-hour time):
06:25

5. Enter National Response Center Report Number (if applicable):
1126776

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

7. Location of Incident:
City: BAKERSFIELD
County: KERN
State: CA
Zip Code: (if known): 93308
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SR 99 3MILES NORTH OF BUCK OWE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AMBER CHEMICAL INC
Street: 5201 BOYLAN STREET
City: BAKERSFIELD
State: CA
Zip Code: 93308-5262
Federal DOT Id Number: 628235
Hazmat Registration Number: SP12412

11. Shipper/Offeror:
Name: AMBER CHEMICAL, INC.
Street: 5201 BOYLAN ST
City: BAKERSFIELD
State: CA
Zip Code: 93308-4567
Waybill/Shipping Paper:
Hazmat Registration Number: SP12412

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

13. Destination:
Street: 4636 E DRUMMOND AVE
City: FRESNO
State: CA
Zip Code: 93725

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

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1791

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 600 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? True
If yes, provide the Hazard Zone: 3

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: - 150-Tank Shell
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1791 8 PGIII RQ
(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: 1	Number in Shipment:
Number Failed: 1	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:	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 9420-2015-0252
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:	$ 2,300.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 3,000.00
Response Cost:	$ 1,500.00
Remediation/Cleanup Cost:	$ 20,000.00

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

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

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	Clear
Vehicle overturned?	False
Vehicle left roadway/track?	False

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)
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Contact's Title:	SAFETY MANAGER
Business Name and Address:	AMBER CHEMICAL INC
	5201 BOYLAN STREET BAKERSFIELD CA 93308
E-mail Address:	BPRESLEY@AMBERCHEM.COM
Telephone Number:	661 325 2072
Fax Number:	661 325 2085
Hazmat Registration Number:	
Date:	11/29/2015
Preparer is:	Carrier

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County: KERN
State: CA
Zip Code: (if known): 93308
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SR 99 3MILES NORTH OF BUCK OWE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AMBER CHEMICAL INC
Street: 5201 BOYLAN STREET
City: BAKERSFIELD
State: CA
Zip Code: 93308-5262
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Name: AMBER CHEMICAL, INC.
Street: 5201 BOYLAN ST
City: BAKERSFIELD
State: CA
Zip Code: 93308-4567
Waybill/Shipping Paper:
Hazmat Registration Number: SP12412

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

13. Destination:
Street: 4636 E DRUMMOND AVE
City: FRESNO
State: CA
Zip Code: 93725

14. Proper Shipping Name of Hazardous Material: ACETONE

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1090

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 30 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? True
If yes, provide the Hazard Zone: 3

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:
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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: - 150-Tank Shell
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1090 8 PGIII
(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:	Drum	Packaging Type:
Material of Construction:	Metal other than steel or aluminum	Material of Construction:
Head Type (Drums only):	Non - Removable	

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:	55 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: 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:
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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 #: True 9420-2015-0252
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.)

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

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

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	Clear
Vehicle overturned?	False
Vehicle left roadway/track?	False

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- 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:

ACI DRIVER WAS TRAVELING N/B SR99 APPROXIMATELY 3 MILES NORTH OF BUCK OWENS DRIVE, BAKERSFIELD CA AT APPROXIMATELY 55MPH, WHEN HE SWERVED TO MISS VEHICLE #2 WHICH HAD STOPPED, CLIPPING REAR OF TRAILER OF VEHICLE # 2 CAUSING THE CONTENTS ON HIS TRUCK TO SPILL ONTO THE HIGHWAY. IBC'S AND METAL DRUMS RUPTURED UPON HITTING PAVEMENT CAUSING THE SPILLAGE OF CONTENTS.

AMBER CHEMICAL INC. RESPONDED TO SCENE WITH TWO ADDITIONAL CONTRACTORS TO CLEAN UP SPILL BY USING BENTONITE ON SPILLAGE TO NEUTRALIZE, AND THEN USED SAND ON TOP TO CLEAN UP SPILLAGE UNDER THE DIRECTION OF KERN COUNTY ENVIRONMENTAL HEALTH SERVICES AND CAL TRANSPORTATION DEPARTMENT.

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:

ACCIDENT WAS CAUSED BY INATTENTION OF THE DRIVER WHO WAS COUNSELED AND RECEIVED ADDITIONAL TRAINING.

PART VIII – CONTACT INFORMATION

Contact's Name:	BOB PRESLEY
Contact's Title:	SAFETY MANAGER
Business Name and Address:	AMBER CHEMICAL INC
	5201 BOYLAN STREET BAKERSFIELD CA 93308
E-mail Address:	BPRESLEY@AMBERCHEM.COM
Telephone Number:	661 325 2072
Fax Number:	661 325 2085
Hazmat Registration Number:	
Date:	11/29/2015
Preparer is:	Carrier

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-2015120030
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/26/2015

4. Time of Incident (use 24-hour time):
06:25

5. Enter National Response Center Report Number (if applicable):
1126776

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

7. Location of Incident:
City: BAKERSFIELD
County: KERN
State: CA
Zip Code: (if known): 93308
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SR 99 3MILES NORTH OF BUCK OWE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: AMBER CHEMICAL INC
Street: 5201 BOYLAN STREET
City: BAKERSFIELD
State: CA
Zip Code: 93308-5262
Federal DOT Id Number: 628235
Hazmat Registration Number: SP12412

11. Shipper/Offeror:
Name: AMBER CHEMICAL, INC.
Street: 5201 BOYLAN ST
City: BAKERSFIELD
State: CA
Zip Code: 93308-4567
Waybill/Shipping Paper:
Hazmat Registration Number: SP12412

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

13. Destination:
Street: 4636 E DRUMMOND AVE
City: FRESNO
State: CA
Zip Code: 93725

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

15. Technical/Trade Name: CAUSTIC SODA BEADS

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1823

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 5 Solid - 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? True
If yes, provide the Hazard Zone: 2

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:
Non-Bulk

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: - 150-Tank Shell
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN- PAPER SACK, PAPER
(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:	50 Solid - Gallon	Package Capacity:
Amount in Package:	50 Solid - Gallon	Amount in Package:
Number in Shipment:	25	Number in Shipment:
Number Failed:	2	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:	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 9420-2015-0252
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:	$ 2,300.00
Carrier Damage:	$ 35,000.00
Property Damage:	$ 3,000.00
Response Cost:	$ 1,500.00
Remediation/Cleanup Cost:	$ 20,000.00

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

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

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	Clear
Vehicle overturned?	False
Vehicle left roadway/track?	False

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
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Preparer is:	Carrier