



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-2007010617
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/13/2007
4. Time of Incident (use 24-hour time): 07:00
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: OAKLAND
County: ALAMEDA
State: CA
Zip Code: (if known): 94621-0002
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1 SALLY RIDE WAY
8. Mode of Transportation: Air
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: FEDERAL EXPRESS CORPORATION
Street: 3670 HACKS CROSS RD
City: MEMPHIS
State: TN
Zip Code: 38125
Federal DOT Id Number: 66562
Hazmat Registration Number: 0503065500350
11. Shipper/Officer:
Name: EMD CHEMICALS INC.
Street: 2902 HIGHLAND AVE
City: NORWOOD
State: OH
Zip Code: 45212
Waybill/Shipping Paper: 737121425540
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 885 JARVIS DRIVE
City: MORGAN HILL
State: CA
Zip Code: 95037
14. Proper Shipping Name of Hazardous Material: DICHLOROMETHANE
15. Technical/Trade Name:
16. Hazardous Class/Division: Poisonous Materials
17. Identification Number: (E.g. UN2764, NA 2020) UN1593

18. Packing Group: (if applicable)	III
19. Quantity Released: (Include Measurement Units)	500 Liquid - Milliliter
20. Was the material shipped as a hazardous waste? If yes, provide the EPA Manifest Number:	False
21. Is this a Toxic by Inhalation (TIH) material? If yes, provide the Hazard Zone:	False
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? If yes, provide the Exemption, Approval, or CA number:	False
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: - 104-Body
How Failed: - 304-Cracked
Causes of Failure: - Dropped

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

Identification Markings: UN4G/X7.2/S/S/06USA/+AP3593

(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:	Box	Packaging Type:	Can
Material of Construction:	Fiberboard	Material of Construction:	Metal (any type)
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:	4 Liquid - Liter	Package Capacity:	4 Liquid - Liter
Amount in Package:	4 Liquid - Liter	Amount in Package:	4 Liquid - Liter
Number in Shipment:	1	Number in Shipment:	1
Number Failed:	1	Number Failed:	1

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 #: 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? 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? True

If yes, provide the following information:

Total number of general public evacuated: 2
Total number of employees evacuated: 2
Total evacuated: 4
Duration of the evacuation: 1

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? False

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)? Sort center

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|---|---|
| - Shipment had not been transported
True | - Transported by air (first flight)
False |
| - Transport by air (subsequent flights)
False | - Initial transport by highway to cargo facility
False |
| - Transfer at sort center/cargo facility
False | |

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:

PROPERLY MARKED AND LABELED TOXIC PACKAGE WAS DROPPED AND THE INNER CAN LEAKED SOME TOXIC MATERIAL. NO EXPOSURE TO EMPLOYEES AND CLEANED UP AS PER FEDEX POLICY.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	MICHAEL CHAMBERS
Contact's Title:	SR SAFETY SPECIALIST
Business Name and Address:	FEDERAL EXPRESS CORPORATION 3670 HACKS CROSS RD MEMPHIS TN 38125
E-mail Address:	MSCHAMBERS@FEDEX.COM
Telephone Number:	901-434-9562
Fax Number:	901-434-9769
Hazmat Registration Number:	
Date:	01/15/2007
Preparer is:	Carrier