



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-2017100529  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 10/20/2017  
4. Time of Incident (use 24-hour time): 01:15  
5. Enter National Response Center Report Number (if applicable): 1193823  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BAYONNE  
County: HUDSON  
State: NJ  
Zip Code: (if known): 07002  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit Storage  
10. Carrier/Reporter:  
Name: IMTT  
Street: 250 East 22nd Street  
City: Bayonne  
State: NJ  
Zip Code: 07002  
Federal DOT Id Number:  
Hazmat Registration Number:  
11. Shipper/Officer:  
Name: IMTT  
Street: 250 East 22nd Street  
City: Bayonne  
State: NJ  
Zip Code: 07002  
Waybill/Shipping Paper:  
Hazmat Registration Number:  
12. Origin (if different from shipper address)  
Street:  
City:  
State:  
Zip Code:  
13. Destination:  
Street:  
City:  
State:  
Zip Code:  
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL  
15. Technical/Trade Name: No. 2 oil  
16. Hazardous Class/Division: Flammable - Combustible Liquid  
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

**18. Packing Group:** (if applicable) III

**19. Quantity Released:** (Include Measurement Units) 200 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:**  
Other, AST

**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: - 118-Flange  
How Failed: - 306-Failed to Operate  
Causes of Failure: -

**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:<br>Material of Construction:<br>Head Type (Drums only): | Packaging Type:<br>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:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

**28. Provide packaging construction and test information, as appropriate:**

|                                                                                                                                                                                                                                                                                                                                                                        |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Manufacturer:<br>Serial Number:<br>Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)<br>Design Pressure: (if Tank Car, CTMV, Portable Tank)<br>Shell Thickness: (if Tank Car, CTMV, Portable Tank)<br>Head Thickness: (if Tank Car, CTMV)<br>Service Pressure: (if Cylinder)<br>If valve or device failed:<br>Type:<br>Model:<br>Manufacturer: | Manufacture Date:<br>Last Test Date: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|

**29. If the packaging is for Radioactive Materials, complete the following:**

|                                                                                                                                        |                  |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Packaging Category:<br>Packaging Certification:<br>Certification Number:<br>Nuclide(s) Present:<br>Activity:<br>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 #: False  
Police Report #: False  
In-house cleanup: True  
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: \$ 0.00  
Carrier Damage: \$ 0.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 4,000.00  
(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: 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:

On 10/20/17 at approximately 1:15 am an IMTT Field Operator was setting up a line displacement using the 96 dock line. When he opened 7513 on the 96 dock line he noticed No.2 oil coming from a new flange on the new platform area at tank 7510. The IMTT Field Operator reported the incident to his supervisor and the IMTT Supervisor had him shut the tank immediately. The incident was then reported to the IMTT Traffic who then called US Ecology (IMTT's OSRO) to respond to the area with a vacuum truck. The IMTT Supervisor contacted the IMTT Maintenance and was informed that a crew will be sent to tighten up the flange. The IMTT Operations Supervisor was able to get a box wrench off one of the IMTT Maintenance trucks and started to tighten the flange. The leak stopped and the IMTT Maintenance crew arrived to properly torque the flange. The US Ecology vacuum truck recovered as much oil on the ground and adjacent storm water collection system as possible. The IMTT Operations Supervisor was able to confirm that the collection system was shut down and would not be an environmental concern. US Ecology also dispatched a clean up crew to the area later on during daylight hours.

## 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:

IMTT conducted a thorough investigation and determined that flange on a new platform area was loose. It had been tagged to indicate it was properly torqued however upon interviewing the individual who was working on that project he indicated that he failed to confirm that he properly torqued the flange. The individual was an employee of a contracted company hired by IMTT. The contractor implemented a program to re-train all employees on the proper torquing techniques before being allowed to continue working on similar projects at IMTT.

## PART VIII – CONTACT INFORMATION

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| Contact's Name:             | Stephen Larsen                                |
| Contact's Title:            | Director of EHS                               |
| Business Name and Address:  | IMTT<br>250 East 22nd Street Bayonne NJ 07002 |
| E-mail Address:             | stephenlarsen@imtt.com                        |
| Telephone Number:           | 201-823-5353                                  |
| Fax Number:                 | 201-339-4605                                  |
| Hazmat Registration Number: |                                               |
| Date:                       | 10/26/2017                                    |
| Preparer is:                | Facility owner/operator                       |