



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-2008010436
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/07/2008
4. Time of Incident (use 24-hour time):
15:00
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: MEMPHIS
County: SHELBY
State: TN
Zip Code: (if known): 38103
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
910 MADISON AVENUE
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: NEXAIR LLC
Street: 1211 NORTH MCLEAN
City: MEMPHIS
State: TN
Zip Code: 38108
Federal DOT Id Number: 86852
Hazmat Registration Number: 060206001024OQ
11. Shipper/Officer:
- Name: NEXAIR
Street: 1211 NORTH MCLEAN
City: MEMPHIS
State: TN
Zip Code: 38108
Waybill/Shipping Paper: 759014
Hazmat Registration Number: 060206001024OQ
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 877 JEFFERSON AVE
City: MEMPHIS
State: TN
Zip Code: 38103
14. Proper Shipping Name of Hazardous Material: OXYGEN, REFRIGERATED LIQUID (CRYOGENIC LIQUID)
15. Technical/Trade Name: LIQUID OXYGEN
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1073

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 160 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:

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: - 150-Tank Shell

How Failed: - 303-Burst or Ruptured

Causes of Failure: -

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

Identification Markings: Nat Board 48884 SN 184

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
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: 190 Liquid - Gallon
Amount in Package: 160 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: MVE
Serial Number: 184
Material of Construction: stainless in, carbon shell (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 50 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.196 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 2 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 01/01/1994
Last Test Date:

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

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | False | - Fire: | False |
| - Explosion: | True | - 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 #: True ?
Police Report #: True ?
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: \$ 200.00
Carrier Damage: \$ 4,000.00
Property Damage: \$ 8,000.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 2,100.00
(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:

190 gallon cargo tank of liquid oxygen, mounted on a straight truck, blew the outer shell off while out on delivery. Incident is still under investigation. Cause has not been determined yet. The police did respond but no report has been filed as of today. Fire Dept also responded although there was no fire of any kind. The tank was filled at our facility on the morning of the incident. The driver made three stops to fill customer owned dewars (app. 41 liters each). The incident happened about six hours after the tank was filled. It appears there was an internal leak of liquid oxygen that entered the vacuum space between the inner & outer tank. This pressurized the vacuum space & caused the carbon steel outer tank to become brittle where it was in contact with the liquid oxygen. Something happened that caused the outer tank (shell) to fracture (truck might have just hit a bump in the road) & the shell was blown off the inner tank & off the truck. This tank had a road relief valve & was under low pressure. The liquid oxygen vaporized & dispersed rapidly.

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:

After researching the incident, nexAir immediately put together a new training program focused on general awareness, safety, & new procedures. All drivers, material handlers, & filling personnel participated in the training & were required to pass a written test.

PART VIII – CONTACT INFORMATION

Contact's Name:	Gregg Throneberry
Contact's Title:	Safety Director
Business Name and Address:	nexAir LLC 1211 N. McLean Blvd MEMPHIS TN 38108
E-mail Address:	gregg.throneberry@nexair.com
Telephone Number:	901-729-5541
Fax Number:	901-729-5575
Hazmat Registration Number:	
Date:	01/31/2008
Preparer is:	Shipper

01/01/1994