



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-2020010271
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/21/2019
4. Time of Incident (use 24-hour time):
16:30
5. Enter National Response Center Report Number (if applicable):
1267031
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: MARION
County: MCDOWELL
State: NC
Zip Code: (if known): 28752
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
3086 US 221
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: RELIABLE TANK LINE, LLC
Street: 1540 SILAS CREEK PKWY
City: WINSTON SALEM
State: NC
Zip Code: 27127-3758
Federal DOT Id Number: 351602
Hazmat Registration Number: 060818550094AB
11. Shipper/Officer:
Name: KINDER MORGAN SOUTHEAST TERMINALS LLC
Street: 13970 HIGHWAY 20
City: BELTON
State: SC
Zip Code: 29627-9466
Waybill/Shipping Paper: 0727373
Hazmat Registration Number: UNKNOWN
12. Origin (if different from shipper address)
Street: 6376 BURNT POPLAR RD
City: GREENSBORO
State: NC
Zip Code: 27409
13. Destination:
Street: 3086 US 221
City: MARION
State: NC
Zip Code: 28752
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: ULSD CLEAR
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) 317 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: -

How Failed: -

Causes of Failure: -

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

Identification Markings: DOT 406

(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: 9000 Liquid - Gallon Amount in Package: 1502 Liquid - Gallon Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate: Manufacturer: Serial Number: 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: | True |
| - 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 #: True 19-86071
Police Report #: False
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: \$ 650.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 500.00
Remediation/Cleanup Cost: \$ 10,000.00
(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:
Responders:
General Public:

33b. Were there human fatalities that did not result from the hazardous material?

False

If yes, how many?

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:
Responders:
General Public:

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees:
Responders:
General Public:

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: 0
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?

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?

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:

No equipment or package failure. On 12/21/2019, 16:30 delivery driver committed an error in securing the elbow coupling to the customer's delivery tube nipple. Upon discovery of spillage, driver stopped flow by closing belly valve on trailer compartment, then notified company management and customer personnel. Spill duration was less than 2 minutes. County EMS responded to site for containment, and calculated product loss of 317 gallons ULSD. No surface water contact by the spilled product. Spill contained in drainage structure/piping (approx. 100') with some run-out in a dry storm ditch. No rain in immediate forecast. Carrier rep called ERC to report event in route to site. Carrier rep called for third party clean-up response. Carrier rep arrived on-site and confirmed EMS findings. Met with third party rep for clean-up strategy. Confirmed no rain in forecast and resumed/completed clean-up process on 12/22. Vac truck deployed for removal of impacted soil and collect run-off water from spill area pressure washing, plus wash-out of drainage structure/piping.

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:

Reiteration with driver(s) and driver trainers of the importance focus on each step of product and equipment handling - both loading and unloading. Standard procedures are in place to prevent this type of error. Field safety observations will continue to include this item for performance review.

PART VIII - CONTACT INFORMATION

Contact's Name:	Jay Liner
Contact's Title:	Training & Safety Manager
Business Name and Address:	RELIABLE TANK LINE, LLC 1540 SILAS CREEK PKWY WINSTON SALEM NC 27127-3758
E-mail Address:	jliner@qocnc.com
Telephone Number:	(336)865-0002
Fax Number:	
Hazmat Registration Number:	
Date:	01/14/2020
Preparer is:	Carrier