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-2011030034
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/14/2011

4. Time of Incident (use 24-hour time):
20:00

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: DORAVILLE
County: DEKALB
State: GA
Zip Code: (if known): 30340
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
3930 PLEASANTDALE ROAD

8. Mode of Transportation: Highway

9. Transportation Phase: Loading

10. Carrier/Reporter:
Name: UPS
Street: 55 GLENLAKE PARKWAY
City: Atlanta
State: GA
Zip Code: 30328
Federal DOT Id Number: 021800
Hazmat Registration Number:

11. Shipper/Offeror:
Name: V.W.R.
Street: 1050 SATELLITE BLVD.
City: Suwanee
State: GA
Zip Code: 30024
Waybill/Shipping Paper: 1Z3207860364198904
Hazmat Registration Number: N

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

13. Destination:
Street: 101 TECHNOLOGY DRIVE
City: Florence
State: SC
Zip Code: 29501

14. Proper Shipping Name of Hazardous Material: METHANOL

15. Technical/Trade Name: EMD METHANOL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1230

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 16 Liquid - Liter

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:
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: - 308-Leaked
Causes of Failure: - Broken Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: UN/4G/Y27.5/10/USA/+AP4
(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:	Bottle
Material of Construction:	Fiberboard	Material of Construction:	Glass, procelain, or stoneware
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:	16 Liquid - Liter	Package Capacity:	4 Liquid - Liter
Amount in Package:	16 Liquid - Liter	Amount in Package:	4 Liquid - Liter
Number in Shipment:	1	Number in Shipment:	4
Number Failed:	1	Number Failed:	4

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:

Manufacture Date:
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:	True	- Fire:	True
- 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 #: True 11-0011226
Police Report #: False
In-house cleanup: False
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:	$ 310.00
Carrier Damage:	$ 1,035.00
Property Damage:	$ 2,140.00
Response Cost:	$ 357.00
Remediation/Cleanup Cost:	$ 1,596.00

(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:	0
Total number of employees evacuated:	350
Total evacuated:	350
Duration of the evacuation:	1

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

If yes, how many? 1

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:

EMPLOYEES WORKING IN THE UPS PLEASANTDALE HUB REPORTED HEARING A LOUD NOISE AND WITHIN SECONDS SEEING A PACKAGE APPROACHING ON THE CONVEYOR BELT IN FLAMES. THEY DESCENDED FROM THEIR WORK PLATFORM AS A SUPERVISOR TRIGGERED THE FIRE ALARM TO EVACUATE THE BUILDING AND CALL THE FIRE DEPARTMENT. TWO ADDITIONAL EMPLOYEES ARRIVED AT THE SCENE OF THE FIRE WITH FIRE ENTINGUISHERS AND WORKED TO EXTINGUISH THE BURNING PACKAGE, WHICH HAD COME TO REST ON A METAL CHUTE. AT LEAST ONE OF THE BOTTLES IN THE PACKAGE BURST IN THE HEAT OF THE FLAMES AND THE SPREADING FIRE ACTIVATED THE SPRINKLER SYSTEM. A COMBINATION OF 15 FIRE EXTINGUISHERS AND THE SPRINKLER SYSTEM EXTINGUISHED THE FIRE FROM THE ORIGINAL PACKAGE AND A FEW THAT WERE INCIDENTALLY IGNITED IN THE INCIDENT. UPS IS UNABLE TO DETERMINE THE EXACT CAUSE OF THE PRODUCT LEAKAGE WHICH LED TO THE FIRE. REMNANTS OF FOUR BOTTLES WERE COLLECTED DURING CLEAN-UP.

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:

WITHOUT BEING ABLE TO ASSIGN A DEFINITIVE CAUSE, UPS HAS NO RECOMMENDATIONS.

PART VIII – CONTACT INFORMATION

Contact's Name:	SAMUEL S. ELKIND
Contact's Title:	CORPORATE REGULATED GOODS MANAGER
Business Name and Address:	UPS 55 GLENLAKE PARKWAY Atlanta GA 30328
E-mail Address:	selkind@comcast.net
Telephone Number:	404 828 7368
Fax Number:	404 828 6347
Hazmat Registration Number:	
Date:	02/23/2011
Preparer is:	Carrier