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-2006080986
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/03/2006

4. Time of Incident (use 24-hour time):
11:30

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: LAPEER
County: LAPEER
State: MI
Zip Code: (if known): 48446
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-69 MILEMARKER 149

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: HARMAC TRANSPORTATION INC
Street: 55 ARROW RD
City: NORTH YORK
State: ZZ
Zip Code: MPM2L4
Federal DOT Id Number: 0299699
Hazmat Registration Number: 0607065510070

11. Shipper/Offeror:
Name: AIR LIQUIDE CANADA INC
Street: 95 BIRMINGHAM ST
City: HAMILTON
State:
Zip Code: L8L6W6
Waybill/Shipping Paper: 62
Hazmat Registration Number: 0703067010220

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

13. Destination:
Street: 2702 NORTH DORT HIGHWAY
City: FLINT
State: MI
Zip Code: 48501

14. Proper Shipping Name of Hazardous Material: ARGON, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name: ARGON

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1951

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 496 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: CGA 341
(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:	Packaging Type:
Material of Construction:	Material of Construction:
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:	6000 Liquid - Gallon	Package Capacity:	
Amount in Package:	4038 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	JAMES RUSSELL ENG WORKS INC	Manufacture Date:	01/11/1993
Serial Number:	8543-1(2522)	Last Test Date:	10/01/2001
Material of Construction:	STAINLESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	58 (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:	False	- Fire:	False
- Explosion:	False	- 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 #:	False
Police Report #:	False
In-house cleanup:	False
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:	$ 734.00
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? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	
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:

DRIVER HAD BEEN TRAVELLING THROUGH A HEAVY RAINSTORM. GAS(VAPOR) WAS VENTING(NORMAL) ON HIS ARGON TRAILER. SAFETY VALVE WAS WORKING AS IT WAS DESIGNED. WHEN SAFETY VALVE COULD NOT MAINTAIN PRESSURE UNDER 38PSIG, A BURSTING DISC BLEW (AS IT IS DESIGNED TO DO) AND THE PRESSURE IN THE TRAILER WAS RELEASED. THIS EVENT OCCURED AT 1130. AT NOON THE PRESSURE IN THE TRAILER WAS ZERO PSIG(O). AN AIR LIQUIDE SERVICE TECH FROM GRAND RAPIDS, OHIO TRAVELLED TO THE SITE AND REPLACED THE BLOWN DISC. UNIT WAS INSPECTED BY MICHIGAN STATE POLICE. NO DEFECT WERE FOUND. UNIT RETURNED TO HAMILTON, ON, CA FOR INSPECTION. AIR LIQUIDE MANAGER/EMERGENCY RESPONSE COORDINATOR ADVISED STATE POLICE NOT TO SHUT DOWN 1 LANE OF HIGHWAY AS PRODUCT WAS NOT A HAZARD TO THE PUBLIC. OFFICER REFUSED TO DO SO, KEPT ONE LANE CLOSED UNITL SERVICE TECH ARRRIVED ON SCENE. (6HRS LATER). REPAIR TOOK 18 MINUTES.

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:

ALL SAFETY DEVICES WERE WORKING AS THEY WERE DESIGNED TO DO. WE SPECULATE THAT THE HEAVY RAIN MAY HAVE CAUSED THE 1ST SAFETY VALVE TO FREEZE SHUT (-300F). PRESSURE THEN BUILT UP AND CAUSED THE 2ND SAFETY DEVICE (BURSTING DISC) TO BLOW. AFTER INSPECTION OF TRAILER, IT WAS DETERMINED THAT ALL DEVICES WERE OPERATIONAL.

ATTACHMENTS:

1)DATA FROM U 1A FROM MANUFACTURER OF TRAILER
2)MICHIGAN STATE POLICE REPORT
3)HAZMAT CERTIFICATE OF REGISTRATION - AIR LIQUIDE
4)HAZMAT CERTIFICATE OF REGISTRATION - HARMAC TRANSPORT
5)SITE DIAGRAM

PART VIII – CONTACT INFORMATION

Contact's Name:	BRIAN HUSSEY
Contact's Title:	REGIONAL DISTRIBUTION MANAGER
Business Name and Address:	AIR LIQUIDE CANADA INC
	680 BURLINGTON ST EAST HAMILTON ZZ L8L4J8
E-mail Address:	BRIAN.HUSSEY@AIRLIQUIDE.COM
Telephone Number:	905-529-0500
Fax Number:	905-529-7011
Hazmat Registration Number:	
Date:	08/04/2006
Preparer is:	Shipper

01/11/1993