



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-2010070149
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/16/2010
4. Time of Incident (use 24-hour time):
21:50
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: HAMMOND
County: LAKE
State: IN
Zip Code: (if known): 46320
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2000 MICHIGAN STREET
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
- Name: SCHIBER TRUCK CO., INC.
Street: 1701 S. DELMAR AVE.,
City: HARTFORD
State: IL
Zip Code: 62048
Federal DOT Id Number: 164297
Hazmat Registration Number: 052308550062QS
11. Shipper/Officer:
- Name: BP AMOCO
Street: 2815 INDIANAPOLIS BLVD.,
City: WHITING
State: IN
Zip Code: 46394
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 2000 MICHIGAN STREET
City: HAMMOND
State: IN
Zip Code: 46320
14. Proper Shipping Name of Hazardous Material: SULFUR, MOLTEN
15. Technical/Trade Name:
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) NA2448

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 13060 Liquid - Pound
- 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: - 115-Discharge Valve or Coupling
How Failed: - 306-Failed to Operate
Causes of Failure: - Deterioration or Aging

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

Identification Markings: NO MARKINGS GIVEN

(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:
Amount in Package:
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: POLAR Manufacture Date: 01/01/2004
Serial Number: 1PM5143275102782 Last Test Date:
Material of Construction: STAINLESS (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 25 (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: HOT PRODUCT
Model: SM 187836
Manufacturer: POLAR

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 #: False
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: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 5,000.00
(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:
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:

THE INCIDENT BEING ADDRESSED WAS A RELEASE OF 13,060LBS (WHICH EQUATES TO APPROX 870 GALLONS) OF MOLTEN SULFUR AT RHODIA'S HAMMOND, IN FACILITY. THE SCHIBER DRIVER, WHO HAS BEEN WITH SCHIBER TRUCK CO. FOR APPROXIMATELY 3.5 YEARS, ARRIVED AT RHODIA WITH A LOAD OF APPROXIMATELY 3600 GALLONS OF MOLTEN SULFUR AROUND 9PM. THE DRIVER PROCEEDED TO PREPARE HIS TRAILER FOR UNLOADING AND WHEN HE WENT TO THE REAR OF THE TRAILER TO START ATTACHING THE UNLOADING HOSE HE FOLLOWED PROCEDURES BY FEELING THE CAP OF THE UNLOADING VALVE AND DETERMINED IT TO BE WARM, BUT NOT HOT. WHEN HE STARTED TO REMOVE THE CAP, SULFUR BEGAN TO FLOW OUT OF THE VALVE. HE TRIED TO PUSH THE CAP BACK ON BUT WAS UNABLE TO. AT THIS POINT HE TRIED TO CLOSE THE UNLOADING VALVE, BUT IT WAS ALREADY IN THE CLOSED POSITION AND HE DETERMINED IT MUST HAVE BEEN BOUND UP. HE THEN RAN TO THE EMERGENCY PHONE AND HAD THE OPERATOR BRING A PIPE WRENCH WHICH HE USED TO TRY AND CLOSE THE VALVE THE REST OF THE WAY BUT WAS STILL UNABLE TO. AT THIS POINT THE DRIVER NOTICED THE TRAILER WOULD GASP FOR AIR PERIODICALLY AS THE DOME LID WAS STILL IN THE CLOSED POSITION WHICH IS ALSO IN THE WRITTEN PROCEDURES. DURING ONE OF THESE BRIEF MOMENTS, HE WAS ABLE TO RECONNECT THE CAP TO CONTAIN THE REST OF THE LOAD. ONCE THE DRIVER WAS EVENTUALLY ABLE TO CAP THE DISCHARGE VALVE AND STOP THE FLOW OF SULFUR HE THEN CONTACTED SCHIBER TRUCK COMPANY AND NOTIFIED THEM OF THE SPILL. A SCHIBER TRUCK CO. REPRESENTATIVE CAUGHT A FLIGHT TO CHICAGO EARLY THE FOLLOWING MORNING TO MEET WITH RHODIA AND DISCUSS THE SPILL WHICH HAD ENTERED THE STORM DRAIN BY THE UNLOADING AREA AND RAN UNDERGROUND THROUGH THE STORM DRAIN SYSTEM. AN OUTSIDE COMPANY WAS HIRED IN TO CLEANUP THE ENTIRE SPILL. IT WAS FIRST DISCOVERED UPON INVESTIGATION THAT THE VALVE GEARS WERE WORN AND WHICH IT HARD TO CLOSE. ONCE THE VALVE GOT INTO A BIND THE SHEAR PIN BROKE FROM THE DRIVER TRYING TO CLOSE IT SO HARD. THIS BROKEN PIN GOT IN BETWEEN THE GEARS AND MADE IT IMPOSSIBLE TO CLOSE. ONCE THE DRIVER GOT THE PIPE WRENCH HE TURNED IT SO HARD THAT IT BROKE THE HANDLE AND PUT IT IN A FREE SPIN, AT THIS POINT THE VALVE WAS USELESS AND HAD TO REMAIN IN THE POSITION IT WAS IN WHICH WAS ALMOST CLOSED, BUT STILL ALLOWED SULFUR TO FLOW THROUGH IT. IT WAS ALSO DISCOVERED THAT THE VACUUM CREATED BY THE SPILL RUPTURED THE VENT DISC ON TOP OF THE TRAILER ALLOWING AIRE TO BE INTRODUCED TO THE EQUATION. THIS INCREASED AIRFLOW CAUSED A GREATER FLOW OF SULFUR TO EXIT THE TRAILER AND DELAYED THE GASPS FOR AIR. THESE DISCS ARE IN PLACE TO PREVENT OVER PRESSURIZATION OF THE TRAILER AND DESIGNED TO BREAK IF TOO MUCH AIR IS INTRODUCED TO THE TANK. IN THIS CASE, THE RAPID SUCTION EFFECT THAT WAS EXPERIENCED CAUSED THE DISC TO BREAK AS WELL. HAD THIS DISC NOT RUPTURED THE TRAILER WOULD HAVE GASPED FOR AIR MORE FREQUENTLY AND THE DRIVER WOULD HAVE MOSTE LIKELY BEEN ABLE TO MINIMIZE THE SPILL. THE DRIVER WAS GIVEN TWO DAYS OFF WHILE WE INVESTIGATED THE SPILL TO DETERMINE FAULT. IN THIS CASE IT WAS ALL MECHANICAL AND THE DRIVER HAS SINCE RETURNED TO WORK BECAUSE IT WAS DETERMINED THAT HE HAD NO-FAULT WITH THIS INCIDENT.

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 REVIEWING THE INCIDENT, SCHIBER TRUCK CO. HAS DECIDED TO BEGIN MOUNTING A THERMOMETER ON ALL UNLOADING VALVES SO THAT THE DRIVERS WILL BE ABLE TO TELL IF THERE IS PRODUCT BEHIND THE CAP. THIS SHOULD PROVE TO BE MORE ACCURATE THAN USING YOUR HAND TO FEEL THE CAP. IF IT IS DETERMINED THAT THERE IS PRODUCT BEHIND THE CAP, THE LOAD WILL NOT BE UNLOADED, BUT RATHER DROPPED AT THE YARD TO HARDEN AND THEN PUT ON STEAM TO UNLOAD WITH ALL VALVES AND HOSES ALREADY IN PLACE. IT WAS ALSO DETERMINED THAT RHODIA COULD HAVE LESSENED THE EXTENT OF THE SPILL BY USING DRAIN COVER MATS THAT MANY FACILITIES USE TO PREVENT THIS EXACT SAME INCIDENT. HAD THE SPILL BEEN CONTAINED TO THE CONCRETED AREA THE SPILL CLEANUP WOULD HAVE BEEN MUCH EASIER, QUICKER, AND LESS COSTLY TO CLEAN UP.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROB SCHIBER
Contact's Title:	EHS MANAGER
Business Name and Address:	SCHIBER TRUCK COMPANY 1701 S. DELMAR AVE., HARTFORD IL 62048
E-mail Address:	ROB@SCHIBER.COM
Telephone Number:	618-254-2514, X230
Fax Number:	618-254-6057
Hazmat Registration Number:	052308550062QS
Date:	06/24/2010
Preparer is:	Carrier

01/01/2004