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-2017060010
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/25/2017

4. Time of Incident (use 24-hour time):
09:40

5. Enter National Response Center Report Number (if applicable):
1179290

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
Unk

7. Location of Incident:
City: LOGAN TOWNSHIP
County: GLOUCESTER
State: NJ
Zip Code: (if known): 08085
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
3 Osprey Court

8. Mode of Transportation: Rail

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: SMS Rail Service, Inc.
Street: 513 Sharptown Road
City: Logan Township
State: NJ
Zip Code: 08085
Federal DOT Id Number: 1333775
Hazmat Registration Number: 070716550022Y

11. Shipper/Offeror:
Name: Buckeye Partners LP
Street: 2400 Michigan Street
City: Hammond
State: IN
Zip Code: 46320
Waybill/Shipping Paper: 555414
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 400 East Columbus Drive
City: East Chicago
State: IN
Zip Code: 46312

13. Destination:
Street: 513 Sharptown Road
City: Logan Township
State: NJ
Zip Code: 08085

14. Proper Shipping Name of Hazardous Material: PROPYLENE

15. Technical/Trade Name: Propylene

16. Hazardous Class/Division: Flammable Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1077

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 20000 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:
Tank Car

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: - 134-Liquid Valve
How Failed: - 308-Leaked
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 112J400W
(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:	34000 Liquid - Gallon	Package Capacity:	
Amount in Package:	29755 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	UTLX Manufacturing	Manufacture Date:	07/01/2013
Serial Number:	7054-195	Last Test Date:	07/01/2013
Material of Construction:	Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	400 PSI (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: A
Model: 721
Manufacturer: Midland

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:	$ 501.00
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? True

If yes, provide the following information:

Total number of general public evacuated:	1901
Total number of employees evacuated:	8
Total evacuated:	1909
Duration of the evacuation:	7

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:

At about 9:40 a.m. on 5/25/17 UTLX 956486 was being prepared for transloading. The employees unsealed the dome lid and verified that the valves were closed by visual inspection/hand testing the valves. Upon loosening the plug from the A-end liquid valve, the employees encountered a small amount of residual pressure behind the plug, which was bled off. Once that stopped, the employee loosened the valve plug by an additional two turns. There was an indication of more pressure behind the plug, upon discovery of which the employee immediately ceased loosening the plug. However, the plug was suddenly and violently forced out of the threads. The uncontrolled release of product lasted for approximately 7 hours. Businesses with 1/2 mile of the release were evacuated. Emergency responders were able to close the valve using a cheater-bar to assist them.

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:

The valve involved in this incident is of the Midland 721 type valve, which is a valve known by DOT to be problematic. Service bulletins have been issued, however bulletins should be issued advising of additional operating procedures that should be undertaken to ensure transload employee safety. We have instituted revised procedures designed to identify these problematic valves before transloading activities even begin, together with a multi-level check designed to alert of potential valve failure.

PART VIII – CONTACT INFORMATION

Contact's Name:	Jim Pfeiffer
Contact's Title:	Superintendent of Operating Practices
Business Name and Address:	SMS Rail Service, Inc. 513 Sharptown Road Logan Township NJ 08085
E-mail Address:	pfeifferj@smsrail.com
Telephone Number:	856-467-4800
Fax Number:	856-467-2121
Hazmat Registration Number:	
Date:	06/01/2017
Preparer is:	Carrier

07/01/2013