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-2011020235
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/20/2008

4. Time of Incident (use 24-hour time):
02:00

5. Enter National Response Center Report Number (if applicable):
871468

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

7. Location of Incident:
City: HOLLYWOOD
County: BROWARD
State: FL
Zip Code: (if known): 33316
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
PORT EVERGLADES, S. PORT BERTH

8. Mode of Transportation: Water

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: INTEROCEAN LINES
Street: 701 WATERFORD WAY, SUITE 650
City: Miami
State: FL
Zip Code: 33126
Federal DOT Id Number:
Hazmat Registration Number: 062806553027OQ

11. Shipper/Offeror:
Name: AIRGAS SOUTH-MIAMI
Street: 9030 NW 58TH STREET
City: Miami
State: FL
Zip Code: 33178
Waybill/Shipping Paper: 10024463
Hazmat Registration Number: 052507001008P

12. Origin (if different from shipper address)
Street: 9030 NW 58TH STREET
City: MIAMI
State: FL
Zip Code: 33178

13. Destination:
Street: AGA SA OERU, AV NESTER GAMBETTA 880
City: CALLAO
State: ZZ
Zip Code:

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

15. Technical/Trade Name:

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) 1 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? True
If yes, provide the Exemption, Approval, or CA number: SP11186

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:
Portable Tank

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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 306-Failed to Operate
Causes of Failure: - Corrosion - Exterior

26a. Provide the packaging identification markings, if available.
Identification Markings: IMO 7/MC DOT 338-E PORTABLE TANK
(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:	5336 Liquid - Gallon	Package Capacity:	
Amount in Package:		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:	CRYENCO, INC	Manufacture Date:	10/18/1994
Serial Number:	J-0206	Last Test Date:	11/01/2006
Material of Construction:	STAINLESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	150 (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: PRESSURE RELIEF
Model: 08H127
Manufacturer: KUNKLE VALVE CO.

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 #: True
Police Report #: True BSO 8-05-5085
In-house cleanup: False
Other Cleanup: False

32. Damages Was the total damage cost more than $500? False

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:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? True

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	3

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:

MAY 19, 2008:
1900 HRS: STEVEDORES LOAD PORTABLE TANK JBKU 211007-4 INTO VESSELS' NO. 1 CARGO HOLD IN POSITION 03/00/02; CONTINUE LOADING DRY FREIGHT CONTAINERS AND FLAT RACKS IN HOLD NO.1-HATCH COVER OPEN AT ALL TIMES. NOTE: STEVEDORES SHIFT TO OTHER CARGO HOLDS TO LOAD CONTAINERIZED CARGO AND FLAT RACKS BELOW DECK.
MAY 20, 2008:
02:00 HRS: ROVING INSPECTION BY DUTY WATCHMAN DETECTS NOISE FROM BOTTOM OF CARGO HOLD NO. 1; 2ND OFFICE (OOD) NOTIFIED.
02:05 HRS: 2ND OFFICER NOTIFIES PORT CAPTAIN OF PROBLEM (NOISE) IN HOLD NO. 1.
02:10 HRS: PORT CAPTAIN MAKES SITE INSPECTION AT HOLD NO.1 FROM TOP TIER OF CARGO; DETERMINES GAS LEAKING FROM TANK IN BOTTOM (1ST TIER) IN HOLD; PORT CAPTAIN ORDERS STEVEDORE DUPERINTENDENT TO REMOVE TANK FROM BOTTOM STOW POSITION VIA REMOVAL OF ALL CARGO STOWED ON TOP OF IT; NO CARGO OPERATION AT HOLD NO.1' CONTINUE LOADING CARGO AT BAY 20.
03:00 HRS: COMMENCE DISCHARGE OF CARGO FROM HOLD NO.1.
03:00-03:10 HRS: UNKNOWN TO THE CREW, THE STEVEDORE SUPERINTENDENT ENTERED HOLD NO.1.
03:15 HRS: LONGSHOREMEN AT HOLD NO.1 ASK VESSEL TO SUPPLY THEM WITH BREATHING APPARATUS; AB GOES FOR APPARATUS.
03:20 HRS: OOD GOES TO CHIEF OFFICER WITH REQUEST; REQUEST AUTHORIZED; AB WATCHMAN PROVIDES BREATHING APPARATUS TO LONGSHOREMEN AT HOLD NO.1; FIRE RESCUE NOTIFIED OF PROBLEM
03:25-03:27 HRS: AB REPORTS TO OOD-STEVEDORE SUPERINTENDENT AND 2 LONGSHOREMEN DOWN AT BOTTOM OF HOLD NO.1
03:28 HRS: 1ST RESCUE TEAM ARRIVES SHIP-DOES NOT BOARD VESSEL
03:30 HRS: OOD REPORTS STATUS OF INCIDENT TO CHIEF OFFICER
03:32 HRS: CHIEF OFFICER REPORTS STATUS OF INCIDENT TO MASTER
03:35 HRS: MASTER ON SITE; CONFIRMS 3 MEN DOWN AT BOTTOM OF HOLD NO.1
03:48 HRS: 2ND RESCUE TEAM ARRIVES ON SITE; TEAM RESPONDERS BOARD VESSEL AND PREPARE TO ENTER HOLD NO.1.
04:00 HRS: RESCUE TEAM REPORTS 3 LONGSHOREMEN IN HOLD ARE DECEASED
04:49 HRS: BROWARD SHERIFF'S OFFICE NOTIFIED NRC OF INCIDENT; NRC NOTIFIED USCG MIAMI AND ADDITIONAL PARTIES NAMED NRC REPORT NO. 08462028
07:05 HRS: VESSEL BOARDED BY BSO AND USCG-COMMENCE INVESTIGATION OF INCIDENT BY LOCAL POLICE AUTHORITIES AND USCG
11:00 HRS: OSHA ON BOARD-COMMENCE THEIR INVESTIGATION OF 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:

PHMSA REPORT NO. 08462028 INDICATES SHIPPER WAS CHARGED WITH 6 VIOLATIONS OF 49 CFR REGULATIONS AND INDICATES THAT LETTERS OF CORRECTIVE ACTIONS WERE ISSUED TO THE SHIPPER WITH CORRECTIVE ACTIONS TAKEN BY THE SHIPPER. THESE VIOLATIONS INCLUDE: 1) FAILURE TO PROVIDE THE CARRIER WITH A COPY OF SPECIAL PERMIT DOT-SP 11186; 2) FAILURE TO INCLUDE SPECIAL PERMIT NUMBER ON THE SHIPPING PAPERS IN ASSOCIATION WITH THE SHIPPING DESCRIPTION; 3) FAILING TO PROVIDE ADDITIONAL INFORMATION ON THE SHIPPING PAPERS AS REQUIRED BY 49 CFR I.E. ONE-WAY-TRAVEL-TIME (OWTT) AND THE TANK'S PRESSURE AND AMBIENT (OUTSIDE) TEMPERATURE PRIOR TO SHIPMENT; 4) OFFERING FOR TRANSPORTATION, IN COMMERCE, A PORTABLE TANK IN AN UNAUTHORIZED OR DAMAGE/DEFECTIVE STATUS I.E. ALL EMERGENCY DEVICES OF THE PORTABLE TANK WERE CONFIRMED TO BE DEFECTIVE AT TIME OF OFFERING AS PER TEST RESULTS PROVIDE IN THE WENDELL HULL & ASSOCIATES REPORT NO. WHA08H127; 5) OFFERING FOR TRANPORTATION A HAZARDOUS MATERIAL WITH IMPROPER MARKINGS ON THE PORTABLE TANK; AND 6) FAILING TO PROVIDE FUNCTION SPECIFIC TRAINING TO ITS EMPLOYEES CONCERNING THE REQUIREMENTS CONTAINED IN THE SPECIAL PERMIT.

VESSEL ISM PROTOCOL REVIEWED BY RO AND REPORTED TO USCG. POST INCIDENT REIVEW AND SAFETY TRAINING GIVEN TO CREW REGARDING STEVENDORING INCIDENTS AND HAZMAT INCIDENTS ON BOARD VESSEL. OCEAN CARRIER COMMENCES USE OF NATIONAL CARGO BUREAU TO MAKE A REVIEW OF THE DANDEROUS CARGO MANIFEST ON A PER VOYAGE BASIS. THESE INDEPENDENT REVIEWS CHECK FOR STOWAGE AND SEGREGATION COMPLIANCE WITH BOTH IMDG AND 49 CFR REQUIREMENTS AND INVOLVE INTERFACE WITH PORT CAPTAIN AND CHIEF OFFICER PER PORT CALL AT PEV. ANY EXCEPTIONS NOTED BY THE NCV DURING A REVIEW ARE CORRECTED PRIOR TO TIME OF LOADING.

THERE IS REASON TO BELIEVE THAT LETTES OF CORRECTIVE ACTIONS WERE ISSUED BY OSHA TO THE STEVEDORING COMPANY.

PART VIII – CONTACT INFORMATION

Contact's Name: THORSTEN THRONICKE

Contact's Title:	MANAGING DIRECTOR
Business Name and Address:	REEDEREL HARMSTORF & CO. THOMAS MEIER-HEDDE GMBH & ELGLISCHE PLANKE 2 20459 HAMBURG ZZ
E-mail Address:	
Telephone Number:	494-039-1040
Fax Number:	
Hazmat Registration Number:	
Date:	02/14/2011
Preparer is:	Other - VESSEL MANAGERS

10/18/1994

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-2011020235
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/20/2008

4. Time of Incident (use 24-hour time):
02:00

5. Enter National Response Center Report Number (if applicable):
871468

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

7. Location of Incident:
City: HOLLYWOOD
County: BROWARD
State: FL
Zip Code: (if known): 33316
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
PORT EVERGLADES, S. PORT BERTH

8. Mode of Transportation: Water

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: INTEROCEAN LINES
Street: 701 WATERFORD WAY, SUITE 650
City: Miami
State: FL
Zip Code: 33126
Federal DOT Id Number:
Hazmat Registration Number: 062806553027OQ

11. Shipper/Offeror:
Name: AIRGAS SOUTH-MIAMI
Street: 9030 NW 58TH STREET
City: Miami
State: FL
Zip Code: 33178
Waybill/Shipping Paper: 10024463
Hazmat Registration Number: 052507001008P

12. Origin (if different from shipper address)
Street: 9030 NW 58TH STREET
City: MIAMI
State: FL
Zip Code: 33178

13. Destination:
Street:
City:
State:
Zip Code:

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

15. Technical/Trade Name:

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) 1 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? True
If yes, provide the Exemption, Approval, or CA number: SP11186

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:
Portable Tank

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: - 144-Pressure Relief Valve or Device - Reclosing
How Failed: - 306-Failed to Operate
Causes of Failure: - Vandalism

26a. Provide the packaging identification markings, if available.
Identification Markings: IMO 7/MC-388 DOE 338-E PORTABLE TANK
(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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

28. Provide packaging construction and test information, as appropriate:
Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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:	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 #: True
Police Report #: True BSO 8-05-5085
In-house cleanup: False
Other Cleanup: False

32. Damages Was the total damage cost more than $500? False

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:	$ 0.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? True

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	3

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)
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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:

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MAY 20, 2008:
02:00 HRS: ROVING INSPECTION BY DUTY WATCHMAN DETECTS NOISE FROM BOTTOM OF CARGO HOLD NO. 1; 2ND OFFICE (OOD) NOTIFIED.
02:05 HRS: 2ND OFFICER NOTIFIES PORT CAPTAIN OF PROBLEM (NOISE) IN HOLD NO. 1.
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03:32 HRS: CHIEF OFFICER REPORTS STATUS OF INCIDENT TO MASTER
03:35 HRS: MASTER ON SITE; CONFIRMS 3 MEN DOWN AT BOTTOM OF HOLD NO.1
03:48 HRS: 2ND RESCUE TEAM ARRIVES ON SITE; TEAM RESPONDERS BOARD VESSEL AND PREPARE TO ENTER HOLD NO.1.
04:00 HRS: RESCUE TEAM REPORTS 3 LONGSHOREMEN IN HOLD ARE DECEASED
04:49 HRS: BROWARD SHERIFF'S OFFICE NOTIFIED NRC OF INCIDENT; NRC NOTIFIED USCG MIAMI AND ADDITIONAL PARTIES NAMED NRC REPORT NO. 08462028
07:05 HRS: VESSEL BOARDED BY BSO AND USCG-COMMENCE INVESTIGATION OF INCIDENT BY LOCAL POLICE AUTHORITIES AND USCG
11:00 HRS: OSHA ON BOARD-COMMENCE THEIR INVESTIGATION OF 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:

PHMSA REPORT NO. 08462028 INDICATES SHIPPER WAS CHARGED WITH 6 VIOLATIONS OF 49 CFR REGULATIONS AND INDICATES THAT LETTERS OF CORRECTIVE ACTIONS WERE ISSUED TO THE SHIPPER WITH CORRECTIVE ACTIONS TAKEN BY THE SHIPPER. THESE VIOLATIONS INCLUDE: 1) FAILURE TO PROVIDE THE CARRIER WITH A COPY OF SPECIAL PERMIT DOT-SP 11186; 2) FAILURE TO INCLUDE SPECIAL PERMIT NUMBER ON THE SHIPPING PAPERS IN ASSOCIATION WITH THE SHIPPING DESCRIPTION; 3) FAILING TO PROVIDE ADDITIONAL INFORMATION ON THE SHIPPING PAPERS AS REQUIRED BY 49 CFR I.E. ONE-WAY-TRAVEL-TIME (OWTT) AND THE TANK'S PRESSURE AND AMBIENT (OUTSIDE) TEMPERATURE PRIOR TO SHIPMENT; 4) OFFERING FOR TRANSPORTATION, IN COMMERCE, A PORTABLE TANK IN AN UNAUTHORIZED OR DAMAGE/DEFECTIVE STATUS I.E. ALL EMERGENCY DEVICES OF THE PORTABLE TANK WERE CONFIRMED TO BE DEFECTIVE AT TIME OF OFFERING AS PER TEST RESULTS PROVIDE IN THE WENDELL HULL & ASSOCIATES REPORT NO. WHA08H127; 5) OFFERING FOR TRANPORTATION A HAZARDOUS MATERIAL WITH IMPROPER MARKINGS ON THE PORTABLE TANK; AND 6) FAILING TO PROVIDE FUNCTION SPECIFIC TRAINING TO ITS EMPLOYEES CONCERNING THE REQUIREMENTS CONTAINED IN THE SPECIAL PERMIT.

VESSEL ISM PROTOCOL REVIEWED BY RO AND REPORTED TO USCG. POST INCIDENT REIVEW AND SAFETY TRAINING GIVEN TO CREW REGARDING STEVENDORING INCIDENTS AND HAZMAT INCIDENTS ON BOARD VESSEL. OCEAN CARRIER COMMENCES USE OF NATIONAL CARGO BUREAU TO MAKE A REVIEW OF THE DANDEROUS CARGO MANIFEST ON A PER VOYAGE BASIS. THESE INDEPENDENT REVIEWS CHECK FOR STOWAGE AND SEGREGATION COMPLIANCE WITH BOTH IMDG AND 49 CFR REQUIREMENTS AND INVOLVE INTERFACE WITH PORT CAPTAIN AND CHIEF OFFICER PER PORT CALL AT PEV. ANY EXCEPTIONS NOTED BY THE NCV DURING A REVIEW ARE CORRECTED PRIOR TO TIME OF LOADING.

THERE IS REASON TO BELIEVE THAT LETTES OF CORRECTIVE ACTIONS WERE ISSUED BY OSHA TO THE STEVEDORING COMPANY.

PART VIII – CONTACT INFORMATION

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