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-2005080098
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/08/2005

4. Time of Incident (use 24-hour time):
08:25

5. Enter National Response Center Report Number (if applicable):
764813

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

7. Location of Incident:
City: SAINT JAMES
County: SAINT JAMES
State: LA
Zip Code: (if known): 70086-7652
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
9901 Highway

8. Mode of Transportation: Rail

9. Transportation Phase: Loading

10. Carrier/Reporter:
Name: Chevron Phillips Chemcial Co
Street: 9901 Highway 18
City: SAINT JAMES
State: LA
Zip Code: 70086
Federal DOT Id Number:
Hazmat Registration Number: 051605550005N

11. Shipper/Offeror:
Name: Chevron Phillips Chemical Co.
Street: 9901 Highway 18
City: SAINT JAMES
State: LA
Zip Code: 70086
Waybill/Shipping Paper: 86915994
Hazmat Registration Number: 051605550005N

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

13. Destination:
Street: 4602 N. Galloway Road
City: LAKELAND
State: FL
Zip Code: 33810

14. Proper Shipping Name of Hazardous Material: STYRENE MONOMER, STABILIZED

15. Technical/Trade Name: styrenemonomerinhibt

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN2055

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1600 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:
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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 111A100W1
(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:	23581 Liquid - Gallon	Package Capacity:	
Amount in Package:	23581 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:	Trinity Ind	Manufacture Date:	09/01/1988
Serial Number:	chvx 288014	Last Test Date:	09/01/2004
Material of Construction:	A516-70 (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	100 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.44 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.44 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type: n/a
Model: n/a
Manufacturer: n/a

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:	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 #:	False
Police Report #:	False
In-house cleanup:	True
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? 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? True

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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

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:

An operator was loading CHVX-288014 Styrene tankcar. The operator was inspecting the tank car during loading. The tank car was overloaded and spilled over. The operator got some sytrene on hisself. Operator shut down loading. Operator received 1st aid treatment.Operator checked tank car loading meter. Meter had setting of 185,000 lb. Operator thought he put in 171,000 lb. This tank car couldn't take 185,000lb. Calculated 1600 lb spilled out tank car. Majority went into secondry containment. Rest was recovered with absorbent blanket. Duration of overflow was about one minute. The spilled material was pumped to slop oil tankage. Material picked up with absorbent blanket was put into drums. Material that got on soil was picked up and put into waste dumpster.

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:

1) Plans are to design and install a secondary shut off device to eliminate overfilling caused by human error malfunction.
2) Revise operating procedure to included catution note to verify setpoint before starting and during loading. Awareness training for all operations personnel will be given in regards to procedural revisions.

PART VIII – CONTACT INFORMATION

Contact's Name:	Guy Ward
Contact's Title:	Compliance Team Supervisor
Business Name and Address:	Chevron Phillips Chemical Co., LP 9901 Highway 18 SAINT JAMES LA 70086
E-mail Address:	wardgw@cpchem.com
Telephone Number:	225-746-5514
Fax Number:	225-746-5732
Hazmat Registration Number:	051605550005N
Date:	08/08/2005
Preparer is:	Facility owner/operator

09/01/1988