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-2018090302
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/30/2018

4. Time of Incident (use 24-hour time):
12:45

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: ODESSA
County: ECTOR
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 339 INTERSTATE 20

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PEROXYCHEM LLC
Street: 1 COMMERCE SQ 2005 MARKET ST STE 3200
City: PHILADELPHIA
State: PA
Zip Code: 19103
Federal DOT Id Number: 2479818
Hazmat Registration Number: 060118550112A

11. Shipper/Offeror:
Name: PEROXYCHEM LLC
Street: 1701 ECR 140
City: MIDLAND
State: TX
Zip Code: 79706
Waybill/Shipping Paper: 07302018
Hazmat Registration Number: 060118550112A

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

13. Destination:
Street: FRAC LOCATION-31 13'14.5"N 103 11'02.1W
City: PECOS
State: TX
Zip Code:

14. Proper Shipping Name of Hazardous Material: ORGANIC PEROXIDE TYPE F, LIQUID

15. Technical/Trade Name: (<=17% PERACETIC ACID WITH <=26% HYDROGEN PEROXIDE)

16. Hazardous Class/Division: Organic Peroxide

17. Identification Number: (E.g. UN2764, NA 2020) UN3109

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 6000 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:
IBC

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: - 303-Burst or Ruptured
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: 81HA1/Y/03-18/USA/M4118/3800KG/2038KG
(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:	IBC	Packaging Type:	
Material of Construction:	Metal	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:	3000 Liquid - Pound	Package Capacity:	
Amount in Package:	3000 Liquid - Pound	Amount in Package:	
Number in Shipment:	4	Number in Shipment:	
Number Failed:	3	Number Failed:	

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

Manufacturer:
Serial Number:
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:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:
Transport 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:	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:	$ 4,860.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 16,000.00
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:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

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:	
Responders:	
General Public:	

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	
Responders:	
General Public:	

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:	0
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? True

If yes, provide the following information:

Estimated speed (mph):	65
Weather conditions:	CLEAR
Vehicle overturned?	False
Vehicle left roadway/track?	True

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:

OUR DRIVER INDICATED THAT THE CAUSE OF THE INCIDENT WAS TO AVOID A CRASH. TEXAS STATE TROOPER WAS IN THE OUTSIDE LANE OF INTERSTATE 20 WEST APPROXIMATELY 8 CAR LENGTHS IN FRONT OF OUR DRIVER. TRAFFIC WAS TRAVELING ABOUT 65 MPH. TROOPER THEN MADE A SUDDEN MOVE INTO THE INSIDE LANE. THE RESULTING ACTION CAUSED THE CARS IN FRONT OF OUR DRIVERS TO LOCK UP THEIR BRAKES. OUR DRIVER HAD TO BRAKE HARD AND STEER TO THE RIGHT TO AVOID A REAR END ONTO THE SHOULDER OF THE ROAD AND THEN ON TO A DIRT SURFACE. THE QUICK MANEUVER AND SUDDEN BRAKING CAUSED THE CARGO STRAPS TO SNAP (USED 4 CARGO STRAPS EACH RATED AT 3350 LBS). THREE OF FOUR IBC CAME OFF THE GOOSE NECK TRAILER. TWO OF THE IBCS RUPTURED AND LEAKED ONTO THE ROADWAY AND MEDIUM. POLICE AND FIRE ARRIVED AT THE SCENE. FIRE DEPT HANDLED THE SPILL. NO POLICE REPORT OR FIRE REPORT WERE TAKEN.

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 FLATBED GOOSE NECK TRAILERS ARE BEING REFITTED WITH ANGLE IRON TO CREATE A TRACK IN WHICH TO STORE IBCS. IN ADDITION, WE'VE ADDED A 3RD STRAP TO THE SECUREMENT OF THE FREIGHT AND ALL REPLACEMENT STRAPS IN SIZE FROM A 2 INCH (WWL OF 3350LBS) TO 3 INCH WIDE WITH A WLL OF 5400 LBS. THE ADDITION OF THE ANGLE IRON AND ADDITIONAL WLL OF STRAPS WILL STOP ANY MOVEMENT OF IBC IN ADVERSE DRIVING CONDITIONS.

PART VIII – CONTACT INFORMATION

Contact's Name:	ANTHONY C BAKER
Contact's Title:	EHS SPECIALIST
Business Name and Address:	ONE COMMERCE SQ 2005 MARKET ST STE 3200 PHILADELPHIA PA 19103
E-mail Address:	TONY.BAKER@PEROXYCHEM.COM
Telephone Number:	267-422-2408
Fax Number:	215-689-4177
Hazmat Registration Number:	
Date:	08/29/2018
Preparer is:	Carrier