



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-2020010112
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/06/2019
4. Time of Incident (use 24-hour time):
12:05
5. Enter National Response Center Report Number (if applicable):
1265692
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: REYNOLDS
County: WHITE
State: IN
Zip Code: (if known): 47980
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
319 NORTH US 421
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit Storage
10. Carrier/Reporter:
Name: CO-ALLIANCE, LLP
Street: 5250 US 36 BUILDING 1000
City: AVON
State: IN
Zip Code: 46123
Federal DOT Id Number: 1141986
Hazmat Registration Number: 060519600025BC
11. Shipper/Officer:
Name: CO-ALLIANCE LLP
Street: 319 NORTH US 421
City: REYNOLDS
State: IN
Zip Code: 47980
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS
15. Technical/Trade Name: ANHYDROUS AMMONIA
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 200 Gas - 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? True
If yes, provide the Hazard Zone: D

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:
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: -
How Failed: - 308-Leaked
Causes of Failure: - Human Error

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

Identification Markings: NO MARKINGS AVAILABLE

(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: 1500 Gas - Gallon
Amount in Package: 1275 Gas - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: CHEMI-TROL
Serial Number: 495716
Material of Construction: STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 250 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.365 INCH (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: 01/01/1990
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: | 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: 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: \$ 33.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 1,000.00
(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:
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?

True

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: 1
Responders:
General Public:

35. Did the hazardous material cause or contribute to an evacuation?

True

If yes, provide the following information:

Total number of general public evacuated: 2
Total number of employees evacuated:
Total evacuated: 2
Duration of the evacuation: 2

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:

ON 12/6/2019 EMPLOYEES OF CO-ALLIANCE LLP AT REYNOLDS, IN WERE ATTEMPTING TO CHANGE THE LIQUID VALVE ACME FITTING ON A 1500 GALLON ANHYDROUS AMMONIA PORTABLE TANK - CONTAINER W55.

USING CORDLESS IMPACT AND LARGE SOCKET WRENCH THEY BEGAN TO LOOSEN THE FITTING. IT APPEARS AS THE IMPACT WRENCH WAS WAS ACTIVATED, THE VIBRATION CAUSED VALVE TO OPEN SLIGHTLY, CAUSING THE WORKERS TO LEAVE THE AREA IMMEDIATELY THINKING THAT THE VALVE HAD BROKE. EMERGENCY ACTIONS/MEASURES WERE IMMEDIATELY IMPLEMENTED.

THE FACILITY IS LOCATED ON THE NORTH SIDE OF TOWN AND THE WIND WAS BLOWING TOWARDS TOWN AT THE TIME OF THE INCIDENT. EMERGENCY MEASURES INCLUDED COVERING VALVE WITH WET CLOTH MATERIAL TO SUPPRESS THE VAPORS, CONSTRUCTING A BERM AROUND THE TANK TO COLLECT WATER AND ANY PRODUCT THAT DID NOT DISSIPATE INTO THE ATMOSPHERE, THE USE OF WATER SPRAY TO KEEP VAPOR TO A MINIMUM AND DEPRESSURIZING TANK W55 INTO A TANK OF WATER TANK.

IDEM, NATIONAL RESPONSE CENTER, LEPC AND 911 WERE PROMPTLY NOTIFIED.

THE RESIDENTS FORM THE NEAREST HOME CAME TO OUR OFFICE TO INQUIRE ABOUT THE EMERGENCY ACTIVITIES. CO-ALLIANCE EMPLOYEES INFORMED THEM OF THE SITUATION. AS A PRECAUTION, WE ADVISED THEM TO LEAVE THE AREA FOR A COUPLE OF HOURS. FIRE DEPT. OFFICIALS MONITORED THE AREA FOR HEALTH AND SAFETY ISSUES.

THE TANK WAS DEPRESSURIZED AND MOVED TO A SAFER, LESS POPULATED PART OF OUR FACILITY.

ON 12-7-2019 A CONTRACTOR EXCAVATED THE AREA WHERE THE TANK WAS SITTING. THE AFFECTED STONE AND SOIL WAS REMOVED SPREAD ON A NEARBY FARM.

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:

EMPLOYEE SAFETY TRAINING

-SOP'S ASSOCIATED WITH MAINTENANCE. IMPACT WRENCH USE WILL BE PROHIBITED ON ALL TANK FITTINGS.

-PROCEDURES FOR MAINTENANCE ACTIVITIES ON FULL TANKS.

PART VIII – CONTACT INFORMATION

Contact's Name:	SHAWN LAMBERT
Contact's Title:	SAFETY AND RISK MANAGER
Business Name and Address:	CO-ALLIANCE LLP
	5250 E US HWY 36 BLBG 1000 AVON IN 46123
E-mail Address:	SHAWN.LAMBERT@CO-ALLIANCE.COM
Telephone Number:	765-744-5937
Fax Number:	
Hazmat Registration Number:	060519600025BC
Date:	12/30/2019
Preparer is:	Shipper

01/01/1990