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-2014110296
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/15/2014

4. Time of Incident (use 24-hour time):
13:45

5. Enter National Response Center Report Number (if applicable):
1098403

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

7. Location of Incident:
City: INDIANAPOLIS
County: MARION
State: IN
Zip Code: (if known): 46241
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2670 EXECUTIVE DRIVE, SUITE D

8. Mode of Transportation: Highway

9. Transportation Phase: Loading

10. Carrier/Reporter:
Name: STERICYCLE, INC.
Street: 2670 EXECUTIVE DR
City: INDIANAPOLIS
State: IN
Zip Code: 46241-5025
Federal DOT Id Number:
Hazmat Registration Number: 052814550020W

11. Shipper/Offeror:
Name: STERICYCLE, INC.
Street: 2670 EXECUTIVE DR
City: INDIANAPOLIS
State: IN
Zip Code: 46241-5025
Waybill/Shipping Paper: 010778758JJK
Hazmat Registration Number: 052814550020W

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

13. Destination:
Street: 4650 SPRING GROVE AVE
City: CINCINNATI
State: OH
Zip Code: 45232

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: D002

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 20 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 010778758JJK

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:
Non-Bulk

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Dropped; Improper Preparation for Transportation

26a. Provide the packaging identification markings, if available.
Identification Markings: 1H2/Y130/S/12/USA/M4232
(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:	55 Liquid - Gallon	Package Capacity:
Amount in Package:	50 Liquid - Gallon	Amount in Package:
Number in Shipment:	8	Number in Shipment:
Number Failed:	2	Number Failed:

28. Provide packaging construction and test information, as appropriate:
Manufacturer: M4232
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:	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? 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:	0
Total number of employees evacuated:	55
Total evacuated:	55
Duration of the evacuation:	0.5

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:

A FORKLIFT DRIVER WAS LOADING A DOUBLE-STACKED PALLET OF 8 DRUMS ONTO A TRUCK FOR AN OUTBOUND SHIPMENT. AS THE FORKLIFT DRIVER WAS APPROACHING THE LOADING DOCK, THE DRUMS AT THE TOP OF THE STACK FELL FROM THE LOAD ONTO THE INDOOR LOADING DOCK FLOOR. THE LIDS ON TWO OF THE DRUMS BECAME DAMAGED CAUSING THOSE DRUMS TO RELEASE A TOTAL OF 75 GALLONS OF HAZARDOUS MATERIAL INTO THE BUILDING. OF THOSE 75 GALLONS, APPROXIMATELY 20 GALLONS FLOWED UNDER THE DOCK PLACE ONTO THE PAVED OUTDOOR PARKING LOT. THE RELEASE DID NOT AFFECT SOIL, SURFACE WATER OR STORM DRAINS. THE DURATION OF THE RELEASE WAS INSTANTANEOUS. THE DAMAGED DRUMS WERE IMMEDIATELY PLACED IN UPRIGHT POSITION, AND BERMS WERE PLACED AROUND THE LOADING DOCK DOORS AND DOCK PLATES TO STOP ANY ADDITIONAL MATERIAL FROM ESCAPING. THE AFFECTED PORTION OF THE BUILDING WAS EVACUATED FOR APPROXIMATELY 20 MINUTES UNTIL THE TYPE OF MATERIAL WAS CONFIRMED, AND IT WAS DETERMINED TO BE SAFE TO RETURN TO THE BUILDING. THE RELEASED MATERIAL WAS CONTAINED USING A COMBINATION OF VERMICULATE, CONTAINMENT PADS, AND CONTAINMENT SOCKS TO BUILD A BERM AROUND THE MATERIAL. ONCE CONTAINED, CLEANUP ACTIVITIES BEGAN. ADDITIONAL VERMICULITE WAS PLACED ON THE MATERIAL TO ABSORB EXCESS LIQUID. ALL LIQUIDS WERE ABSORBED AND ALL CLEANUP MATERIAL WAS PLACED INTO DRUMS FOR PROPER DISPOSAL. THE DAMAGED DRUMS WERE PLACED IN OVER-PACKS. THE DRUMS INVOLVED IN THIS INCIDENT CONTAINED UN3266 FREE LIQUIDS. THESE DRUMS WERE OPEN-HEAD PLASTIC DRUMS RATED AS 1H/Y130/S/12/USA/M4232, WHICH ARE NOT RATED FOR FREE LIQUIDS. THE INCORRECT PACKAGING OF THE MATERIAL CONTRIBUTED TO THE INCIDENT. IT WAS ALSO DETERMINED THAT ONE OF THE WOODEN PALLETS THE WAS USED FOR THE LOAD WAS DAMAGED/BROKEN, CAUSING THE LOAD TO BE UNSTABLE AND ALSO CONTRIBUTING TO THE CAUSE OF THE INCIDENT.

THIS MATERIAL WAS INTENDED TO SHIP ON MANIFEST NUMBER 010778758JJK, AS NOTED IN PART II, NUMBERS 12 AND 20. AS A RESULT OF THE SPILL, THE MATERIAL WAS NOT SHIPPED ON THE LOAD. THE REMAINING MATERIAL AND SPILL CLEANUP WASTE DRUMS SHIPPED ON 11/13/14 ON MANIFEST NUMBER 010778769JJK.

20. EPA MANIFEST NUMBER SHOULD READ 010778758JJK.
25. ADDITIONAL FAILURE CODES:

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:

PREVENTATIVE MEASURE TAKEN TO PREVENT RE-OCCURRENCE INCLUDE:
-IMPLEMENTING WEIGHT RESTRICTIONS ON DOUBLE-STACKED PALLETS
-ADDITIONAL INSPECTIONS OF PALLETS BEFORE USING/LOADING TO ENSURE ONLY PALLETS IN GOOD CONDITION ARE USED FOR TRANSPORTATION
-RE-TRAINING EMPLOYEES ON DOT PACKAGING REQUIREMENTS FOR HAZARDOUS MATERIALS3. WHAT FAILED: 109 HOW FAILED: 302 CAUSES OF FAILURE: 511

PART VIII – CONTACT INFORMATION

Contact's Name:	KRISTINE NELSON
Contact's Title:	ENVIRONMENTAL SAFETY & HEALTH SPECIALIST
Business Name and Address:	STERICYCLE INC
	2670 EXECUTIVE DRIVE STE D INDIANAPOLIS IN 46241
E-mail Address:	KNELSON-RMS@STERICYCLE.COM
Telephone Number:	317 518 5367
Fax Number:	888 276 6398
Hazmat Registration Number:	
Date:	11/14/2014
Preparer is:	Shipper