



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-2015090546
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/18/2015
4. Time of Incident (use 24-hour time): 12:00
5. Enter National Response Center Report Number (if applicable): 1126010
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORWICH
County: CHENANGO
State: NY
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
5621 STATE HIGHWAY 12
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: ENVIRITE OF PENNSYLVANIA, INC.
Street: 730 VOGELSONG RD
City: YORK
State: PA
Zip Code: 17404-1763
Federal DOT Id Number: 685427
Hazmat Registration Number: 061815550014X
11. Shipper/Officer:
Name: SPECIAL METALS CORPORATION
Street: 4317 MIDDLE SETTLEMENT RD
City: NEW HARTFORD
State: NY
Zip Code: 13413
Waybill/Shipping Paper: 014427059JJK
Hazmat Registration Number: 060215004001X
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 730 VOGELSONG ROAD
City: YORK
State: PA
Zip Code: 17404
14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 100 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 014427059JJK

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: US DOT SP-10878

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:

Cargo Tank Motor Vehicle (CTMV)

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: - 121-Gasket; 137-Manway or Dome Cover

How Failed: - 308-Leaked

Causes of Failure: - Human Error

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

Identification Markings: DOT-SP-10878

(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: 5500 Liquid - Gallon
Amount in Package: 3888 Liquid - 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: TANKCON
Serial Number: 2T9T2143XDB08920
Material of Construction: FRP (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 35 (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: 05/10/2012
Last Test Date: 10/28/2014

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: | True |
| - 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 #: True 15-0001896/15-00
Police Report #: True NYSPC0172444
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: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 2,800.00
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?

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?

True

If yes, how many? 4

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:

THE DRIVER COMPLETED THE TRANSFER OF A MIXED ACID WASTE FROM THE CUSTOMER'S ON-SITE STORAGE TANKS TO THE ENVIRITE OF PENNSYLVANIA TANKER TRUCK. UPON COMPLETION OF PAPERWORK, THE TRUCK WAS CLEARED TO LEAVE THE SITE. UPON MAKING AN INCLINED STOP AT A STOPLIGHT THE DRIVER NOTICED LIQUID LEAKING FROM THE TANKER. AT THE SAME TIME, A PASSENGER VEHICLE ALSO NOTICED THE LEAK AND ALERTED THE DRIVER. AS SOON AS SAFELY POSSIBLE, THE DRIVER PULLED OFF OF THE THOROUGHFARE, ACCESSED THE SPILL KIT TO IMMEDIATELY BLOCK OFF NEARBY STORM DRAIN AND THEN DETERMINED THE CAUSE OF THE LEAK. MEANWHILE, THE DRIVER OF THE PASSENGER VEHICLE ASSISTED THE DRIVER AND CALLED 911 TO NOTIFY LOCAL AUTHORITIES OF THE INCIDENT. UPON INSPECTION, HE NOTICED THAT THE FRONT HATCH DOME LID HAD BEEN CLOSED BUT NOT FULLY SECURED PRIOR TO LEAVING THE CUSTOMER SITE. AS HE UNLATCHED THE DOME COVER, HE FOUND A METAL ROOFING BOLT LODGED BETWEEN THE HINGE PREVENTING THE HATCH AND TO SEAL PROPERLY. HE REMOVED THE OBSTRUCTION, PROPERLY CLOSED AND SEALED THE FRONT HATCH AND PREVENTED ANY FURTHER LEAKS.

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:

HUMAN ERROR WAS DETERMINED TO BE THE CAUSE OF THE INCIDENT. ADDITIONAL COMMUNICATION TO DRIVERS REGARDING INSPECTION OF ALL SEALS PRIOR TO CLOSING THE CARGO TANKER HATCHES HAS BEEN COMPLETED.

PART VIII – CONTACT INFORMATION

Contact's Name:	KARLA MERCER
Contact's Title:	ENVIRONMENTAL, HEALTH AND SAFETY MANAGER
Business Name and Address:	ENVIRITE OF PENNSYLVANIA 730 VOGELSONG ROAD YORK PA 17404
E-mail Address:	KARLA.MERCER@USECOLOGY.COM
Telephone Number:	717 849 2114
Fax Number:	717 854 6757
Hazmat Registration Number:	
Date:	09/09/2015
Preparer is:	Carrier

05/10/2012