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-1991030625
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/05/1991

4. Time of Incident (use 24-hour time):
11:00

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: DALLAS
County: DALLAS
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
GLENNFIELD ST

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: TRANSPORT CO OF TEXAS
Street: PO BOX 4726
City: CORPUS CHRISTI
State: TX
Zip Code: 78469
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: WILLIAMS B C
Street: 6000 DENTON DRIVER
City: DALLAS
State: TX
Zip Code:
Waybill/Shipping Paper: 002811
Hazmat Registration Number:

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

13. Destination:
Street: GLENNFIELD ST
City: DALLAS
State: TX
Zip Code: 75233

14. Proper Shipping Name of Hazardous Material: PHOSPHORIC ACID SOLUTION

15. Technical/Trade Name: AC-5 PLUS

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1805

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 170 Liquid - Gallon

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

21. Is this a Toxic by Inhalation (TIH) material?
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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: -
How Failed: -
Causes of Failure: - Overfilled

26a. Provide the packaging identification markings, if available.
Identification Markings:
(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:	10780 Liquid - Gallon	Package Capacity:	
Amount in Package:		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:	ACRO TANK CO	Manufacture Date:	
Serial Number:	5118	Last Test Date:	07/17/1990
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:

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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	
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? 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:

IN REGARDS TO A SPILL WHICH OCCURRED AT QUAKER OATS INC. AT DALLAS, TEXAS ON MARCH 05, 1991 HERE IS AN ACCOUNT OF THE INCIDENT, IN MY OWN WORDS: TRAINEE BARRY COHN AND MYSELF ARRIVED AT QUAKER OATS AT 10:45 AM. WE LOCATED COMPANY REPRESENTATIVE WHO PROMPTLY ESTABLISHED TELEPHONE CONTACT WITH THE PROPER INDIVIDUAL (J.D. TOWNLEY) AND INSTRUCTED US WHERE TO WAIT FOR HIM. WE WAITED UNTIL 12:40 PM., AT WHICH TIME J. D. TOWNLEY APPEARED AND SHOWED US WHERE TO BACK IN AND WHERE TO HOOK UP. THEN J. D TOWNELY LEFT AT THIS TIME, BARRY COHN TURNED THE TRUCK AROUND AND BACKED IT IN TO THE DESIGNATED AREA. THEN WE SUITED UP, CHECKED THE WHEELS, THEN HOOKED UP THE AIR COMPRESSOR AND SEVENTY FEET OF PRODUCT HOSE AND WAITED FOR THE OKAY TO UNLOAD. WHEN WE GOT THE OKAY TO UNLOAD AT 1:35 PM., WE BUILD UP AIR PRESSURE (12 LB.) AND PROCEEDED TO UNLOAD. AT 2:20 PM A REPRESENTATIVE OF QUAKER OATS APPEARED AND INFORMED US THAT THE PRODUCT WAS FOAMING OUT OF THE CONTAINER. WE IMMEDIATELY SHUT DOWN AND WERE USHERED TO THE AREA WHERE THE PRODUCT WAS TO BE STORED. THE AREA WAS COVERED WITH FOAM, INDICATING THAT IT HAD BEEN FOAMING FOR QUITE SOME TIME. SO, WE WAITED FOR THE FOAM TO SUBSIDE. WHEN IT DID, THE AREA INSIDE THEIR TRAINING WALL AROUND THE STORAGE TANK WAS FULL AND HAD OVERFLOWED INTO THE RETAINING AREA ADJACENT TO IT. WE WERE THEN TOLD TO FINISH UNLOADING AND WAIT FOR A REPRESENTATIVE FROM B.C WILLIAMS INC. (BART ARREN) WHO WAS TO HELP US FIND THE SOLUTION TO CLEANING UP THE MESS. WE FINISHED UNLOADING, SHUT DOWN, CLEANED AND PUT AWAY OUR EQUIPMENT, THEN WAITED FOR BART, WHEN BART ARRIVED, IT WAS DETERMINED HOW MUCH PRODUCT WAS LOST (APPROXIMATELY 175 GALLONS). THEN WE ALL DISCUSSD THE PROBLEM AND POSSIBLE SOLUTIONS. AFTER MUCH DISCUSSION AND SEVERAL PHONE CALLS, WE ALL AGREED THAT THE BEST SOLUTION WOULD BE TO PUMP THE LOST PRODUCT BACK INTO THE TRAILER AND RETURN IT TO B.C. WILLIAMS INC. SO I CALLED OUR TERMINAL MANAGER (EDDIE WILLARD) AND RELATED ALL PRIOR EVENTS TO HIM AND TOLD HIM ABOUT THE FINAL DECISION. HE SENT US A PUMP AND 130 FEET OF PRODUCT HOSES APPROXIMATELY 5:00 PM AT WHICH TIME BARRY COHN, MIKE STOUT ND MYSELF HOOKED UP THE PUMP AND 200 FEET OF PRODUCT HOSE AND BEGAN PUMPING THE SPILLED PRODUCT FROM THE RETAINING AREA BACK INTO THE TRAILER. WHEN HE HAD PUMPED ALL WE COULD PUMP OUT OF THEIR TRAINING AREA, THERE WAS STILL APPROXIMATELY ONE INCH OF PRODUCT LEFT ON THE FLOOR. A SUPERVISOR FOR QUAKER OATS (NAME UNKNOWN) EXAMINED THE AREA AND TOLD US HE WOULD TAKE CARE OF THE REST OF IT WITH HIS PUMP. HE THANKED US FOR DOING WHAT HE COULD TO AID IN THE CLEAN UP PROCESS. WE ALL SHOOK HANDS, THEN BARRY COHN, MIKE STOUT AND MYSELF CLEANED AND PUT AWAY OUR EQUIPMENT. THEN MIKE STOUT LEFT IN THE COMPANY PICKUP TO RETURN TO THE TERMINAL YARD. AT THE SAME TIME (APPROXIMATELY 6:30 PM) BARRY COHN AND MYSELF LEFT QUAKER OATS HEADED FOR B.C WILLIAMS INC. THANK YOU PAUL FRYE, JR. PAUL FRYE WAS DISPATCHED ON A LOAD TO QUAKER OATES SHIPPER WAS B.C. WILLIAMS. PAUL FRYE ARRIVED AT QUAKER OATES. HOOKED UP HOSE PROCEEDED TO UNLOAD WHILE UNLOADING THE CUSTOMER CAME OUTSIDE TO TELL PAUL THE TANK WAS RUNNING OVER. PAUL COULD NOT SEE THE TANK, WAS INSIDE BULDING. APPROXIMATELY 170 GALLONS SPILLED. AROUND 2:30 WANDA FROM B.C. WILLIAMS CALLED, SAID THERE WAS A SPILL AND STATED MY DRIVER HAD SAID PAUL TOLD THEM THAT IS WAS NOT HIS PROBLEM AND HE WAS LEAVING. DURING THIS TIME BART REPRESENTATIVE FOR B.C. WILLIAMS ARRIVED AND CALLED ME (EDDIE C.) AND TOLD ME MY DRIVER WAS STILL THERE ABD NEVER SAID SUCH A THING. I COOPERATED WITH THEM TO HELP CLEAR UP THE SPILL WE PUT BAD PRODUCT BACK ON OUR TRAILER AND TOOK IT TO B.C. WILLIAMS. BART AND R.D. QUAKER OATES HAD SAID PAUL DID EVERY THING HE COULD TO HELP OUT. I SENT ADDITIONAL 120 FT. HOSES AND STAINLESS STEEL PUMP. B.C. WILLIAMS (BART) TOLD ME IT WAS NOT OUR FAULT. R.D. WRITES QUAKER TOLD BART AND PAUL THAT PAUL DID EVERTYHING BY THE BOOK. BART ASKED ME NOT TO CALL MY PEOPLE HE WANTED THIS KEPT QUIET. I CALLED REX HULL AND INFORMED HIM OF THIS SITUATION. EDDIE WILLARD

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	SHELBY STARTZ
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	
E-mail Address:	
Telephone Number:	5122891633
Fax Number:	
Hazmat Registration Number:	
Date:	03/20/1991
Preparer is:	