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: E-2023030303
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/11/2023

4. Time of Incident (use 24-hour time):
22:30

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: Macon
County: Bibb
State: GA
Zip Code: (if known): 31216
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-75 Sardis Church Rd Exit 153

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: AIR PRODUCTS AND CHEMICALS, INC.
Street: 7201 HAMILTON BLVD
City: ALLENTOWN
State: PA
Zip Code: 18195-9642
Federal DOT Id Number: 101263
Hazmat Registration Number: 052021550170DF

11. Shipper/Offeror:

Name: AIR PRODUCTS AND CHEMICALS, INC.
Street: 1535 OLD COVINGTON RD NE
City: CONYERS
State: GA
Zip Code: 30013-5001
Waybill/Shipping Paper: 5153-90602
Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 777 Hemlock Street
City: Macon
State: GA
Zip Code: 31217

14. Proper Shipping Name of Hazardous Material: OXYGEN, REFRIGERATED LIQUID (CRYOGENIC LIQUID)

15. Technical/Trade Name:

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1073

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 600 Liquid - Gallon

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:
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: - 134-Liquid Valve
How Failed: - 308-Leaked
Causes of Failure: - Broken Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: CGA-341
(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:	4600 Liquid - Gallon	Package Capacity:	
Amount in Package:	2300 Liquid - Gallon	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: Alloy Custom Products, Inc. Manufacture Date: 01/01/2010
Serial Number: V5518 Last Test Date:
Material of Construction: Stainless Steel (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 40 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.105 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type: Globe
Model: CJBB503DC
Manufacturer: Bestobell

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:
- Explosion:
- Vapor (Gas) Dispersion: True
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True Bibb County
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:

On Sat 11 Feb ~ 2230 driver called stating liquid coming out of vent due to the PBC would not fully close. The driver had offloaded ~ ½ load at his first stop & had driven 2 hrs north on I-75 in the Macon Ga area. Once the driver was in an area on I-75 where visibility was clear, streetlights, he noticed more than just vapor coming from the rear of the trailer. He exited I-75 to an area where he could have more visibility on the situation. Upon review the PBC was stuck open. After multiple unsuccessful attempts to close the valve, he maneuvered to a safer location. The driver found an area with concert to park over and out of travel lanes to better handle the situation. Management made the decision to contact the fire department to maintain control over the area & dispatched a shop mechanic & empty trailer. At 0030 the trailer had successfully been offloaded and area cleared. No injuries or disruption to the I-75 corridor. Site Supervisor was the first to arrive on scene. With the assistance of FD, the PBC valve was thawed out & ~ 3 revolutions were turned on the valve to close. The valve was felt to be in the closed position however liquid continued to vent. Upon removal of the PBC valve at the Conyers Terminal a nut & bolt assembly was found in the piping.

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:

Investigation is ongoing with company representatives.

PART VIII – CONTACT INFORMATION

Contact's Name:	Lisa Miller
Contact's Title:	Princ. Safety Specialist
Business Name and Address:	AIR PRODUCTS AND CHEMICALS, INC. 1940 Air Products Blvd. ALLENTOWN PA 18195-9642
E-mail Address:	millerl5@airproducts.com
Telephone Number:	(315)509-4229
Fax Number:	(610)706-6784
Hazmat Registration Number:	052021550170DF
Date:	03/13/2023
Preparer is:	Carrier

01/01/2010