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: X-2008050158
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/17/2008

4. Time of Incident (use 24-hour time):
09:53

5. Enter National Response Center Report Number (if applicable):
868187

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

7. Location of Incident:
City: NEW HAVEN
County: NEW HAVEN
State: CT
Zip Code: (if known): 06511
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Rail

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CSX Transportation
Street: 500 Water Street J-875
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: Unavailable
Hazmat Registration Number: 061605550027NP

11. Shipper/Offeror:
Name: PCI Chemicals Canada Company
Street: 675, Blvd. Alphonse-Deshaies
City: Becancour
State: ZZ
Zip Code: G9H 2Y8
Waybill/Shipping Paper: Unavailable
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 675, Blvd. Alphonse-Deshaies
City: Becancour
State: ZZ
Zip Code: G9H 2Y8

13. Destination:
Street: 37 Welton St.
City: NEW HAVEN
State: CT
Zip Code: 06511

14. Proper Shipping Name of Hazardous Material: CHLORINE

15. Technical/Trade Name:

16. Hazardous Class/Division: Poisonous Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1017

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 5 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: B

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:
Tank Car

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: - 135-Loading or Unloading Lines
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: 105
(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:	180000 Gas - Pound	Package Capacity:
Amount in Package:	120000 Gas - Pound	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:	PROZBN	Manufacture Date:
Serial Number:	PROX82980	Last Test Date:
Material of Construction:	AAR TC-128, Gr. B (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	(if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	0.779 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness:	0.779 INCH (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:	False	- 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 #: True 2008-02300
Police Report #: True None
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:	$ 1.00
Carrier Damage:	$ 0.00
Property Damage:	$ 7,500.00
Response Cost:	$ 22,000.00
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? True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	1
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	10
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? 2

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 April 17th, 2008 at 09:53 hours, CSXT personnel on local switcher train B74717, while switching at the HK Krevit Company, located at milepost QV 72 on the Amtrak mainline in New Haven, CT, moved PROX 82980, a loaded chlorine tank car, while hooked to an unloading rack. PROX 82980 was in the process of being unloaded, the unloading pipes where ripped from one liquid and one vapor line. The chlorine unloading rack emergency shutdown system operated along with the PROX 82980 liquid line excess flow check valve and an employee of HK Krevit company donned personal protective equipment and closed the liquid and vapor line valves on he tank car. The New Haven Fire Department and Hazardous Material Team responded, and found two railroad employees and eleven personnel at the HK Krevit Company, (six Krevit employees and five outside contractor employees) requested medical treatment for possible chlorine exposure, and two employees from Patient Care Services at Leeway (across the street from the Krevit Company) requested medical treatment. None of the persons treated were hospitalized. Air monitoring conducted by Connecticut Department of Environmental Protection at the facility found no traces of chlorine vapors inside facility or near the tank car unloading rack. CT-DEP allowed personnel to return to work and allow CSX, FRA and emergency response personnel to review the site and inspect the tank car valves and fittings for proper securement. PROX 82980 was re-spotted at the unloading rack at 22:30 hours, April 17th, 2008.
Cause Code: 662, 1 Liquid and 1 Vapor valve loading lines pulled out when tank car was moved from unloading spot while connected.
NARRI: 5(5+10+5) X (2+5) = 700

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:

No additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Michael Lunsford
Contact's Title:	Director - Hazardous Material Systems
Business Name and Address:	CSX Transportation
	500 Water Street J-875 JACKSONVILLE FL 32202
E-mail Address:	michael_lunsford@csx.com
Telephone Number:	(904) 359-1685
Fax Number:	(904) 245-2993
Hazmat Registration Number:	061605550027NP
Date:	
Preparer is:	Carrier