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-2016010066
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/28/2015

4. Time of Incident (use 24-hour time):
10:35

5. Enter National Response Center Report Number (if applicable):
1131911

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

7. Location of Incident:
City: INDUSTRY
County: MCDONOUGH
State: IL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US ROUTE 67 SOUTH OF INDUSTRY

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: HELENA CHEMICAL COMPNAY
Street: 9960 E 2100 ST
City: ADAIR
State: IL
Zip Code: 61411
Federal DOT Id Number: 086873
Hazmat Registration Number: 061013551085VX

11. Shipper/Offeror:
Name: HELENA CHEMICAL COMPNAY
Street: 225 SCHILLING BLVD SUITE 300
City: COLLIERVILLE
State: TN
Zip Code: 38017
Waybill/Shipping Paper: 122736146
Hazmat Registration Number: 061013551085VX

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

13. Destination:
Street: RR 1 BOX 97
City: RUSHVILLE
State: IL
Zip Code: 62681

14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS

15. Technical/Trade Name: ANHYDROUS AMMONIA

16. Hazardous Class/Division: Nonflammable Compressed Gas

17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 60 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: D

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: - 122-Gauging Device
How Failed: - 308-Leaked
Causes of Failure: - Loose Closure, Component, or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN-AG NURSE TANK
(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:	0	Package Capacity:	
Amount in Package:	0	Amount in Package:	
Number in Shipment:	0	Number in Shipment:	
Number Failed:	0	Number Failed:	

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	TRINITY CONTAINERS LLC	Manufacture Date:	01/01/2015
Serial Number:	Q1508980	Last Test Date:	01/01/2015
Material of Construction:	STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	250 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.238 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.186 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
Police Report #:	True
In-house cleanup:	False
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? 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? 1

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:

AN ANHYDROUS AMMONIA NURSE TANK WAS BEING DELIVERED TO A FARM FIELD WHEN THE HINCH PIN SHEARED, CAUSING THE NURSE TANK TO VIOLENTLY STRIKE THE HIGHWAY SURFACE. THIS TANK WAS PURCHASED RECENTLY AND THIS WAS IT FIRST TIME BEING FILLED AND SHIPPED. INITIALLY, IT WAS BELIEVED THE TANK WAS PUNCTURE WHEN THE HINCH PIN SHEARED SO COMPANY RESPONDERS WERE NOT ALLOWED TO APPROACH THE TANK. ONCE THE ANHYDROUS AMMONIA VAPORS DISSIPATED WITHIN APPROXIMATELY 30 MINUTES, COMPANY RESPONDERS WERE ABLE TO INSPECT THE TANK AND DETERMINED THE FIX LIQUID GAUGE WAS TRANSPORTED FROM THE INCIDENT SCENE ON US ROUTE 67 TO THE SHIPPER'S FACILITY IN ADAIR IL. THE FOLLOWING MORNING, THE TANK WAS RE-WEIGHTED AND IT WAS DETERMINED A TOTAL OF 60 POUNDS OF ANHYDROUS AMMONIA WAS RELEASED FORM THE TANK IN THE INCIDENT (SEE VOIDED SCALE TICKET #14211). A COMPLETE VISUAL INSPECTION WAS COMPLETED AND THE TANK WAS PUT BACK INTO SERVICE ON NOVEMBER 2, 2015 WITH NO ADDITIONAL ISSUES.
NOTE REGARDING WAYBILL/ SHIPPER PAPER. DUE TO THE NATURE OF ANHYDROUS AMMONIA RETAIL ALES TO FARMERS 17 TO 20 SHIPMENTS WERE MADE TO THE SAME CUSTOMER'S FIELD OVER APPROXIMATELY FIVE WEEKS. A SINGLE INVOICE AND SHIPPING PAPER WAS GENERATED WITH NUMBER 122736146 ON DECEMBER 8 2015, REFLECTING THE TOTAL VOLUME SHIPPED. EACH INDIVIDUAL SHIPMENT CONSISTED OF A SINGLE ANHYDROUS AMMONIA NURSE TANK HOLDING APPROXIMATELY 850 GALLONS. AVERAGING 4386 LBS AND WAS ACCOMPANIED BY A WEIGHT TICKET AND GENERIC SHIPPING PAPER REFLECTING THE UN IDENTIFICATION NUMBER AND PROPER SHIPPING NAME FOR THE ANHYDROUS AMMONIA.

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:

EMPLOYEE TRAINING RELATED TO PULLING ANHYDROUS AMMONIA NURSE TANKS WAS UPDATED.

PART VIII – CONTACT INFORMATION

Contact's Name:	BECKY ROARK
Contact's Title:	MANAGER EMERGENCY RESPONSE
Business Name and Address:	HELENA CHEMICAL COMPNAY 9960 E2100 ST ADAIR IL 61411
E-mail Address:	ROARKR@HELENACHEMICAL.COM
Telephone Number:	901 537 8605
Fax Number:	901 821 9122
Hazmat Registration Number:	
Date:	01/04/2015
Preparer is:	Carrier

01/01/2015