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-2010030085
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/09/2009

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: LEXINGTON
County: LEXINGTON CITY
State: KY
Zip Code: (if known): 24450
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2516 N Lee Highway

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Quality Carriers
Street: 4041 Oak Park Blvd, Suite 200
City: TAMPA
State: FL
Zip Code: 33610
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Sinoco
Street: 3144 Passyunk Ave
City: PHILADELPHIA
State: PA
Zip Code: 19145
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 2837 Roanoke Ave SW
City: ROANOKE
State: VA
Zip Code: 24015

14. Proper Shipping Name of Hazardous Material: TOLUENE

15. Technical/Trade Name: Toluene

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1294

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 10 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: - Defective Component or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: MC307
(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:	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: Manufacture Date:
Serial Number: Last Test Date:
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 #: True Unknown
Police Report #: True Unknown
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:	$ 11,000.00
Remediation/Cleanup Cost:	$ 1,500.00

(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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed? True

If yes, how many? 16

37. Was the material involved in a crash or derailment? False

If yes, provide the following information:

Estimated speed (mph):	0
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 Monday, November 9 2009, at 2130 hours CST, Sue LeBlanc, from Quality Carriers Sky Tank contacted American Compliance Technologies, Inc. (A•C•T) Project Manager, Mr. Wayne Koszegi, CHMM to request assistance with a toluene spill and product transfer. The spill occurred at the Lee Hi Travel Plaza located at 2516 North Lee Road (I-81, Exit 195) in Lexington, Virginia. Ms. LeBlanc advised that a weld cracked on tanker #8654 and less than 5-gallon of toluene was released onto the asphalt parking lot and that the load would have to be transferred to another tanker. Mr. Koszegi contacted Mr. Keith Thorton, the Quality Carriers driver to determine if any stormwater drains or soil were impacted. Mr. Thorton reported that no drains or soil were impacted. The VA-DEQ was notified of this incident and report #HMVA 5988 was issued.

Upon arrival at the site, our response team advised that the Lexington Fire Department had closed the truck stop and placed fire hose across a highway closing it in both directions. The fire chief would not let our responders enter the “hot zone” until the fire chief determined it was safe. Multiple fire hose lines were placed in the area by the fire dept as a precaution. Ms. LeBlanc advised that a clean tanker was en route to the site. The regional hazardous material response team (haz-mat) was mobilized to the site at the direction of the local fire chief. Upon arrival, the haz-mat team investigated the area and established air monitoring stations.

Once the fire chief allowed our response team to make entry to the tanker, absorbent pads and boom was applied to a small area of contamination on the asphalt.

The clean tanker arrived on site at 0500 hours local time and product transfer operations began. The product transfer was concluded at approximately 0745 hours local time. All contaminated pads and boom were collected and containerized into a 55-gallon drum for disposal.

All fire department hose lines were removed from the highway at approximately 0800 hours local time and the truck stop was re-opened.

WASTE DISPOSAL

As a result of the response activities, one (1) drum of contaminated pads and boom was generated. Upon profile approval, the waste was manifested and transported to Ecoflo in Greensboro, North Carolina for disposal.

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:	Gary L. Weiss
Contact’s Title:	Nationwide Project manager
Business Name and Address:	American Compliance Technologies, Inc 1875 W Main Street BARTOW FL 33830
E-mail Address:	gweiss@a-c-t.com
Telephone Number:	800-226-0911
Fax Number:	863-534-1133
Hazmat Registration Number:	
Date:	03/08/2010
Preparer is:	Other - Pvt Cleanup Management Company