



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-2017080705
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/22/2017
4. Time of Incident (use 24-hour time):
17:27
5. Enter National Response Center Report Number
(if applicable):
1188105
6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:
7. Location of Incident:
- City: PASCAGOULA
County: JACKSON
State: MS
Zip Code: (if known): 39581
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
mile post 000 703
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: CSX TRANSPORTATION
Street: 500 WATER ST J-275
City: Jacksonville
State: FL
Zip Code: 32202
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
- Name: HELENA CHEMICAL CO
Street: 54300 WALNUT ROAD
City: New Carlisle
State: IN
Zip Code: 46552
Waybill/Shipping Paper: 981471
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 250 INDUSTRIAL RD
City: Pascagoula
State: MS
Zip Code: 39581
14. Proper Shipping Name of Hazardous
Material: AMMONIA ANHYDROUS
15. Technical/Trade Name:
16. Hazardous Class/Division: Poisonous Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 20 Gas - 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:

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: - 138-Mounting Studs

How Failed: - 308-Leaked

Causes of Failure: - Defective Component or Device

26a. Provide the packaging identification markings, if available.

Identification Markings: 112J340W

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 33940 Gas - Gallon
Amount in Package: 500 Gas - Gallon
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:
Serial Number:
Material of Construction: TC 128 gr B (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 340 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.618 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.688 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date:
Last Test Date:

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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 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: \$ 100.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 25,000.00
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?

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?

True

If yes, provide the following information:

Total number of general public evacuated: 0
Total number of employees evacuated: 5
Total evacuated: 5
Duration of the evacuation: 9

36. Was a major transportation artery or facility closed?

True

If yes, how many? 9

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 08/22/17 at 1727 hours personnel in the CSXT Pascagoula Yard discovered an unknown car of anhydrous ammonia to be leaking. After several hours of CSX Hazmat, CSX Hazmat contractors, and fire department personnel inspecting the area tank car CPDX102008, a residue tank car of anhydrous ammonia, was found to be leaking from the pressure plate. The car was isolated and the shipper Mississippi Export Railroad and Consignee Chevron Products were notified. Mississippi Export RR and Chevron advised that the car last came from Helena Chemical in New Carlisle, IN and provided that waybill. Specialized Professional Services Inc. (SPSI), Hepaco, and USES, a CSXT response contractor, were dispatched to the scene. CSX Hazmat and SPSI found CPDX102008 to be leaking from the pressure plate. The issue identified and corrective actions were communicated to the consignee, Chevron Products (Billy Burrell 228-990-3983) who advised he would update the shipper (their customer Helena Chemical). The shipper of record on the CSXT waybill, Mississippi Export Railroad, Matt Fogle (228-627-6777) was also updated and provided that Helena Chemical was the actual shipper.

$$2(4+9+5) \times (3+4) = 252$$

Pascagoula, MS – 08/22/17 – CPDX102008 – 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:

(NAR: 218) Car must have a 7.1 performed to final root cause

PART VIII – CONTACT INFORMATION

Contact's Name:	Chris Machenberg
Contact's Title:	Director Chemical Safety Systems
Business Name and Address:	CSX
	500 Water Street Jacksonville FL 32202
E-mail Address:	chris_machenberg@csx.com
Telephone Number:	904-366-5040
Fax Number:	
Hazmat Registration Number:	052014550074WY
Date:	09/13/2017
Preparer is:	Carrier