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-2018040207
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/08/2018

4. Time of Incident (use 24-hour time):
12:00

5. Enter National Response Center Report Number (if applicable):
1203893

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

7. Location of Incident:
City: CARO
County: TUSCOLA
State: MI
Zip Code: (if known): 48723
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
COLUMBUS ROAD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PVS TRANSPORTATION, INC.
Street: 11001 HARPER AVE
City: DETROIT
State: MI
Zip Code: 48213-3319
Federal DOT Id Number: 670832
Hazmat Registration Number:

11. Shipper/Offeror:
Name: PVS TECHNOLOGIES INC
Street: 10900 HARPER AVE
City: DETROIT
State: MI
Zip Code: 48213
Waybill/Shipping Paper: 187104-1
Hazmat Registration Number:

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

13. Destination:
Street: 724 COLUMBIA AVE
City: CARO
State: MI
Zip Code: 48723

14. Proper Shipping Name of Hazardous Material: FERRIC CHLORIDE, SOLUTION

15. Technical/Trade Name:

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN2582

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1408 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: - 118-Flange
How Failed: - 308-Leaked
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 412
(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:	10000 Liquid - Gallon	Package Capacity:	
Amount in Package:	45240 Liquid - Pound	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	BURCH TANK & TRUCK INC	Manufacture Date:	11/01/2017
Serial Number:	1102	Last Test Date:	11/01/2017
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	35 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.116 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.167 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:	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
Police Report #:	True MICLARW00096
In-house cleanup:	False
Other Cleanup:	False

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:	$ 0.00
Remediation/Cleanup Cost:	$ 41,581.00

(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:

APPROXIMATELY 1400 GALLON OF FERRIC CHLORIDE SOLUTION SPILLED AS PVS TRANSPORTATION WAS MAKING A DELIVERY TO THE CITY OF CARO WASTE WATER TREATMENT PLANT. THE SPILL OCCURRED ON 1/8/2018, AT APPROXIMATELY 12:00 PM. THE FERRIC CHLORIDE SOLUTION SPILLED ONTO THE COLUMBUS ROAD PAVEMENT, AS THE TANKER WAS ENTERING THE FACILITY, AND A PAVED ASPHALT AREA. WITHIN THE CARO TREATMENT PLANT. THE LEAK WAS FROM THE BOTTOM SUMP FLANGE OF THE CARGO TANK FROM HOLE OF APPROX. 1 ½ X 1".

AN EMERGENCY RESPONSE WAS IMMEDIATELY INITIATED BY THE DRIVER WHEN THE RELEASE WAS DISCOVERED BY A CITIZEN. THE TANKER WAS ISOLATED, THE SPILL CONTAINED BY SAND DIKE, THE LEAK WAS CAPTURED INTO A SPILL CONTAINMENT + PUMPED.

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:

CORRECTIVE ACTION IMPLEMENTED A RETURN TO SERVICE VERIFICATION CHECKLIST. TO INCLUDE THE REVIEW OF VALVES, PIPING, FLANGES ETC. TO CONFIRM THE CORRECT MATERIAL OF CONSTRUCTION IS IN PLACE. TRAINING FOR INSPECTORS OF VESSEL ON PART 180, SUB-PART E. QUALIFICATIONS AND MAINTENANCE OF CARGO TANKS.

PART VIII – CONTACT INFORMATION

Contact's Name:	CHRISTINA LITTEN
Contact's Title:	SAFETY & REG MANAGER
Business Name and Address:	PVS TRANSPORTATION, INC. 11001 HARPER AVE DETROIT MI 48213-3319
E-mail Address:	CLITTEN@PVSCHEMICALS.COM
Telephone Number:	313 921 1200
Fax Number:	313 921 2335
Hazmat Registration Number:	
Date:	04/13/2018
Preparer is:	Carrier

11/01/2017