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-2016050125
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
04/25/2016

**4. Time of Incident (use 24-hour time):**
08:25

**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: RICEBORO
County: LIBERTY
State: GA
Zip Code: (if known): 31323
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
95 N @ EXIT 67

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: UNIVAR USA INC.
Street: 155 ELLIS RD S
City: JACKSONVILLE
State: FL
Zip Code: 32254-3546
Federal DOT Id Number: 28633
Hazmat Registration Number: 060315551025XZ

**11. Shipper/Offeror:**
Name: UNIVAR USA INC.
Street: 155 ELLIS RD S
City: JACKSONVILLE
State: FL
Zip Code: 32254-3546
Waybill/Shipping Paper: JA549871
Hazmat Registration Number: 060315551025XZ

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

**13. Destination:**
Street: 151 WAHLSTROM ROAD
City: SAVANNAH
State: GA
Zip Code: 31404

**14. Proper Shipping Name of Hazardous Material:** CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S.

**15. Technical/Trade Name:** DTPA NA5 40% (DIETHYLENETRIAMINEPENTAACETIC ACID, PENTASODIUM SALT)

**16. Hazardous Class/Division:** Corrosive Material

**17. Identification Number:** (E.g. UN2764, NA 2020) UN3267

**18. Packing Group:** (if applicable) II

**19. Quantity Released:** (Include Measurement Units) 1625 Liquid - 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?** 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:**
IBC

**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: - 150-Tank Shell
How Failed: - 304-Cracked
Causes of Failure: - Deterioration or Aging

**26a. Provide the packaging identification markings, if available.**
Identification Markings: 31H/Y DOT 56/57
(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: | IBC | Packaging Type: | |
| Material of Construction: | Plastic | 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: | 330 Liquid - Gallon | Package Capacity: | |
| Amount in Package: | 300 Liquid - Gallon | Amount in Package: | |
| Number in Shipment: | 2 | Number in Shipment: | |
| Number Failed: | 1 | Number Failed: | |

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

| | | | |
|---|---|---|---|
| Manufacturer: | BONAR | Manufacture Date: | 03/01/2004 |
| Serial Number: | TA20187/10884440 | Last Test Date: | 03/17/2016 |
| 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 #: | False |
| Police Report #: | False |
| 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: | $ 894.00 |
| Carrier Damage: | $ 0.00 |
| Property Damage: | $ 0.00 |
| Response Cost: | $ 0.00 |
| Remediation/Cleanup Cost: | $ 5,615.00 |

*(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?** 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:**

A SMALL QTY (APPROXIMATELY 4 OZ) OF PRODUCT WAS DETECTED IN THE STAGING AREA WHERE THE TOTE WAS STORED OVERNIGHT. THE DRIVER WAS CONTACTED TO PULL OFF IN A SAFE LOCATION AND CHECK THE TOTE. THE DRIVER PULLED ONTO THE PAVED SHOULDER OF THE OFF RAMP EXIT 67 (RICEBORO, GA) OFF I-95 TO CHECK HIS LOAD. WHEN HE APPROACHED THE TRAILER HE NOTICED THAT MATERIAL WAS DRIPPING UNDER THE TRAILER. HE IMMEDIATELY CONTACTED HIS SUPERVISOR. HE THEN PROCEEDED TO PUT ON HIS PROPER PPE AND PUT DOWN THE ABSORBENT PADS AND ABSORBENT SOCK THAT HE HAD ON THE TRUCK. SWS WAS NOTIFIED TO CLEAN UP THE SPILL. THE TOTE WAS CRACKED ON THE LEFT FRONT SIDE, APPROXIMATELY MIDWAY. THE LEAK WAS NOT ABLE TO BE STOPPED UNTIL REACHED THE BOTTOM OF THE CRACK RESULTING IN ROUGHLY 1625 LBS/ 150 GALLONS OF PRODUCT SPILLED. SWS NEUTRALIZED AND CLEANED UP THE SPILL. THE TOTE HAD BEEN TESTED AND PASSED INSPECTION ON 03/17/2016.

## 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:**

CHECK STAGING AREA THOROUGHLY FOR ANY VISIBLE SIGNS OF LEAKING PRIOR TO LOADING TRAILER. ADD ADDITIONAL ABSORBENT PADS TO SPILL KITS TO HELP CONTAIN RELEASED PRODUCT.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | MARSHA BURKHARDT |
| Contact's Title: | BRANCH OPERATIONS MANAGER |
| Business Name and Address: | UNIVAR<br>155 ELLIS ROAD S. JACKSONVILLE FL 32254 |
| E-mail Address: | MARSHA.BURKHARDT@UNIVARUSA.COM |
| Telephone Number: | 904 783 7912 |
| Fax Number: | 904 693 0123 |
| Hazmat Registration Number: | |
| Date: | 05/13/2016 |
| Preparer is: | Shipper |

03/01/2004