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-2016090164
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/26/2016

4. Time of Incident (use 24-hour time):
16:39

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: FORNEY
County: KAUFMAN
State: TX
Zip Code: (if known): 75126
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NORTH SERVICE RD OF US HWY 80

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ARNOLD TRANSPORTATION SERVICES, INC.
Street: 3375 HIGH PRAIRIE RD
City: GRAND PRAIRIE
State: TX
Zip Code: 75050-4228
Federal DOT Id Number: 148974
Hazmat Registration Number:

11. Shipper/Offeror:
Name: BAKER HUGHES/CHEMOURS
Street: 355 HARMON MCDONALD ROAD
City: MONROE
State: LA
Zip Code: 71202
Waybill/Shipping Paper: 23809
Hazmat Registration Number:

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

13. Destination:
Street: 1315 SE 4TH STREET
City: LINDSAY
State: OK
Zip Code: 73052

14. Proper Shipping Name of Hazardous Material: CHLORITE SOLUTION

15. Technical/Trade Name: ADOX 3125

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1908

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 500 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:
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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	41772 Liquid - Gallon	Package Capacity:
Amount in Package:	500 Liquid - Gallon	Amount in Package:
Number in Shipment:	12	Number in Shipment:
Number Failed:	4	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
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:	$ 0.00
Carrier Damage:	$ 85,000.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 45,000.00

(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? True

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:	1
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:	50
Total number of employees evacuated:	
Total evacuated:	50
Duration of the evacuation:	3

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

If yes, how many? 3

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

If yes, provide the following information:

Estimated speed (mph):	60
Weather conditions:	CLEAR DURING INC
Vehicle overturned?	True
Vehicle left roadway/track?	True

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 MAY 26TH THE ARNOLD TRANSPORTATION SERVICES TRUCK WAS TRAVELING WEST ON US HWY 80. APPROXIMATELY 04:35 THE DRIVER SUFFERED FROM A MEDICAL EMERGENCY THAT RENDERED HIM INCAPACITATED. DUE TO THIS, THE TRUCK VEERED OFF US HWY 80 ON TO THE NORTH SERVICE ROAD RAMP AND THEN OVERTURNED. THE TRUCK FINALLY RESTED PARTIALLY ON THE SERVICE ROAD AND PARTIALLY ON THE SHOULDER. THERE WAS A DRAINAGE DITCH JUST OFF THE SHOULDER. THE TRUCK WAS HAULING 12 TOTES OF ADOX 3125, A SODIUM CHLORITE SOLUTION AT THE TIME OF THE ACCIDENT. WHEN THE TRUCK OVERTURNED, THE TOTES WERE FLIPPED WITHIN THE TRUCK AND FOUR OF THE CONTAINERS SUSTAINED DAMAGE AND LEAKED. AN ESTIMATED 500 GALLONS OF PRODUCT WITHIN THE TRUCK AND FOUR OF THE CONTAINERS SUSTAINED DAMAGE AND LEAKED. AN ESTIMATED 500 GALLONS OF PRODUCT LEAKED OUT OF THE TRUCK AND IN THE DRAINAGE DITCH. THE DRAINAGE DITCH DID HAVE WATER PRESENT FROM A PREVIOUS RAIN EVENT. AS THE CHLORITE SOLUTION CAME IN TO CONTACT WITH THE STANDING WATER SOME VAPORS WERE RELEASED. WHEN EMERGENCY SERVICES ARRIVED THE DRIVER WAS TRANSPORTED TO THE HOSPITAL. MR. STEVE HOWIE, KAUFMAN COUNTY EMERGENCY MANAGEMENT, CONTACTED THE CLEANING GUYS LLC TO CONDUCT THE CLEANUP OF THE RELEASED CHEMICAL. MR. HOWIE BEGAN AN EVACUATION OF SURROUNDING BUSINESSES AND SHUT DOWN US HWY 80 WHILE THE CLEANUP TOOK PLACE.

THE RESPONSE COMPANY BROUGHT IN A TANK TRUCK AND PUMPED OFF ALL THE PRODUCT AND WATER FROM THE DRAINAGE DITCH AND ALL REMAINING PRODUCT IN THE DAMAGED TOTES. THE TOTES WERE ALL IN A CONDITION THAT COULD NOT BE SHIPPED. IT WAS UNCLEAR IF THE FOUR LEAKING TOTES WERE DAMAGED AT THE SEAMS OR IF THEY WERE PUNCTURED BY THE METAL FRAME OF THE TRAILER ROOF. THE CLEANING GUYS LLC PREPARED AND SUBMITTED A REPORT TO THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY REGARDING THE FINAL CLEANUP AND DISPOSAL OF THE ADOX 3125 PRODUCT. THERE IS A COPY OF THE BOL AND SOME PICTURES ATTACHED.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	ERIC L. NELSON
Contact's Title:	VP SAFETY
Business Name and Address:	ARNOLD TRANSPORTATION 3375 HIGH PRAIRIE RD GRAND PRAIRIE TX 75050
E-mail Address:	ERNELSON@ARNOLDTRANSPORT.COM
Telephone Number:	972 986 3154
Fax Number:	
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier