



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-2020050125
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 04/08/2020
4. Time of Incident (use 24-hour time): 08:30
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: Buford
County: GWINNETT
State: GA
Zip Code: (if known): 30518
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
7000 LAKE LANIER ISLANDS
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: PVC INC
Street: 11001 HARPER AVE.
City: Detroit
State: MI
Zip Code: 48213
Federal DOT Id Number: 670832
Hazmat Registration Number: 061317552051ZB
11. Shipper/Officer:
Name: PVS TECHNOLOGIES
Street: 10900 HARPER AVE
City: Detroit
State: MI
Zip Code: 48213
Waybill/Shipping Paper: 2129601
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: PVS TECHNOLOGIES INC.
City: Augusta
State: GA
Zip Code: 30906
13. Destination:
Street: 7000 LAKE LANIER PARKWAY
City: BUFORD
State: GA
Zip Code: 30519
14. Proper Shipping Name of Hazardous Material: FERRIC CHLORIDE, SOLUTION
15. Technical/Trade Name: FERRIC CHLORIDE SOLUTION
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) 200 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: -
How Failed: -
Causes of Failure: -

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

Identification Markings: MC312

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

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

Manufacturer:	COMPTANK	Manufacture Date:	04/01/2001
Serial Number:	2CLTA2802B075210	Last Test Date:	03/03/2020
Material of Construction:	Fiberglass (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	52 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.01 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.01 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 #: False
Police Report #: False
In-house cleanup: True
Other Cleanup: False

32. Damages Was the total damage cost more than \$500?

False

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: \$ 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:
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:

PVS Transportation driver was unloading Ferric Chloride at customer site. The customer signed the drivers BOL and ensured there would be enough room in the tank to safely make the delivery. The operator on site didn't check how much product was in the tank before offloading. 200 gallons of Ferric Chloride was released into containment and pumped into the customers system.

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:

PVS Transportation driver was coached on verifying the amount of product that is in the tank prior to offloading. The driver was also coached on the notification process. The driver is to notify dispatch immediately if a driver arrives on site and doesn't have a way to verify the amount of product in the tank. The customer was also put on safety hold until they install a reliable gauge on there tank.

PART VIII – CONTACT INFORMATION

Contact's Name:	SEAN DANDREA
Contact's Title:	HEALTH & SAFETY SPECIALIST
Business Name and Address:	PVS TRANSPORTATION INC 11001 HARPER AVE. Detroit MI 48213
E-mail Address:	sdandrea@pvschemicals.com
Telephone Number:	(313)-921-1200
Fax Number:	(313)-921-1378
Hazmat Registration Number:	061317552051ZB
Date:	05/01/2020
Preparer is:	Other - PVS Transportation Inc

04/01/2001