



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-2019080230  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
06/19/2019
4. Time of Incident (use 24-hour time):  
11:15
5. Enter National Response Center Report Number (if applicable):  
1249460
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:  
City: ELMSFORD  
County: WESTCHESTER  
State: NY  
Zip Code: (if known): 10523  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
700 EXECUTIVE BLVD
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:  
Name: BRENN TAG NORTHEAST, LLC  
Street: 81 W HULLER LN  
City: READING  
State: PA  
Zip Code: 19605-9728  
Federal DOT Id Number: 032866  
Hazmat Registration Number: 062019550052B
11. Shipper/Officer:  
Name: BRENN TAG NORTHEAST, LLC  
Street: 81 W HULLER LN  
City: READING  
State: PA  
Zip Code: 19605-9728  
Waybill/Shipping Paper: 876139-00  
Hazmat Registration Number: 062019550052B
12. Origin (if different from shipper address)  
Street: 106 MEISTER AVENUE  
City: BRANCHBURG  
State: NJ  
Zip Code: 08876
13. Destination:  
Street: 401 NORTH MIDDLETOWN ROAD  
City: PEARL RIVER  
State: NJ  
Zip Code: 10965
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: SODIUM HYDROXIDE 50% MEMBRANE NSF
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

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

**19. Quantity Released:** (Include Measurement Units) 4000 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: -  
How Failed: - 312-Torn Off or Damaged  
Causes of Failure: - Forklift Accident

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

Identification Markings: 31H1/Y/07/02/USA

(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:

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

#### Single Package or Inner Packaging (if any):

Packaging Type:  
Material of Construction:

**27. Describe the package capacity and the quantity:**

#### Single Package or Outer Packaging:

Package Capacity: 330 Liquid - Gallon  
Amount in Package: 311 Liquid - Gallon  
Number in Shipment: 3  
Number Failed: 1

#### Single Package or Inner Packaging (if any):

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

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

|                            |                                                 |                   |            |
|----------------------------|-------------------------------------------------|-------------------|------------|
| Manufacturer:              | SNYDER INDUSTRIES INC                           | Manufacture Date: | 07/01/2002 |
| Serial Number:             | 0207373860                                      | Last Test Date:   | 10/02/2018 |
| 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: \$ 1,281.00  
Carrier Damage: \$ 0.00  
Property Damage: \$ 0.00  
Response Cost: \$ 7,792.00  
Remediation/Cleanup Cost: \$ 6,048.00  
(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:

BRENNTAG NORTHEAST DRIVER, RAY RIVERA WAS DELIVERING TO A CUSTOMER, AND HAD TO MOVE IBC'S UTILIZING AN ELECTRIC PALLET TO GET AT THE CUSTOMER'S PRODUCT. THE IBC'S WERE INTENDED FOR HIS FOLLOWING STOP. WHILE MOVING THE IBC, HE HEARD A "POP" AND RELEASED OF THE ENTIRE CONTENTS OF THE IBC, WHICH WAS SODIUM HYDROXIDE 50%. THE DRIVER ATTEMPTED TO CONTAIN THE LEAK BY PLACING ABSORBENT MATERIALS IN THE TRUCK AND SURROUNDING AREA. BRENNTAG NORTHEAST'S EMERGENCY CONTRACTOR, CURA, WAS CONTACTED, AT WHICH TIME A SPILL CLEANUP WAS INITIATED. AS IT WAS DETERMINED THAT THIS WAS A REPORTABLE QUANTITY, CURA, ON BRENNTAG NORTHEAST'S BEHALF, NOTIFIED THE NATIONAL RESPONSE CENTER AND THE NEW YORK DEPARTMENT OF CONSERVATION. CURA CONTRACTORS CLEANED UP THE SPILLAGE IN THE TRAILER, CONCRETE PARKING AREA, AND STORM DRAIN. UPON CLEANUP AND REMEDIATION OF THE SITE, IT WAS DETERMINED THAT THE OUTLET VALVE ON THE BOTTOM OF THE IBC HAD BECOME DISLODGED FROM THE IBC.

WHILE WE ARE NOT COMPLETELY POSITIVE, BASED ON THE DAMAGE TO THE VALVE, IT IS ASSUMED THAT A FORK FROM THE ELECTRIC PALLET JACK, MAY HAVE INADVERTENTLY HIT THE OUTLET VALVE, CAUSING IT TO BE DISLODGED FROM THE IBC, THEREBY EMPTYING THE CONTENTS OF THE IBC INTO THE CONTENTS OF THE IBC INTO THE TRAILER, ONTO THE CONCRETE DRIVEWAY, AND INTO A STORM DRAIN

## 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 RECOMMENDATIONS

## PART VIII - CONTACT INFORMATION

|                             |                                    |
|-----------------------------|------------------------------------|
| Contact's Name:             | F.L. SALLADA                       |
| Contact's Title:            | MAINTENNACE MANAGER                |
| Business Name and Address:  | BRENNTAG NORTHEAST LLC             |
|                             | 81 W. HULLER LANE READING PA 19605 |
| E-mail Address:             | BSALLADA@BRENNTAG.COM              |
| Telephone Number:           | 610-926-4151                       |
| Fax Number:                 | 610-926-7814                       |
| Hazmat Registration Number: | 062019550052B                      |
| Date:                       | 08/14/2019                         |
| Preparer is:                | Carrier                            |

07/01/2002