



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-2016010081  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/09/2015  
4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO RD  
City: JONESBORO  
State: GA  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: HYDROGEN PEROXIDE, AQUEOUS SOLUTIONS WITH NOT LESS THAN 20 PERCENT BUT NOT MORE THAN 40 PERCENT HYDROGEN PEROXIDE (STABILIZED AS NECESSARY)  
15. Technical/Trade Name: HYDROGEN PEROXIDE 30-33% (NSF)  
16. Hazardous Class/Division: Oxidizer

17. Identification Number: (E.g. UN2764, NA 2020) UN2014

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 1000 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:

Non-Bulk

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: - 104-Body  
How Failed: - 309-Punctured  
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 1H1/Y1.4/150/15/USA/GBC

(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: Drum<br>Material of Construction: Plastic<br>Head Type (Drums only): Non - Removable | Packaging Type:<br>Material of Construction: |

27. Describe the package capacity and the quantity:

| Single Package or Outer Packaging:                                                                                           | Single Package or Inner Packaging (if any):                                      |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Package Capacity: 5500 Liquid - Pound<br>Amount in Package: 5000 Liquid - Pound<br>Number in Shipment: 4<br>Number Failed: 4 | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: |

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

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| Manufacturer: GREIF, INC.                                                 | 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:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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 December 9, 2015 at approximately 18:00, our tractor trailer was traveling north on i-59 passing the arkadelphia on-ramp with an averitt tractor trailer in the lane to his left and an unidentified tractor trailer merging onto the interstate to his right. The unidentified tractor trailer immediately moved into our drivers' lane squeezing him between the two tractor trailers.

Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

#1: the fire melted the hydrogen peroxide container causing vaporization of product.

#2: the fire destroyed the copper sulfate containers burning and vaporizing the product.

#3: the fire melted the sulfuric acid container causing vaporization of the product.

#4: the fire caused excessive pressure in the toleune container causing an explosion and vaporization of product.

#5: the fire melted the sodium hydroxide containers causing vaporization of the product.

#6: the fire partially melted multiple sodium bisulfite containers causing vaporization of the product.

The fire department was on-site to direct initial response activities. Sand was brought in and strategically placed in an adjacent concrete drainage ditch to prevent runoff from the site. Sodium bicarbonate was applied to neutralize and solidify runoff. Foam was applied to the trailer to contain and suppress the fire. An environmental response contractor was on-site to conduct clean-up and restoration activities.

## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

#1 #2 #3 #4 #5 #6: upon review of loading procedures, all were found to be adequate.

Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |



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## PART I - REPORT TYPE

1. Incident Id: I-2016010081  
2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/09/2015  
4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO RD  
City: JONESBORO  
State: GA  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: HYDROGEN PEROXIDE, STABILIZED OR HYDROGEN PEROXIDE AQUEOUS SOLUTIONS, STABILIZED WITH MORE THAN 60 PERCENT HYDROGEN PEROXIDE  
15. Technical/Trade Name: HYDROGEN PEROXIDE 50% NSF  
16. Hazardous Class/Division: Oxidizer  
17. Identification Number: (E.g. UN2764, NA 2020) UN2015

|                                                                                                       |                     |
|-------------------------------------------------------------------------------------------------------|---------------------|
| <b>18. Packing Group:</b> (if applicable)                                                             | II                  |
| <b>19. Quantity Released:</b> (Include Measurement Units)                                             | 3000 Liquid - Pound |
| <b>20. Was the material shipped as a hazardous waste?</b>                                             | False               |
| If yes, provide the EPA Manifest Number:                                                              |                     |
| <b>21. Is this a Toxic by Inhalation (TIH) material?</b>                                              | False               |
| If yes, provide the Hazard Zone:                                                                      |                     |
| <b>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?</b> | False               |
| If yes, provide the Exemption, Approval, or CA number:                                                |                     |
| <b>23. Was this an undeclared hazardous materials shipment?</b>                                       | 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:       | - 104-Body                           |
| How Failed:        | - 311-Structural                     |
| Causes of Failure: | - Vehicular Crash or Accident Damage |

**26a. Provide the packaging identification markings, if available.**  
Identification Markings: UN/31H1/Y/02-06/USA/M4858  
(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:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|
| <b>Single Package or Outer Packaging:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Single Package or Inner Packaging (if any):</b>                                   |  |
| Packaging Type:<br>Material of Construction:<br>Head Type (Drums only):    Non - Removable                                                                                                                                                                                                                                                                                                                                                                                                         |  | Packaging Type:<br>Material of Construction:                                         |  |
| <b>27. Describe the package capacity and the quantity:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                      |  |
| <b>Single Package or Outer Packaging:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Single Package or Inner Packaging (if any):</b>                                   |  |
| Package Capacity:            5783 Liquid - Pound<br>Amount in Package:        3000 Liquid - Pound<br>Number in Shipment:       1<br>Number Failed:              1                                                                                                                                                                                                                                                                                                                                  |  | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed:     |  |
| <b>28. Provide packaging construction and test information, as appropriate:</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                      |  |
| Manufacturer:                CLAWSON CONTAINER<br>COMPANY<br>Serial Number:                73440<br>Material of Construction:    (if Tank Car, CTMV, Portable Tank, or Cylinder)<br>Design Pressure:              (if Tank Car, CTMV, Portable Tank)<br>Shell Thickness:                (if Tank Car, CTMV, Portable Tank)<br>Head Thickness:                (if Tank Car, CTMV)<br>Service Pressure:              (if Cylinder)<br>If valve or device failed:<br>Type:<br>Model:<br>Manufacturer: |  | Manufacture Date:            02/01/2006<br>Last Test Date:                10/29/2014 |  |
| <b>29. If the packaging is for Radioactive Materials, complete the following:</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                      |  |
| Packaging Category:<br>Packaging Certification:<br>Certification Number:<br>Nuclide(s) Present:<br>Activity:<br>Critical Safety Index:                                                                                                                                                                                                                                                                                                                                                             |  | Transport Index:                                                                     |  |

## PART IV – CONSEQUENCES

### 30. Result of Incident (check all that apply):

- |                           |       |                                          |       |
|---------------------------|-------|------------------------------------------|-------|
| - Spillage:               | True  | - Fire:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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:

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Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

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## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

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Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |

02/01/2006





U.S. Department of Transportation  
Research and Special Programs Administration

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4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO ROAD  
City: JONESBORO  
State: GA  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S.  
15. Technical/Trade Name: COPPER SULFATE MEDIUM CRYSTAL  
16. Hazardous Class/Division: Miscellaneous Hazardous Material  
17. Identification Number: (E.g. UN2764, NA 2020) UN3077

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 250 Solid - 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:**  
Non-Bulk

**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: - 104-Body  
How Failed: - 311-Structural  
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 5M2/Y25,3/S/13/MEX/ENPASA/NORMEX 025

(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:  
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: 50 Solid - Pound  
Amount in Package: 50 Solid - Pound  
Number in Shipment: 5  
Number Failed: 5

#### 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: ENPASA  
Serial Number:  
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:

Manufacture Date:  
Last Test Date:

**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:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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 December 9, 2015 at approximately 18:00, our tractor trailer was traveling north on i-59 passing the arkadelphia on-ramp with an averitt tractor trailer in the lane to his left and an unidentified tractor trailer merging onto the interstate to his right. The unidentified tractor trailer immediately moved into our drivers' lane squeezing him between the two tractor trailers.

Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

#1: the fire melted the hydrogen peroxide container causing vaporization of product.

#2: the fire destroyed the copper sulfate containers burning and vaporizing the product.

#3: the fire melted the sulfuric acid container causing vaporization of the product.

#4: the fire caused excessive pressure in the toleune container causing an explosion and vaporization of product.

#5: the fire melted the sodium hydroxide containers causing vaporization of the product.

#6: the fire partially melted multiple sodium bisulfite containers causing vaporization of the product.

The fire department was on-site to direct initial response activities. Sand was brought in and strategically placed in an adjacent concrete drainage ditch to prevent runoff from the site. Sodium bicarbonate was applied to neutralize and solidify runoff. Foam was applied to the trailer to contain and suppress the fire. An environmental response contractor was on-site to conduct clean-up and restoration activities.

## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

#1 #2 #3 #4 #5 #6: upon review of loading procedures, all were found to be adequate.

Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |



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-2016010081  
2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/09/2015  
4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO RD  
City: JONESBORO  
State: GA  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: SULFURIC ACID WITH NOT MORE THAN 51% ACID  
15. Technical/Trade Name: SULFURIC ACID 25%  
16. Hazardous Class/Division: Corrosive Material  
17. Identification Number: (E.g. UN2764, NA 2020) UN2796

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

**19. Quantity Released:** (Include Measurement Units) 542 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:**  
Non-Bulk

**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: - 104-Body  
How Failed: - 311-Structural  
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 1H1/Y1.9/150/USA/GBC

(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: Drum<br>Material of Construction: Plastic<br>Head Type (Drums only): Non - Removable | Packaging Type:<br>Material of Construction: |

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

| Single Package or Outer Packaging:                                                                                         | Single Package or Inner Packaging (if any):                                      |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Package Capacity: 550 Liquid - Pound<br>Amount in Package: 542 Liquid - Pound<br>Number in Shipment: 1<br>Number Failed: 1 | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: |

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

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| Manufacturer: GREIF, INC.                                                 | 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:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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 December 9, 2015 at approximately 18:00, our tractor trailer was traveling north on i-59 passing the arkadelphia on-ramp with an averitt tractor trailer in the lane to his left and an unidentified tractor trailer merging onto the interstate to his right. The unidentified tractor trailer immediately moved into our drivers' lane squeezing him between the two tractor trailers.

Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

#1: the fire melted the hydrogen peroxide container causing vaporization of product.

#2: the fire destroyed the copper sulfate containers burning and vaporizing the product.

#3: the fire melted the sulfuric acid container causing vaporization of the product.

#4: the fire caused excessive pressure in the toleune container causing an explosion and vaporization of product.

#5: the fire melted the sodium hydroxide containers causing vaporization of the product.

#6: the fire partially melted multiple sodium bisulfite containers causing vaporization of the product.

The fire department was on-site to direct initial response activities. Sand was brought in and strategically placed in an adjacent concrete drainage ditch to prevent runoff from the site. Sodium bicarbonate was applied to neutralize and solidify runoff. Foam was applied to the trailer to contain and suppress the fire. An environmental response contractor was on-site to conduct clean-up and restoration activities.

## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

#1 #2 #3 #4 #5 #6: upon review of loading procedures, all were found to be adequate.

Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |





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-2016010081  
2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/09/2015  
4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO ROAD  
City: JONESBORO  
State: GA  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: TOLUENE  
15. Technical/Trade Name: TOLUENE  
16. Hazardous Class/Division: Flammable - Combustible Liquid  
17. Identification Number: (E.g. UN2764, NA 2020) UN1294

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

**19. Quantity Released:** (Include Measurement Units) 399 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:**  
Non-Bulk

**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: - 104-Body  
How Failed: - 311-Structural  
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 1A1/X1.8/300/15/USA/GBC.8-263

(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: Drum<br>Material of Construction: Steel<br>Head Type (Drums only): Non - Removable | Packaging Type:<br>Material of Construction: |

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

| Single Package or Outer Packaging:                                                                                           | Single Package or Inner Packaging (if any):                                      |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Package Capacity: 55 Liquid - Gallon<br>Amount in Package: 399 Liquid - Pound<br>Number in Shipment: 16<br>Number Failed: 15 | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: |

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

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| Manufacturer: GREIF, INC.                                                 | 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:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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 December 9, 2015 at approximately 18:00, our tractor trailer was traveling north on i-59 passing the arkadelphia on-ramp with an averitt tractor trailer in the lane to his left and an unidentified tractor trailer merging onto the interstate to his right. The unidentified tractor trailer immediately moved into our drivers' lane squeezing him between the two tractor trailers.

Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

#1: the fire melted the hydrogen peroxide container causing vaporization of product.

#2: the fire destroyed the copper sulfate containers burning and vaporizing the product.

#3: the fire melted the sulfuric acid container causing vaporization of the product.

#4: the fire caused excessive pressure in the toleune container causing an explosion and vaporization of product.

#5: the fire melted the sodium hydroxide containers causing vaporization of the product.

#6: the fire partially melted multiple sodium bisulfite containers causing vaporization of the product.

The fire department was on-site to direct initial response activities. Sand was brought in and strategically placed in an adjacent concrete drainage ditch to prevent runoff from the site. Sodium bicarbonate was applied to neutralize and solidify runoff. Foam was applied to the trailer to contain and suppress the fire. An environmental response contractor was on-site to conduct clean-up and restoration activities.

## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

#1 #2 #3 #4 #5 #6: upon review of loading procedures, all were found to be adequate.

Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |



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-2016010081  
2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/09/2015  
4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO ROAD  
City: JONESBORO  
State: GA  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION  
15. Technical/Trade Name: SODIUM HYDROXIDE 35% SOLUTION  
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) 12700 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: - 104-Body  
How Failed: - 311-Structural  
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 31HA1/Y/1115/USA/M5578

(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:   | 3816 Liquid - Pound | Package Capacity:   |  |
| Amount in Package:  | 3175 Liquid - Pound | Amount in Package:  |  |
| Number in Shipment: | 4                   | Number in Shipment: |  |
| Number Failed:      | 4                   | Number Failed:      |  |

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

|                            |                                                 |                   |            |
|----------------------------|-------------------------------------------------|-------------------|------------|
| Manufacturer:              | SCHUTZ                                          | Manufacture Date: | 11/01/2015 |
| Serial Number:             | JKW120815-39                                    | Last Test Date:   | 11/01/2015 |
| 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:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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 December 9, 2015 at approximately 18:00, our tractor trailer was traveling north on i-59 passing the arkadelphia on-ramp with an averitt tractor trailer in the lane to his left and an unidentified tractor trailer merging onto the interstate to his right. The unidentified tractor trailer immediately moved into our drivers' lane squeezing him between the two tractor trailers.

Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

#1: the fire melted the hydrogen peroxide container causing vaporization of product.

#2: the fire destroyed the copper sulfate containers burning and vaporizing the product.

#3: the fire melted the sulfuric acid container causing vaporization of the product.

#4: the fire caused excessive pressure in the toleune container causing an explosion and vaporization of product.

#5: the fire melted the sodium hydroxide containers causing vaporization of the product.

#6: the fire partially melted multiple sodium bisulfite containers causing vaporization of the product.

The fire department was on-site to direct initial response activities. Sand was brought in and strategically placed in an adjacent concrete drainage ditch to prevent runoff from the site. Sodium bicarbonate was applied to neutralize and solidify runoff. Foam was applied to the trailer to contain and suppress the fire. An environmental response contractor was on-site to conduct clean-up and restoration activities.

## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

#1 #2 #3 #4 #5 #6: upon review of loading procedures, all were found to be adequate.

Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |

11/01/2015





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-2016010081  
2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/09/2015  
4. Time of Incident (use 24-hour time): 18:13  
5. Enter National Response Center Report Number (if applicable): 1135393  
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:  
7. Location of Incident:  
City: BIRMINGHAM  
County: JEFFERSON  
State: AL  
Zip Code: (if known): 35204  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
INTERSTATE 59 NORTH @ MILE MAR  
8. Mode of Transportation: Highway  
9. Transportation Phase: In Transit  
10. Carrier/Reporter:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 2042 MONTREAT DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35216  
Federal DOT Id Number: 123526  
Hazmat Registration Number: 061715553065X  
11. Shipper/Officer:  
Name: INDUSTRIAL CHEMICAL, INC.  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
Waybill/Shipping Paper: 315713  
Hazmat Registration Number: 061715553065X  
12. Origin (if different from shipper address)  
Street: 1125 ROBERTS INDUSTRIAL DRIVE  
City: BIRMINGHAM  
State: AL  
Zip Code: 35208  
13. Destination:  
Street: 7536 JONOSBORO ROAD  
City: JONESBORO  
State: AL  
Zip Code: 30236  
14. Proper Shipping Name of Hazardous Material: BISULFITES, AQUEOUS SOLUTIONS, N.O.S.  
15. Technical/Trade Name: SODIUM BISULFITE SOLUTION 40-43%  
16. Hazardous Class/Division: Corrosive Material  
17. Identification Number: (E.g. UN2764, NA 2020) UN2693

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 6045 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:**  
Non-Bulk

**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: - 104-Body  
How Failed: - 311-Structural  
Causes of Failure: - Vehicular Crash or Accident Damage

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

Identification Markings: 1H1/Y1.9/150/15/USA/GBC

(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: Drum<br>Material of Construction: Plastic<br>Head Type (Drums only): Non - Removable | Packaging Type:<br>Material of Construction: |

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

| Single Package or Outer Packaging:                                                                                           | Single Package or Inner Packaging (if any):                                      |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Package Capacity: 55 Liquid - Gallon<br>Amount in Package: 55 Liquid - Gallon<br>Number in Shipment: 16<br>Number Failed: 15 | Package Capacity:<br>Amount in Package:<br>Number in Shipment:<br>Number Failed: |

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

|                                                                           |                   |
|---------------------------------------------------------------------------|-------------------|
| Manufacturer: GREIF, INC                                                  | 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:                                  | True  |
| - Explosion:              | True  | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True  | - Environmental Damage:                  | False |
| - No Release:             | False |                                          |       |

### 31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True 2015-56081  
Police Report #: True 2015-244782  
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: \$ 5,072.00  
Carrier Damage: \$ 11,704.00  
Property Damage: \$ 0.00  
Response Cost: \$ 0.00  
Remediation/Cleanup Cost: \$ 32,356.00  
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 30  
Total number of employees evacuated: 30  
Total evacuated: 30  
Duration of the evacuation: 4

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

True

If yes, how many? 14

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

True

If yes, provide the following information:

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

## 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 December 9, 2015 at approximately 18:00, our tractor trailer was traveling north on i-59 passing the arkadelphia on-ramp with an averitt tractor trailer in the lane to his left and an unidentified tractor trailer merging onto the interstate to his right. The unidentified tractor trailer immediately moved into our drivers' lane squeezing him between the two tractor trailers.

Our drivers' reaction was to apply full braking to avoid multiple collisions with the two tractor trailers and/or traffic. The driver then moved his tractor trailer to the emergency lane, exited the truck, observed a release and notified authorities via the 911 call center.

It is assumed that the hard braking action caused some object to puncture one or more hydrogen peroxide containers resulting in the release. Furthermore, an interaction between the hydrogen peroxide and wood pallets from other product onboard caused an exothermic reaction and subsequent fire. The release lasted approximately 4 ½ hours.

#1: the fire melted the hydrogen peroxide container causing vaporization of product.

#2: the fire destroyed the copper sulfate containers burning and vaporizing the product.

#3: the fire melted the sulfuric acid container causing vaporization of the product.

#4: the fire caused excessive pressure in the toleune container causing an explosion and vaporization of product.

#5: the fire melted the sodium hydroxide containers causing vaporization of the product.

#6: the fire partially melted multiple sodium bisulfite containers causing vaporization of the product.

The fire department was on-site to direct initial response activities. Sand was brought in and strategically placed in an adjacent concrete drainage ditch to prevent runoff from the site. Sodium bicarbonate was applied to neutralize and solidify runoff. Foam was applied to the trailer to contain and suppress the fire. An environmental response contractor was on-site to conduct clean-up and restoration activities.

## 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:

Upon review of loading procedures, all were found to be adequate. Management will continue to investigate the incident and implement modifications when appropriate.

Note: it is believed that damage to this product initiated the loss of other product onboard, caused the destruction of the trailer and prompted remediation of the site. Therefore, total carrier damage cost and remediation cost are included on this report only. Cost of material loss is included on each subsequent report for the material/package involved.

#1 #2 #3 #4 #5 #6: upon review of loading procedures, all were found to be adequate.

Management will continue to investigate the incident and implement modifications when appropriate.

## PART VIII – CONTACT INFORMATION

|                             |                                                                       |
|-----------------------------|-----------------------------------------------------------------------|
| Contact's Name:             | HAROLD CLARK                                                          |
| Contact's Title:            | OPERATIONS, SAFETY & COMPLIANCE                                       |
| Business Name and Address:  | INDUSTRIAL CHEMICALS, INC.<br>2042 MONTREAT DRIVE BIRMINGHAM AL 35216 |
| E-mail Address:             | JHCLARK@INDUSTRIALCHEM.COM                                            |
| Telephone Number:           | 205-823-7330                                                          |
| Fax Number:                 | 205-380-5560                                                          |
| Hazmat Registration Number: | 061715 553065X                                                        |
| Date:                       | 01/06/2016                                                            |
| Preparer is:                | Carrier                                                               |