



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-2003121200
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/13/2003
4. Time of Incident (use 24-hour time):
01:00
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: MULBERRY
County: POLK
State: FL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
CR 630
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: C T L DISTRIBUTION INC
Street: 4201 BONNIE MINE ROAD
City: MULBERRY
State: FL
Zip Code: 33860
Federal DOT Id Number: MC129326
Hazmat Registration Number:
11. Shipper/Officer:
- Name: IMC
Street: CR 630
City: MULBERRY
State: FL
Zip Code: 33860
Waybill/Shipping Paper: 016517
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: CR 640
City: MULBERRY
State: FL
Zip Code: 33860
14. Proper Shipping Name of Hazardous Material: SULFURIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1830

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 150 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.

Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: -

How Failed: -

Causes of Failure: -

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

Identification Markings:

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

Packaging Type:
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: 4000 Liquid - Gallon
Amount in Package:
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: NOT REPORTED BY CARRIER
Serial Number: 10BFB42V9Y
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)

Manufacture Date:
Last Test Date: 10/28/2003

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:
Activity:
Critical Safety Index:

Transport Index:

PART IV – CONSEQUENCES

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

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

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

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	\$ 100.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 3,000.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality?

False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:
Responders:
General Public:

33b. Were there human fatalities that did not result from the hazardous material?

False

If yes, how many?

34. Did the hazardous material cause or contribute to personal injury?

False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:
Responders:
General Public:

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees:
Responders:
General Public:

35. Did the hazardous material cause or contribute to an evacuation?

False

If yes, provide the following information:

Total number of general public evacuated:
Total number of employees evacuated:
Total evacuated: 0
Duration of the evacuation:

36. Was a major transportation artery or facility closed?

False

If yes, how many?

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

False

If yes, provide the following information:

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

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|--|--|
| - Shipment had not been transported | - Transported by air (first flight) |
| - Transport by air (subsequent flights) | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility | |

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

THE DRIVER HAD LOADED HIS FINAL LOAD AT THE IMC SOUTH PIERCE FACILITY AND WAS EN-ROUTE TO IMC NEW WALES FACILITY. THE DRIVER FAILED TO CLOSE A 2-INCH BLEEDER VALVE USED TO BLOW DOWN THE TRAILER AFTER UNLOADING. THE DRIVER EXITED THE LOADING AREA AND PROCEEDED TO SCALE OUT AND COLLECT HIS PAPERWORK. THE DRIVER EXITED THE PLANT FACILITY EN-ROUTE TO IMC NEW WALES FACILITY. WHEN THE DRIVER APPROACHED THE STOP SIGN AT THE END OF THE ENTRANCE ROAD LEADING INTO THE PLANT FACILITY THE SURGE IN THE TANKER CAUSED PRODUCT TO BE FORCED OUT OF THE 2-INCH BLEEDER VALVE. THE DRIVER CONTINUED TO HIS DESTINATION, AS HE WAS NOT AWARE HE HAD DISCHARGED PRODUCT FROM THE VENTING SYSTEM ON THE TRAILER. THE DRIVER ARRIVED AT THE NEW WALES FACILITY UNAWARE THAT HE DISCHARGED APPROXIMATELY 150 GALLONS OF SULFURIC ACID ON THE HIGHWAY. 150 GALLONS OF SULFURIC ACID WAS RELEASED ON IMPERVIOUS SURFACE (ASPHALT). THERE WERE NO INJURIES TO THE GENERAL PUBLIC OR ANY OF CTL EMPLOYEES. NOTIFICATION WAS MADE TO THE EPA. REPORT TAKEN BY TIM RICE @ 813-744-6462 FOLLOW-UP REPORT WITH THE EPA ATLANTA,GA OFFICE @ 404-562-8705 UPDATE INFORMATION WITH JEROLD FUSION. TIM ODELL FROM ENVIRONMENTAL SPECIALTY SERVICE HANDLED THE SITE PLAN AND HAS PERFORMED THE REQUIRED TEST AND WILL FILE THE REQUIRED REPORTS. IMMEDIATE ACTION: CTL SENT A CLEAN UP CREW OUT TO SPREAD LIME AND SODA ASH TO NEUTRALIZE THE AFFECTED AREAS. THE DRIVER IN QUESTION WAS INSTRUCTED TO RETURN TO THE MULBERRY TERMINAL FOR MAINTENANCE TO INSPECT THE EQUIPMENT AFTER THE LOAD WAS UNLOADED. IN THE INITIAL INSPECTION OF THE EQUIPMENT IT WAS FOUND THAT THE BRAKE-INTERLOCK HAD BEEN TAMPERED WITH. THE EXHAUST PORT OF THE AIR DISCHARGE HAD BEEN BLOCKED OFF. HAD THE BRAKE INTER-LOCK BEEN FUNCTIONING PROPERLY THE DRIVER WOULD NOT HAVE BEEN ABLE TO RELEASE THE BRAKES UNTIL THE BLEEDER VALVE IS IN THE CLOSED POSITION. CORRECTIVE ACTION: ALL UNIT EQUIPPED WITH A BRAKE-INTERLOCK SYSTEM HAVE BEEN INSPECTED FOR TAMPERING AND PROPER WORKING CONDITION. ADDITIONAL MEASURES HAVE BEEN TAKEN TO PREVENT TAMPERING AND MODIFICATIONS HAVE BEEN MADE TO MINIMIZE THE ABILITY FOR SOMEONE TO ALTER THE BRAKE INTER-LOCK MECHANISM. SAFETY BULLETINS HAVE BEEN DISTRIBUTED TO ALL SULFURIC ACID DRIVERS. TERMINAL MANAGERS IN EACH LOCATION HAVE PERSONALLY ADDRESSED THIS INCIDENT WITH EACH DRIVER. IT WAS DETERMINED THAT THE DRIVER HAD KNOWLEDGE THAT THE BRAKE INTER-LOCK MECHANISM WAS NOT WORKING PROPERLY. THE DRIVER WAS TERMINATED OVER THIS INCIDENT DUE TO THE SEVERITY AND THE FAILURE TO PROPERLY INSPECT HIS EQUIPMENT FOR DEFECTS.

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:

PART VIII – CONTACT INFORMATION

Contact's Name: JEFFERY PARKER
Contact's Title: VP OF LOSS PREVENTION
Business Name and Address:

E-mail Address:
Telephone Number: 800-237-9088
Fax Number:
Hazmat Registration Number:
Date: 12/15/2003
Preparer is: