



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: E-2019080584
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/16/2019
4. Time of Incident (use 24-hour time):
23:45
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: Milwaukee
County: Milwaukee
State: WI
Zip Code: (if known): 53207
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
5975 S. Howell Ave.
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
- Name: TAX AIRFREIGHT, INC.
Street: 5975 S HOWELL AVE
City: MILWAUKEE
State: WI
Zip Code: 53207-6231
Federal DOT Id Number: 153935
Hazmat Registration Number: 062419550149B
11. Shipper/Officer:
- Name: W.W. GRAINGER, INC.
Street: 701 GRAINGER WAY
City: MINOOKA
State: IL
Zip Code: 60447-8849
Waybill/Shipping Paper: 6439143448
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: Aux SVCS Lowell Ctr
City: Madison
State: WI
Zip Code: 53706
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

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: | 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 1639155
Police Report #: False
In-house cleanup: False
Other Cleanup: False

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

True

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 9,723.00
Remediation/Cleanup Cost: \$ 684.00
(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?

True

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

Hospitalized (Admitted Only):

Employees: 0
Responders: 0
General Public: 0

Non-Hospitalized:

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

Employees: 2
Responders: 0
General Public: 0

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?

True

If yes, how many? 3

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 product that was damaged was packaged in a corrugated box with a plastic liner containing the hydrochloric acid. A dock worker was repositioning the skid inside the trailer when he had the forks on the forklift angled upwards and stabbed the box and bag of hydrochloric acid. The dock worker could smell the acid and exited the trailer and alerted the Supervisor on duty of the spill. As the Supervisor approached the trailer and could smell the odor, he instructed the yard jockey to pull the trailer away from the dock and placed it away from the dock, drains, and employee access. Within minutes of the initial spill, the trailer was removed from the dock and placed in the western drop areas of the yard away from people, building, drains, and other freight. The fire department was called and arrived at the scene, were escorted to the trailer, given the bills of lading to identify the freight that was damaged, and immediately secured the scene.

The fire department Hazardous Material response team isolated the damaged freight, placed the remaining liquid into an over-pack drum, placed the packaging and clean up materials into Haz-Mat bags, secured the bags, and left the scene. Veolia was contacted the next day to arrange for proper disposal of the over-pack drum and Haz-Mat bags which was completed 8/6/19.

The release was contained within the confines of the trailer and never made contact with the ground. The fire department utilized clay absorbent materials to contain and recover the leaking fluid within the trailer and that product was also contained within the Haz-Mat bags.

The trailer was neutralized with a acid neutralizer and water and pressure washed to ensure no further exposure to the leaking product.

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:

The root cause was driver error. The forklift operator had his forks angled upwards versus level or slightly downward when he attempted to move the skid within the trailer. His forks made contact with the pallet runners and due to the upward angle stabbed the box and subsequent inner bag containing the Hydrochloric Acid causing a release.

The operator has been retrained and a new procedures has been developed and implemented regarding the handing of hazardous materials within the trailers.

Hazardous materials will only be handled by high level trained forklift operators certified not only in the safe handling, but identification of hazardous materials. In addition, the shipper will be placing the hazardous materials on the tail of the trailer to minimize exposure to material handling and freight damage caused by material handling and cargo securement.

PART VIII – CONTACT INFORMATION

Contact's Name: Larry Haase

Contact's Title:

Business Name and Address:

E-mail Address: lhaase@taxair.com

Telephone Number: (414)769-6565

Fax Number:

Hazmat Registration Number: 062419550149B

Date: 08/27/2019

Preparer is: Carrier



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3. Date of Incident: 07/16/2019
4. Time of Incident (use 24-hour time): 23:45
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: Milwaukee
County: Milwaukee
State: WI
Zip Code: (if known): 53207
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
5975 S. Howell Ave.
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: TAX AIRFREIGHT, INC.
Street: 5975 S HOWELL AVE
City: MILWAUKEE
State: WI
Zip Code: 53207-6231
Federal DOT Id Number: 153935
Hazmat Registration Number: 062419550149B
11. Shipper/Officer:
Name: W.W. GRAINGER, INC.
Street: 701 GRAINGER WAY
City: MINOOKA
State: IL
Zip Code: 60447-8849
Waybill/Shipping Paper: 6439143448
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 610 Langdon St
City: MADISON
State: WI
Zip Code: 53706
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable)	II
19. Quantity Released: (Include Measurement Units)	10 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:	- 128-Inner Packaging
How Failed:	- 309-Punctured
Causes of Failure:	- Forklift Accident

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:	Box	Packaging Type:	Bag
Material of Construction:	Fiberboard	Material of Construction:	Plastic
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:	10 Liquid - Pound	Package Capacity:	10 Liquid - Pound
Amount in Package:	10 Liquid - Pound	Amount in Package:	10 Liquid - Pound
Number in Shipment:	4	Number in Shipment:	4
Number Failed:	1	Number Failed:	1
28. Provide packaging construction and test information, as appropriate:			
Manufacturer:		Manufacture Date:	
Serial Number:		Last Test Date:	
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	(if Tank Car, CTMV, Portable Tank)		
Head Thickness:	(if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		
If valve or device failed:			
Type:			
Model:			
Manufacturer:			
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category:			
Packaging Certification:			
Certification Number:			
Nuclide(s) Present:		Transport Index:	
Activity:			
Critical Safety Index:			

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