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-2017070087
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/28/2017

4. Time of Incident (use 24-hour time):
10:15

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: GRANTSVILLE
County: TOOELE
State: UT
Zip Code: (if known): 84074
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
3.5 MILES SOUTH OF EXIT 49

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: CLEAN HARBORS ENVIRONMENTAL SERVICES
Street: 42 LONGWATER DRIVE
City: Norwell
State: MA
Zip Code: 02061
Federal DOT Id Number: 180743
Hazmat Registration Number: 06031455043

11. Shipper/Offeror:

Name: CLEAN HARBORS CLIVE LLC
Street: 3.5 MILES SOUTH OF EXIT 49 ON I-80
City: Grantsville
State: UT
Zip Code: 84029
Waybill/Shipping Paper: 015931160JJK
Hazmat Registration Number: UTD982595795

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 11600 NORTH APTUS ROAD
City: Grantsville
State: UT
Zip Code: 84029

14. Proper Shipping Name of Hazardous Material: HAZARDOUS WASTE, SOLID, N.O.S.

15. Technical/Trade Name: OIL/WATER SLUDGE

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA3077

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 225 Solid - Gallon

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 015931160

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:
Other, ROLLOFF BOX

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: - 308-Leaked
Causes of Failure: - Improper Preparation for Transportation

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:	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:	40000 Solid - Pound	Package Capacity:
Amount in Package:	34780 Solid - Pound	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

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

Manufacturer:
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:
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 #: False
Police Report #: False
In-house cleanup: True
Other Cleanup: False

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

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

Material Loss: $ 0.00
Carrier Damage: $ 0.00
Property Damage: $ 0.00
Response Cost: $ 0.00
Remediation/Cleanup Cost: $ 0.00

(See damage definitions in the instructions)

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

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

Employees: 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? False

If yes, provide the following information:

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

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

If yes, how many? 0

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

If yes, provide the following information:

Estimated speed (mph): 0
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:

A 40 yard roll-off box was staged in a 10 day transfer facility containment area. Upon loading of box, as it was lifted onto the transport vehicle, the sludge material flowed to the rear of the box, overtopping the rear gate and spilling into the containment area. The material had phase separated during transport releasing free liquid. An internal response team was dispatched to remediate the area. Crew donned proper PPE and assessed the site. Site was remediated effectively and all waste was containerized compliantly. Waste was shipped to final destination disposal facility without further incident. Utah DEQ notified and state report #13034 was generated by operator Deborah Ng.

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:

Corporate and local management proceeded with investigative conference calls. Direct communication and guidance with onsite personnel loading the boxes, educating them on what is acceptable material to haul in roll-off containers. Educated driving teams on proper pre trip container inspections to prevent further incidents. Executive management staffs of both motor carrier and generator, actively worked together to create a new operating procedure involving adding more solidifying agents to ensure waste stream remains solid in transport, thus nullifying phase shifting. Suspended current disposal profile and required generator re-certify waste stream as a new profile using more solidifying agents.

PART VIII – CONTACT INFORMATION

Contact's Name:	Anthony P Cellucci
Contact's Title:	SVP Health Safety and Transportation Compliance
Business Name and Address:	Clean Harbors Environmental Services, Inc 42 Longwater Drive Norwell MA 02061
E-mail Address:	cellucci.anthony@cleanharbors.com
Telephone Number:	781-792-5760
Fax Number:	781-792-5901
Hazmat Registration Number:	06031455043 WY
Date:	07/07/2017
Preparer is:	Carrier