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-2018030053
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/12/2018

4. Time of Incident (use 24-hour time):
07:10

5. Enter National Response Center Report Number (if applicable):
1204166

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: READING
County: BERKS
State: PA
Zip Code: (if known): 19605
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
81 W HULLER LANE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit Storage

10. Carrier/Reporter:
Name: BRENNTAG NORTHEAST, LLC
Street: 81 W HULLER LANE
City: Reading
State: PA
Zip Code: 19605
Federal DOT Id Number: 032866
Hazmat Registration Number: 051817550008Z

11. Shipper/Offeror:
Name: EXXON MOBILE CHEMICAL COMPANY
Street: 24420 WEST DURKEE ROAD
City: Channahon
State: IL
Zip Code: 60410
Waybill/Shipping Paper: 1003114434
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 81 W HULLER LANE
City: Reading
State: PA
Zip Code: 19605

14. Proper Shipping Name of Hazardous Material: HEPTANES

15. Technical/Trade Name: EXXSOL HEPTANE FLUID

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1206

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 4166 Liquid - Gallon

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:
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: - 106-Bottom Outlet Valve
How Failed: - 308-Leaked
Causes of Failure: - Loose Closure, Component, or Device

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 407SS
(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:	7000 Liquid - Gallon	Package Capacity:	
Amount in Package:	6996 Liquid - Gallon	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:	BRENNER TANK INC.	Manufacture Date:	07/01/1997
Serial Number:	10BFB72VXVF0A429	Last Test Date:	08/01/2017
Material of Construction:	STAINLESS STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	45 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.12 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.145 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
Manufacturer:

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

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

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

Fire/EMS Report #: False
Police Report #: False
In-house cleanup: True
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:	$ 11,453.00
Carrier Damage:	$ 0.00
Property Damage:	$ 1,000.00
Response Cost:	$ 2,000.00
Remediation/Cleanup Cost:	$ 15,000.00

(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:	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:

On February 11, 2018, at approximately 09:00, DANA Transport arrived at Brenntag Northeast, LLC, 81 W Huller Lane, Reading, PA, to deliver trailer #8424, containing a shipment of heptane from Exxon Mobile Chemical Company, Channahon, IL. which Brenntag had ordered.

Upon his arrival, on Sunday morning, the driver checked in with Security, and as Brenntag Northeast was not operating at the time, was directed to drop the trailer in a specified area, for future unloading by Brenntag personnel.

On the morning of February 12, 2018, during routine operations, at approximately 07:10, a Brenntag Northeast contractor discovered that the trailer was leaking. He immediately reported this to Brenntag Northeast personnel. Brenntag Northeast personnel identified the leak as being at the rear of the trailer and laid absorbents throughout the areas impacted by the spill and diked the storm drains. Senior Management was notified.

The product was off loaded from the leaking trailer into another empty trailer Brenntag had on-site. CURA, Brenntag's on call response and remediation contractor was called to perform the clean-up. PADEP was notified. DANA Transport, the carrier involved, was notified of the situation.

After unloading of the leaking trailer, Brenntag was able to assess the cause of the leak. The eight bolts connecting the outlet valve to the flange of the trailer were only hand tight, which allowed the material to leak from the flange.

Brenntag is unable to estimate the length of the release, as the weather from the time it was delivered until just before discovery was raining and foggy. During the cleanup weather was clear.

CURA sent a response and remediation contractor to the site, which cleaned up the absorbents, and assessed if any remediation was necessary. Remediation of the asphalt area where the material had leaked was required and completed the next day.

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:

Brenntag Northeast personnel met February 12, 2018, to assess the incident and see if there was anything we could do to prevent or minimize this type of incident in the future.

It was decided that going forward, any transports entering the site will be scrutinized more closely by the Security team to assess if anything is leaking at the time of arrival.

PART VIII – CONTACT INFORMATION

Contact's Name:	FAYNE SALLADA, JR
Contact's Title:	MAINTENANCE MANAGER
Business Name and Address:	BRENNTAG NORTHEAST, LLC 81 W HULLER LANE Reading PA 19605
E-mail Address:	bsallada@brenntag.com
Telephone Number:	610-916-9362
Fax Number:	610-926-7814
Hazmat Registration Number:	051817550008Z
Date:	03/07/2018
Preparer is:	Facility owner/operator

07/01/1997