



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-2012030061
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 02/11/2012
4. Time of Incident (use 24-hour time): 11:30
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: 573 DUKE POWER ROAD
County: RUTHERFORD
State: NC
Zip Code: (if known): 28024
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: Hilco Transport Inc
Street: 7700 Kenmont Road
City: Greensboro
State: NC
Zip Code: 27409
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: Motiva
Street: 300 Delmar Road
City: Spartanburg
State: SC
Zip Code: 29302
Waybill/Shipping Paper: BOL#0686355
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 573 Duke Power Road
City: Cliffside
State: NC
Zip Code: 28024
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name:
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 850 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: - 124-High Level Sensor

How Failed: - 306-Failed to Operate

Causes of Failure: - Human Error; Misaligned Material, Component, or Device

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

Identification Markings: DOT 406

(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:
Amount in Package: 7493 Liquid - Gallon
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:
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:

The truck was unloaded around 1130. The overfilled tank was not identified immediately. A construction worker reported the overfilled tank about 2 hours after the truck was unloaded.

Fuel tank delivery of fuel oil was pumped in Unit 6 fuel oil storage tank and overfilled the tank. The storage tank has an high and a high high set point to alarm in the controlroom. Prior to unloading the fuel tank the station operator verified the tank would hold the quantity based on the control room readings and the set points. The fuel truck was unloaded by the driver with a Duke operator overseeing the unloading process. Approximately 2 hours later it was discovered that the fuel tank was overfilled. A construction craft personnel walked by the fuel tank secondary containment and smelt fuel oil. They climbed the stairs over the secondary containment wall and noticed fuel oil in the secondary containment. The control room was notified of the fuel oil in the secondary containment. Operations and Shaw estimated that the volume was around 850 gallons of fuel that was in the secondary containment around the fuel oil storage tank. The fuel oil was pumped into totes and moved to a second tank onsite. The area was cleaned up.

The set points for the high level was 22.0 ft and the high high was 22.5 ft. The tank overflowed at 21.85 ft. The alarm setpoints will be lowered to below 21.85 to prevent the storage tank from being overfilled. The Unit 6 fuel oil storage tank is 136,000 gallons. One tank truck shipment is 7,500 gallons and increases the tank volume by 1.07 ft. This was the first time the tank was filled this full.

The secondary containment with diesel fuel was cleaned up by the site. The carrier did not consider this a DOT Incident. However, the receiver does and is submitting this DOT Incident report with the information that it has gathered. While the carrier was on-site, the fuel tank was overfilled due to the receiver's tank settings being set incorrectly. The overfilled fuel was discovered after the truck had left.

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 Duke Energy has corrected their new tank alarm set points to indicate when it is full. The tank was overfilled due to the alarms being originally incorrect.

PART VIII – CONTACT INFORMATION

Contact's Name:	Chuck Denny
Contact's Title:	EHS Profession III
Business Name and Address:	Duke Energy Corporation 526 South Church Street, EC13K Charlotte NC 28202
E-mail Address:	Chuck.Denny@duke-energy.com
Telephone Number:	980-373-4947
Fax Number:	704-382-0249
Hazmat Registration Number:	060111550070T
Date:	03/05/2012
Preparer is:	Facility owner/operator