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-2012020120
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/21/2012

4. Time of Incident (use 24-hour time):
13:15

5. Enter National Response Center Report Number (if applicable):
1000932

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

7. Location of Incident:
City: WEST ALEXANDER
County: WASHINGTON
State: PA
Zip Code: (if known): 15376
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
on Interstate 70 east, mm 1.5

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Slay Transportation Co., Inc.
Street: 1441 Hampton Avenue
City: Saint Louis
State: MO
Zip Code: 63139
Federal DOT Id Number: 077890
Hazmat Registration Number:

11. Shipper/Offeror:
Name: Bayer Material Science LLC
Street: State Rte. 2 North
City: New Martinsville
State: WV
Zip Code: 26155
Waybill/Shipping Paper: 2400305698
Hazmat Registration Number:

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

13. Destination:
Street: 149 Temple Drive
City: Mount Jewett
State: PA
Zip Code: 16740

14. Proper Shipping Name of Hazardous Material: OTHER REGULATED SUBSTANCES, LIQUID, N.O.S.

15. Technical/Trade Name: Mondur 541 Light

16. Hazardous Class/Division: Miscellaneous Hazardous Material

17. Identification Number: (E.g. UN2764, NA 2020) NA3082

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 1500 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:
Other, bulk truck

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: - 103-Basic Material
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

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:	6000 Liquid - Gallon	Package Capacity:
Amount in Package:	5400 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:
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:	False
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:	$ 10,000.00
Carrier Damage:	$ 75,000.00
Property Damage:	$ 0.00
Response Cost:	$ 1,600.00
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? True

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	cold
Vehicle overturned?	True
Vehicle left roadway/track?	True

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:

According to the information obtained, the following occurred. While traveling on I-70 eastbound at milemarker 1.5 in West Alexander, PA, driver was involved in a single-vehicle accident, caused by icy road conditions. Accident resulted in a rollover, which damaged the bulk tank truck. The West Alexander Fire Department and Washington County Hazmat Team immediately responded to contain the free liquid within the affected ditchline. Local responders created a containment dam at the edge-line of the affected ditch, which contained free product to immediate area, pending contractor arrival. Responders also installed wooden plugs at trailer breach point, which slowed leak. Specialized Professional Services, Inc. (SPSI) of Washington, Pennsylvania was dispatched to perform the cleanup. SPSI assisted in upright and recovery of damaged tanker. Upon removal of damaged vehicle, SPSI utilized a vacuum truck to recover the free product from within the ditchline. SPSI proceeded to excavate the impacted soils, which were containerized into (4) roll-off containers on site. Recovery efforts were complete Sunday morning January 22nd at approximately 04:00 EST. SPSI returned to the site on Monday morning, during regular daylight hours, to further assess contamination. At this time, snow had melted, which allowed for enhanced observation of further impact. SPSI proceeded to excavate all visually impacted soils, which were containerized into one (1) additional rolloff box. Confirmation samples were pulled to confirm all contamination was recovered. Disposal will be coordinated directly by SPSI in accordance with local, state, and federal regulations. There were no injuries or exposures as a result of the release.

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:

In order to prevent recurrence of the incident or similar incidents, Slay Transportation Co., Inc. drivers are required to attend safety meetings. Safety meetings address such issues as handling spills, driving hazards and job specific training. Slay Transportation Co., Inc. drivers are required to attend DOT job specific training classes. Slay Transportation Co., Inc. addresses safety issues in their driver's newsletter. Slay Transportation Co., Inc. will continue to train and reinforce safety guidelines to all drivers and employees.

PART VIII – CONTACT INFORMATION

Contact's Name:	Tracie Murphy
Contact's Title:	Senior Compliance Associate
Business Name and Address:	Spill Center Inc. 22 Kane Industrial Drive Hudson MA 01749
E-mail Address:	tmurphy@spillcenter.com
Telephone Number:	603-880-3795
Fax Number:	603-880-3845
Hazmat Registration Number:	
Date:	02/10/2012
Preparer is:	Other - agent for Slay Transportation Co., Inc.