



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: I-2018030188
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/19/2018
4. Time of Incident (use 24-hour time):
15:00
5. Enter National Response Center Report Number (if applicable):
1202362
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: GRACE
County: CARIBOU
State: ID
Zip Code: (if known): 83241
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1726 RICH RD
8. Mode of Transportation: Highway
9. Transportation Phase: Unloading
10. Carrier/Reporter:
Name: CHS
Street: 5500 CENEX DR
City: INVER GROVE HEIGHTS
State: MN
Zip Code: 55077
Federal DOT Id Number: 124419
Hazmat Registration Number: 051415551007XZ
11. Shipper/Officer:
Name: SINCLAIR OIL COMPANY
Street: 550 E SOUTH TEMPLE
City: SALT LAKE CITY
State: UT
Zip Code: 84102-1098
Waybill/Shipping Paper: 9180
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 1189 TANK FARM RD
City: POCATELLO
State: ID
Zip Code: 83204
13. Destination:
Street: 1726 RICH RD
City: GRACE
State: ID
Zip Code: 83241
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 200 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?
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: - 159-Vent

How Failed: - 308-Leaked

Causes of Failure: - Overfilled

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

Identification Markings: NO MARKINGS GIVEN

(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:
Number in Shipment:
Number Failed:

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: 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: | \$ 5,000.00 |
| Carrier Damage: | \$ 0.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 15,000.00 |
| Remediation/Cleanup Cost: | \$ 35,000.00 |
- (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: | |
| Total number of employees evacuated: | |
| Total evacuated: | |
| Duration of the evacuation: | |

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

- If yes, how many?

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:

DRIVER WAS DISPATCHED WITH MORE FUEL THAN WOULD FIT IN THE AGST. HE STARTED THE DELIVERY AND STEPPED UP INTO THE CAB TO CHECK PAPERWORK. THE DELIVERY TANK OVERFILLED, SPILLING #2 DYED DIESEL FUEL ONTO THE GROUND. THE DRIVER DID NOT NOTICE THE OVERFILL FOR MOST OF A MINUTE. ONCE HE NOTICED, HE SHUT DOWN THE FLOW AND USED SORBENTS AND SNOW TO MINIMIZE THE SPREAD OF THE FUEL. HE REPORTED THE SPILL TO THE CUSTOMER AND OUR COMPANY. MORE SORBENTS WERE DISPATCHED TO THE SITE TO MINIMIZE MIGRATION. SANDBOX CONSTRUCTION WAS RETAINED TO REMEDIATE THE SITE. CONTAMINATED WASH WATER WAS REMOVED.

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:

THIS INCIDENT OCCURRED DELIVERING INTO A TANK THAT HAS NO GAUGE. THERE IS AN ELECTRONIC MONITOR, BUT THE DRIVER HAS NO ACCESS TO THE READINGS. BOTH THE MANAGER THAT ORDERED THE LOAD AND THE DRIVER SHOULD HAVE RECOGNIZED THAT THE LOAD WOULD NOT FIT INTO THE TANK. THE PRIMARY CAUSE WAS ORDERING TOO MUCH FUEL TO BE DELIVERED. THE DRIVER, HOWEVER, FAILED TO FOLLOW SEVERAL COMPANY POLICIES THAT WOULD HAVE PREVENTED OR MINIMIZED THE SPILL. HE FAILED TO VERIFY THAT THE LOAD WOULD FIT BEFORE UNLOADING. HE FAILED TO NOTIFY DISPATCH THAT THE DELIVERY TANK WAS DID NOT HAVE A GAUGE. HE LOAD WOULD FIT BEFORE UNLOADING. HE FAILED TO NOTIFY DISPATCH THAT THE DELIVERY TANK WAS DID NOT HAVE A GAUGE. HE FAILED TO REMAIN OUT OF THE CAB AND VIGILANT DURING DELIVERY. WE ARE WORKING TO GET THE DRIVERS ACCESS TO THE MONITOR READINGS FOR TANKS WITHOUT A GAUGE. OTHER THAN THAT, THE CURRENT POLICY ALREADY SHOULD HAVE PREVENTED THE OVERFILL IF THE DRIVER HAD FOLLOWED IT. THE DRIVER RECEIVED A DISPENSARY SUSPENSION AND ADDITIONAL TRAINING TO EMPHASIZE THE POLICIES THE POLICIES THAT WERE NOT FOLLOWED. ULTIMATELY, SIMILAR OVERFILLS ARE LIKELY TO CONTINUE SO LONG AS DELIVERIES CONTINUE ON TANKS WITHOUT A GAUGE. WE ARE EXPLORING THE OPTIONS FOR WORKING WITH CUSTOMERS TO HELP THEM GET PROPER GAUGES ON THEIR TANKS.

PART VIII – CONTACT INFORMATION

Contact's Name:	BRENT KESEMAN
Contact's Title:	SAFETY AND TRAINING COORDINATOR
Business Name and Address:	CHS 2525 N RAINIER AVE PASCO WA 99301
E-mail Address:	BRENT.KESEMAN@CHSINC.COM
Telephone Number:	509 545 1808
Fax Number:	
Hazmat Registration Number:	
Date:	03/21/2018
Preparer is:	Carrier