



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: X-2007080287
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/01/2007
4. Time of Incident (use 24-hour time):
09:06
5. Enter National Response Center Report Number (if applicable):
844177
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: GREENWOOD
County: Greenwood
State: SC
Zip Code: (if known): 29646
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Rail
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: CSX Transportation
Street: 500 Water Street J-875
City: JACKSONVILLE
State: FL
Zip Code: 32202
Federal DOT Id Number: Unavailable
Hazmat Registration Number: 061605550027NP
11. Shipper/Officer:
- Name: Transammonia, Inc.
Street: 601 Industrial Road
City: PASCAGOULA
State: MS
Zip Code: 39568
Waybill/Shipping Paper: 712-049311-91630
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 601 Industrial Road
City: PASCAGOULA
State: MS
Zip Code: 39568
13. Destination:
- Street: 905 Randolph Road
City: HOPEWELL
State: VA
Zip Code: 23860
14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS
15. Technical/Trade Name:
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1 Gas - 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? True
If yes, provide the Hazard Zone: D

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:

Tank Car

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: - 134-Liquid Valve

How Failed: - 308-Leaked

Causes of Failure: - Defective Component or Device

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

Identification Markings: 112J

(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: 33877 Gas - Gallon
Amount in Package: 32861 Gas - 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: N/A
Serial Number: GAMX9296
Material of Construction: N/A (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: | | - Fire: | |
| - Explosion: | | - Material Entered Waterway/Storm Sewer: | |
| - Vapor (Gas) Dispersion: | True | - Environmental Damage: | |
| - No Release: | False | | |

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

Fire/EMS Report #: True None
Police Report #: True None
In-house cleanup:
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:	\$ 5.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 6,000.00
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:
Responders:
General Public:

33b. Were there human fatalities that did not result from the hazardous material?

False

If yes, how many?

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:
Responders:
General Public:

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees:
Responders:
General Public:

35. Did the hazardous material cause or contribute to an evacuation?

True

If yes, provide the following information:

Total number of general public evacuated:	10
Total number of employees evacuated:	0
Total evacuated:	10
Duration of the evacuation:	5

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:

On August 1st at 0906 hours, CSX Train Q61830 was departing Maxwell Yard in Greenwood, South Carolina when a yard conductor reported smelling an unusual odor from one of the tank cars in the consist. The train dispatcher and crew were notified and the outbound train was brought to a stop on the main line track at Mile Post SG425.8 (Oak Street) in Greenwood. CSX Transportation immediately implemented their emergency response plan. CSX management and the local fire department were contacted to respond to the scene. Chemtrec was notified (Report Number 2007080100070) and the shipper; Transammonia was informed of the suspected release. In addition, Hepaco Environmental was contacted by CSX to respond and secure the container. Once on site, the first responders were able to detect a very slight intermittent odor from the ground next to Tank Car GAMX9296. As a precautionary measure, the Greenwood Fire Department notified the nearest residence (Maxwell Children's Home) of the incident and issued a voluntary evacuation. The residents followed the advice of the fire department and relocated to another building on the property. After obtaining the appropriate personal protective equipment, the first responders along with Hepaco representatives opened the protective housing cover of the container and found the release was being emitted from the liquid education line gate valve. Although the valve was properly closed and the plug was too tight, intermittent vapors bypassed through the threads of the plug. Hepaco removed and reapplied teflon tape to the plug. The secondary closure plug was replaced and tightened with a wrench securing the container. After ensuring all agencies involved (Greenwood Fire Department and South Carolina DHEC) were satisfied that the rail car would no longer release any vapors, it was decided to forward the train to Monroe Yard in Monroe, North Carolina, where the car would be set off awaiting an FRA Movement Exemption. Upon arrival, the tank car was once again reinspected to ensure proper securement. Hepaco was requested to continue daily inspection of the railcar until the shipper obtained an FRA Movement Exemption. On August 2nd, Transammonia obtained FRA Movement Exemption Number FRA-07080235. After properly stenciling the tank car and adding the exemption information into the waybill, the car was released to destination. The car arrived at final destination (Honeywell - Hopewell, VA) without further incident on August 9th. It is estimated that the car lost approximately one quart of product via vapors into the atmosphere.

Cause Code: 300

NARRI: 5(5+9+0) X (2+4) = 420

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:

No additional comments.

PART VIII – CONTACT INFORMATION

Contact's Name:	Romano De Simone
Contact's Title:	Director Chemical Safety
Business Name and Address:	CSX Transportation 500 Water Street J-875 JACKSONVILLE FL 32202
E-mail Address:	romano_desimone@csx.com
Telephone Number:	(904) 366-5815
Fax Number:	904-245-2867
Hazmat Registration Number:	061605550027NP
Date:	
Preparer is:	Carrier