



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 110 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Liquid - Gallon
Amount in Package:
Number in Shipment: 2
Number Failed: 2

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: FLUOROBORIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1775

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 30 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:
Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 15 Liquid - Gallon
Amount in Package:
Number in Shipment: 2
Number Failed: 2

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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

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Describe:

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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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM PERSULFATE
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1505

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1870 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Solid - Pound
Amount in Package:
Number in Shipment: 34
Number Failed: 34

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: ACETONE
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1090

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 111 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Liquid - Gallon
Amount in Package:
Number in Shipment: 20
Number Failed: 20

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: CALCIUM HYPOCHLORITE, DRY OR CALCIUM HYPOCHLORITE MIXTURES DRY WITH MORE THAN 39 PERCENT AVAILABLE CHLORINE (8.8 PERCENT AVAILABLE OXYGEN)
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1748

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 500 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 100 Solid - Pound
Amount in Package:
Number in Shipment: 5
Number Failed: 5

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

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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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: CALCIUM HYPOCHLORITE, DRY OR CALCIUM HYPOCHLORITE MIXTURES DRY WITH MORE THAN 39 PERCENT AVAILABLE CHLORINE (8.8 PERCENT AVAILABLE OXYGEN)
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1748

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 140 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number: E6348

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 35 Solid - Pound
Amount in Package:
Number in Shipment: 4
Number Failed: 4

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYDROCHLORIC ACID, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1789

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 20 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 4 Liquid - Gallon
Amount in Package:
Number in Shipment: 5
Number Failed: 5

Package Capacity: 1 Liquid - Gallon
Amount in Package:
Number in Shipment: 20
Number Failed: 20

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: SULFURIC ACID
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1830

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 165 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Liquid - Gallon
Amount in Package:
Number in Shipment: 3
Number Failed: 3

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM CHLORITE
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1496

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2750 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 275 Solid - Pound
Amount in Package:
Number in Shipment: 10
Number Failed: 10

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: CALCIUM OXIDE
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1910

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 25 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 50 Solid - Pound
Amount in Package:
Number in Shipment: 50
Number Failed: 50

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

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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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: HYPOCHLORITE SOLUTIONS WITH MORE THAN 5 PERCENT BUT LESS THAN 16 PERCENT AVAILABLE CHLORINE
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1791

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 15 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 15 Liquid - Gallon
Amount in Package:
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: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: PAINT RELATED MATERIAL INCLUDING PAINT THINNING, DRYING, REMOVING, OR REDUCING COMPOUND
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1263

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 55 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Liquid - Gallon
Amount in Package:
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: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: NITRIC ACID (OVER 40%)
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN2031

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 180 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 15 Liquid - Gallon
Amount in Package:
Number in Shipment: 12
Number Failed: 12

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM CHLORITE
15. Technical/Trade Name:
16. Hazardous Class/Division: Oxidizer
17. Identification Number: (E.g. UN2764, NA 2020) UN1496

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 220 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 110 Solid - Pound
Amount in Package:
Number in Shipment: 2
Number Failed: 2

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name:
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 220 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Liquid - Gallon
Amount in Package:
Number in Shipment: 4
Number Failed: 4

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: AMMONIUM ACETATE
15. Technical/Trade Name:
16. Hazardous Class/Division: Miscellaneous Hazardous Material
17. Identification Number: (E.g. UN2764, NA 2020) NA9079

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 220 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 220 Solid - Pound
Amount in Package:
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: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

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- 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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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PART I - REPORT TYPE

1. Incident Id: I-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Officer:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROSULFITE (SODIUM DITHIONITE)
15. Technical/Trade Name:
16. Hazardous Class/Division: Flammable Solid (Pre 1991)
17. Identification Number: (E.g. UN2764, NA 2020) UN1384

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 4000 Solid - Pound

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 250 Solid - Pound
Amount in Package:
Number in Shipment: 16
Number Failed: 16

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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:

ON THE MORNING OF SEPTEMBER 4, 1986, THE FIRE ALARM WAS SOUNDED BASED ON A FIRE ON THE PROPERTY OF SOUTHCHEM. THE FIRE WAS RESTRICTED TO THE LOADING DOCKS ON THE SOUTH ON THE SOUTHWEST SIDE OF THE PLANT, AND INVOLVED ONLY ONE TRAILER OF CHEMICALS. TWO OTHER TRAILERS WERE DESTROYED ALONG WITH THE CHEMICAL TRAILER AND THE TRACTOR WHICH HAD BEEN ATTACHED TO THIS TRAILER. THE MATERIAL WAS CONSIGNED FOR DELIVERY IN THE RALEIGH DURHAM AREA THE NEXT MORNING. THERE WERE NO INJURIES, AND NO PEOPLE HOSPITALIZED, DESPITE THE AUTHORIZATION BY THE DURHAM EMERGENCY MANAGEMENT TEAM FOR EVACUATION OF FROM 500 TO 1,000 PEOPLE WITHIN A 1 MILE RADIUS OF OUR PLANT. CAUSE OF THE FIRE HAS NOT BEEN DETERMINED. WATER USED IN FIGHTING THIS FIRE WAS COLLECTED ON OUR PROPERTY AND DESIGNATED CULVERTS, AND AFTER APPROVAL BY RALEIGH EPA, WAS PUMPED BACK INTO THE SEWER SYSTEM OF THE CITY OF DURHAM. OF THE 38,045 POUNDS OF AFFECTED MATERIAL, WE STILL HAVE IN OUR POSSESSION APPROXIMATELY 25,000 LBS. THIS 25,000 LBS. OF WASTE MATERIAL IS BEING EVALUATED BY THE LABORATORY OF CHEMICAL AND ENVIRONMENTAL TECHNOLOGY IN RALEIGH, NC TO DETERMINE IF THE MATERIAL IS HAZARDOUS OR NON-HAZARDOUS, IN ACCORDANCE WITH EPA TOXICITY, IGNITIBILITY, CORROSIVITY AND REACTIVITY STANDARD TESTING PROCEDURES. ONCE THIS IS COMPLETED, A DETERMINATION WILL BE MADE IF THE MATERIAL CAN BE SHIPPED TO THE DURHAM COUNTY LANDFILL, OR TO THE APPROVED GSX LANDFILL IN SOUTH CAROLINA.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is:



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-1986090551
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 09/04/1986
4. Time of Incident (use 24-hour time):
:
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: DURHAM
County:
State: NC
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: N/A
10. Carrier/Reporter:
Name: SOUTHCHEM INC
Street:
City:
State:
Zip Code:
Federal DOT Id Number:
Hazmat Registration Number:
11. Shipper/Offeror:
Name: SOUTHCHEM INC
Street:
City: DURHAM
State: NC
Zip Code:
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City: DURHAM
State: NC
Zip Code:
13. Destination:
Street:
City: DURHAM
State: NC
Zip Code:
14. Proper Shipping Name of Hazardous Material: 1,1,1-TRICHLOROETHANE
15. Technical/Trade Name:
16. Hazardous Class/Division: Poisonous Materials
17. Identification Number: (E.g. UN2764, NA 2020) UN2831

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 55 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

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?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Non-Bulk

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: -

How Failed: -

Causes of Failure: - Fire, Temperature, or Heat

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:
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: 55 Liquid - Gallon
Amount in Package:
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: NOT REPORTED BY CARRIER
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: | False | - Fire: | True |
| - 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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:
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:
Total number of employees evacuated:
Total evacuated: 0
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

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Describe:

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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:

PART VIII – CONTACT INFORMATION

Contact's Name:

Contact's Title:

Business Name and Address:

E-mail Address:

Telephone Number:

Fax Number:

Hazmat Registration Number:

Date:

Preparer is: