



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

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. Incident Id: E-2005100144
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 10/13/2005
4. Time of Incident (use 24-hour time): 13:45
5. Enter National Response Center Report Number (if applicable): 775990
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: DALTON
County: WHITFIELD
State: GA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Interstate 75 South Exit 328
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: Industrial Chemicals Inc.
Street: 2042 Montreat Drive
City: BIRMINGHAM
State: AL
Zip Code: 35216
Federal DOT Id Number: 123526
Hazmat Registration Number: 052803004037LN
11. Shipper/Officer:
Name: Industrial Chemicals Inc.
Street: 1125 Roberts Industrial Drive
City: BIRMINGHAM
State: AL
Zip Code: 35208
Waybill/Shipping Paper: 396144
Hazmat Registration Number: 052803004037LN
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 203B Bear Creek Road
City: DALTON
State: GA
Zip Code: 30721
14. Proper Shipping Name of Hazardous Material: SODIUM HYDROXIDE, SOLUTION
15. Technical/Trade Name: Sodium Hydroxide 50%
16. Hazardous Class/Division: Corrosive Material
17. Identification Number: (E.g. UN2764, NA 2020) UN1824

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 138 Liquid - Gallon
- 20. Was the material shipped as a hazardous waste?** False
If yes, provide the EPA Manifest Number:
- 21. Is this a Toxic by Inhalation (TIH) material?** False
If yes, provide the Hazard Zone:
- 22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?** False
If yes, provide the Exemption, Approval, or CA number:
- 23. Was this an undeclared hazardous materials shipment?** False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
IBC

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: - 109-Closure (e.g., Cap, Top, or Plug)
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Inadequate Blocking and Bracing

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

Identification Markings: UN/31H1/Y/11-02/USA/M4858/7344/2623/1249

(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: IBC Material of Construction: Plastic Head Type (Drums only):	Packaging Type: IBC Material of Construction: Plastic
27. Describe the package capacity and the quantity:	
Package Capacity: 330 Liquid - Gallon Amount in Package: 296 Liquid - Gallon Number in Shipment: 10 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
28. Provide packaging construction and test information, as appropriate:	
Manufacturer: Clawson Container Company Serial Number: 56035 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:	
29. If the packaging is for Radioactive Materials, complete the following:	
Packaging Category: Packaging Certification: Certification Number: Nuclide(s) Present: Activity: Critical Safety Index:	Manufacture Date: 11/02/2002 Last Test Date: 04/04/2005 Transport Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | False |
| - No Release: | False | | |

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

Fire/EMS Report #: True 53864
Police Report #: False
In-house cleanup: False
Other Cleanup: True

32. Damages Was the total damage cost more than \$500?

True

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 207.00
Carrier Damage: \$ 43,500.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 32,113.00
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality?

False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees: 0
Responders: 0
General Public: 0

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

False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal injury?

True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees: 0
Responders: 0
General Public: 0

Non-Hospitalized:

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

Employees: 0
Responders: 1
General Public: 0

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

False

If yes, provide the following information:

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

36. Was a major transportation artery or facility closed?

True

If yes, how many? 17

37. Was the material involved in a crash or derailment?

True

If yes, provide the following information:

Estimated speed (mph): 5
Weather conditions: Clear
Vehicle overturned? True
Vehicle left roadway/track? False

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- | | |
|--|--|
| - Shipment had not been transported | - Transported by air (first flight) |
| - Transport by air (subsequent flights) | - Initial transport by highway to cargo facility |
| - Transfer at sort center/cargo facility | |

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

The tractor trailer had exited from interstate 75 south to connector 3 in Dalton Georgia.

The vehicle proceeded from a stop at a traffic light turning left or east onto the overpass of connector 3. Upon completing the turn and moving at approximately 5 mph the driver noticed the left side tires of the trailer were off of the roadway and the trailer was leaning to the right. Once the tractor and trailer were stright there was no leverage of the tractor holding the trailer upright and both units turned over on the right side onto the roadway.

The trailer was loaded with nine IBCs each filled with 296 gallons of Sodium Hydroxide 50% Solution. Due to the force of the IBCs stiking the wall of the trailer upon contact with the roadway, one two inch closure installed in a larger seven inch closure was ejected from one container by the force of the liquid impacting the head of the IBC.

Since the IBC was on its side approximately one half of the content or 138 gallons was released into the trailer subsequently escaping onto the roadway and a portion of the liquid came in contact with soil adjacent to the area. This release occured over a 15 minute period.

The local fire department responded initially and contacted a local environmental response contractor to secure the scene and perform cleanup operations. These cleanup activities concluded the following day at approximately 7:30 am.

The Sodium Hydroxide spilled from the container was collected, either in liquid form and transferred to suitable containers or solidified using absorbent and placed in a collection container along with the soil in contact with the material for disosal.

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:

Personnel reviewed loading, blocking and bracing procedures and received training both prior to and after the incident as required by the Hazmat Employee Training requirements. Drivers received training for the mandatory requirement of inspecting loads prior to departure and enroute for conditions that may allow containers to move or shift during transportation.

PART VIII – CONTACT INFORMATION

Contact's Name:	Richard Wheaton
Contact's Title:	Operations Director
Business Name and Address:	Industrial Chemicals Inc. 2042 Montreat Drive BIRMINGHAM AL 35216
E-mail Address:	DustyW@industrialchem.com
Telephone Number:	205-823-7330
Fax Number:	205-978-0420
Hazmat Registration Number:	
Date:	10/26/2005
Preparer is:	Other - Shipper and Carrier

11/02/2002