



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-2008030371
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 03/26/2008
4. Time of Incident (use 24-hour time): 10:45
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: RINGOLD
County: CATOOSA
State: GA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
mile post 343 on I75S
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: Airgas Specialty products
Street: 310 Brennan Rd
City: COLUMBUS
State: GA
Zip Code: 31903
Federal DOT Id Number: 01351125
Hazmat Registration Number: 05070755015PQ
11. Shipper/Officer:
Name: Airgas Specialty Products
Street: 310 Brennan Rd
City: COLUMBUS
State: GA
Zip Code: 31903
Waybill/Shipping Paper: 05070755015PQ
Hazmat Registration Number: 01351125
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 198 Blair Bend Rd
City: LOUDON
State: TN
Zip Code: 37774
14. Proper Shipping Name of Hazardous Material: AMMONIA ANHYDROUS
15. Technical/Trade Name: Anhydrous Ammonia
16. Hazardous Class/Division: Nonflammable Compressed Gas
17. Identification Number: (E.g. UN2764, NA 2020) UN1005

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 10 Gas - Pound

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:

Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.

Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 139-O-Ring or Seals

How Failed: - 308-Leaked

Causes of Failure: - Deterioration or Aging

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

Identification Markings: MC331

(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: 9300 Gas - Gallon
Amount in Package: 100 Gas - Gallon
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: Lubbock Mfg Co
Serial Number: 58227
Material of Construction: SA517-E (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)

Manufacture Date: 02/05/1973
Last Test Date: 11/26/2007

If valve or device failed:

Type: Pump Seal
Model: 332050
Manufacturer: Blackmer

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

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

- Fire/EMS Report #: False
Police Report #: True GA030400942
In-house cleanup: False
Other Cleanup: False

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: 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: 2
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? 2

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

If yes, provide the following information:

Estimated speed (mph): 0
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 3-26-08 our driver (Brian Kelder) was returning from having unloaded his trailer at a customer location in Tn. when he was stopped at a weigh station. He was asked to pull around to the rear for a routine level 2 inspection. the inspector smelled Ammonia at the trailer and at that time called Fire and hazmat. Our driver could not smell the leak. The inspector would not allow our driver (with proper PPE) to go back to the truck to find and stop the leak. When hazmat arrived they tested the area around the truck at 10 PPM, said there was no danger and returned to their station. We dispatched our Field Service unit to the site to correct the problem. He arrived and pulled the pressure off of the pump which stopped the leak (took app. 5 minutes). the driver was told he could leave and he returned to the plant at Columbus, Ga. The pump was rebuilt at the plant. The leak point was from a weep hole in the bottom of the bearing housing on the truck pump. The hole allows any leak from the pump seal to escape and not do damage to the bearing. There was a small seal leak which was escaping from this weep hole. The trailer was empty of liquid and only had residual vapor pressure. The tank was isolated from the pump by an internal valve so any vapor in the tank could not get to the pump to escape from the leak. the pressure on the tank was 60 psi and the pressure on the pump was the same. The duration of the leak was 4 hours and 18 minutes.

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:

If allowed the driver could have stopped the leak by a simple rotation of the pump shaft.

PART VIII – CONTACT INFORMATION

Contact's Name:	M.W. Johnson
Contact's Title:	Reg. Mgr.
Business Name and Address:	Airgas Specialty Products 2200 Speed Rail Ct CONCORD NC 28025
E-mail Address:	butch.johnson@airgas.com
Telephone Number:	704-455-1645
Fax Number:	704-455-1640
Hazmat Registration Number:	05070755015PQ
Date:	04/15/2008
Preparer is:	Carrier

02/05/1973