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-2015020212
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
02/03/2015

4. Time of Incident (use 24-hour time):
09:30

5. Enter National Response Center Report Number (if applicable):
1107221

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: EAST POINT
County: FULTON
State: GA
Zip Code: (if known): 30344
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2282 HARVESTER ST

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: S.A. WHITE OIL COMPANY INCORPORATED
Street: 590 ATLANTA ST SE
City: MARIETTA
State: GA
Zip Code: 30060-2229
Federal DOT Id Number: 206594
Hazmat Registration Number: 060713552059VX

11. Shipper/Offeror:
Name: S.A. WHITE OIL COMPANY INCORPORATED
Street: 590 ATLANTA ST SE
City: MARIETTA
State: GA
Zip Code: 30060-2229
Waybill/Shipping Paper: 1578686
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 2970 PARROTT AVENUE
City: ATLANTA
State: GA
Zip Code: 30318

13. Destination:
Street: 2282 HARVESTER STREET
City: EAST POINT
State: GA
Zip Code: 30344

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DIESEL FUELS

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 407 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:
Other, STORAGE TANK

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: - Human Error

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:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Package Capacity:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer: Manufacture Date:
Serial Number: Last Test Date:
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: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

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

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	True
- 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
Police Report #:	True
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:	$ 0.00
Carrier Damage:	$ 0.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 14,500.00

(See damage definitions in the instructions)

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

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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

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

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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

If yes, provide the following information:

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

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

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

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

38. Was the shipment on a passenger aircraft?

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

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

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

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

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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

Describe:

ENVIRONMENTAL MANAGEMENT (EMI) JOB #35986: ON 02-03-15, AT APPROXIMATELY 0930 HOURS (ETZ)AN SA WHITE OIL COMPANY, INC. (SAWOC) DRIVER WAS MAKING A DELIVERY OF FUELS (GASOLINE AND DIESEL FUEL) TO THE HERTZ RENTAL EQUIPMENT (HERTZ) FACILITY. DRIVER HAD SUCCESSFULLY TRANSFERRED 404 GALLONS OF GASOLINE FROM CARGO TRUCK TO THE GASOLINE STORAGE TANK. DRIVER THEN CONNECTED TRANSFER HOSE FROM CARGO TRUCK DIESEL FUEL COMPARTMENT TO THE ABOVE-GROUND DIESEL STORAGE TANK AND BEGAN TRANSFERRING THE DIESEL FUEL. THE DRIVER THEN PROCEEDED TO RE-ENTER THE CAB OF THE ARGO TRUCK TO COMPLETE SOME PAPERWORK WHILE DIESEL FUEL WAS BEING TRANSFERRED. DUE TO THE SURROUNDING NOISE, THE DRIVER WAS NOT AWARE THAT THE STORAGE TANK WAS OVERFILLED UNTIL HE WAS ALERTED BY A HERTZ EMPLOYEE. THE DRIVER IMMEDIATELY STOPPED THE TRANSFER PROCESS AND CONTACTED HIS OFFICE TO NOTIFY THEM OF THE RELEASE.

AT 0947 HOURS (CTZ) MR. TIRSO BELTRAN OF EMI RECEIVED A CALL FROM MR. ROBERT THORNTON (SAWOC) REQUESTING ASSISTANCE IN REGARDS TO THE RELEASE. 407 GALLONS OF DIESEL FUEL HAD BEEN RELEASED. THE RELEASE HAD IMPACTED THE AREA CONCRETE AREA WHERE THE STORAGE TANK WAS LOCATED. AN UNKNOWN AMOUNT HAD IMPACTED A STORM DRAIN. MR. THORNTON STATED THAT SAWOC WOULD MANAGE THE CLEANUP OF THE IMPACTED AREA OF THE CONCRETE BUT REQUESTED THAT EMI MANAGER THE REMEDIATION OF THE IMPACTED STORM DRAIN. MR. THORNTON STATED THAT HERTZ HAD MADE NOTIFICATIONS TO THE LOCAL AND STATE AUTHORITIES.

MR. BELTRAN CONTACTED SWS ENVIRONMENTAL SEVICES (SWS) AND EMI ENVIRONMENTAL SUBCONTRACTOR AND REQUESTED THAT THEY RESPOND.

SWS ARRIVED ON SITE. THE OUTFALL OF THE STORM DRAIN SYSTEM WAS LOCATED AND IT WAS OBSERVED THAT IT DISCHARGED INTO AN NAMELESS TRIBUTARY (CREEK) APPROXIMATELY 1/4 MILE FROM THE RELEASE SITE. SWS UTILIZED ABSORBENT BOOM, ABSORBENT PAD, AND CONSTRUCTED AN UNDERFLOW DAM TO CONTAIN THE DIESEL FUEL. ABSORBENT PAD UTILIZED TO RECOVER AS MUCH DIESEL FUEL AS POSSIBLE. A VACUUM TRUCK WAS ALSO UTILIZED TO RECOVER THE FUEL. THE STORM DRAIN SYSTEM WAS FLUSHED WITH COPIUS AMOUNTS OF WATER TO REMOVE THE DIESEL FUEL FROM THE STORM DRAIN SYSTEM. THE VACUUM TRUCK RECOVERED THE DIESEL FUEL AT THE UNDERFLOW DAM. APPROXIMATELY 275 TO 290 GALLONS OF DIESEL FUEL-WATER MIXTURE WAS RECOVERED. ABSORBENT BOOM WAS LEFT IN PLACE IN AREAS OF THE CREEK AND WOULD BE MONITORED PENDING THE NEXT RAIN EVENT. ONCE IT IS OBSERVED THAT THERE IS NO IMPACT TO THE ABSORBENT BOOM, THE ABSORBENT BOOM WILL BE REMOVED.

ALL IMPACTED ABSORBENT MATERIALS WERE PLACED IN A ROLL-OFF BOX. THE WASTE WILL BE PROFILED FOR PROPER DISPOSAL. UPON COMPLETION OF THE PROJECT AND RECEIVING WASTE DISPOSAL APPROVAL, THE WASTE WILL BE TRANSPORTED TO THE APPROVED DISPOSAL FACILITY FOR PROPER DISPOSAL.

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:

CONTINUE OUR ONGOING EFFORTS IN DRIVER SAFETY/SPILL PREVENTION IN EFFORTS IN PREVENTING INCIDENTS AS THESE FROM HAPPENING. INSURE DRIVERS ARE PROPERLY TRAINED FOR SITE-SPECIFIC LOADING/UNLOADING PROCEDURES.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERT THORNTON
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	
	590 ATLANTA STREET MARIETTA GA 30060
E-mail Address:	RTHORNTON@SAWHITE.COM
Telephone Number:	770 427 1387
Fax Number:	770 424 9255
Hazmat Registration Number:	
Date:	02/06/2015
Preparer is:	Carrier