



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-2025030252

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/04/2025

4. Time of Incident (use 24-hour time):
13:20

5. Enter National Response Center Report Number
(if applicable):
1425053

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

7. Location of Incident:

City: CLACKAMAS
County: CLACKAMAS
State: OR

Zip Code: (if known): 97015

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
13600 SE Ambler Road,

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:

Name: ADVANCED CHEMICAL TRANSPORT, INC.
Street: 967 MABURY RD
City: SAN JOSE
State: CA
Zip Code: 95133-1025

Federal DOT Id Number: 1607894

Hazmat Registration Number: 061124600048G

11. Shipper/Offorer:

Name: Kyocera International LLC
Street: 18110 SE 34th Street Suite 410
City: Vancouver
State: WA
Zip Code: 98683

Waybill/Shipping Paper: 020142711FLE

Hazmat Registration Number:

12. Origin (if different from shipper address)

Street:
City:
State:
Zip Code:

13. Destination:

Street: 20400 Lemley Road
City: GRAND VIEW
State: ID
Zip Code: 83624

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.

15. Technical/Trade Name: hydrochloric acid, ammonium flouride

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3264

18. **Packing Group:** (if applicable) III

19. **Quantity Released:** (Include Measurement Units) 115 Liquid - Gallon

20. **Was the material shipped as a hazardous waste?** True
If yes, provide the EPA Manifest Number: 020142711FLE

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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Forklift Accident

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

Identification Markings: 31HA1

(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):
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Packaging Type: IBC Material of Construction: Plastic Head Type (Drums only):	Packaging Type: Material of Construction:
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27. **Describe the package capacity and the quantity:**

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
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Package Capacity: 275 Liquid - Gallon Amount in Package: 250 Liquid - Gallon Number in Shipment: 4 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
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28. **Provide packaging construction and test information, as appropriate:**

Manufacturer: Schuetz Serial Number: 1019458559 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: 08/28/2023
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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:
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PART IV – CONSEQUENCES

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

- | | | | |
|---------------------------|-------|--|--|
| - Spillage: | True | - Fire: | |
| - Explosion: | | - Material Entered Waterway/Storm Sewer: | |
| - Vapor (Gas) Dispersion: | | - Environmental Damage: | |
| - 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: 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:	\$ 6,142.00

(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? False

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 3/4/2025, our forklift operator was moving totes out of the way to load trailers. He took a tote to the lower yard to make room on the dock. He misjudged how close he was to another tote and that the forks stuck out beyond the width of the tote. This resulted in the tote behind being punctured with a 4X2" hole.

The forklift operator got help from a coworker right away, they were able to flip the tote on its side on a spill pallet. Once the tote was on the spill pallet, dock employees notified their supervisor. The forklift operator placed booms and spill pads to keep the material contained. A drum vac was used to vacuum up standing liquid from the ground.

The supervisor immediately notified upper management about the spill. The supervisor was given a list of numbers to contact, one of those being Environmental Restitution to dispatch an emergency response (ER) team to respond to perform clean-up. Until the ER team arrived on-site, employees made sure everyone kept out of the area and that the spill was contained.

Once the ER team got to work, they transferred the waste into a new tote. This included material from the spill pallet, drum vac drum, and the remaining material in the punctured tote. The ER team decontaminated everything, pH tests were taken and about 10 yards of soil was dug up and placed into a roll-off bin. We are waiting for sample results in order to dispose of the soil.

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:

We are considering the possibility of moving to a larger location so we have more room to work and to reduce handling of waste. We are looking into getting shorter forks for our forklifts.

PART VIII – CONTACT INFORMATION

Contact's Name:	Michael Herron
Contact's Title:	Transportation Compliance Manager
Business Name and Address:	ADVANCED CHEMICAL TRANSPORT, INC. 967 MABURY RD SAN JOSE CA 95133-1025
E-mail Address:	MHerron2@republicservices.com
Telephone Number:	(734)521-8232
Fax Number:	(734)521-8135
Hazmat Registration Number:	
Date:	03/25/2025
Preparer is:	Carrier