



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-2024060138

2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/17/2024

4. Time of Incident (use 24-hour time):
15:00

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: HAHNVILLE
County: ST CHARLES
State: LA

Zip Code: (if known): 70057

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
266 Hwy 3142

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:

Name: OCCIDENTAL CHEMICAL CORPORATION
Street: 6200 S RIDGE RD
City: WICHITA
State: KS
Zip Code: 67215-8822

Federal DOT Id Number: 146511

Hazmat Registration Number: 060523550215F

11. Shipper/Offendor:

Name: IMTT
Street: 8112 HIGHWAY 75
City: GEISMAR
State: LA
Zip Code: 70734-3505

Waybill/Shipping Paper: 148266883

Hazmat Registration Number: 062822550518EG

12. Origin (if different from shipper address)

Street: 8404 Hwy 75
City: GEISMAR
State: LA
Zip Code: 70734

13. Destination:

Street: 266 Hwy 3142
City: HAHNVILLE
State: LA
Zip Code: 70057

14. Proper Shipping Name of Hazardous
Material: HYDROCHLORIC ACID

15. Technical/Trade Name: Hydrochloric Acid Solution

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1789

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 2600 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:

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: - 135-Loading or Unloading Lines
How Failed: - 308-Leaked
Causes of Failure: - Human Error

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

Identification Markings: DOT 412

(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: 5200 Liquid - Gallon
Amount in Package: 5000 Liquid - 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: | AcroTrailer | Manufacture Date: | 04/01/2014 |
| Serial Number: | 1A9114227E100529 | Last Test Date: | 04/01/2024 |
| Material of Construction: | Carbon Steel (if Tank Car, CTMV, Portable Tank, or Cylinder) | | |
| Design Pressure: | 35 PSI (if Tank Car, CTMV, Portable Tank) | | |
| Shell Thickness: | 0.187 INCH (if Tank Car, CTMV, Portable Tank) | | |
| Head Thickness: | 0.25 INCH (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: | |
| - 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: True
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? 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 Friday, May 17, 2024, a Occidental Chemical driver made a delivery of Hydrochloric acid to the Occidental Chemical plant located in Hahnville, LA. The Occidental Chemical driver was loaded at an IMTT facility located in Geismar, LA. While the unloading process was underway, it was discovered that the bleeder valve on the product transfer line that goes to the product storage tank was left open. This resulted in approximately 2600 gallons of Hydrochloric acid being released from the product line into the containment area. No injuries or exposure to chemical occurred as a result of this event, as well as no off-site impact or environmental impact. The offloading process was halted, bleeder valve closed, containment area drained to sump for processing, and remainder of offload was completed.

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:

The OxyChem truck driver immediately shut down the offloading operation upon discovery. The area was drained to a treatment sump, washed down and cleaned up. Occidental Chemical Taft Plant as well as Occidental Chemical Private Fleet has launched a joint investigation into this incident. Attendance requirements has been reviewed with all Oxychem drivers.

PART VIII – CONTACT INFORMATION

| | |
|-----------------------------|--|
| Contact's Name: | Preston Chaney |
| Contact's Title: | Safety Engineer |
| Business Name and Address: | OCCIDENTAL CHEMICAL CORPORATION 6200 S RIDGE RD WICHITA KS 67215-8822 |
| E-mail Address: | preston_chaney@oxy.com |
| Telephone Number: | (225) 474-2647 |
| Fax Number: | (316) 529-7234 |
| Hazmat Registration Number: | 060523550215F |
| Date: | 06/12/2024 |
| Preparer is: | Carrier |

04/01/2014