



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-2025070388

2. This is to report: A

## PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
06/24/2025

4. Time of Incident (use 24-hour time):  
03:30

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: GAINESVILLE  
County: ALACHUA  
State: FL

Zip Code: (if known): 32605

Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
5010 NW 34th Blvd

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:

Name: TRANSPORTATION SERVICES UNLIMITED, INC.  
Street: 3901 NW 115TH AVE  
City: DORAL  
State: FL  
Zip Code: 33178-1859

Federal DOT Id Number: 781517

Hazmat Registration Number: 051523550153FH

11. Shipper/Offendor:

Name: ALLIED UNIVERSAL CORP.  
Street: 3901 NW 115TH AVE  
City: DORAL  
State: FL  
Zip Code: 33178-1859

Waybill/Shipping Paper: 03276670

Hazmat Registration Number: 051623550146FH

12. Origin (if different from shipper address)

Street: 14770 Old St Augustine Rd  
City: Jacksonville  
State: FL  
Zip Code: 32256

13. Destination:

Street: 5010 NW 34th Blvd  
City: GAINESVILLE  
State: FL  
Zip Code: 32605

14. Proper Shipping Name of Hazardous  
Material: HYPOCHLORITE SOLUTIONS

15. Technical/Trade Name: Sodium Hypochlorite

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1791

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 1280 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 SP-12516

(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:
<b>27. Describe the package capacity and the quantity:</b>	
Package Capacity: 5400 Liquid - Gallon Amount in Package: 5132 Liquid - Gallon Number in Shipment: 1 Number Failed: 1	Package Capacity: Amount in Package: Number in Shipment: Number Failed:
<b>28. Provide packaging construction and test information, as appropriate:</b> Manufacturer: Polycoat Serial Number: 9597 Material of Construction: FRP (if Tank Car, CTMV, Portable Tank, or Cylinder) Design Pressure: 35 PSI (if Tank Car, CTMV, Portable Tank) Shell Thickness: 1.2 INCH (if Tank Car, CTMV, Portable Tank) Head Thickness: 0.52 INCH (if Tank Car, CTMV) Service Pressure: (if Cylinder) If valve or device failed: Type: Model: Manufacturer:	
<b>29. If the packaging is for Radioactive Materials, complete the following:</b> 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:                  | True |
| - 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:

### 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:	\$ 2,317.00
Carrier Damage:	\$ 0.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 13,965.00

(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:

Transportation Services Unlimited Inc. (TSU) CMV operator arrived at 03:25am to deliver hypochlorite solutions to customer Pinch A Penny 33's, owned and operated by Kristine and Michael Moureau, two 1800 gallon above ground storage tanks. This was a routine delivery for the TSU CMV operator, and the TSU CMV operator failed to properly conduct an inspection of the customer's equipment prior to unloading. Due to this failure, the operator was unaware of the recent installation of the new hypochlorite solutions KemKey connector and the disconnection of the old offloading line. The operator connected his cargo tanker unloading hose to the customer's old offloading line, which was no longer connected to the above ground storage tank. CMV operator began the unloading operations, after a few minutes the operator noticed that the above ground storage tank was not increasing in the amount of hypochlorite solutions. It was at this time, the operator investigated the cause and found that the unloading operation through the old offloading line was releasing hypochlorite solutions directly to the ground instead of filling the customer's tank. The operator immediately terminated unloading operations, thus mitigating any further potential spillage. There was no equipment failure. The hazardous material release was due to the following: 1) the lack of communication to the CMV operator regarding the installation of the new KemKey connector, 2) the failure to remove/render inoperable the old offloading line, and 3) the CMV operator's failure to properly conduct an equipment inspection prior to beginning the unloading process which resulted in the hazardous material release. CBI was contacted to handle the cleanup.

<https://www.cliffberryinc.com>

\*\*\*\* Property owner notified of the hazardous material discharge, and provided a phone number to the National Response Center (NRC). Property owner was notifying the NRC, and the incident/call number was provided to the property owner (not us, so the NRC incident/call number is unknown).\*\*\*\*

## 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:

CMV operator was terminated for violating a number of company policies related to the spill. The company is investigating a better means of communicating mechanical changes made to customer delivery equipment.

## PART VIII – CONTACT INFORMATION

Contact's Name:	Shane Lyon
Contact's Title:	Safety Manager
Business Name and Address:	TRANSPORTATION SERVICES UNLIMITED, INC. 3901 NW 115TH AVE DORAL FL 33178-1859
E-mail Address:	sinbad_14@live.com
Telephone Number:	(813)507-6044
Fax Number:	
Hazmat Registration Number:	051523550153FH
Date:	07/16/2025
Preparer is:	Carrier

05/01/2013