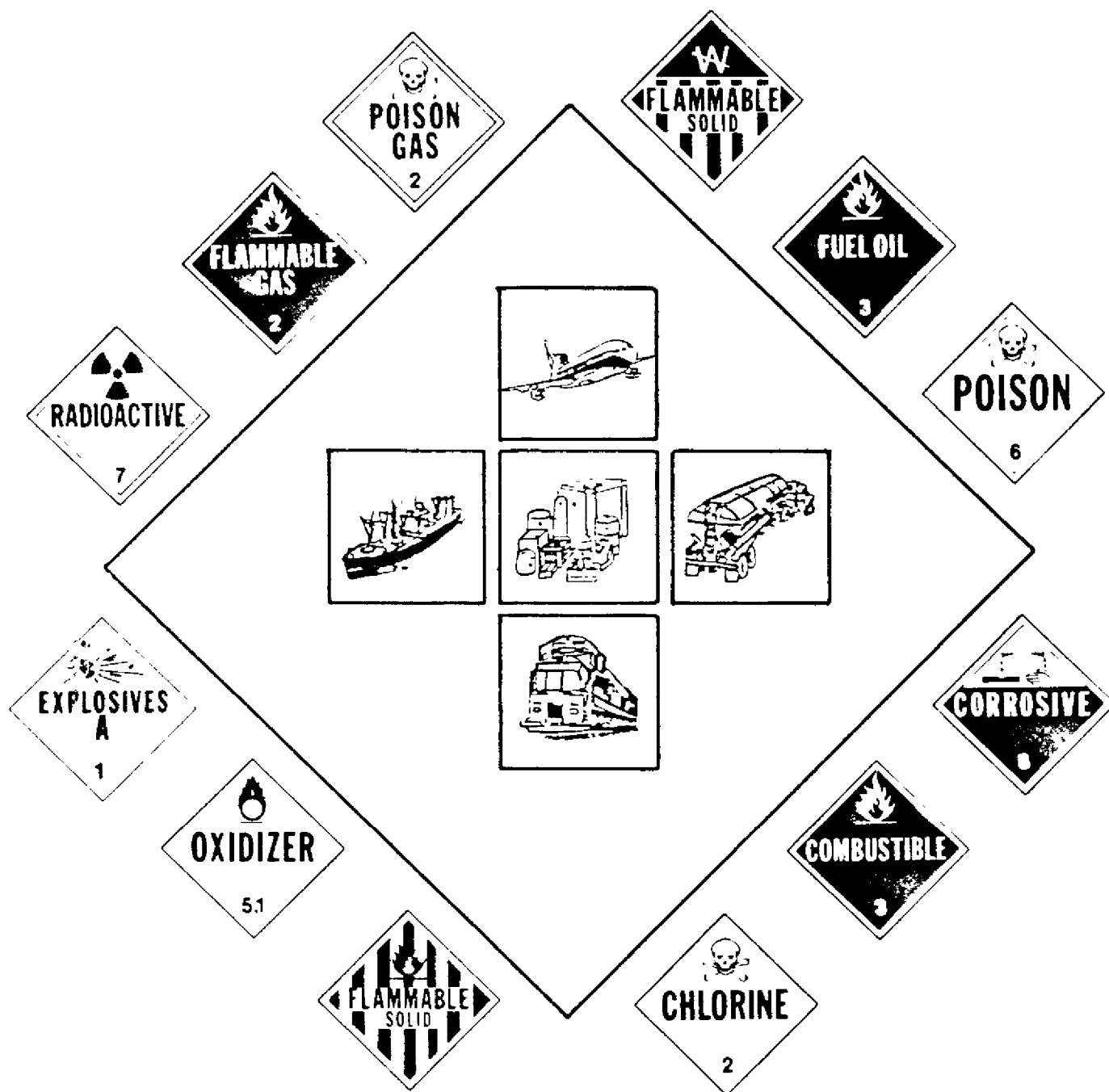


Guide for Preparing Hazardous Materials Incidents Reports



Revised January 1990
Supersedes Previous Edition

GUIDE FOR PREPARING HAZARDOUS MATERIALS INCIDENT REPORTS

NOTE: PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 1 HOUR PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO INFORMATION SYSTEMS MANAGER, OFFICE OF HAZARDOUS MATERIALS TRANSPORTATION, DHM-63, RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION, U.S. DEPARTMENT OF TRANSPORTATION, WASHINGTON, DC 20590; AND TO THE OFFICE OF INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

PURPOSE

This guide is meant to assist carriers in accurately completing the **MANDATORY** Hazardous Materials Incident Report. Examples of required information are given for each section.

OVERVIEW—The Hazardous Material Incident Reporting System (HMIS) was established in 1971 to meet the requirements of the Hazardous Materials control Act of 1970. This reporting system now complies with the Hazardous Materials Transportation Act of 1974 (Title I, Public Law 93-633).

Title 49 Code of Federal Regulations (49 CFR), Transportation, Parts 100 to 179 (governing the transport of hazardous materials by rail, air, water, and highway) requires reporting of hazardous materials incidents:

- Sec. 171.15 Immediate notice of certain hazardous materials incidents
- Sec. 171.16 Detailed hazardous materials incident reports
- Specific regulations for: Rail (Sec. 174.45), Air (Sec. 175.45), Water (Sec. 176.48), and Highway (Sec. 177.807).

DEFINITIONS (see 49 CFR 171.8)

Hazardous Material—"A substance or material, including a hazardous substance" (listed in 49 CFR 172.101, 172.102) determined to be "capable of posing an unreasonable risk to health, safety, and property when transported in commerce."

Hazardous Substance—A material listed in the Appendix to 49 CFR 172.101, including its mixtures and solutions, that is present in a quantity in one package which equals or exceeds its reportable quantity (RQ) and when its concentration by weight (as shown in the table in 49 CFR 171.8) equals or exceeds the RQ of any constituent pure material

Hazardous Waste—"Any material that is subject to the Hazardous Waste Manifest Requirements of the U.S. Environmental Protection Agency specified in 40 CFR Part 262."

REPORTING SYSTEM

The reporting system required by 49 CFR Secs. 171.15 and 171.16 has two parts. Telephone Notice and Written Report.

1. TELEPHONE NOTICE: An immediate telephone notice (800-424-8802) is required whenever, during the course of transportation (including loading, unloading and temporary storage), one of the following circumstances occurs as the direct result of the hazardous material

- A person is killed or hospitalized, or
- Estimated carrier and/or property damage exceeds \$50,000, or
- Evacuation of the general public occurs lasting one or more hours, or
- One or more major transportation arteries or facilities are closed or shutdown for one hour or more, or
- The operational flight plan or routine of an aircraft is altered.

An immediate telephonic notice also is required whenever, during the course of transportation (including loading, unloading and temporary storage), any of the following events occur:

- Fire, breakage, spillage, or suspected radioactive contamination occurs involving the shipment of radioactive materials
- Fire, breakage, spillage, or suspected contamination occurs involving the shipment of etiological agents
- The carrier judges that the situation should be reported even though it does not meet the above criteria.

2. WRITTEN REPORT: A detailed written report is required for all incidents for which a telephone notice has been made. The written report is **also required** whenever there is **any unintentional release of a hazardous material during transportation** (including loading, unloading, and temporary storage related to transportation). This includes all

hazardous substances with a hazard class that is different from the hazard class ORM-E. For hazardous substances with the hazard class ORM-E, a written report is required for any release of the substance in a quantity equal to or greater than its reportable quantity (RQ). This reporting requirement also applies to the release of **any quantity of hazardous waste** discharged during transportation. A copy of this report shall be retained for a period of two years at the carrier's principal place of business or at such other place as approved and authorized in writing by an agency of the Department of Transportation (DOT). (See 49 CFR Sections 171.15 and 171.16 for details).

HAZARDOUS MATERIALS INCIDENT REPORT

Required:

The carrier **MUST** submit to the DOT the original and one copy of Form DOT F 5800.1 within thirty (30) days of the date of discovery of the incident.

Optional: Any interested party **MAY** report the incident using Form DOT F 5800.1.

NOTE: Please type or legibly print the report.

Accuracy: VERIFY AND DOUBLE CHECK THAT YOUR INFORMATION IS ACCURATE. Although the required information is generally available at the time of the incident, some investigation may be needed to obtain all the facts pertaining to deaths, injuries, or damage amounts. Much of the information also is needed by the carrier for insurance claims, damage claims, etc. Carriers are encouraged to incorporate DOT incident reporting requirements into standard company procedures. Thus, a carrier company will have the necessary data available to comply with reporting requirements. Complete and accurate information at the time of filing will decrease the possibility of having to supply missing information to the Department at a later date.

REPORT FORMS

A limited supply of the report form is available upon written request to DOT. The blank form on the back pages of this guide may be reproduced. Larger quantities may be obtained from several industry sources.

ADDRESS

Incident reports should be addressed to: Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, D.C. 20590

INSTRUCTIONS

FILL IN ALL BLANKS. Use "N/A" when not applicable. If there are "none", state "NONE", "No markings", "No label", "No symbols", "No serial numbers", etc., as appropriate. When "Other" applies, briefly describe what "Other" is.

SECTION I: MODE, DATE, AND LOCATION OF INCIDENT

Item 1: Mark the box that best describes the mode of transportation being used at time of the incident. If the incident occurred during temporary storage, mark the box that best describes the mode of transportation that was last used. If the "OTHER" field is marked, include a description of "OTHER" in the space provided.

Item 2: Enter the date and time the incident occurred. If the actual date and time are not known, give the date and time of discovery. Use military time for the incident time (e.g. "1430" for 2:30 pm, or "0845" for 8:45 am).

Item 3: Enter the geographic location of the incident. If the actual location of the incident is not known, give the location of discovery. The location includes the city, county, state, and route or street where the incident occurred. For incidents occurring at airports, include the name of the airport in the ROUTE/STREET field. **DO NOT** include such information as "on trailer 376" or "between New York and Chicago".

Example: A highway transport of hazardous materials experienced a release of material at 2:30 PM on October 17, 1989 in the town of Belvoir, Fairfax County, Virginia while on U.S. Route 1.

1. MODE, DATE, AND LOCATION OF INCIDENT					
1. MODE OF TRANSPORTATION <input type="checkbox"/> AIR <input checked="" type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER _____					
2. DATE AND TIME OF INCIDENT (Use Military Time e.g. 8:30am = 0830 noon = 1200 6pm = 1800 midnight = 2400)					
Date <u>10 / 17 / 1989</u>			TIME <u>1430</u>		
3. LOCATION OF INCIDENT (Include airport name in ROUTE/STREET if incident occurs at an airport)					
CITY <u>Belvoir</u>		STATE <u>Virginia</u>			
COUNTY <u>Fairfax</u>		ROUTE/STREET <u>US Route 1</u>			

SECTION II: DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING

Item 4: Fill in the complete company name. Do not use abbreviations. If you are not the carrier involved in the incident, indicate your connection with the incident (e.g. "J & J Chemicals - Consignee") **AND** identify the carrier.

Item 5: Enter the main office address of the company, **NOT** the address of the terminal at which the report is being prepared. The address should include the street address or post office box, city, state, and zip code.

Item 6: Specify the carrier's OMC Motor Carrier Census Number, Reporting Railroad Alphabetic Mode, Merchant Vessel ID Number, or other Reporting Code or Number. Highway carriers without a census number are urged to contact the Office of Motor Carrier Safety for their state.

Example: To comply with regulations, the carrier, ABC Trucking Company of 1492 Columbus Avenue, Richmond, Virginia, is completing a DOT F 5800.1 form to report a recent hazardous material release. ABC Trucking's Motor Carrier Census Number is "MC 654321".

II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING	
4 FULL NAME ABC Trucking Company	5 ADDRESS (Principal place of business) 1492 Columbus Avenue Richmond, VA 23021
6 LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER, REPORTING RAILROAD ALPHABETIC CODE, MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER MC 654321	

SECTION III: SHIPMENT INFORMATION

Item 7: Enter the shipper's complete name and the address of the shipper's headquarters or principal place of business (e.g. "Scientific Div. - AHS" is not a complete name. It should read "Scientific Division American Hotel Supply") The address should include the street address or post office box, city, state, and zip code.

Item 8: Enter the consignee's complete name and the address of the consignee's headquarters or principal place of business. See Item 7.

Item 9: Enter the complete shipment origin address when different from the shipper's address. The address should include the street address or post office box, city, state, and zip code.

Item 10: Enter the complete shipment destination address when different from the consignee's address. The address should include the street address or post office box, city, state, and zip code.

Item 11: Specify both the type of shipping paper and its identification number.

Example: The shipment is being sent from the Scientific Division American Hotel Supply of 1101 South Peachtree Street, Atlanta, Georgia, to J & J Chemicals of 1506 Wayne Street, Alexandria, Virginia. J & J Chemicals' headquarter address is 9801 Sluice Parkway, Newark, New Jersey. The carrier's pro number on the shipping paper is "98765".

III SHIPMENT INFORMATION (From Shipping Paper or Packaging)	
7 SHIPPER NAME AND ADDRESS (Principal place of business) Scientific Division - American Hotel Supply 1101 South Peachtree Street Atlanta, GA 30303	8 CONSIGNEE NAME AND ADDRESS (Principal place of business) J & J Chemicals 9801 Sluice Parkway Newark, NJ 07101
9 ORIGIN ADDRESS (If different from Shipper address) N/A	10 DESTINATION ADDRESS (If different from Consignee address) 1506 Wayne Street Alexandria, VA 22301
11 SHIPPING PAPER/WAYBILL IDENTIFICATION NO Carrier's PRO 98765	

SECTION IV: HAZARDOUS MATERIAL SPILLED

Item 12: Enter the proper shipping name of the hazardous material. This name **MUST** be one of the entries in column 2 of the commodity list of the DOT Hazardous Materials Table (49 CFR Sec. 172.101 or 172.102). The proper shipping name is the part that is **NOT** in italics.

Item 13: Fill in the chemical or trade name for the commodity if it differs from the proper shipping name.

Item 14: Enter the hazard class of the commodity as shown in column 3 of the Hazardous Materials Table (e.g. "Flammable Liquid", "Corrosive Material").

Item 15: Include the identification number of the commodity as found in column 3A of the Hazardous Materials Table (e.g. "UN 1090").

Item 16: Mark the box which signifies whether or not the material is a hazardous substance.

Item 17: Mark the box which signifies whether or not the RQ (Reportable Quantity) was met.

Example: 45 gallons of the hazardous material acetone was spilled. Acetone is a proper shipping name as well as a chemical name. Acetone is listed as a flammable liquid and is identified as UN 1090 in the Hazardous Materials Table. Acetone is also a hazardous substance that, in terms of the quantity spilled, has not met its RQ.

IV. HAZARDOUS MATERIAL(S) SPILLED (NOTE: REFERENCE 49 CFR SECTION 172.101.)			
12 PROPER SHIPPING NAME Acetone	13 CHEMICAL/TRADE NAME N/A	14 HAZARD CLASS Flammable Liquid	15 IDENTIFICATION NUMBER (e.g. UN 2764, NA 2020) UN 1090
16 IS MATERIAL A HAZARDOUS SUBSTANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17 WAS THE RQ MET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SECTION V: CONSEQUENCES OF SPILL

Item 18: Enter the estimated quantity of the hazardous material released. Include the unit of measurement. This item **MUST NOT** be left blank.

Item 19: Include only the number of fatalities **RESULTING FROM THE HAZARDOUS MATERIALS INVOLVED**.

Item 20: Include only the number of injuries requiring hospitalization **RESULTING FROM THE HAZARDOUS MATERIALS INVOLVED**.

Item 21: Include only the number of injuries **NOT** requiring hospitalization **RESULTING FROM THE HAZARDOUS MATERIALS INVOLVED**.

Note for Items 19-21: If the cause of a casualty can be traced back and attributed in any part to the hazardous material, the casualty **IS** to be recorded. If all casualties **were NOT attributed to the release of a hazardous material**, then enter "NONE".

Example for Items 19-21: A driver injured in a vehicle accident in which he was not physically affected by the hazardous material **IS NOT** recorded as an injury.

Item 22: Enter the estimated number of persons evacuated during the incident. If there was no evacuation, enter "NONE".

Item 23: Enter the estimated dollar amount of loss, property damage, decontamination, or clean-up, **RESULTING FROM THE HAZARDOUS MATERIALS INVOLVED**. Round off to the nearest dollar. If the category does not apply, enter "N/A". These items **MUST NOT** be left blank.

- **Item 23A:** Value of product loss
- **Item 23B:** Carrier damage
- **Item 23C:** Public or Private property damage
- **Item 23D:** Decontamination or Clean-up costs
- **Item 23E:** Other costs

Item 24: Mark all the boxes that describe the consequences of the incident. If the "OTHER" field is marked, include a description of "OTHER" in the space provided.

NOTE: The entry "Material Entered Waterway/Sewer" includes all sizes of waterways and drainage systems (e.g. storm drains, drainage ditches, streams, canals, lakes)

Example: 45 gallons of the acetone was spilled. There were no fatalities or injuries requiring hospitalization. One Highway Patrolman had some of the liquid splash on his hand. He received first aid at the scene. No people were evacuated. Estimates for the dollar amount of loss and damages are \$90 of product lost and \$100 for cleanup. The material was confined within the trailer.

V. CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL				
18 ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (include units of measurement) 45 Gallons		19 FATALITIES None	20 HOSPITALIZED INJURIES None	21 NON HOSPITALIZED INJURIES 1
22 NUMBER OF PEOPLE EVACUATED None				
23 ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE INCLUDING COST OF DECONTAMINATION OR CLEANUP (Round off in dollars)				
A PRODUCT LOSS \$90.00	B CARRIER DAMAGE N/A	C PUBLIC/PRIVATE PROPERTY DAMAGE N/A	D DECONTAMINATION/ CLEANUP \$100.00	E OTHER N/A
24 CONSEQUENCES ASSOCIATED WITH THE INCIDENT				
<input checked="" type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION		<input type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> ENVIRONMENTAL DAMAGE <input type="checkbox"/> MATERIAL ENTERED WATERWAY/SEWER <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		

SECTION VI: TRANSPORT ENVIRONMENT

Item 25: Indicate all the types of vehicles involved in the incident. If the "OTHER" field is marked, include a description of "OTHER" in the space provided.

NOTE: "RAIL CAR" includes rail box cars, flat cars, and hopper cars

Item 26: Mark the box that best describes the transportation phase during which the incident occurred or was discovered.

Item 27: Mark the box that best describes the land use at the incident site.

Item 28: Mark the box that best describes the type of community surrounding the incident site.

Item 29: Mark the box which signifies whether or not the incident was caused by a vehicular accident or derailment. If "YES", answer items 29A through 29C when they apply. Enter item 29A for **all modes of transport**. Items 29B and 29C apply only to the highway transport mode.

- **Item 29A:** Enter the estimated speed of the vehicle carrying hazardous material at the time of the accident. If the vehicle carrying the hazardous material was not moving at the time of the accident, enter "zero" or "0".
- **Item 29B:** Select the type of highway on which the accident occurred.

NOTE: "Divided/Limited Access" highways include any highway where the opposite lanes are separated by any type of median.

- **Item 29C:** Indicate the number of highway lanes present at the accident site. If "Divided/Limited Access" was marked in Item 29B, the **number of lanes in the direction of travel** is to be indicated. If "Undivided" is marked in Item 25B, the **total number of highway lanes** is to be indicated.

Example: The release occurred while the van trailer carrying the hazardous material was en route to its destination. The land surrounding the release site is a commercial center in a suburban area. The release was caused by a vehicle accident between the van trailer and a passenger car. The van trailer was traveling at 25 mph at the time of the accident. Route 1 at the scene of the accident is a divided highway with 2 lanes in each direction.

VI. TRANSPORT ENVIRONMENT				
25 INDICATE TYPE(S) OF VEHICLE(S) INVOLVED		<input type="checkbox"/> CARGO TANK	<input checked="" type="checkbox"/> VAN TRUCK/TRAILER	<input type="checkbox"/> FLAT BED TRUCK/TRAILER
<input type="checkbox"/> TANK CAR <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TOFC/COFC		<input type="checkbox"/> AIRCRAFT	<input type="checkbox"/> BARGE	<input type="checkbox"/> SHIP <input type="checkbox"/> OTHER _____
26 TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED				
<input checked="" type="checkbox"/> EN ROUTE BETWEEN ORIGIN/DESTINATION		<input type="checkbox"/> LOADING	<input type="checkbox"/> UNLOADING	<input type="checkbox"/> TEMPORARY STORAGE/TERMINAL
27 LAND USE AT INCIDENT SITE		<input type="checkbox"/> INDUSTRIAL	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> UNDEVELOPED
28 COMMUNITY TYPE AT SITE		<input type="checkbox"/> URBAN	<input checked="" type="checkbox"/> SUBURBAN	<input type="checkbox"/> RURAL
29 WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES AND APPLICABLE, ANSWER PARTS A THRU C				
A ESTIMATED SPEED 25 mph	B HIGHWAY TYPE <input checked="" type="checkbox"/> DIVIDED/LIMITED ACCESS <input type="checkbox"/> UNDIVIDED		C TOTAL NUMBER OF LANES <input type="checkbox"/> ONE <input type="checkbox"/> THREE <input checked="" type="checkbox"/> TWO <input type="checkbox"/> FOUR OR MORE	SPACE FOR DOT USE ONLY

SECTION VII: PACKAGING INFORMATION

Columns A, B, and C are to be used to report details of (1) an **overpacked package** consisting of up to **three layers** of packaging material (i.e. bottles inside bags inside boxes), or up to (2) three **different types** of packages from which hazardous materials escaped, (3) three packages of the **same type** but of **different sizes**, (4) three packages of the **same type and size** but made by three **different manufacturers**, (5) three packages of the **same type and size** but containing **different hazardous materials**, or (6) any combination of the above descriptions.

If more columns are needed, attach a separate sheet to the report.

Item 30: Enter the type of packaging involved in the incident (e.g. steel drums, fiberboard box, tank car, cargo tank). If the package is overpacked, label column A "Inner" for the innermost package, column B "Middle" or "Outer" for the next outer package, and column C "Outer" for the outermost package.

Item 31: Indicate the capacity of the packaging. Specify units of measure used (e.g. pounds, gallons).

Item 32: Enter the number of similar packages which failed in the same manner or for which failure was caused by a common source (e.g. if out of a shipment of 12 17H drums, 1 released hazardous material, the reporter would enter "1" for this item)

Item 33: Indicate the total number of similar packages in the shipment (e.g. if out of a shipment of 12 17H drums, 1 released hazardous material, the reporter would enter "12" for this item).

Example for items 30–33: 2 glass bottles out of 4 glass bottles in a carton were broken. If there were 10 such cartons in the shipment, then the report should state that hazardous materials escaped from **2 bottles** out of **40 bottles** in the shipment and from **1 carton** out of **10 cartons**. There should be no doubt that the 40 bottles were the inner containers of 10 outer containers in one shipment.

Item 34: Show **all** of the specification identification markings on the package (e.g. "12B" **is not** the complete marking for a DOT fiberboard box, it should be "DOT 12B40" or "DOT 12B60" Canadian packages may be prefixed with "CTC" as in "CTC 3AA500" while packages made to United Nations standards may be prefixed with "UN" as in "UN 1A1".) If the package bears no specification marking, enter "NONE" in the space. This field **MUST NOT** be left blank.

Item 35: Include any additional markings related to identifying the package (e.g. Drums are usually embossed with the gauge of the metal, capacity in gallons, and year of manufacture as in "18/16-55-70". A UN 4G fiberboard box may have additional markings such as "Y1.4/150/87"). If no additional markings are found, enter "NONE".

Item 36: Enter the name and address (city and state) of the packaging manufacturer. Include initials, abbreviations, symbols, and combinations of letters and symbols.

Item 37: Indicate the serial number of a cylinder, cargo tank, tank car, or portable tank. The serial number of a cylinder appears just below the cylinder neck. A tank car serial number might be similar to "GATX 98765".

Item 38: Enter the label or placard information found on the package (e.g. "Flammable Liquid" or "Corrosive"). If no label or placard is present, state "NONE".

Item 39: If the package is reconditioned or requalified show the following

- **Item 39A:** the **symbols and registration numbers** (e.g. "DOT R 1000").
- **Item 39B:** the date of the last test or inspection for containers that require testing.

Item 40: Include any Exemption, Special Permit, Approval, or Competent Authority Number(s) applicable to the shipment or packaging (e.g. "DOT-E 7052", "CTC-E 9898", "EX 98789").

Example: The shipment was made up of 12 steel drums with plastic liners. Each drum contained 55 gallons of acetone and was labelled "Flammable Liquid". Only 1 drum was damaged and failed. The specification number was "DOT 2SL" for the liner and "DOT 17H" for the drum. The liner was also marked "55-12-81" while the drum has "STC 18/16-55-80" marked on it. The manufacturing symbol on the liner is "AAA" while the drum has "FUBAR". The drums are reconditioned and registered as "DOT R1000" and last tested in February 1985

VII. PACKAGING INFORMATION. If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package			
ITEM	A (Inner)	B (Outer)	C
30 TYPE OF PACKAGING INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)	Plastic Liner	Steel Drum	
31 CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs)	55 Gallons	55 Gallons	
32 NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER	1	1	
33 NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT	12	12	
34 PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)	DOT 2SL	DOT 17H	
35 ANY OTHER PACKAGING MARKINGS (e.g. STC 18/16-55-80 Y1 4/150/87)	55-12-81	STC 18/16-55-80	
36 NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER	AAA - Toledo, OH	FUBAR - Flint, MI	
37 SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS	N/A	N/A	
38 TYPE OF LABELING OR PLACARDING APPLIED	None	Flammable Liquid	
39 IF RECONDITIONED OR REQUALIFIED	A REGISTRATION NUMBER OR SYMBOL	N/A	DOT R1000
	B DATE OF LAST TEST OR INSPECTION	N/A	2/85
40 EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER IF APPLICABLE (e.g. DOT E1012)	N/A	N/A	

SECTION VIII: DESCRIPTION OF PACKAGING FAILURE

Items 41 through 45. Check all the applicable boxes for the packages that failed. Mark the boxes under columns A, B, and C to report information about the packages reported in the corresponding columns A, B, and C in Section VII. If the "OTHER" field is marked, include a description of "OTHER" in the space provided

Item 41: Action contributing to the package failure.

Item 42: Object causing the failure.

Item 43: How the package failed.

Item 44: Package area that failed.

Item 45: What failed on the package.

Example: Improper blocking resulted in the drum being struck by other freight during the vehicle collision. The drum was crushed and punctured with its liner along the center chime.

VIII. DESCRIPTION OF PACKAGING FAILURE. Check all applicable boxes for the package(s) identified above											
41 ACTION CONTRIBUTING TO PACKAGING FAILURE						42 OBJECT CAUSING FAILURE					
A	B	C		A	B	C	A	B	C		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a TRANSPORT VEHICLE COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a OTHER FREIGHT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b TRANSPORT VEHICLE OVERTURN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b FORKLIFT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c OVERLOADING/OVERFILLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c NAIL/PROTRUSION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d LOOSE FITTINGS, VALVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d OTHER TRANSPORT VEHICLE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e DEFECTIVE FITTINGS, VALVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e WATER/OTHER LIQUID	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f DROPPED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f GROUND/FLOOR/ROADWAY	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g STRUCK/RAMMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g ROADSIDE OBSTACLE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h IMPROPER LOADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h NONE	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i IMPROPER BLOCKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i OTHER	
43 HOW PACKAGE(S) FAILED						44 PACKAGE AREA THAT FAILED					
A	B	C		A	B	C	A	B	C		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a PUNCTURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a BASIC PACKAGE MATERIAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b CRACKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b FITTING/VALVE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c BURST/INTERNAL PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c CLOSURE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d RIPPED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d CHIME	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	e CRUSHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e WELD/SEAM	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f RUBBED/ABRADED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f HOSE/PIPING	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h OTHER	

SECTION IX: DESCRIPTION OF EVENTS

Describe the sequence of events that led to the incident. Include actions taken at time of discovery and actions taken to prevent future incidents. If a vehicle or its freight was contaminated, include the method of decontamination and the disposal of the vehicle or freight. Estimate the quantity of hazardous substance or waste removed from the scene, include the name and address of the receiving facility, and describe the disposal of any unremoved substance or waste (see 49 CFR 171.16(a)(2)). Photographs and diagrams should be submitted when necessary to clarify the events. Continue description on additional sheets if space is needed.

ATTACH a copy of the **HAZARDOUS WASTE MANIFEST** for all incidents involving hazardous waste (see 49 CFR 171.16(a)(1)).

Item 46: Print or type the name of person responsible for preparing the report.


Item 47: Signature of the person responsible for preparing the report.

Item 48: Title of the person responsible for preparing the report.

Item 49: Phone number, including area code, of the person responsible for preparing the report.

Item 50: Date the report was signed.

Example: Since acetone is a hazardous substance, the description of events must include an estimate of the quantity of acetone removed from the scene, as well as, the name and address of the receiving facility. Mr. A. Smythe, Traffic Safety Coordinator for ABC Trucking, was responsible for preparing this report.

IX. DESCRIPTION OF EVENTS Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.		
<p>Our vehicle was involved in a minor traffic accident which caused the load to shift and puncture one of the drums. The leaking drum and all of the spilled Acetone was removed for disposal by Hazmat Cleanup Service Inc. to their site at 9987 Old Town Road, March, VA. The vehicle was taken to our Alexandria terminal and cleaned (washed and steamed).</p> <p>A Highway Patrolman on the scene had some of the spilled liquid splash on his hand. He received first aid at the scene for his skin irritation.</p>		
46 NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT A. Smythe	47 SIGNATURE 	
48 TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT Traffic Safety Coordinator	49 TELEPHONE NUMBER (Area Code) (703) 555-2345	50 DATE REPORT SIGNED Oct. 31, 1989

NOTE: This report **DOES NOT REPLACE** other required reports such as the accident report MCS-50 required by the Federal Highway Administration.

THIS MATERIAL MAY BE REPRODUCED WITHOUT SPECIAL PERMISSION FROM THIS OFFICE.

**DEPARTMENT OF TRANSPORTATION
HAZARDOUS MATERIALS INCIDENT REPORT**

REQUIREMENTS The regulations requiring reporting of hazardous materials incidents are contained in the Code of Federal Regulations (CFR), Title 49 Parts 100 to 179 (governing the transport of hazardous materials by rail, air, water and highway). Failure to comply with the reporting requirements contained therein can result in a civil penalty.

A Guide for Preparing the Hazardous Materials Incident Report is available from the Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, DC 20590.

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 1 HOUR PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO INFORMATION SYSTEMS MANAGER, OFFICE OF HAZARDOUS MATERIALS TRANSPORTATION, DMH-63, RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION, U.S. DEPARTMENT OF TRANSPORTATION, WASHINGTON, DC 20590, AND TO THE OFFICE OF INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

**DEPARTMENT OF TRANSPORTATION
HAZARDOUS MATERIALS INCIDENT REPORT**

Form Approved OMB No. 2137-0039

INSTRUCTIONS Submit this report in duplicate to the Information Systems Manager, Office of Hazardous Materials Transportation, DHM-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, D.C. 20590. If space provided for any item is inadequate, complete that item under Section IX, keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Information Systems Manager, Office of Hazardous Materials Transportation. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

I. MODE, DATE, AND LOCATION OF INCIDENT				
1. MODE OF TRANSPORTATION <input type="checkbox"/> AIR <input type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER				
2. DATE AND TIME OF INCIDENT (Use Military Time: e.g. 8:30am = 0830 noon = 1200 6pm = 1800 midnight = 2400)				
3. LOCATION OF INCIDENT (Include airport name in ROUTE/STREET if incident occurs at an airport)				
CITY		STATE		
COUNTY		ROUTE/STREET		
II. DESCRIPTION OF CARRIER, COMPANY, OR INDIVIDUAL REPORTING				
4. FULL NAME		5. ADDRESS (Principal place of business)		
6. LIST YOUR OMC MOTOR CARRIER CENSUS NUMBER REPORTING RAILROAD ALPHABETIC CODE MERCHANT VESSEL NAME AND ID NUMBER OR OTHER REPORTING CODE OR NUMBER				
III. SHIPMENT INFORMATION (From Shipping Paper or Packaging)				
7. SHIPPER NAME AND ADDRESS (Principal place of business)		8. CONSIGNEE NAME AND ADDRESS (Principal place of business)		
9. ORIGIN ADDRESS (if different from Shipper address)		10. DESTINATION ADDRESS (if different from Consignee address)		
11. SHIPPING PAPER/WAYBILL IDENTIFICATION NO.				
IV. HAZARDOUS MATERIAL(S) SPILLED (NOTE: REFERENCE 49 CFR SECTION 172.101)				
12. PROPER SHIPPING NAME		13. CHEMICAL/TRADE NAME		14. HAZARD CLASS
15. IDENTIFICATION NUMBER (e.g. UN 2764 NA 2020)				
16. IS MATERIAL A HAZARDOUS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. WAS THE RM MET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
V. CONSEQUENCES OF INCIDENT DUE TO THE HAZARDOUS MATERIAL				
18. ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (Include units of measurement)		19. FATALITIES		20. HOSPITALIZED INJURIES
22. NUMBER OF PEOPLE EVACUATED		21. NON-HOSPITALIZED INJURIES		
23. ESTIMATED DOLLAR AMOUNT OF LOSS AND/OR PROPERTY DAMAGE INCLUDING COST OF DECONTAMINATION OR CLEANUP (Round off in dollars)				
A. PRODUCT LOSS	B. CARRIER DAMAGE	C. PUBLIC/PRIVATE PROPERTY DAMAGE	D. DECONTAMINATION/ CLEANUP	E. OTHER
24. CONSEQUENCES ASSOCIATED WITH THE INCIDENT <input type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> MATERIAL ENTERED WATERWAY/STORM DRAIN				
<input type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION		<input type="checkbox"/> ENVIRONMENTAL DAMAGE <input type="checkbox"/> NONE OTHER		
VI. TRANSPORT ENVIRONMENT				
25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED		26. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED		
<input type="checkbox"/> TANK CAR <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TOFC/COFC <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BARGE <input type="checkbox"/> VAN TRUCK/TRAILER <input type="checkbox"/> FLAT BED TRUCK/TRAILER <input type="checkbox"/> SHIP <input type="checkbox"/> OTHER		<input type="checkbox"/> EN ROUTE BETWEEN ORIGIN/DESTINATION <input type="checkbox"/> LOADING <input type="checkbox"/> UNLOADING <input type="checkbox"/> TEMPORARY STORAGE TERMINAL		
27. LAND USE AT INCIDENT SITE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL (INDICATE ALL)		28. COMMUNITY TYPE AT SITE <input type="checkbox"/> URBAN <input type="checkbox"/> SUBURBAN <input type="checkbox"/> RURAL		
29. WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES AND APPLICABLE ANSWER PARTS A THRU C				
A. ESTIMATED SPEED	B. HIGHWAY TYPE <input type="checkbox"/> DIVIDED/LIMITED ACCESS <input type="checkbox"/> UNDIVIDED	C. TOTAL NUMBER OF LANES <input type="checkbox"/> ONE <input type="checkbox"/> THREE <input type="checkbox"/> TWO <input type="checkbox"/> FOUR OR MORE		SPACE FOR DOT USE ONLY

VII. PACKAGING INFORMATION If the package is overpacked (consists of several packages e.g. glass jar within a fiberboard box), begin with Column A for information on the innermost package.																																																																																																																																																									
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30 TYPE OF PACKAGING INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)																																																																																																																																																									
31 CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)																																																																																																																																																									
32 NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER																																																																																																																																																									
33 NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT																																																																																																																																																									
34 PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)																																																																																																																																																									
35 ANY OTHER PACKAGING MARKINGS (e.g. STC 18/16-55-88 Y1 4/150/87)																																																																																																																																																									
36 NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER																																																																																																																																																									
37 SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS																																																																																																																																																									
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40 EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER IF APPLICABLE (e.g. DOT E1012)																																																																																																																																																									
VIII. DESCRIPTION OF PACKAGING FAILURE Check all applicable boxes for the package(s) identified above																																																																																																																																																									
41 ACTION CONTRIBUTING TO PACKAGING FAILURE		42 OBJECT CAUSING FAILURE																																																																																																																																																							
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IX. DESCRIPTION OF EVENTS Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.																																																																																																																																																									
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US Department
of Transportation
**Research and
Special Programs
Administration**

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Washington, D.C. 20590

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