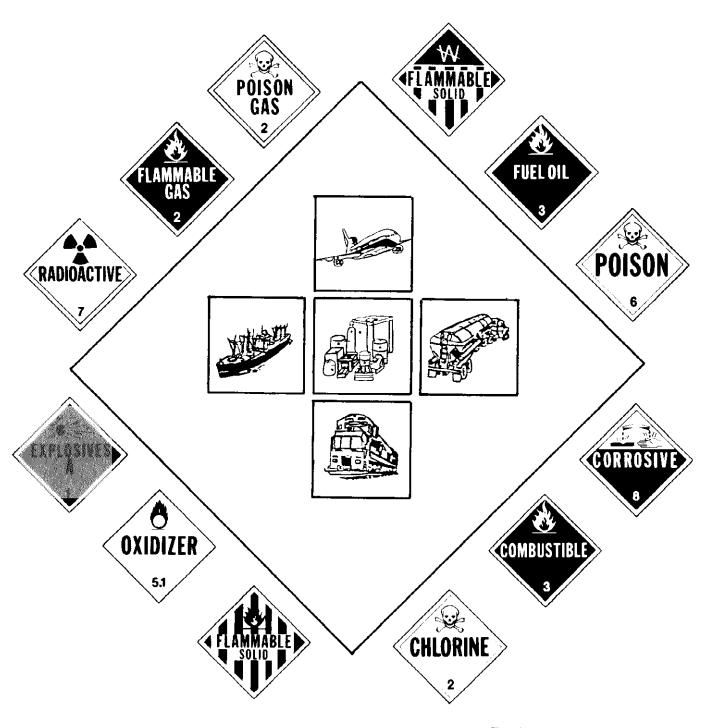


Research and Special Programs Administration

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.

11.	MODE, DATE, AND LOCA	TION OF INCIDE	NT			
1	MODE OF TRANSPORATION:	☐ AIR	X HIGHWAY	☐ FIAIL	☐ WATER	OTHER
2.	DATE AND TIME OF INCIDENT (Use Military Time, e.g. 8:30am noon = 1200, 6pm = 1800, ml			Date: 10 /	17 / 1989	тіме: 1430
3.	LOCATION OF INCIDENT (Includ	le airport name in F	OUTE/STREET if Incide	nt occurs at an airport.)		
L	city: Belvoir			STATE:	Virginia	
	COUNTY: Fairfax			AOUTE/STREET:_	US Route 1	
_						

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 the 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	5. ADDRESS (Principal place of business)					
ABC Trucking Company	1492 Columbus Avenue Richmond, VA 23021					
B. 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 Streat, 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".

SHIPPER NAME AND ADDRESS (Principal place of business)	8. CONSIGNEE NAME AND ADDRESS (Principal place of business)
Scientific Division - American Hotel Supply 1101 South Peachtree Street Atlanta, GA 30303	J & J Chemicals 9801 Sluice Parkway Hewark, NJ. 07101
ORIGIN ADDRESS (II different from Shipper address)	10. DESTINATION ADDRESS (If different from Consignee address)
N/A	1506 Wayne Street Alexandria, VA 22301

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 (N	NOTE: REFERENCE 49 CFF	SECTION	172.101.)	
12. PROPER SHIPPING NAME	13. CHEMICALTRADE NAI	ИE	14. HAZARD CLASS	15. IDENTIFICATION NUMBER (e.g. UN 2764, NA 2020)
Aceton e	N/A		Flammable Liquid	นท 1090
16. IS MATERIAL A HAZARDOUS SUBSTANCE?	YES NO	17. WAS	THE RQ MET? YES X 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, takes).

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 INCIDE	NT, DUE TO THE HAZARDOUS M	ATERIAL.				
18. ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (Include units of measurement)	45 Gallons		None		20. HOSPITALIZED INJURIES None	21. NON-HOSPITALIZED INJURIES
22. NUMBER OF PEOPLE EVAC	None None					
23. ESTIMATED DOLLAR AMOUN	IT OF LOSS AND/OR PROPERTY (DAMAGE, INCLUDII	NG COST OF DECC	ANIMATING	TION OR CLEANUP (Rou	ind off in dollars)
A. PRODUCT LOSS	B. CARRIER DAMAGE	C. PUBLIC/PAI		D. DECC	ONTAMINATION/	E. OTHER
\$90.00	N/A	N/A		\$10	0.00	N/A
24. CONSEQUENCES ASSOCIAT	ED WITH THE INCIDENT:	VAPOR (GAS) DIS	PERSION		MATERIAL ENTERED	NATERWAY/SEWER
SPILLAGE FIRE	EXPLOSION	ENVIRONMENTA	L DAMAGE		NONE [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 VEHIC	LE(S) INVOLVED: CAR TOFC/COFC	☐ CARGO TANK ☐ AIRCRAFT	✓ VAN TRUCK/TRAILER	CK/TRAILER OTHER:
26. TRANSPORTATION PHASE D		OCCURRED OR WAS D	SCOVERED: UNLOADING TEMPORARY STORAGE/TI	ERMINAL
27. LAND USE AT INCIDENT SIT	: INDUSTRIAL	☑ COMMERCIAL	RESIDENTIAL AGRICULTURAL	UNDEVELOPED
28. COMMUNITY TYPE AT SITE:	URBAN	X SUBURBAN	RURAL	
29. WAS THE SPILL THE RESULT IF YES AND APPLICABLE, AN			☑ YES ☐ NO	
A. ESTIMATED SPEED: 25 mph	8. HIGHWAY TYPE: DIVIDED/LIMITE UNDIVIDED	D ACCESS	C. TOTAL NUMBER OF LANES: SPACE FOR ONE THREE TWO FOUR OR MORE	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 1Å1".) 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.

ľ	TEM	A (Inner)	B(Outer)	С
 TYPE OF PACKAGING, IN RECEPTACLES (e.g. Stee 		Plastic Liner	Steel Drum	
 CAPACITY OR WEIGHT P (e.g. 55 gallons, 65 iba.) 	ER UNIT PACKAGE	55 Gallons	55 Gallons	
32. NUMBER OF PACKAGES FAILED IN IDENTICAL M		1	1	
33. NUMBER OF PACKAGES SHIPMENT	OF SAME TYPE IN	12	12	
 PACKAGE SPECIFICATION (e.g. DOT 17E, DOT 105A1 		DOT 2SL	DOT 17H	
5. ANY OTHER PACKAGING (e.g. STC, 18/16-55-86, Y1.4		55-12-81	STC 18/16-55-80	
16. NAME AND ADDRESS, SY NUMBER OF PACKAGING		AAA - Toledo, OH	FUBAR - Flint, MI	
7. SERIAL NUMBER OF CYL CARGO TANKS, TANK CA	INDERS, PORTABLE TANKS. RS	N/A	N/A	
8. TYPE OF LABELING OR P	LACARDING APPLIED	None	Flammable Liquid	······································
9. IF RECONDITIONED	A. REGISTRATION NUMBER OR SYMBOL	N/A	DOT R1000	· · · · · · · · · · · · · · · · · · ·
OR REQUALIFIED	B. DATE OF LAST TEST OR INSPECTION	N/A	2/85	
O. EXEMPTION/APPROVAL/C NUMBER, IF APPLICABLE		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.

IVIII. C	/III. DESCRIPTION OF PACKAGING FAILURE: Check all applicable boxes for the package(s) identified above.						
41. ACT	ION CONTRIBUTING TO PACKAGING FAILURE	HOLY BIL SPANICADIS COVES IN THE NECKSHAIST INSULLING	42. OBJEC * CAUSING FAILURE				
a. b. c. d. e. f. g. h. j.	0 0	A B C CORROSION	A B C a. M M OTHER FREIGHT b. D FORKLIFT c. D OTHER TRANSPORT VEHICLE d. D OTHER TRANSPORT VEHICLE e. D OWNTER/OTHER LIQUID f. D GROUND/FLOOR/ROADWAY g. D D ROADSIDE OBSTACLE h. D OTHER OTHER				
43. HOW	V PACKAGE(S) FAILED	44. PACKAGE AREA THAT FAILED	45. WHAT FAILED ON PACKAGE(S)				
<18000000000000000000000000000000000000	B C DIPUNCTURED CAACKED BURST/INTERNAL PRESSURE CRIPPED CRUSHED RIPPED DIRUPHED RUBBED/ABRADED RUBTURED OTHER	A B C a.	A B C				

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.

ıx.	DESCRIPTION OF EVENTS: Describe the sequence of events that le incidents, Include any recommendations to improve packaging, handle submitted when necessary for clarification. ATTACH A COPY OF HAZARDOUS WASTE, Continue on additional sheets if necessary.	ING. Of Iransportation of hazardous metarials. Phy	otooraaba aad diaaaaaa ahaada
!	Our vehicle was involved in a minor traffic puncture one of the drums. The leaking dru for disposal by Hazmat Cleanup Service Inc. VA. The vehicle was taken to our Alexandri	um and all of the spilled Acet , to their site at 9987 Ald To	tone was removed
1	A Highway Patrolman on the scene had some of He received first aid at the scene for his	of the spilled liquid splash o skin irritation.	on his hand.
NA)	ME OF PERSON RESPONSIBLE FOR PREPARING REPORT	A OKNATURE	
Α.	Smythe	47. SIGNATURE	
_	E OF PERSON RESPONSIBLE FOR PREPARING REPORT Iffic Safety Cooridinator	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.

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 20690; 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

6. IS MATERIAL A HAZARDOUS SUBSTANCE? YES NO 17. WAS THE RO MET? YES NO CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL. 8. ESTIMATED QUANTITY HAZARDOUS MATERIAL RELEASED (Include Units of measurement) 2. NUMBER OF PEOPLE EVACUATED 8. 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 D. DECONTAMINATION E OTHER 1. CONSEQUENCES ASSOCIATED WITH THE INCIDENT: VAPOR (GAS) DISPERSION MATERIAL ENTERED WATERWAY SEWER PROPERTY DAMAGE NONE OTHER 1. TRANSPORT ENVIRONMENT 1. INDICATE TYPE(B) OF VEHICLE(S) INVOLVED: CARGO TANK VAN TRUCK/TRAILER SHIP OTHER: 1. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED: 2. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED: 3. ESTIMATED SPEED: B HIGHWAY TYPE: URBAN SUBURBAN RURAL 4. ESTIMATED SPEED: B HIGHWAY TYPE: C TOTAL NUMBER OF LANES SPACE FOR DOT USE UNLY	ntem under Section IX, K	eving to the entry numi	int of Transportation, Wash per being completed. Copie rtation. Additional copies i	s Of this torm in	limited quentities —	au ha abaa'aa a	inadequate, complete that from the information System if on the same size and kind
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	A. ESTIMATED SPEED:	☐ DIVIDED/LI	MITED ACCESS				DR DOT USE ONLY

VII	/II. 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.					
	for information on the innermost package.	A		8	C	
30	TYPE OF PACKAGING, INCLUDING INNER					
	RECEPTACLES (e.g. Steel drum, tank car)					
	CAPACITY OR WEIGHT PER UNIT PACKAGE					
32	(e.g. 55 gallons, 65 lbs.) 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					
38.	TYPE OF LABELING OR PLACARDING APPLIED					
39.	A. REGISTRATION				Į	
	OR REQUALIFIED NUMBER OR SYMBOL B. DATE OF LAST					
	TEST OR INSPECTION					
4 0.	EXEMPTION/APPROVAL/COMPETENT AUTHORITY					
VI	NUMBER, IF APPLICABLE (e.g. DOT E1012) I. DESCRIPTION OF PACKAGING FAILURE: CF	eck all applicable boxes f	or the package(s) identified	i above.		
41.	ACTION CONTRIBUTING TO PACKAGING FAILURE			42. OBJECT CAUS		
	<u>A</u> <u>B</u> <u>C</u>	A B C			OTHER EREIGHT	
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b.	TRANSPORT VEHICLE COLLISION TRANSPORT VEHICLE OVERTURN OVERLOADING/OVERFILLING OVERLOADING/OVERFILLING OUTPITTINGS. VALVES	ı 🔲 🔲 🗍 FRIS	CTION/RUBBING		NAIL/PROTRUSION	
G. d.	□ □ LOOSE FITTINGS. VALVES	m. 🔲 🔲 📙 FIRI		d.	OTHER TRANSPORT VEHICLE	
e.	DEFECTIVE FITTINGS, VALVES	n.		e.	☐ WATER/OTHER LIQUID ☐ GROUND/FLOOR/ROADWAY ☐	
f.	DROPPED STRUCK/RAMMED	o. VEN	ITING IDALISM	a.	ROADSIDE OBSTACLE	
g. n.		q. INC	OMPATIBLE MATERIALS	h.	NONE	
	☐ ☐ IMPROPER BLOCKING	г. 🗆 🗆 отн	IER		OTHER	
<u> </u>	HOW PACKAGE(S) FAILED	44. PACKAGE AREA TH	AT FAILED	45. WHAT FAILED	ON PACKAGE(S)	
r°.	A B C	A B C		₩ 7	<u>c</u>	
l a	D D PUNCTURED	a. 🔲 🔲 🖺 ENI	D. FORWARD		■ BASIC PACKAGE MATERIAL ! FITTING/VALVE	
ь	□ □ □ CRACKED	a. D D ENI b. D D ENI c. D SID	D, REAR E. RIGHT		CLOSURE	
G.	BURST/INTERNAL PRESSURE RIPPED	a.	E. LEFT	a 🗀 🖸 🤅	CHIME	
d e	□ □ CRUSHED				_ WELD/SEAM ☐ HOSE/PIPING	
ŧ.	RUBBED/ABRADED	l"	FTOM NTER		INNER LINER	
g			4ER		OTHER	
Ľ			indiana arriam takan at ti	me discovered and act	ion taken to prevent future	
[ix	the state of the s					
ı	he submitted when necessary for clarification. A	TACH A CUPY OF THE	HAZARDOUS WASTE N	MANIFEST FOR INCID	SENTS INVOLVING	
L	HAZARDOUS WASTE. Continue on additional	sheets if necessary.				
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L			AT CICALATURE			
46	NAME OF PERSON RESPONSIBLE FOR PREPARING	REPORT	47. SIGNATURE			
					50. DATE REPORT SIGNED	
48	3. TITLE OF PERSON RESPONSIBLE FOR PREPARING	REPORT	49. TELEPHONE NUMBE	R (Area Code)	SU. DATE HE OIL SIGNES	
ı						

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