

**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)				
Date		TIME		
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	21 NON HOSPITALIZED INJURIES
22 NUMBER OF PEOPLE EVACUATED				
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 SEWER	
<input type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION		<input type="checkbox"/> ENVIRONMENTAL DAMAGE	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER	
VI. TRANSPORT ENVIRONMENT				
25 INDICATE TYPE(S) OF VEHICLE(S) INVOLVED		<input type="checkbox"/> CARGO TANK	<input 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 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 <input type="checkbox"/> UNDEVELOPED				
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 jars within a fiberboard box), begin with Column A for information on the innermost package.

ITEM	A	B	C
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			
38. TYPE OF LABELING OR PLACARDING APPLIED			
39. IF RECONDITIONED OR REQUALIFIED	A REGISTRATION NUMBER OR SYMBOL		
	B DATE OF LAST TEST OR INSPECTION		
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 <table border="0"> <tr> <td>A</td> <td>B</td> <td>C</td> <td></td> <td>A</td> <td>B</td> <td>C</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TRANSPORT VEHICLE COLLISION</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CORROSION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TRANSPORT VEHICLE OVERTURN</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>METAL FATIGUE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OVERLOADING/OVERFILLING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FRICTION RUBBING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>LOOSE FITTINGS, VALVES</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FIRE/HEAT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DEFECTIVE FITTINGS, VALVES</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FREEZING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DROPPED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VENTING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STRUCK/RAMMED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>VANDALISM</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IMPROPER LOADING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INCOMPATIBLE MATERIALS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IMPROPER BLOCKING</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> </tr> </table>			A	B	C		A	B	C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CORROSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE OVERTURN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METAL FATIGUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OVERLOADING/OVERFILLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRICTION RUBBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOOSE FITTINGS, VALVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE/HEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEFECTIVE FITTINGS, VALVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREEZING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DROPPED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VENTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRUCK/RAMMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VANDALISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER LOADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INCOMPATIBLE MATERIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER BLOCKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	42. OBJECT CAUSING FAILURE <table border="0"> <tr> <td>A</td> <td>B</td> <td>C</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER FREIGHT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FORKLIFT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NAIL/PROTRUSION</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER TRANSPORT VEHICLE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WATER/OTHER LIQUID</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>GROUND/FLOOR/ROADWAY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ROADSIDE OBSTACLE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NONE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER</td> </tr> </table>			A	B	C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER FREIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FORKLIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAIL/PROTRUSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER TRANSPORT VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER/OTHER LIQUID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUND/FLOOR/ROADWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROADSIDE OBSTACLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
A	B	C		A	B	C																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CORROSION																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE OVERTURN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	METAL FATIGUE																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OVERLOADING/OVERFILLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRICTION RUBBING																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOOSE FITTINGS, VALVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE/HEAT																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEFECTIVE FITTINGS, VALVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREEZING																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DROPPED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VENTING																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRUCK/RAMMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VANDALISM																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER LOADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INCOMPATIBLE MATERIALS																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER BLOCKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____																																																																																																																						
A	B	C																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER FREIGHT																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FORKLIFT																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAIL/PROTRUSION																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER TRANSPORT VEHICLE																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER/OTHER LIQUID																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUND/FLOOR/ROADWAY																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROADSIDE OBSTACLE																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER																																																																																																																										
43. HOW PACKAGE(S) FAILED <table border="0"> <tr> <td>A</td> <td>B</td> <td>C</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PUNCTURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CRACKED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BURST/INTERNAL PRESSURE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>RIPPED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CRUSHED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>RUBBED/ABRADED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>RUPTURED</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> </tr> </table>	A	B	C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUNCTURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRACKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BURST/INTERNAL PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIPPED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRUSHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUBBED/ABRADED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUPTURED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	44. PACKAGE AREA THAT FAILED <table border="0"> <tr> <td>A</td> <td>B</td> <td>C</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>END, FORWARD</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>END, REAR</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SIDE, RIGHT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SIDE, LEFT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TOP</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BOTTOM</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CENTER</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> </tr> </table>	A	B	C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	END, FORWARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	END, REAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIDE, RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIDE, LEFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOTTOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CENTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	45. WHAT FAILED ON PACKAGE(S) <table border="0"> <tr> <td>A</td> <td>B</td> <td>C</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BASIC PACKAGE MATERIAL</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FITTING/VALVE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CLOSURE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CHIME</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WELD/SEAM</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HOSE/PIPING</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INNER LINER</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER</td> </tr> </table>	A	B	C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BASIC PACKAGE MATERIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTING/VALVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELD/SEAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOSE/PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INNER LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER															
A	B	C																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PUNCTURED																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRACKED																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BURST/INTERNAL PRESSURE																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RIPPED																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRUSHED																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUBBED/ABRADED																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUPTURED																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____																																																																																																																										
A	B	C																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	END, FORWARD																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	END, REAR																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIDE, RIGHT																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SIDE, LEFT																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOP																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOTTOM																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CENTER																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____																																																																																																																										
A	B	C																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BASIC PACKAGE MATERIAL																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTING/VALVE																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSURE																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHIME																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELD/SEAM																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOSE/PIPING																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INNER LINER																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER																																																																																																																										

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.

46 NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT	47 SIGNATURE	
48 TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT	49 TELEPHONE NUMBER (Area Code)	50 DATE REPORT SIGNED