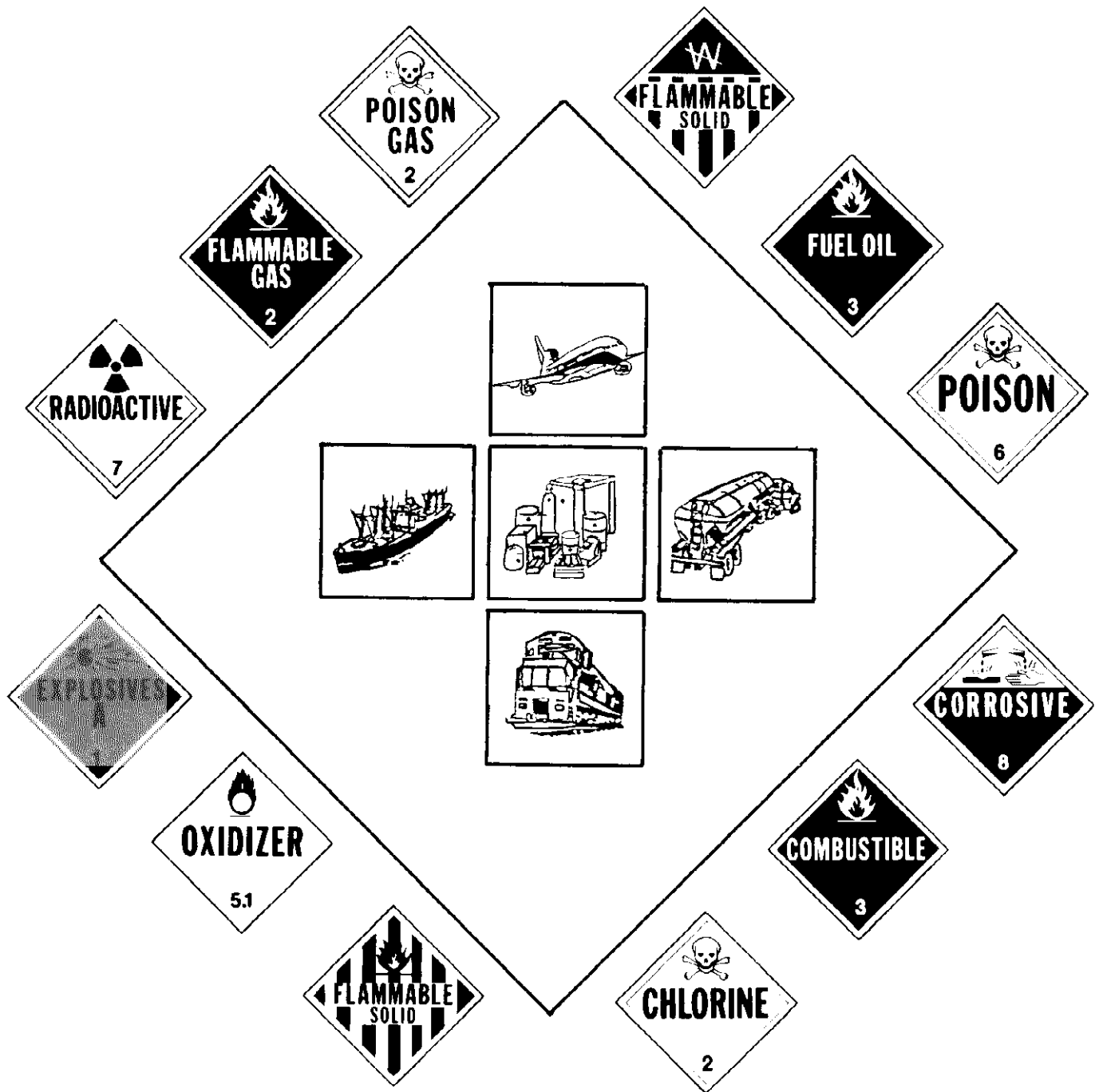




U.S. Department  
of Transportation  
**Research and  
Special Programs  
Administration**

# 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



## 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 the 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	13. CHEMICAL/TRADE NAME	14. HAZARD CLASS	15. IDENTIFICATION NUMBER <small>(e.g. UN 2764, NA 2020)</small>
Acetone	N/A	Flammable Liquid	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.

<b>V. CONSEQUENCES OF INCIDENT, DUE TO THE HAZARDOUS MATERIAL.</b>				
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 type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> MATERIAL ENTERED WATERWAY/SEWER				
<input checked="" type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> ENVIRONMENTAL DAMAGE <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.

<b>VI. TRANSPORT ENVIRONMENT</b>				
25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED:				
<input type="checkbox"/> TANK CAR	<input type="checkbox"/> RAIL CAR	<input type="checkbox"/> TOFC/COFC	<input type="checkbox"/> AIRCRAFT	<input type="checkbox"/> BARGE
<input checked="" type="checkbox"/> VAN TRUCK/TRAILER	<input type="checkbox"/> FLAT BED TRUCK/TRAILER	<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?				
IF YES AND APPLICABLE, ANSWER PARTS A THRU C. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
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").





## 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.

<b>IX. DESCRIPTION OF EVENTS:</b> 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. <b>ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE.</b> 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>		
<b>46. NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT</b> A. Smythe	<b>47. SIGNATURE</b> 	
<b>48. TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT</b> Traffic Safety Coordinator	<b>49. TELEPHONE NUMBER (Area Code)</b> (703) 555-2345	<b>50. DATE REPORT SIGNED</b> 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:     AIR                     HIGHWAY                     RAIL                     WATER                     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?     YES     NO                    17. WAS THE RQ MET?     YES     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:     SPILLAGE     FIRE     EXPLOSION     VAPOR (GAS) DISPERSION     ENVIRONMENTAL DAMAGE     MATERIAL ENTERED WATERWAY SEWER     NONE     OTHER:

**VI. TRANSPORT ENVIRONMENT**

25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED:     TANK CAR     RAIL CAR     TOFC/COFC     CARGO TANK     AIRCRAFT     VAN TRUCK/TRAILER     BARGE     FLAT BED TRUCK TRAILER     SHIP     OTHER:

26. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED:  
 EN ROUTE BETWEEN ORIGIN/DESTINATION     LOADING     UNLOADING     TEMPORARY STORAGE TERMINAL

27. LAND USE AT INCIDENT SITE:     INDUSTRIAL     COMMERCIAL     RESIDENTIAL     AGRICULTURAL    (UNDEVELOPED)

28. COMMUNITY TYPE AT SITE:     URBAN     SUBURBAN     RURAL

29. WAS THE SPILL THE RESULT OF A VEHICLE ACCIDENT/DERAILMENT? IF YES AND APPLICABLE, ANSWER PARTS A THRU C     YES     NO

A. ESTIMATED SPEED:                    B. HIGHWAY TYPE:     DIVIDED/LIMITED ACCESS     UNDIVIDED                    C. TOTAL NUMBER OF LANES     ONE     TWO     THREE     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.

<b>41. ACTION CONTRIBUTING TO PACKAGING FAILURE</b> <table border="0"> <tr> <td><b>A</b></td> <td><b>B</b></td> <td><b>C</b></td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TRANSPORT VEHICLE COLLISION</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TRANSPORT VEHICLE OVERTURN</td> </tr> <tr> <td>c. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OVERLOADING/OVERFILLING</td> </tr> <tr> <td>d. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>LOOSE FITTINGS, VALVES</td> </tr> <tr> <td>e. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DEFECTIVE FITTINGS, VALVES</td> </tr> <tr> <td>f. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DROPPED</td> </tr> <tr> <td>g. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STRUCK/RAMMED</td> </tr> <tr> <td>h. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IMPROPER LOADING</td> </tr> <tr> <td>i. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IMPROPER BLOCKING</td> </tr> </table>			<b>A</b>	<b>B</b>	<b>C</b>		a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE COLLISION	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORT VEHICLE OVERTURN	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OVERLOADING/OVERFILLING	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOOSE FITTINGS, VALVES	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEFECTIVE FITTINGS, VALVES	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DROPPED	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRUCK/RAMMED	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER LOADING	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMPROPER BLOCKING	<b>42. OBJECT CAUSING FAILURE</b> <table border="0"> <tr> <td><b>A</b></td> <td><b>B</b></td> <td><b>C</b></td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER FREIGHT</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FORKLIFT</td> </tr> <tr> <td>c. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NAIL/PROTRUSION</td> </tr> <tr> <td>d. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER TRANSPORT VEHICLE</td> </tr> <tr> <td>e. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WATER/OTHER LIQUID</td> </tr> <tr> <td>f. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>GROUND/FLOOR/ROADWAY</td> </tr> <tr> <td>g. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ROADSIDE OBSTACLE</td> </tr> <tr> <td>h. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>NONE</td> </tr> <tr> <td>i. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER</td> </tr> </table>			<b>A</b>	<b>B</b>	<b>C</b>		a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER FREIGHT	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FORKLIFT	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NAIL/PROTRUSION	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER TRANSPORT VEHICLE	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER/OTHER LIQUID	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUND/FLOOR/ROADWAY	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROADSIDE OBSTACLE	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE	i. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER																											
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<b>43. 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WHAT FAILED ON PACKAGE(S)</b> <table border="0"> <tr> <td><b>A</b></td> <td><b>B</b></td> <td><b>C</b></td> <td></td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>BASIC PACKAGE MATERIAL</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FITTING/VALVE</td> </tr> <tr> <td>c. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CLOSURE</td> </tr> <tr> <td>d. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CHIME</td> </tr> <tr> <td>e. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WELD/SEAM</td> </tr> <tr> <td>f. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HOSE/PIPING</td> </tr> <tr> <td>g. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INNER LINER</td> </tr> <tr> <td>h. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER</td> </tr> </table>	<b>A</b>	<b>B</b>	<b>C</b>		a. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BASIC PACKAGE MATERIAL	b. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FITTING/VALVE	c. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSURE	d. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHIME	e. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELD/SEAM	f. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOSE/PIPING	g. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INNER LINER	h. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER
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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.

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	

U.S. Department  
of Transportation

**Research and  
Special Programs  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

Postage and Fees Paid  
Research and Special  
Programs  
Administration  
DOT 513

