



Hazardous Materials Incident Report

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at <http://hazmat.dot.gov>. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at <http://hazmat.dot.gov>.

PART I - REPORT TYPE

1. This is to report: A) A hazardous material incident B) An undeclared shipment with no release
 C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that
(1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.
2. Indicate whether this is: An initial report A supplemental (follow-up) report Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: _____ 4. Time of Incident (use 24-hour time): _____
5. Enter National Response Center Report Number (if applicable): _____
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: _____
7. Location of Incident: City: _____ County: _____ State: _____ ZIP Code (if known): _____
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile _____
8. Mode of Transportation Air Highway Rail Water
9. Transportation Phase In Transit Loading Unloading In Transit Storage
10. Carrier/Reporter Name _____
Street _____
City _____ State _____ ZIP Code _____
Federal DOT ID Number _____ Hazmat Registration Number _____
11. Shipper/Offeror Name _____
Street _____
City _____ State _____ ZIP Code _____
Waybill/Shipping Paper _____ Hazmat Registration Number _____
12. Origin (if different from shipper address) Street _____
City _____ State _____ ZIP Code _____
13. Destination Street _____
City _____ State _____ ZIP Code _____
14. Proper Shipping Name of Hazardous Material: _____
15. Technical/Trade Name: _____
16. Hazardous Class/ Division: _____ 17. Identification Number: _____ (E.g. UN2764, NA 2020)
18. Packing Group: _____ (if applicable) 19. Quantity Released: _____ (Include Measurement Units)
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number: _____
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone: _____
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
If yes, provide the Exemption, Approval, or CA number: _____
23. Was this an undeclared hazardous materials shipment? Yes No

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

- | | | | |
|-----------------------------------|------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Non-bulk | <input type="checkbox"/> IBC | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV) | <input type="checkbox"/> Tank Car |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> RAM | <input type="checkbox"/> Portable Tank | <input type="checkbox"/> Other _____ |

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

1. What Failed: _____	How Failed: _____	Causes of Failure: _____
2. What Failed: _____	How Failed: _____	Causes of Failure: _____

26a. Provide the packaging identification markings, if available.

Identification Markings: _____
 (Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type: _____	Packaging Type: _____
Material of Construction: _____	Material of Construction: _____
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Package Capacity: _____	Package Capacity: _____
Amount in Package: _____	Amount in Package: _____
Number in Shipment: _____	Number in Shipment: _____
Number Failed: _____	Number Failed: _____

28. Provide packaging construction and test information, as appropriate:

Manufacturer: _____	Manufacture Date: _____
Serial Number: _____	Last Test Date: _____
Material of Construction: _____	(if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: _____	(if Tank Car, CTMV, Portable Tank)
Shell Thickness: _____	(if Tank Car, CTMV, Portable Tank)
Head Thickness: _____	(if Tank Car, CTMV)
Service Pressure: _____	(if Cylinder)
If valve or device failed:	
Type: _____	Manufacturer: _____ Model: _____
	(if present and legible) (if present and legible)

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B	<input type="checkbox"/> Type C	<input type="checkbox"/> Excepted	<input type="checkbox"/> Industrial
Packaging Certification:	<input type="checkbox"/> Self Certified	<input type="checkbox"/> U.S. Certification	Certification Number _____		
Nuclide(s) Present: _____	Transport Index: _____				
Activity: _____	Critical Safety Index: _____				

PART IV - CONSEQUENCES

30. Result of Incident (check all that apply): Spillage Fire Explosion Material Entered Waterway/Storm Sewer
 Vapor (Gas) Dispersion Environmental Damage No Release

31. Emergency Response : The following entities responded to the incident: (Check all that apply)
 Fire/EMS Report # _____ Police Report # _____ In-house cleanup Other Cleanup

32. Damages: Was the total damage cost more than \$500? Yes No
If yes, enter the following information: If no, go to question 33.
Material Loss: \$ _____ Carrier Damage: \$ _____ Property Damage: \$ _____ Response Cost: \$ _____ Remediation/Cleanup Cost: \$ _____
(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? Yes No
If yes, enter the number of fatalities resulting from the hazardous material:
Fatalities: Employees _____ Responders _____ General Public _____

33b. Were there human fatalities that did not result from the hazardous material? Yes No If yes, how many? _____

34. Did the hazardous material cause or contribute to personal injury? Yes No
If yes, enter the number of injuries resulting from the hazardous material:
Hospitalized (Admitted Only): Employees _____ Responders _____ General Public _____
Non-Hospitalized: Employees _____ Responders _____ General Public _____
(e.g.: On site first aid or Emergency Room observation and release)

35. Did the hazardous material cause or contribute to an evacuation? Yes No
If yes, provide the following information:
Total number of general public evacuated _____ Total number of employees evacuated _____ Total Evacuated _____
Duration of the evacuation _____ (hours)

36. Was a major transportation artery or facility closed? Yes No If yes, how many? _____ (hours)

37. Was the material involved in a crash or derailment? Yes No
If yes, provide the following information: Estimated speed (mph): _____ Weather conditions: _____
Vehicle overturn? Yes No
Vehicle left roadway/track? Yes No

PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft? Yes No
If yes, was it tendered as cargo, or as passenger baggage?
 Cargo Passenger baggage

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?
 Air carrier cargo facility Sort center Baggage area
 By surface to/from airport During flight During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)
 Shipment had not been transported Transported by air (first flight) Transport by air (subsequent flights)
 Initial transport by highway to cargo facility Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): _____ Telephone Number: () _____
Contact's Title: _____ Fax Number: () _____
Business Name and Address: _____ Hazmat Registration Number (if not already provided): _____
E-mail Address: _____ Date: _____
Preparer is: Carrier Shipper Facility Other _____