

INCIDENT INVESTIGATION ASSIGNMENT INSTRUCTIONS

Portable Fuel Containers

DOCUMENT NUMBER:

DATE OF INCIDENT: **CATID: CARM12 2020**

FOLLOW-UP REQUESTED **HAZARD ANALYSIS** **COMPLIANCE**

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BACK-UP CONTACT: David Miler, EPHA, 301-504-7323, DMiller@cpsc.gov

ASSIGNMENT MESSAGE:

Incidents should be investigated where the portable fuel container explodes, ruptures, or is over pressurized causing gasoline leakage, spillage, or ejection from the container. Inspect the container and determine the manufacturer and model number. Look for, photograph and note information on the container with respect to conformance to the following standards:

1. ASTM F852-19, *Standard Specification for Portable Fuel Containers for Consumer Use*
2. ASTM F3326-19a, *Standard Specification for Flame Mitigation Devices on Portable Fuel Containers*
3. ASTM F2517-17, *Standards Specification for Determination of Child Resistance of Portable Fuel Containers*
4. 40 CFR Part 59, *EPA Emission Regulations for Portable Fuel Containers*
 - a. Note: The gasoline container may have an EPA CODE, if it was manufactured after January, 2009 that would be important to note. An example of an EPA code would be EPA CODE 9NSR2P4AABF1. This code came from the can pictured below.
 - b. Information about the date of manufacture should be highlighted, because this is extremely important to us. The date of manufacture may be molded into the gasoline container using the clock system. An example of a date of manufacture is seen in the picture below; this one is indicating May, 2012.



Document safety features of the can (*e.g.*, child resistance, venting mechanism, spill proofing, and flame arrestor). If possible, photograph the incident sample, including warning labels. Determine accident scenario, including details regarding how a person interacted with the product. Determine if flamejetting was a factor in the incident

New exemplar samples AND actual incident samples should be collected whenever possible, especially from overpressure incidents.

Please include all primary and all backup contacts in the distribution of the completed IDI.

----- Area below will be completed in Data Systems -----

Person(s) to Contact:

Guidelines:

Task Number:

Date:

Assigned to:

Processed by: lew