



# 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)** 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/<br>Division: _____ | 17. Identification<br>Number: _____<br>(E.g. UN2764, NA2020) | 18. Packing<br>Group: _____<br>(if applicable) | 19. Quantity<br>Released: _____<br>(Include Measurement Unit) |
|---|--|--|---|
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"/> Portable Tank              | <input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)   | <input type="checkbox"/> Tank Car    |
| <input type="checkbox"/> Cylinder | <input type="checkbox"/> Radioactive Material (RAM) | <input type="checkbox"/> Intermediate Bulk Container (IBC) | <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 failures, 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:

<b>Single Package or Outer Packaging:</b>	<b>Single Package or Inner Packaging (if any):</b>
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:

<b>Single Package or Outer Packaging:</b>	<b>Single Package or Outer Packaging:</b>
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 estimates for 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 \_\_\_\_\_