



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, PHH-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: _____
<small>(e.g., UN2784, NA 2020)</small> | 18. Packing
Group: _____
<small>(if applicable)</small> | 19. Quantity
Released: _____
<small>(Include Measurement Units)</small> |
|---|---|---|---|
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 408 (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:

Packaging Type: _____

Material of Construction: _____

Head Type (Drums only): Removable Non-Removable

Single Package or Inner Packaging (if any):

Packaging Type: _____

Material of Construction: _____

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: _____

Amount in Package: _____

Number in Shipment: _____

Number Failed: _____

Single Package or Inner Packaging (if any):

Package Capacity: _____

Amount in Package: _____

Number in Shipment: _____

Number Failed: _____

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

Manufacturer: _____

Serial Number: _____

Material of Construction: _____

Design Pressure: _____

Shell Thickness: _____

Head Thickness: _____

Service Pressure: _____

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: Type A Type B Type C Excepted Industrial

Packaging Certification: Self Certified U.S. Certification Certification Number _____

Nuclide(s) Present: _____ Transport Index: _____

Activity: _____ Critical Safety Index: _____

Hazardous Materials Incident Report (Form DOT F 5800.1) and Instructions

Please print. Fill in all applicable blanks accurately to the best of your ability. The four page Hazardous Materials Incident Report can easily be separately from the instructions.

Part I: Report Type

(1) *This is to report:* Check the box that describes why you are filling out this form. This will normally be "A) A hazardous material incident." If you are reporting an undeclared shipment with no release, check the corresponding box, "B)." If you are reporting an incident involving a cargo tank motor vehicle containing a hazardous material that received structural damage to the lading retention system that may affect its ability to retain lading but does not release a hazardous material, check that appropriate box, "C)."

(2) *Indicate what type of report this is:* If this is an initial report, check the "initial report" box. If this is a follow-up to a previous report, check the "A supplemental (follow-up) report" box. If you are using additional pages, check the "Additional Pages" box.

Part II: General Incident Information

(3), (4) *Date & Time of Incident:* Enter the date and time the incident occurred. If you do not know the actual date and time, give the date and time you discovered the incident. Use 24-hour time for the incident time (e.g. "2400" for midnight, "1200" for noon, "0747" for 7:47 a.m., "2115" for 9:15 p.m.).

(5) *Enter National Response Center Report Number:* If this incident was reported to the National Response Center (NRC), fill in the report number NRC assigned to the incident.

(6) *If you submitted a report to another Federal DOT agency, enter the agency and report number:* If you were required to fill out a report for another federal agency such as the Federal Railroad Administration (FRA) or the Federal Motor Carrier Safety Administration (FMCSA) for this incident, please include the agency and report number. This will facilitate our combination of information.

(7) *Location of Incident:* Enter the geographic location of the incident (city, county, state, and zip code). If you do not know the actual location where the incident occurred, give the location where it was discovered. If the incident occurred at an airport or rail yard, include the name of the facility. If the incident occurred on a body of water, include the name and/or river mile. If you do not know the street address, or if the incident occurred on a highway, include a description such as "On I-70, mile marker 240."

(8) *Mode of Transportation:* Enter the code that corresponds to the mode of transportation in which the incident occurred or was discovered. If the incident occurred or was discovered in an in-transit storage area (e.g., a terminal or warehouse), check the box that corresponds to the mode by which the package was last transported.

(9) *Transportation Phase:* Enter the code that describes where the incident occurred in the transportation system. In transit means the incident occurred or was first discovered while the package was in the process of being transported. In-transit storage is storage incidental to transportation, such as at a terminal waiting for the next leg of transportation.

(10) *Carrier/Reporter:* Provide the name, street address, Federal DOT number (if applicable), and hazmat registration number of the carrier or the entity who is reporting the incident (if other than a carrier). The entity in

physical possession of the material when the incident occurred or was discovered must report the incident.

(11) *Shipper/Offerrer:* Enter the information about the person or entity that originally offered for transportation the material or package involved in the incident.

(12) *Origin:* Enter the origin of the shipment if the address is different than the shipper/offerrer information entered in item #11.

(13) *Destination:* Enter the final destination of the shipment involved in the incident.

(14) through (19):

Hazardous Material Description: Enter the proper shipping name, technical or trade name, hazard class or division, ID number, packing group, and amount of material released. All of this information, except the amount of material released, can be found on the shipping papers that accompany the shipment, § 172.202. When indicating the amount of material released, include units of measurements (examples: 115 gallons, 69 tons).

(20) *Was the material shipped as a hazardous waste?* Check the "Yes" box if the material meets the definition of a hazardous waste in § 171.8 (requires an EPA Uniform Hazardous Waste Manifest). Include the EPA Manifest number.

(21) *Is this a Toxic by Inhalation (TIH) material?* If the material involved in the incident meets the definition of a Toxic by Inhalation material in § 173.132, check the "Yes" box and enter the Hazard Zone in the space provided.

(22) *Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?* If the shipment was shipped under an exemption, an approval, or a Competent Authority Certificate, check the "Yes" box and provide the appropriate assigned number.

(23) *Was this an undeclared hazardous materials shipment?* If this material was not indicated in any way to be a hazardous material even though it was required to be described as such on a shipping paper, or if the material would normally be excepted from the shipping paper requirements (such as a small quantity material) and does not have the required markings, it is considered an undeclared hazardous material shipment. Check the appropriate box.

Part III: Packaging Information

(24) *Packaging Type:* Check the box that corresponds to the type of packaging involved in the incident. If more than one packaging type was involved in an incident, reproduce Part III of the form and fill out this section for each of the packaging types. For example, if three different packaging types were involved in an incident, fill out a separate Part III for each packaging type. If the type of packaging is not represented, check the "Other" box and enter a brief description such as "non-specification bulk bin."

(25) *Enter the appropriate failure codes (found at the end of the instructions):* Enter the codes that describe what failed on the packaging, how the packaging failed, and the cause(s) of the failure. Be sure to enter the codes from the list that corresponds to the particular packaging types checked above (#24). Enter the most important failure point in line 1. If there is a second failure point, enter in line 2. If there are more than two failure points, provide additional information in this format in Part VI. The following explains the content of each line:

What Failed: You can enter up to 2 "What Failed" codes to describe the part of the packaging that fails and was the immediate cause of the release. Often, on a simple packaging, only one code will be required. On more complex packaging, additional entries will help identify where that failure occurred. The first entry should designate the specific point of failure, followed by entries that help identify where that failure occurred. For instance, a deteriorated gasket on a pipe flange on the liquid line would have failure code 121 for gasket entered first and failure code 118 for flange entered second.

How Failed: Enter the "Failure" code that describes how the corresponding part of the packaging failed. The primary way the packaging failed should be entered first.

Cause(s) of Failure: Enter the "Cause of Failure" code that describes what caused the corresponding part of the packaging to fail in the way it did. The most probable or fundamental cause of failure should be entered first.

If none of the codes on the list fit exactly, use the closest match and provide additional detail in Part VI. Also, if you believe a better set of codes would be more descriptive of what failed, how it failed, and the causes of failure, suggest them in Part VII.

(26a) *Provide the complete packaging identification markings, if available:* Every specification packaging, UN or DOT, has a packaging identification printed or stamped on it or on a plate attached to the packaging. Examples are provided on the form.

(26b) *For Non-bulk, IBC, or non-specification packaging:* Only fill out 26b if the marking is incomplete, destroyed, or unknown. Fill in the Outer and Inner packaging type and Material of Construction information, as appropriate. If the packaging is non-bulk or Intermediate Bulk Container (IBC), use the codes below to enter the number or letter that applies for either non-bulk or IBC packaging. For non-bulk, IBC or non-specification packaging provide a *description* of the packaging in the space(s) provided.

NON-BULK PACKAGING IDENTIFICATION CODES

Outer Packaging

Type

- 1 = Drum
- 2 = Wooden Barrel
- 3 = Jerrican
- 4 = Box
- 5 = Bag
- 6 = Composite Packaging
- 7 = Pressure Receptacle

Material

- A = Steel
- B = Aluminum
- C = Natural Wood
- D = Plywood
- F = Reconstituted Wood
- G = Fiberboard
- H = Plastic
- L = Textile
- M = Paper, Multi-Wall
- N = Metal Other Than Steel or Aluminum
- P = Glass, Porcelain, or Stoneware

Head Type

- 1 = Non-removable
- 2 = Removable

Inner Packaging

Type

- 1 = Bottle
- 2 = Can
- 3 = Box
- 4 = Bag
- 5 = Cylinder

Material

- A = Metal (any type)
- B = Glass, Porcelain, or Stoneware
- C = Plastic
- D = Fiberboard or Cardboard
- E = Wood (any type)

IBC PACKAGING IDENTIFICATION CODES

Material of Construction

- 1 = Metal
- 2 = Plastic
- 3 = Composite
- 4 = Fiberboard
- 5 = Wooden
- 6 = Flexible

(27) *Describe the package capacity and the quantity:* Enter the total capacity of the inner and outer package. Also enter the actual amount of hazardous material that was shipped in the package, the number of packages in the shipment, and the number of packages that failed. Please include the units of measurement (liter, gallons, pounds, cubic feet, etc.)

(28) *Provide package construction and test information, as appropriate:* In the case of Non-bulk packagings or IBCs enter the name of the packaging manufacturer or the symbol of the manufacturer *only* if complete identification markings were not provided in #26b. Enter the date of manufacture and the serial number, if applicable. Enter the last test date if the packaging requires periodic testing. Also include the design pressure, shell thickness, head thickness, and service pressure if the failed packagings are of the type indicated in parenthesis after each question. If the packaging contained a valve, or other device that failed and resulted in a hazardous material release, enter the valve or device type, manufacturer (if present and legible), and model number (if present and legible).

(29) *If the package is for Radioactive Materials, complete the following:* Complete this question only if a radioactive material was involved. Indicate the packaging category, the packaging certification, certification number, and which nuclides were present, the transportation index (TI), activity of the nuclides, and the criticality safety index.

Part IV: Consequences

(30) *Result of Incident:* Check all boxes that describe what occurred during the incident or as a result of the incident. For example, in a situation where a truckload of 55 gallon drums of corrosive liquids overturns resulting in a release that contaminates a nearby wetlands and stream the boxes "Spillage," "Material Entered Waterway/Storm Sewer," and "Environmental Damage" may apply.

(31) *Emergency Response:* Check all boxes that correspond with any emergency response and cleanup crews that participated in resolving the incident. If a fire crew, EMS, or police unit responded to the incident, include the report number.

(32) *Damages:* You are required to provide information on estimated damages if your

damages exceed \$500.00. This figure includes the cost of the material lost, property damage, vehicle damage, response costs, and clean-up costs. If you do not know these amounts at the time you complete the report, or the actual costs are revised by more than \$25,000, you must submit a follow-up report after you determine the amounts. The following definitions explain each of the costs:

Material Loss: Enter the value of material released and unrecoverable. Base this entry on the amount of material released multiplied by the unit value (e.g., price per gallon or price per pound) as listed on the shipper's invoice. If the invoice is not available, estimate the cost per unit using the shipper's basis.

Carrier Damage: Enter the total value of damage incurred by the carrier. Major components include costs to repair the damaged vehicle and costs resulting from damage to cargo. If the vehicle is declared "totaled," enter the insured value of the vehicle. This entry should not include damage to other property or to vehicles owned by other persons.

Property Damage: Enter the total value of costs resulting from damage to the property of others involved in the incident. These include: repair and replacement costs of other vehicles; repair and replacement costs to buildings and other fixed facilities; and restoration of open land beyond decontamination and cleanup.

Response Cost: Enter the total value of response costs. Response costs are those costs incurred immediately after the incident, and include local emergency response from police and fire departments and emergency response teams, as well as costs incurred by the responsible party. Response costs also include costs to contain the hazardous material released.

Remediation/Cleanup Cost: Enter the total value of the cost to cleanup and remediate the site. Cleanup costs are those costs incurred to collect, transport, and ultimately dispose of all material collected during the response phase. Remediation costs are those costs incurred to restore the incident scene to its pre-incident state, and could include excavation, disposal and replacement of contaminated soil, pumping, treatment and re-injection of contaminated groundwater, or absorption and disposal of hazardous material released into surface water.

(33a) *Did the hazardous material cause or contribute to a human fatality?* If a person was fatally injured by contact with the hazardous material or its vapors or by a fire or explosion that resulted from the hazardous material, check the "Yes" box and enter the number of fatalities that resulted directly from the hazardous material.

(33b) *Were there human fatalities that did not result from the hazardous material?* If the fatalities were not caused directly by the hazardous material, check the "Yes" box and enter the number of fatalities. An example: if a passenger car collided with a cargo tank carrying gasoline and the automobile driver was killed due to the collision, then the fatality was *not* caused by the hazardous material released. If, however, the accident resulted in the release of gasoline from the cargo tank and a resulting fire killed the automobile driver, then the fatality was caused by the hazardous material.

(34) *Did the hazardous material cause or contribute to a personal injury?* If a person was injured by contact with the hazardous material or its vapors or by a fire or explosion that resulted from the hazardous material, check the "Yes" box and enter the number of persons injured by

the hazardous material.

Hospitalized means *admitted* to a medical facility, not treated and released from a facility, such as a hospital emergency room, where the person was never admitted to the hospital proper. Non-hospitalized individuals are those who may have received attention from medical personnel on-site or at a facility (including hospital emergency room), but were not admitted to a medical facility. Indicate the number of injured employees, emergency responders (firefighters, police, medics, etc.) and members of the general public.

(35) *Did the hazardous material cause or contribute to an evacuation?* If the incident required the evacuation or removal of persons from a specific area because of possible or actual contact with the hazardous materials involved in the incident, check the "Yes" box. Separately specify the numbers of individuals from the general public evacuated and number of employees of the facility or workers in the area that were evacuated. Also provide the total number of individuals evacuated. Indicate the duration of the evacuation (in hours).

(36) *Was a transportation artery or facility closed?* If a road or transportation facility was closed due to the incident, check the "Yes" box and indicate the duration (in hours) here.

(37) *Was the material involved in a crash or derailment?* Check the "Yes" box if a hazardous material was involved in a crash or derailment. Provide the estimated speed and weather conditions at the time of the crash, such as rain, blowing snow, sleet, iced roadway, sun glare, fog, dry pavement, high winds, etc. Indicate if the vehicle overturned or left the roadway or track.

Part V: Air Incident Information

This section is for incidents with packagings transported or intended for transportation by aircraft. If your packaging was not transported or intended to be transported by air, skip this section.

(38) *Was the shipment on a passenger aircraft?* Indicate whether the shipment in question was on a commercial passenger aircraft. If so, indicate if the material was tendered (accepted for shipment) as cargo, or was located in a passenger's baggage, either in the cabin or baggage compartment.

(39) *Where did the incident occur or where was the incident discovered?* Indicate where in the course of transportation the incident occurred or was discovered.

(40) *What phase(s) had the shipment already undergone prior to the incident?* Check all boxes that describe the transportation phases the shipment went through before the incident occurred or was discovered.

Part VI: Description of Events and Packaging Failure

Please describe the events involved in the incident to provide us with a better understanding of the incident. Include information that has not been collected elsewhere on this form, and include special scenarios, outstanding circumstances, or other information that provides a complete picture of the incident. Describe the sequence of events that led to the incident, the package failure (if any) and actions taken at the time of discovery. Submit photographs and diagrams when necessary for clarification. You may continue on additional sheets if necessary.

Part VII: Recommendations/Actions Taken To Prevent Future Incidents

Recommendations may be preliminary in nature, may suggest actions by other parties, and may be subject to further investigation, refinement, acceptance, or rejection. Often, it may be beyond the ability of the preparer to offer recommendations, but where such recommendations can be made they have the potential of resulting in important improvements with safety benefits. For instance, such information can help companies identify common problems and alert the DOT to the need for additional measures such as outreach or broad training needs. This information can also help support regulatory changes.

Part VIII: Contact Information

Provide the name, title, telephone number, fax number, business name and address, hazmat registration number and email address of the contact person at your company who can answer questions about the information provided on this form. Make sure to check the box that describes the function of your firm: carrier, shipper, facility owner/operator, or other. If "Other" is checked, describe the function.

Failure Codes for All Packaging Types— Complete List**Code What Failed**

101	Air Inlet
102	Auxiliary Valve
103	Basic Material
104	Body
105	Bolts or Nuts
106	Bottom Outlet Valve
107	Check Valve
108	Chime
109	Closure (e.g., Cap, Top, or Plug)
110	Cover
111	Cylinder Neck or Shoulder
112	Cylinder Sidewall – Near Base
113	Cylinder Sidewall – Other
114	Cylinder Valve
115	Discharge Valve or Coupling
116	Excess Flow Valve
117	Fill Hole
118	Flange
119	Frangible Disc
120	Fusible Pressure Relief Device or Element
121	Gasket
122	Gauging Device
123	Heater Coil
124	High Level Sensor
125	Hose
126	Hose Adaptor or Coupling
127	Inlet (Loading) Valve
128	Inner Packaging
129	Inner Receptacle
130	Lifting Feature
131	Lifting Lug
132	Liner
133	Liquid Line
134	Liquid Valve
135	Loading or Unloading Lines
136	Locking Bar
137	Manway or Dome Cover
138	Mounting Studs
139	O-Ring or Seals
140	Outer Frame
141	Piping or Fittings
142	Piping Shear Section
143	Pressure Relief Valve or Device – Non-Reclosing
144	Pressure Relief Valve or Device – Reclosing

145	Remote Control Device
146	Sample Line
147	Stub Still (Tank Car)
148	Sump
149	Tank Head
150	Tank Shell
151	Thermometer Well
152	Threaded Connection
153	Vacuum Relief Valve
154	Valve Body
155	Valve Seat
156	Valve Spring
157	Valve Stem
158	Vapor Valve
159	Vent
160	Washout
161	Weld or Seam

Code How Failed

301	Abraded
302	Bent
303	Burst or Ruptured
304	Cracked
305	Crushed
306	Failed to Operate
307	Gouged or Cut
308	Leaked
309	Punctured
310	Ripped or Torn
311	Structural
312	Torn Off or Damaged
313	Vented

Code Cause(s) of Failure

501	Abrasion
502	Broken Component or Device
503	Commodity Self-ignition
504	Commodity Polymerization
505	Conveyor or Material Handling Equipment Mishap
506	Corrosion – Exterior
507	Corrosion – Interior
508	Defective Component or Device
509	Derailment
510	Deterioration or Aging
511	Dropped
512	Fire, Temperature, or Heat
513	Forklift Accident
514	Freezing
515	Human Error
516	Impact with Sharp or Protruding Object (e.g., nails)
517	Improper Preparation for Transportation
518	Inadequate Accident Damage Protection
519	Inadequate Blocking and Bracing
520	Inadequate Maintenance
521	Inadequate Preparation for Transportation
522	Inadequate Procedures
523	Inadequate Training
524	Incompatible Product
525	Incorrectly Sized Component or Device
526	Loose Closure, Component, or Device
527	Misaligned Material, Component, or Device
528	Missing Component or Device
529	Overfilled
530	Over-pressurized
531	Rollover Accident
532	Stub Sill Separation from Tank (Tank Cars)
533	Threads Worn or Cross Threaded
534	Too Much Weight on Package
535	Valve Open
536	Vandalism
537	Vehicular Crash or Accident Damage
538	Water Damage

Failure Codes by Packaging Type General Non-bulk and IBC's**Code What Failed**

103	Basic Material
104	Body
105	Bolts or Nuts
108	Chime
109	Closure (e.g., Cap, Top, or Plug)
110	Cover
119	Frangible Disc
120	Fusible Pressure Relief Device or Element
121	Gasket
125	Hose
128	Inner Packaging
129	Inner Receptacle
130	Lifting Feature
132	Liner
140	Outer Frame
143	Pressure Relief Valve or Device – Non-Reclosing
144	Pressure Relief Valve or Device – Reclosing
161	Weld or Seam

Code How Failed

301	Abraded
302	Bent
303	Burst or Ruptured
304	Cracked
305	Crushed
306	Failed to Operate
307	Gouged or Cut
308	Leaked
309	Punctured
310	Ripped or Torn
311	Structural
312	Torn Off or Damaged
313	Vented

Code Cause(s) of Failure

501	Abrasion
503	Commodity Self-Ignition
504	Commodity Polymerization
505	Conveyer or Material Handling Equipment Mishap
506	Corrosion – Exterior
507	Corrosion – Interior
508	Defective Component or Device
510	Deterioration or Aging
511	Dropped
513	Forklift Accident
514	Freezing
515	Human Error
516	Impact with Sharp or Protruding Object (e.g., nails)
517	Improper Preparation for Transportation
521	Inadequate Preparation for Transportation
522	Inadequate Procedures
523	Inadequate Training
529	Overfilled
530	Over-pressurized
534	Too Much Weight on Package
535	Valve Open
536	Vandalism
537	Vehicular Crash or Accident Damage
538	Water Damage

Cylinders**Code What Failed**

111	Cylinder Neck or Shoulder
112	Cylinder Sidewall – Near Base
113	Cylinder Sidewall – Other
114	Cylinder Valve
119	Frangible Disc
120	Fusible Pressure Relief Device or Element
122	Gauging Device

132 Liner
 143 Pressure Relief Valve or Device – Non-Reclosing
 144 Pressure Relief Valve or Device – Reclosing
 161 Weld or Seam

Code How Failed

301 Abraded
 303 Burst or Ruptured
 304 Cracked
 306 Failed to Operate
 307 Gouged or Cut
 308 Leaked
 309 Punctured
 313 Vented

Code Cause(s) of Failure

501 Abrasion
 502 Broken Component or Device
 503 Commodity Self-ignition
 504 Commodity Polymerization
 505 Conveyer or Material Handling Equipment Mishap
 506 Corrosion – Exterior
 507 Corrosion – Interior
 508 Defective Component or Device
 510 Deterioration or Aging
 512 Fire, Temperature, or Heat
 513 Forklift Accident
 514 Freezing
 515 Human Error
 516 Impact with Sharp or Protruding Object (e.g., nails)
 517 Improper Preparation for Transportation
 519 Inadequate Blocking and Bracing
 520 Inadequate Maintenance
 521 Inadequate Preparation for Transportation
 522 Inadequate Procedures
 523 Inadequate Training
 524 Incompatible Product
 525 Incorrectly Sized Component or Device
 526 Loose Closure, Component, or Device
 527 Misaligned Material, Component, or Device
 528 Missing Component or Device
 529 Overfilled
 530 Over-pressurized
 535 Valve Open
 536 Vandalism
 537 Vehicular Crash or Accident Damage

Portable Tanks

Code What Failed

105 Bolts or Nuts
 106 Bottom Outlet Valve
 107 Check Valve
 108 Chime
 109 Closure (e.g., Cap, Top, or Plug)
 110 Cover
 119 Frangible Disc
 120 Fusible Pressure Relief Device or Element
 121 Gasket
 122 Gauging Device
 125 Hose
 127 Inlet (Loading) Valve
 131 Lifting Lug
 132 Liner
 135 Loading or Unloading Lines
 137 Manway or Dome Cover
 140 Outer Frame
 141 Piping or Fittings
 143 Pressure Relief Valve or Device – Non-Reclosing
 144 Pressure Relief Valve or Device – Reclosing
 152 Threaded Connection

153 Vacuum Relief Valve
 161 Weld or Seam

Code How Failed

301 Abraded
 302 Bent
 303 Burst or Ruptured
 304 Cracked
 305 Crushed
 306 Failed to Operate
 307 Gouged or Cut
 308 Leaked
 309 Punctured
 310 Ripped or Torn
 312 Torn Off or Damaged
 313 Vented

Code Cause(s) of Failure

501 Abrasion
 502 Broken Component or Device
 503 Commodity Self-ignition
 504 Commodity Polymerization
 505 Conveyer or Material Handling Equipment Mishap
 506 Corrosion – Exterior
 507 Corrosion – Interior
 508 Defective Component or Device
 509 Derailment
 510 Deterioration or Aging
 511 Dropped
 512 Fire, Temperature, or Heat
 514 Freezing
 515 Human Error
 517 Improper Preparation for Transportation
 520 Inadequate Maintenance
 521 Inadequate Preparation for Transportation
 522 Inadequate Procedures
 523 Inadequate Training
 524 Incompatible Product
 525 Incorrectly Sized Component or Device
 526 Loose Closure, Component, or Device
 527 Misaligned Material, Component, or Device
 528 Missing Component or Device
 529 Overfilled
 530 Over-pressurized
 531 Rollover Accident
 536 Vandalism
 537 Vehicular Crash or Accident Damage

Bulk Tank Vehicles–Cargo Tank Motor Vehicles (CTMV) and Tank Cars

Code What Failed

101 Air Inlet
 105 Bolts or Nuts
 106 Bottom Outlet Valve
 107 Check Valve
 110 Cover
 115 Discharge Valve or Coupling
 116 Excess Flow Valve
 117 Fill Hole
 118 Flange
 119 Frangible Disc
 120 Fusible Pressure Relief Device or Element
 121 Gasket
 122 Gauging Device
 123 Heater Coil
 124 High Level Sensor
 125 Hose
 126 Hose Adaptor or Coupling
 127 Inlet (Loading) Valve
 131 Lifting Lug
 132 Liner
 133 Liquid Line
 134 Liquid Valve
 135 Loading or Unloading Lines
 136 Locking Bar

137 Manway or Dome Cover
 138 Mounting Studs
 139 O-Ring or Seals
 141 Piping or Fittings
 142 Piping Shear Section
 143 Pressure Relief Valve or Device – Non-Reclosing
 144 Pressure Relief Valve or Device – Reclosing
 145 Remote Control Device
 146 Sample Line
 147 Stub Still (Tank Car)
 148 Sump
 149 Tank Head
 150 Tank Shell
 151 Thermometer Well
 152 Threaded Connection
 153 Vacuum Relief Valve
 154 Valve Body
 155 Valve Seat
 156 Valve Spring
 157 Valve Stem
 158 Vapor Valve
 159 Vent
 160 Washout
 161 Weld or Seam

Code How Failed

301 Abraded
 302 Bent
 303 Burst or Ruptured
 304 Cracked
 305 Crushed
 306 Failed to Operate
 307 Gouged or Cut
 308 Leaked
 309 Punctured
 310 Ripped or Torn
 311 Structural
 312 Torn Off or Damaged
 313 Vented

Code Cause(s) of Failure

501 Abrasion
 502 Broken Component or Device
 503 Commodity Self-ignition
 504 Commodity Polymerization
 505 Conveyer or Material Handling Equipment Mishap
 506 Corrosion – Exterior
 507 Corrosion – Interior
 508 Defective Component or Device
 509 Derailment
 510 Deterioration or Aging
 511 Dropped
 512 Fire, Temperature, or Heat
 515 Human Error
 517 Improper Preparation for Transportation
 518 Inadequate Accident Damage Protection
 519 Inadequate Blocking and Bracing
 520 Inadequate Maintenance
 521 Inadequate Preparation for Transportation
 522 Inadequate Procedures
 523 Inadequate Training
 524 Incompatible Product
 525 Incorrectly Sized Component or Device
 526 Loose Closure, Component, or Device
 527 Misaligned Material, Component, or Device
 528 Missing Component or Device
 529 Overfilled
 530 Over-pressurized
 531 Rollover Accident
 532 Stub Sill Separation from Tank (Tank Cars)
 533 Threads Worn or Cross Threaded
 536 Vandalism
 537 Vehicular Crash or Accident Damage

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 entry 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: <input type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	