**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 TRANSPORATION ☐ 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 ☐ VAPOR (GAS) DISPERSION ☐ MATERIAL ENTERED WATERWAY SEWER
☐ SPILLAGE ☐ FIRE ☐ EXPLOSION ☐ ENVIRONMENTAL DAMAGE ☐ NONE ☐ OTHER

**VI. TRANSPORT ENVIRONMENT**

25 INDICATE TYPE(S) OF VEHICLE(S) INVOLVED ☐ CARGO TANK ☐ VAN TRUCK/TRAILER ☐ FLAT BED TRUCK TRAILER
☐ TANK CAR ☐ RAIL CAR ☐ TOFC/COFC ☐ AIRCRAFT ☐ BARGE ☐ 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? ☐ YES ☐ NO
IF YES AND APPLICABLE, ANSWER PARTS A THRU C

A ESTIMATED SPEED

B HIGHWAY TYPE
☐ DIVIDED/LIMITED ACCESS
☐ UNDIVIDED

C TOTAL NUMBER OF LANES
☐ ONE ☐ THREE
☐ TWO ☐ FOUR OR MORE

SPACE FOR DOT USE ONLY

FORM DOT F 5800.1 (Rev 6/89) Supersedes DOT F 5800.1 (10/70) (9/1/76)

THIS FORM MAY BE REPRODUCED

**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 | | | |
| 39. IF RECONDITIONED OR REQUALIFIED — 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.

41. ACTION CONTRIBUTING TO PACKAGING FAILURE

| | A | B | C | | | A | B | C | |
|---|---|---|---|---|---|---|---|---|---|
| a. | ☐ | ☐ | ☐ | TRANSPORT VEHICLE COLLISION | j | ☐ | ☐ | ☐ | CORROSION |
| b. | ☐ | ☐ | ☐ | TRANSPORT VEHICLE OVERTURN | k | ☐ | ☐ | ☐ | METAL FATIGUE |
| c | ☐ | ☐ | ☐ | OVERLOADING/OVERFILLING | l | ☐ | ☐ | ☐ | FRICTION RUBBING |
| d | ☐ | ☐ | ☐ | LOOSE FITTINGS, VALVES | m | ☐ | ☐ | ☐ | FIRE/HEAT |
| e. | ☐ | ☐ | ☐ | DEFECTIVE FITTINGS, VALVES | n | ☐ | ☐ | ☐ | FREEZING |
| f. | ☐ | ☐ | ☐ | DROPPED | o | ☐ | ☐ | ☐ | VENTING |
| g. | ☐ | ☐ | ☐ | STRUCK/RAMMED | p | ☐ | ☐ | ☐ | VANDALISM |
| h | ☐ | ☐ | ☐ | IMPROPER LOADING | q | ☐ | ☐ | ☐ | INCOMPATIBLE MATERIALS |
| i. | ☐ | ☐ | ☐ | IMPROPER BLOCKING | r | ☐ | ☐ | ☐ | OTHER _____ |

42 OBJECT CAUSING FAILURE

| | A | B | C | |
|---|---|---|---|---|
| a | ☐ | ☐ | ☐ | OTHER FREIGHT |
| b | ☐ | ☐ | ☐ | FORKLIFT |
| c | ☐ | ☐ | ☐ | NAIL/PROTRUSION |
| d | ☐ | ☐ | ☐ | OTHER TRANSPORT VEHICLE |
| e | ☐ | ☐ | ☐ | WATER/OTHER LIQUID |
| f | ☐ | ☐ | ☐ | GROUND/FLOOR/ROADWAY |
| g | ☐ | ☐ | ☐ | ROADSIDE OBSTACLE |
| h | ☐ | ☐ | ☐ | NONE |
| i | ☐ | ☐ | ☐ | OTHER |

43. HOW PACKAGE(S) FAILED

| | A | B | C | |
|---|---|---|---|---|
| a | ☐ | ☐ | ☐ | PUNCTURED |
| b. | ☐ | ☐ | ☐ | CRACKED |
| c. | ☐ | ☐ | ☐ | BURST/INTERNAL PRESSURE |
| d. | ☐ | ☐ | ☐ | RIPPED |
| e. | ☐ | ☐ | ☐ | CRUSHED |
| f. | ☐ | ☐ | ☐ | RUBBED/ABRADED |
| g | ☐ | ☐ | ☐ | RUPTURED |
| h. | ☐ | ☐ | ☐ | OTHER_____ |

44 PACKAGE AREA THAT FAILED

| | A | B | C | |
|---|---|---|---|---|
| a | ☐ | ☐ | ☐ | END, FORWARD |
| b | ☐ | ☐ | ☐ | END, REAR |
| c | ☐ | ☐ | ☐ | SIDE, RIGHT |
| d | ☐ | ☐ | ☐ | SIDE, LEFT |
| e | ☐ | ☐ | ☐ | TOP |
| f | ☐ | ☐ | ☐ | BOTTOM |
| g | ☐ | ☐ | ☐ | CENTER |
| h | ☐ | ☐ | ☐ | OTHER _____ |

45 WHAT FAILED ON PACKAGE(S)

| | A | B | C | |
|---|---|---|---|---|
| a | ☐ | ☐ | ☐ | BASIC PACKAGE MATERIAL |
| b | ☐ | ☐ | ☐ | FITTING/VALVE |
| c | ☐ | ☐ | ☐ | CLOSURE |
| d | ☐ | ☐ | ☐ | CHIME |
| e | ☐ | ☐ | ☐ | WELD/SEAM |
| f | ☐ | ☐ | ☐ | HOSE/PIPING |
| g | ☐ | ☐ | ☐ | INNER LINER |
| h | ☐ | ☐ | ☐ | OTHER |

**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 |