



## 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: 11/05/2014 4. Time of Incident (use 24-hour time): 11:10
5. Enter National Response Center Report Number (if applicable): N/A
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: N/A
7. Location of Incident: City: Blaine County: Whatcom State: WA ZIP Code (if known): 98230  
Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile BP West Coast/Cherry Point Refinery, Track 4223, BNSF Arco Sta.
8. Mode of Transportation ☐ Air ☐ Highway ☒ Rail ☐ Water
9. Transportation Phase ☒ In Transit ☐ Loading ☐ Unloading ☐ In Transit Storage
10. Carrier/Reporter Name BNSF Railway Company  
Street 2600 Lou Menk Drive  
City Fort Worth State TX ZIP Code 76131-2830  
Federal DOT ID Number 281683 Hazmat Registration Number 062712 002 010UW
11. Shipper/Offoror Name BP Products North America by Musket Corp.  
Street 200 Westlake Park Blvd.  
City Houston State TX ZIP Code 77079  
Waybill/Shipping Paper BNSF 235592 Hazmat Registration Number Unavailable
12. Origin (if different from shipper address) Street 3451 Highway 58  
City Fairview State MT ZIP Code 59221
13. Destination Street 4519 Grandview Road  
City Blaine State WA ZIP Code 98230
14. Proper Shipping Name of Hazardous Material: PETROLEUM CRUDE OIL
15. Technical/Trade Name: N/A
16. Hazardous Class/ Division: 3 17. Identification Number: UN1267 (E.g. UN2764, NA 2020) 18. Packing Group: I (if applicable) 19. Quantity 1611 Released: Liquid - Gallon (Include Measurement Units)
20. Was the material shipped as a hazardous waste? ☐ Yes ☒ No If yes, provide the EPA Manifest Number: N/A
21. Is this a Toxic by Inhalation (TIH) material? ☐ Yes ☒ No If yes, provide the Hazard Zone: N/A
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? ☐ Yes ☒ No  
If yes, provide the Exemption, Approval, or CA number: N/A
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:

☐ Non-bulk      ☐ IBC      ☐ Cargo tank Motor Vehicle (CTMV)      ☒ Tank Car  
☐ Cylinder      ☐ RAM      ☐ Portable Tank      ☐ Other N/A

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: 134      How Failed: 308      Causes of Failure: 535  
2. What Failed: 134      How Failed: 308      Causes of Failure: 528

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

Identification Markings: 111A100W1

(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:**

Packaging Type: N/A

Material of Construction: N/A

Head Type (Drums only):      ☐ Removable      ☐ Non - Removable

**Single Package or Inner Packaging (if any):**

Packaging Type: N/A

Material of Construction: N/A

27. Describe the package capacity and the quantity:

**Single Package or Outer Packaging:**

Package Capacity: 199700 Liquid - Pound

Amount in Package: 184205 Liquid - Pound

Number in Shipment: 1

Number Failed: 1

**Single Package or Inner Packaging (if any):**

Package Capacity: N/A

Amount in Package: N/A

Number in Shipment: \_\_\_\_\_

Number Failed: \_\_\_\_\_

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

Manufacturer: N/A

Manufacture Date: 09/12/2014

Serial Number: GBRX701027

Last Test Date: 09/12/2014

Material of Construction: CARBON STEEL (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 100 (if Tank Car, CTMV, Portable Tank)

Shell Thickness: N/A (if Tank Car, CTMV, Portable Tank)

Head Thickness: N/A (if Tank Car, CTMV)

Service Pressure: N/A (if Cylinder)

If valve or device failed:

Type: N/A      Manufacturer: N/A      Model: N/A  
(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 N/A

Nuclide(s) Present: N/A      Transport Index: N/A

Activity: N/A      Critical Safety Index: N/A



## 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 # N/A ☐ Police Report # N/A ☐ 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:
\$ <u>3,200</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>100</u>	\$ <u>2,000</u>

(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 N/A Responders N/A General Public N/A

33b. Were there human fatalities that did not result from the hazardous material? ☐ Yes ☒ No If yes, how many? N/A

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 N/A Responders N/A General Public N/A

Non-Hospitalized: Employees N/A Responders N/A General Public N/A

(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 N/A Total number of employees evacuated N/A Total Evacuated N/A

Duration of the evacuation N/A (hours)

36. Was a major transportation artery or facility closed? ☐ Yes ☒ No If yes, how many? N/A (hours)

37. Was the material involved in a crash or derailment? ☐ Yes ☒ No

If yes, provide the following information: Estimated speed (mph): N/A Weather conditions: N/A

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)?

<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> 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.

A FRA inspector reported entrained tank car GBRX 701027 that recently arrived at the consignee's unloading tracks with commodity spillage on the right side of its tank shell and trucks. The consignee's unloading service provider (Savage Services) inspection of GBRX 701027 revealed its liquid valve was open and this valve's closure plug not applied. The liquid valve was closed and its closure plug was applied to a tool tight condition. The shipper seal at the protective housing cover (Allied 1585186) was reported intact. Also noted was commodity spray on four entrained tank cars that trailed GBRX 701027. Savage Services indicated that they would clean the commodity spillage from GBRX 701027 and the other tank cars found with sprayed commodity. The outage in GBRX 701027 was gauged to estimate the possible commodity loss during transportation. No reports of commodity spillage along the routed BNSF right of way have been noted.

## 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.

Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.

## PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): Richard McMahon

Telephone Number: (    ) (817) 740-7355

Contact's Title: Manager Hazardous Materials Risk Management

Fax Number: (    ) (817) 740-7250

Business Name and Address: BNSF Railway Company  
4200 Deen Road, Fort Worth, TX 76106

Hazmat Registration Number (if not already provided):  
062712 002 010UW

E-mail Address: rich.mcmahon@bnsf.com

Date: 12/03/2014

Preparer is:

☒ Carrier

☐ Shipper

☐ Facility

☐ Other