


**Attachment 1—Hazardous Materials Incident Report**

**Note:** This attachment will not appear in the Code of Federal Regulations.

	U.S. Department of Transportation Research and Special Programs Administration	<h3 style="margin: 0;">Hazardous Materials Incident Report</h3>	Form Approval OMB No. 2137-0039
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.			
<b>INSTRUCTIONS:</b> Submit this report to the Information Systems Manager, U.S. Department of Transportation, Research and Special Programs 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 <a href="http://hazmat.dot.gov">http://hazmat.dot.gov</a> . 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 <a href="http://hazmat.dot.gov">http://hazmat.dot.gov</a> .			
<b>PART I - REPORT TYPE</b>			
1. This is to report: <input type="checkbox"/> <b>A) A hazardous material incident</b> <input type="checkbox"/> <b>B) An undeclared shipment with no release</b> <input type="checkbox"/> <b>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.</b>			
2. Indicate whether this is: <input type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages			
<b>PART II - GENERAL INCIDENT INFORMATION</b>			
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 <input type="checkbox"/> Air <input type="checkbox"/> Highway <input type="checkbox"/> Rail <input type="checkbox"/> Water			
9. Transportation Phase <input type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> 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: _____ (E.g. UN2764, NA 2020)      18. Packing Group: _____ (if applicable)      19. Quantity Released: _____ (Include Measurement Units)			
20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide the EPA Manifest Number: _____			
21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, provide the Hazard Zone: _____			
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: _____			
23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Form DOT F 5800.1 (01-2004)		Page 1	
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**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 \_\_\_\_\_

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 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:

- |   |   |
|---|---|
| <p><b>Single Package or Outer Packaging:</b></p> <p>Packaging Type: _____</p> <p>Material of Construction: _____</p> <p>Head Type (Drums only):    <input type="checkbox"/> Removable                      <input type="checkbox"/> Non - Removable</p> | <p><b>Single Package or Inner Packaging (if any):</b></p> <p>Packaging Type: _____</p> <p>Material of Construction: _____</p> |
|---|---|

27. Describe the package capacity and the quantity:

- |  |   |
|--|---|
| <p><b>Single Package or Outer Packaging:</b></p> <p>Package Capacity: _____</p> <p>Amount in Package: _____</p> <p>Number in Shipment: _____</p> <p>Number Failed: _____</p> | <p><b>Single Package or Inner Packaging (if any):</b></p> <p>Package Capacity: _____</p> <p>Amount in Package: _____</p> <p>Number in Shipment: _____</p> <p>Number Failed: _____</p> |
|--|---|

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:                       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: \_\_\_\_\_

**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 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 \_\_\_\_\_