incident report form (DOT Form F 5800.1)?

6. Does your organization report, or is your organization now required to report hazardous material or hazardous waste, or hazardous substance accidents/incidents to another organization (e.g., insurance company, state or local government, other federal agency)? What are the criteria for reporting such accidents/incidents? Is there a standard form to be filled out? (please attach a copy of such form, if appropriate.)

7. To what extent does your organization utilize hazmat incident data? Does your organization collect hazmat incident data? If so, what is the source and nature of these data? How often are such data collected (routinely, special surveys, etc.)? If any standardized forms are utilized in the collection of such data, we would appreciate receiving a copy of them.

BILLING CODE 4910-60-M

DEPARTMENT OF TRANSPORTATION

Form Approved OMB No. 04-5613

HAZARDOUS MATERIALS INCIDENT REPORT

INSTRUCTIONS: Submit this report in duplicate to the Director, Office of Hazardous Materials Operations, Materials Transportation Bureau, Department of Transportation, Washington, D.C. 20590, (ATTN: Op. Div.). If space provided for any item is inadequate, complete that item under Section H, "Remarks", keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Director, Office of Hazardous Materials Operations. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

A INCIDENT

1. TYPE OF OPERATION
1 ☐ AIR 2 ☐ HIGHWAY 3 ☐ RAIL 4 ☐ WATER 5 ☐ FREIGHT FORWARDER 6 ☐ OTHER *(Identify)* _____

2. DATE AND TIME OF INCIDENT *(Month - Day - Year)*
_____ a.m.
_____ p.m.

3. LOCATION OF INCIDENT

B REPORTING CARRIER, COMPANY OR INDIVIDUAL

4. FULL NAME

5. ADDRESS *(Number, Street, City, State and Zip Code)*

6. TYPE OF VEHICLE OR FACILITY

C SHIPMENT INFORMATION

7. NAME AND ADDRESS OF SHIPPER *(Origin address)*

8. NAME AND ADDRESS OF CONSIGNEE *(Destination address)*

9. SHIPPING PAPER IDENTIFICATION NO.

10. SHIPPING PAPERS ISSUED BY
☐ CARRIER ☐ SHIPPER
☐ OTHER *(Identity)* _____

D DEATHS, INJURIES, LOSS AND DAMAGE DUE TO HAZARDOUS MATERIALS INVOLVED

11. NUMBER PERSONS INJURED

12. NUMBER PERSONS KILLED

13. ESTIMATED AMOUNT OF LOSS AND OR PROPERTY DAMAGE INCLUDING COST OF DECONTAMINATION *(Round off in dollars)*
$

14. ESTIMATED TOTAL QUANTITY OF HAZARDOUS MATERIALS RELEASED

E HAZARDOUS MATERIALS INVOLVED

15. HAZARD CLASS (*Sec. 172.101, Col. 3)	16. SHIPPING NAME (*Sec. 172.101, Col. 2)	17. TRADE NAME

F NATURE OF PACKAGING FAILURE

18. *(Check all applicable boxes)*

☐ (1) DROPPED IN HANDLING	☐ (2) EXTERNAL PUNCTURE	☐ (3) DAMAGE BY OTHER FREIGHT
☐ (4) WATER DAMAGE	☐ (5) DAMAGE FROM OTHER LIQUID	☐ (6) FREEZING
☐ (7) EXTERNAL HEAT	☐ (8) INTERNAL PRESSURE	☐ (9) CORROSION OR RUST
☐ (10) DEFECTIVE FITTINGS, VALVES, OR CLOSURES	☐ (11) LOOSE FITTINGS, VALVES OR CLOSURES	☐ (12) FAILURE OF INNER RECEPTACLES
☐ (13) BOTTOM FAILURE	☐ (14) BODY OR SIDE FAILURE	☐ (15) WELD FAILURE
☐ (16) CHIME FAILURE	☐ (17) OTHER CONDITIONS *(Identify)*	

19. *SPACE FOR DOT USE ONLY*

Form DOT F 5800.1 (10-70) (9/1/76)

*Editorial change to incorporate redesignation per HM-112.

49FR-10047

G **PACKAGING INFORMATION** - *If more than one size or type packaging is involved in loss of material show packaging information separately for each. If more space is needed, use Section H "Remarks" below keying to the item number.*

ITEM			#1	#2	#3
20	TYPE OF PACKAGING INCLUDING INNER RECEPTACLES *(Steel drums, wooden box, cylinder, etc.)*				
21	CAPACITY OR WEIGHT PER UNIT *(55 gallons, 65 lbs., etc.)*				
22	NUMBER OF PACKAGES FROM WHICH MATERIAL ESCAPED				
23	NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT				
24	DOT SPECIFICATION NUMBER(S) ON PACKAGES *(21P, 17E, 3AA, etc., or none)*				
25	SHOW ALL OTHER DOT PACKAGING MARKINGS *(Part 178)*				
26	NAME, SYMBOL, OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER				
27	SHOW SERIAL NUMBER OF CYLINDERS, CARGO TANKS, TANK CARS, PORTABLE TANKS				
28	TYPE DOT LABEL(S) APPLIED				
29	IF RECONDITIONED OR REQUALIFIED, SHOW	A	REGISTRATION NO. OR SYMBOL		
		B	DATE OF LAST TEST OF INSPECTION		
30	IF SHIPMENT IS UNDER DOT OR USCG SPECIAL PERMIT OR EXEMPTION, ENTER PERMIT OR EXEMPTION NO.				

H **REMARKS** - Describe essential facts of incident including but not limited to defects, damage, probable cause, stowage, action taken at the 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.

31. NAME OF PERSON PREPARING REPORT *(Type or print)*	32. SIGNATURE
33. TELEPHONE NO. *(Include Area Code)*	34. DATE REPORT PREPARED

Reverse of Form DOT F 5800.1 (10-70)

BILLING CODE 4910-60-C