

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 <input type="checkbox"/> AIR <input type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> FREIGHT FORWARDER <input type="checkbox"/> 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 <input type="checkbox"/> CARRIER <input type="checkbox"/> SHIPPER <input type="checkbox"/> OTHER (Identify) _____
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)		
<input type="checkbox"/> (1) DROPPED IN HANDLING	<input type="checkbox"/> (2) EXTERNAL PUNCTURE	<input type="checkbox"/> (3) DAMAGE BY OTHER FREIGHT
<input type="checkbox"/> (4) WATER DAMAGE	<input type="checkbox"/> (5) DAMAGE FROM OTHER LIQUID	<input type="checkbox"/> (6) FREEZING
<input type="checkbox"/> (7) EXTERNAL HEAT	<input type="checkbox"/> (8) INTERNAL PRESSURE	<input type="checkbox"/> (9) CORROSION OR RUST
<input type="checkbox"/> (10) DEFECTIVE FITTINGS, VALVES, OR CLOSURES	<input type="checkbox"/> (11) LOOSE FITTINGS, VALVES OR CLOSURES	<input type="checkbox"/> (12) FAILURE OF INNER RECEPTACLES
<input type="checkbox"/> (13) BOTTOM FAILURE	<input type="checkbox"/> (14) BODY OR SIDE FAILURE	<input type="checkbox"/> (15) WELD FAILURE
<input type="checkbox"/> (16) CHIME FAILURE	<input type="checkbox"/> (17) OTHER CONDITIONS (Identify)	19. SPACE FOR DOT USE ONLY