

DEPARTMENT OF TRANSPORTATION
HAZARDOUS MATERIALS INCIDENT REPORT

REQUIREMENTS. The regulations requiring reporting of hazardous materials incidents are contained in the Code of Federal Regulations (CFR), Title 49 Parts 100 to 179 (governing the transport of hazardous materials by rail, air, water and highway). Failure to comply with the reporting requirements contained therein can result in a civil penalty.

A Guide for Preparing the Hazardous Materials Incident Report is available from the Information Systems Manager, Office of Hazardous Materials Transportation, DMH-63, Research and Special Programs Administration, U.S. Department of Transportation, Washington, DC 20590.

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 1 HOUR PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO INFORMATION SYSTEMS MANAGER, OFFICE OF HAZARDOUS MATERIALS TRANSPORTATION, DMH-63, RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION, U.S. DEPARTMENT OF TRANSPORTATION, WASHINGTON, DC 20590, AND TO THE OFFICE OF INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, DC 20503.

TEAR HERE

DEPARTMENT OF TRANSPORTATION HAZARDOUS MATERIALS INCIDENT REPORT				Form Approved OMB No. 2137-0038
INSTRUCTIONS: Submit this report in duplicate to the Information Systems Manager, Office of Hazardous Materials Transportation, DMH-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 TRANSPORTATION: <input type="checkbox"/> AIR <input type="checkbox"/> HIGHWAY <input type="checkbox"/> RAIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER _____				
2. DATE AND TIME OF INCIDENT Use Military Time, e.g. 8:30am = 0830. Date: _____ / _____ / _____ TIME: _____				
3. LOCATION OF INCIDENT (include airport name or 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 OWN 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. WAS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> VAPOR (GAS) DISPERSION <input type="checkbox"/> MATERIALS ENTPLED WATERWAY/SEWER <input type="checkbox"/> SPILLAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> ENVIRONMENTAL DAMAGE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____				
VI. TRANSPORT ENVIRONMENT				
25. INDICATE TYPE(S) OF VEHICLE(S) INVOLVED: <input type="checkbox"/> CARGO TANK <input type="checkbox"/> VAN TRUCK/TRAILER <input type="checkbox"/> FLAT BED TRUCK/TRAILER <input type="checkbox"/> TANK CAR <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TOFC/OFC <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> BARGE <input type="checkbox"/> SHIP <input type="checkbox"/> OTHER: _____				
26. TRANSPORTATION PHASE DURING WHICH INCIDENT OCCURRED OR WAS DISCOVERED <input type="checkbox"/> EN ROUTE BETWEEN ORIGIN/DESTINATION <input type="checkbox"/> LOADING <input type="checkbox"/> UNLOADING <input type="checkbox"/> TEMPORARY STORAGE-TERMINAL				
27. LAND USE AT INCIDENT SITE: <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> UNDEVELOPED				
28. COMMUNITY TYPE AT SITE: <input type="checkbox"/> URBAN <input type="checkbox"/> SUBURBAN <input type="checkbox"/> 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: <input type="checkbox"/> DIVIDED/LIMITED ACCESS <input type="checkbox"/> UNDIVIDED	C. TOTAL NUMBER OF LANES: ONE THREE TWO FOUR OR MORE		SPACE FOR DOT USE ONLY