

# **Investigation Report**

**BNSF Railway Company** 

TR-150284

Betty Young Rail Safety

March 2015

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#### **EXECUTIVE SUMMARY**

The Washington Utilities and Transportation Commission (commission) requires railroad companies to provide detailed reports for any event connected to the operation of the railroad company that results in an accident, which includes the release of a hazardous material (i.e., a material that is corrosive, flammable, explosive, reactive with other materials, or toxic), per WAC 480-62-310.

Railroad companies must make a telephone report of such events, within 30 minutes of learning of the event, to the Washington State Emergency Operations Center (EOC). For hazardous material incidents or accidents, the commission also requires that when a railroad company submits a report to the United States Department of Transportation (USDOT) concerning such an incident, it must submit a copy of the report to the commission at the same time.

The requirement to notify the EOC of any hazardous material release is a serious matter. When a company fails to notify the EOC that such an incident has occurred, the EOC will not know to identify the necessary critical response and remediation resources and agencies to respond to the incident, causing potential harm to the public. There could also be a delay in response and containment resources necessary to clean up spills of hazardous materials.

The purpose of this investigation was to determine BNSF Railway Company's (BNSF) compliance with reporting requirements for hazardous material incidents that occurred after staff provided technical assistance to the company in October 2014.

As a result of this investigation, commission staff found that BNSF violated WAC 480-62-310 when it failed to report the release of hazardous materials to the EOC within 30 minutes as required for 14 of 16 incidents that took place between Nov. 1, 2014, and Feb. 24, 2015. These incidents included:

- Nov. 5, 2014, Blaine BP Cherry Point facility crude oil spillage on tank
- Nov. 17, 2014, Pasco Pasco grain yard 18-inch streak of diesel fuel on tank car
- Dec. 7, 2014, Wenatchee BNSF Wenatchee/Apple yard hazardous solid waste dripping from a rail freight car in rail yard
- Dec. 8, 2014, Spokane Valley BNSF Trentwood Station tank car dripping gas/oil from bottom valve
- Dec. 9, 2014, Seattle Balmer Railyard/Interbay shipment of hazardous solid waste reported leaking liquid identified as primary sludge

- Dec. 9, 2014, Everett BNSF Everett/Delta yard two incidents involving shipments of hazardous solid waste reported leaking liquid
- Dec. 9, 2014, Vancouver, BNSF Vancouver yard shipment of hazardous solid waste reported leaking liquid identified as primary sludge
- Dec. 10, 2014, Everett BNSF Everett/Delta yard shipment of hazardous solid waste reported leaking liquid identified as primary sludge
- Dec. 13, 2014, Quincy Columbia subdivision locomotive fire released 100 gallons of lube oil onto tracks
- Jan. 12, 2015, Vancouver BNSF Vancouver yard seven tank cars found leaking crude oil
- Jan. 13, 2015, Auburn BNSF Auburn yard six tank cars found leaking crude oil
- Jan. 25, 2015, Seattle BNSF Interbay yard one BNSF locomotive mechanical problem spilled 100 gallons of lube oil
- Feb. 12, 2015, Seattle South Seattle storage facility UTC inspector found crude oil leaking down the side of a tank car

Under state law, the commission has the authority to impose penalties of up to \$1,000 per violation of state law or rule. Each day's continuance of a violation constitutes a separate and distinct violation.

Commission staff recommends the commission file a complaint on its own motion setting forth any act or omission by BNSF Railway Company that violates any law, or any order or rule of the commission, as provided by RCW 81.04.110.

In addition, staff recommends that the commission impose penalties of up to \$1,000 each for 700 violations of WAC 480-62-310, as provided by RCW 81.04.380.

Staff recognizes that BNSF generally complies with commission regulations. However, the company's failure to report hazardous material incidents to the EOC as required is unacceptable. Ensuring public safety is the commission's highest priority, and imposing significant penalties for violations of commission safety rules is one means of furthering that goal.

Through its enforcement policy, the commission considers a number of factors when determining the level of penalty to be imposed. A full discussion of each of those factors and how they apply to BNSF in this case is included in the "Staff Findings and Recommendations" section of this report, beginning on page 14.

# PURPOSE, SCOPE, AND AUTHORITY

# **Purpose**

The purpose of this investigation was to determine if BNSF failed to report events connected to the operation of the railroad which resulted in incidents involving the release of a hazardous material as required in Washington Administrative Code (WAC) 480-62-310 – Accident reports.

# **Scope**

The scope of the investigation focuses on information obtained by staff of the commission relating to BNSF's operations.

### **Authority**

Staff undertakes this investigation under the authority of the Revised Code of Washington (RCW) 80.01.040(2) and 81.01.010. RCW 81.04.070 makes it clear that the commission is authorized to conduct such an investigation. RCW 81.04.380 and 81.04.405 authorize the commission to assess penalties against companies for violation of the statutes, rules, orders, decisions, or directives of the Legislature or the commission. Appendix A includes copies the appropriate laws and rules.

#### **BACKGROUND**

The commission requires railroad companies to provide detailed reports for any event connected to the operation of the railroad company that results in an accident. (WAC 480-62-310)

Specifically, railroad companies must report:

- Release of a hazardous material (i.e., a material that is corrosive, flammable, explosive, reactive with other materials, or toxic).
- Death of any person.
- Injury to a person involved in a railroad-highway crossing accident that requires medical treatment in addition to first aid.
- Property damage amounting to fifty thousand dollars or more to property.

Railroad companies must make a telephone report of such events, within 30 minutes of learning of the event, to the commission's designee – the EOC 24-hour duty officer at (800) 258-5990. The report must provide detailed information of the event to the duty officer as outlined below. After receiving the telephone report from the railroad company, the duty officer identifies the necessary critical response and remediation resources and agencies on an initial and continuous basis through the completion of the response to the event. The duty officer notifies the commission, the affected county or city emergency management office and other appropriate agencies of the event report.<sup>1</sup>

Each event report by a railroad company must state, to the extent known, the:

- a. Name of the railroad(s) involved;
- b. Name and position of the reporting individual;
- c. Time and date of the event;
- d. Circumstances of the event;
- e. Number and identity of persons suffering injuries;
- f. Number of fatalities and the identities of the deceased;
- g. The type and amount of hazardous material spilled; and,
- h. Other details that will assist in identifying the necessary response, as prompted by the duty officer.

Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of the trains where the accident occurred.

In addition to the immediate reporting requirements, WAC 480-62-310(5) requires that whenever

<sup>&</sup>lt;sup>1</sup> These provisions must be carried out in accordance with the state's 24-hour duty officer standard procedures and the Washington Emergency Management Act, chapter 38.52 RCW.

a railroad company submits a report of an event to the Federal Railroad Administration (FRA), it must submit a copy to the commission at the same time.

For hazardous material incidents or accidents, WAC 480-62-310(6) requires that whenever a railroad company submits a report to the USDOT concerning such an incident, it must submit a copy of the event report to the commission at the same time. This report is referred to as the DOT F 5800.1 or the "5800 Form."

Railroad companies submit these event reports by email to a specified commission email address.

#### **Technical Assistance Provided**

On Oct. 21, 2014, commission Rail Safety Manager Kathy Hunter sent an email to Patrick Brady, Director of Hazardous Materials - Special Operations for BNSF, regarding hazardous materials accident reporting. Ms. Hunter asked Mr. Brady to provide information about the appropriate contact person at BNSF to discuss accident notification, specifically related to hazardous materials. Mr. Brady responded the same day, advising Ms. Hunter to contact him directly. Ms. Hunter followed up with an email on Oct. 22, 2014, and provided the text of WAC 480-62-310, to ensure that BNSF was providing proper notification to the commission regarding hazardous materials incidents. Mr. Brady responded that he would check the company's reporting matrix. He later requested information on where to send the 5800 Form. Ms. Hunter replied with this information on Oct. 23, 2014, asking that the 5800 Forms be sent to the email addresses of Rail Safety Inspector Bob Johnston and Rail Transportation Specialist Lori Halstead.<sup>2</sup>

On Dec. 3, 2014, Mr. Brady sent an email to Mr. Johnston requesting the regulatory reference to spill notifications to the commission. Mr. Johnston responded by email with the text of WAC 480-62-310. He also forwarded Mr. Brady's email to Ms. Hunter, who responded to Mr. Brady on Dec. 5, 2014. Ms. Hunter also provided Mr. Brady with the text of WAC 480-62-310.<sup>3</sup>

On Jan. 23, 2015, Mr. Brady forwarded a copy of a 5800 Form to Ms. Hunter by email. Ms. Hunter replied to Mr. Brady the same day with contact information for the EOC. On Jan. 24, 2015, Mr. Brady requested clarification on reporting requirements. Ms. Hunter responded on Jan. 26, 2015, and provided the text of WAC 480-62-310 again. She reminded Mr. Brady that the rule requires two notifications by the railroad company: 1) a telephone report to the EOC, and 2) a copy of the 5800 Form sent to commission staff.<sup>4</sup>

<sup>&</sup>lt;sup>2</sup> October 2014 email exchanges between Kathy Hunter and Patrick Brady at Appendix B.

<sup>&</sup>lt;sup>3</sup> December 2014 email exchanges between Mr. Johnston, Ms. Hunter and Mr. Brady at Appendix C.

<sup>&</sup>lt;sup>4</sup> January 2015 email exchanges between Mr. Brady and Ms. Hunter at Appendix D.

On Feb. 4, 2015, David Pratt, Assistant Director for Transportation Safety, sent a technical assistance letter about accident reporting requirements to all railroad companies operating in Washington, including BNSF. The letter provided new email addresses for railroad companies to use when reporting accidents and incidents, and advised railroad companies that failure to provide these required reports is a violation of commission rules. Further, the letter warned that commission staff will recommend that the commission take enforcement action against railroad companies that fail to report incidents or accidents as required. Each day's continuance of a violation is a separate and distinct violation and may result in monetary penalties.<sup>5</sup> That same day, commission staff forwarded a copy of the letter to Mr. Brady by email. Mr. Brady responded stating that the company had "already initiated changes" to its notification practices.<sup>6</sup>

<sup>&</sup>lt;sup>5</sup> February 4, 2015, technical assistance letter from David Pratt to Patrick Brady at Appendix E.

<sup>&</sup>lt;sup>6</sup> February 4, 2015, email from Patrick Brady at Appendix F.

#### **INVESTIGATION**

When a hazardous material incident occurs, WAC 480-62-310 requires railroad companies to contact the EOC within 30 minutes of learning of the incident. The EOC then notifies the commission and the appropriate emergency response offices and agencies. The commission receives notification by email and telephone.<sup>7</sup>

Within 30 days of most hazardous material incidents, railroad companies must submit the 5800 Form to the USDOT. When a 5800 Form is submitted, the railroad company must send a copy to the commission at the same time, according to the requirements in WAC 480-62-310.

All hazardous material incidents must be reported to the EOC; however, not all of the incidents reported to the EOC must be reported to the USDOT. The 5800 Form is only required for hazardous material incidents that occur during the transportation of hazardous materials in commerce, or those incidents that are not otherwise exempted.<sup>8</sup>

#### **BNSF Compliance with Reporting Requirements**

In this investigation, staff sought to determine BNSF's compliance with the commission's accident reporting requirements after staff first provided technical assistance in October 2014. Staff reviewed all hazardous materials incidents BNSF reported to the EOC and the USDOT between Nov. 1, 2014, and Feb. 24, 2015. During that time, BNSF reported 16 incidents as outlined below.<sup>9</sup>

#### USDOT 5800 Form

BNSF has complied with the commission's reporting requirements related to the 5800 Form. Of the 16 incidents that occurred, BNSF was not required to report four of the incidents to the USDOT because they did not involve the transportation of hazardous materials in commerce or were otherwise exempted. For the incidents that were reportable, the company has provided staff with 5800 Forms for each incident.

#### **Reports to the EOC**

For two of the 16 hazardous materials incidents that occurred during the review period, BNSF reported to the EOC within the required 30-minute period, as follows:

<sup>&</sup>lt;sup>7</sup> David Pratt, Assistant Director of Transportation Safety, receives the EOC contact by telephone.

<sup>&</sup>lt;sup>8</sup> 49 CFR Part 171.16 – Detailed hazardous materials incident reports. The commission adopts this CFR Part by reference in WAC 480-62-999, and specifically references it in WAC 480-62-215, Hazardous materials regulations.

<sup>&</sup>lt;sup>9</sup> Copies of documentation for each incident at Appendix G.

	Date/Location	Actual Time of Event	Reported Time of Event	Reported to EOC?	Time of EOC Report	5800 Report Received?
1.	<b>December 15, 2014</b>	Unknown	9:17 p.m.	Yes	9:35 p.m.	Not required
	Longview – BNSF					
	Seattle Subdivision					
	line					
The EOC report says a BNSF train spilled 500 gallons of diesel fuel onto the tracks near Longview.						
2.	February 20, 2015	Unknown	3:39 p.m.	Yes	3:45 p.m.	Not required
	Pasco – BNSF					
	Lakeside substation					
The EOC report says a BNSF locomotive (unknown number) leaked three gallons of oil to gravel between						
tracks.						

For 14 of the 16 incidents, BNSF did not report to the EOC as required. Eight incidents were not reported to the EOC at all<sup>10</sup> and six incidents were not reported within 30 minutes, as outlined below:

	Date/Location	Actual Time of Event	Reported Time of Event	Reported to EOC?	Time of EOC Report	5800 Report Received?
1.	November 5, 2014 Blaine – BP Cherry Point facility	Unknown	11:10 a.m.	No	Not reported	Dec 3, 2014
	The 5800 Form states that a FRA inspector reported a tank car (#GBRX 701027) arrived at the unloading facility with crude oil spillage on the right side of the tank. The unloading service provider, Savage Services, inspected and found the liquid valve was open and the valve's closure plug had not been applied.					
2.	November 17, 2014 Pasco – Pasco grain yard (UTC inspection) Inspector Johnston noted bottom of the tank car (# Foreman-Maintenance f also sent an email to Ma the incident as November	DBUX 300330). Mor BNSF in Pasco, att Bailey at BNSF t	Ir. Johnston reporte at approximately 3 he same day at 8:5.	ed the leak to :00 p.m. on N	Jack Murray, Ge ovember 17. Mr	eneral . Johnston

 $<sup>^{10}</sup>$  Commission staff contacted the EOC and obtained copies of all railroad company incidents reported to the EOC between November 1, 2014, and February 24, 2015. There were no reports for these eight incidents.

	Date/Location	Actual Time of Event	Reported Time of Event	Reported to EOC?	Time of EOC Report	5800 Report Received?	
3.	December 7, 2014 Wenatchee – BNSF Wenatchee/Apple yard	Unknown	9:00 a.m.	No	Not reported	Jan. 6, 2015	
	The 5800 Form states the in the rail yard, identified			803328) was	reported drippin	g a substance	
4.	December 8, 2014 Spokane Valley – BNSF Trentwood Station	Unknown	9:30 a.m.	No	Not reported	Jan. 7, 2015	
	The 5800 Form states the dripping gas/oil from its	•		temporary sto	orage track was re	eported to be	
5.	December 9, 2014 Seattle – Balmer Railyard/Interbay	Unknown	8:55 a.m.	No	Not reported	Jan. 8, 2015	
	The 5800 Form states the 803340) was reported be	-		_	oaded in a gondo	ola (#CIGX	
6.	December 9, 2014 Everett – BNSF Everett/Delta yard	Unknown	9:00 a.m.	No	Not reported	Jan. 8, 2015	
	The 5800 Form states the 803344) was reported be	-	zardous solid wast	e in lift bags l	oaded in a gondo	ola (#CIGX	
7.	December 9, 2014 Everett – BNSF Everett/Delta yard	Unknown	10:05 a.m.	No	Not reported	Jan. 8, 2015	
	The 5800 Form states that a shipment of hazardous solid waste in lift bags loaded in a gondola (#WSGX 94122) was reported leaking liquid identified as primary sludge.						
8.	December 9, 2014 Vancouver – BNSF Vancouver yard	Unknown	2:00 p.m.	No	Not reported	Jan. 8, 2015	
	The 5800 Form states the 803339) was reported by	•		•	l oaded in a gondo	l ola (#CIGX	

	Date/Location	Actual Time of Event	Reported Time of Event	Reported to EOC?	Time of EOC Report	5800 Report Received?
9.	December 10, 2014 Everett – BNSF Everett/Delta yard	Unknown	10:25 a.m.	Yes	12:43 p.m.	Jan. 8, 2015
	The 5800 form states the 94103) was reported lea	•		•	oaded in a gondo	la (#WSGX
10.	December 13, 2014 Quincy – Columbia Subdivision	Unknown	10:10 a.m.	Yes	10:54 a.m.	Not required
	The EOC report says a I fire department put out a		re released 100 gal	llons of lube o	oil onto the track	s and the local
11.	January 12, 2015 Vancouver – BNSF Vancouver yard	Unknown	1:00 p.m.	Yes	Jan. 23*	Feb. 10, 2015
	The 5800 form states the 01T). *BNSF reported		•		•	TRIOFTE0-
12.	January 13, 2015 Auburn – BNSF Auburn yard	Unknown	3:00 p.m.	Yes	Jan. 23*	Feb. 11, 2015
	The 5800 form states BNSF found six tank cars leaking crude oil on a unit train (#U-TRIOFTE0-01T).  Cars were set out of the train for further inspection and cleaning. *BNSF reported this event and the event on Jan. 12 to EOC at the same time.					
13.	January 25, 2015 Seattle – BNSF Interbay yard	Unknown	10:24 a.m.	Yes	11:13 a.m.	Not required
	The EOC report says a I	BNSF locomotive m	nechanical problem	spilled 100 g	gallons of lube oi	l onto ballast.
14.	February 12, 2015 Seattle – South Seattle storage facility (UTC Inspection)	1:59 p.m. 2:24 p.m.	Unknown (not on EOC report)	Yes	4:33 p.m.	March 6, 2015
	Inspector Johnston repo	rted crude oil leakir	ng down the side of	f a tank car. (†	#CBTX 735516)	

# **Number of Violations**

For each incident that BNSF did not report to the EOC within 30 minutes as required, staff counted one violation. Each day that the violation continued through Feb. 24, 2015, is considered a separate and distinct violation<sup>11</sup> as outlined in the table below.

	Date/Time of Event	Time Reported to EOC	Number of Violations
1.	Nov. 5, 2014 / 11:10 a.m.	N/A	111
2.	Nov. 17, 2014 / 3:00 p.m.	N/A	99
3.	Dec. 7, 2014 / 9:00 a.m.	N/A	79
4.	Dec. 8, 2014 / 9:30 a.m.	N/A	78
5.	Dec. 9, 2014 / 8:55 a.m.	N/A	77
6.	Dec. 9, 2014 / 9:00 a.m.	N/A	77
7.	Dec. 9, 2014 / 10:05 a.m.	N/A	77
8.	Dec. 9, 2014 / 2:00 p.m.	N/A	77
9.	Dec. 10, 2014 / 10:25 a.m.	12:43 p.m. (2 hours, 18 minutes)	1
10.	Dec. 13, 2014 / 10:10 a.m.	10:54 a.m. (44 minutes)	1
11.	Jan. 12, 2015 / 1:00 p.m.	Jan. 23	11
12.	Jan. 13, 2015 / 3:00 p.m.	Jan. 23	10
13.	Jan. 25, 2015 / 10:24 a.m.	11:13 a.m. (49 minutes)	1
14.	Feb. 12, 2015 / 1:59 p.m. and 2:24 p.m.	4:33 p.m. (2 hours, 24 minutes) (2 hours, 9 minutes)	1
		<b>Total violations</b>	700

<sup>&</sup>lt;sup>11</sup> RCW 81.04.380.

#### STAFF FINDINGS AND RECOMMENDATION

Commission staff has determined that BNSF violated WAC 480-62-310 when it failed to report the release of a hazardous material as required to the EOC within 30 minutes for 14 incidents between Nov. 1, 2014, and Feb. 24, 2015.

RCW 81.04.010(11) states that a common carrier "... includes ... railroads, railroad companies..."

RCW 81.04.010(16) states that a public service company "... includes every common carrier."

RCW 81.04.380 Penalties – Violations by public service companies states, in part: "Every public service company ... shall obey, observe and comply with every order, rule, direction or requirement made by the commission under authority of this title .... Any public service company which shall violate or fail to comply with any provision of this title, or which fails, omits or neglects to obey, observe or comply with any order, rule, or any direction, demand or requirement of the commission, shall be subject to a penalty of not to exceed the sum of one thousand dollars for each and every offense ..."

#### Recommendations

Commission staff recommends the commission file a complaint on its own motion setting forth any act or omission by BNSF Railway Company that violates any law, or any order or rule of the commission, as provided by RCW 81.04.110.

In addition, staff recommends that the commission impose penalties of up to \$1,000 each for 700 violations of WAC 480-62-310, as provided by RCW 81.04.380.

Through its enforcement policy, 12 the commission considers the following factors when determining the level of penalty to be imposed:

1. How serious or harmful the violation is to the public. The requirement to notify the EOC of any hazardous material release is a serious matter. When BNSF fails to notify the EOC that such an incident has occurred, the EOC will not know to identify the necessary critical response and remediation resources and agencies to respond to the incident, causing potential harm to the public.

<sup>&</sup>lt;sup>12</sup> Adopted by the commission in Docket A-120061.

- 2. Whether the violation is intentional. Considerations include:
  - Whether the company ignored staff's previous technical assistance; and
  - Whether there is clear evidence through documentation or other means that show the company knew of and failed to correct the violation.

Commission staff has provided ongoing technical assistance to BNSF, beginning in October 2014, regarding the reporting requirements of WAC 480-62-310. However, BNSF failed to contact the EOC as required on 14 occasions to report a hazardous material incident. The company knew or should have known that these requirements exist.

- 3. **Whether the company self-reported the violation**. BNSF did not self-report these violations.
- 4. Whether the company was cooperative and responsive. BNSF staff has been cooperative and responsive with commission staff when staff provided ongoing technical assistance related to the required accident reporting. However, the company failed to correct its reporting practices related to contacting the EOC for 14 hazardous material incidents.
- 5. Whether the company promptly corrected the violations and remedied the impacts. BNSF has neither corrected the violations nor remedied the impacts of the company's failure to report eight hazardous material incidents to the EOC between Nov. 1 and Dec. 9, 2014. BNSF did notify the EOC of the eight incidents that occurred between Dec. 10, 2014, and Feb. 20, 2015; however, only two of those notifications occurred within the required 30 minutes.
- 6. **The number of violations**. Because of BNSF's failure to report these incidents to the EOC as required, a significant number of continuing violations has accrued.
- 7. **The likelihood of recurrence**. Unless BNSF makes significant changes in its reporting practices for hazardous material incidents, it is likely that these violations will reoccur.
- 8. The company's past performance regarding compliance, violations, and penalties. The commission issued a penalty assessment to BNSF in 2013 for violations related to crossing surface defects (TR-121921). However, BNSF has consistently demonstrated compliance with commission rules and regulations in the following areas:
  - Filing annual reports.
  - Paying regulatory fees.
  - Filing grade crossing petitions, when appropriate.

- **9.** The company's existing compliance program. BNSF generally complies with commission regulations. However, the company's failure to report hazardous material incidents to the EOC as required is unacceptable. Ensuring public safety is the commission's highest priority, and imposing significant penalties for violations of commission safety rules is one means of furthering that goal.
- **10.** The size of the company. BNSF is the largest railroad company operating in Washington with more than \$108 million in revenues reported to the commission in 2013.

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#### **APPENDIX A**

#### RCW 81.04.010 Definitions.

As used in this title, unless specially defined otherwise or unless the context indicates otherwise:

- (1) "Commission" means the utilities and transportation commission.
- (2) "Commissioner" means one of the members of such commission.
- (3) "Corporation" includes a corporation, company, association, or joint stock association.
- (4) "Low-level radioactive waste site operating company" includes every corporation, company, association, joint stock association, partnership, and person, their lessees, trustees, or receivers appointed by any court whatsoever, owning, operating, controlling, or managing a low-level radioactive waste disposal site or sites located within the state of Washington.
  - (5) "Low-level radioactive waste" means low-level waste as defined by RCW 43.145.010.
  - (6) "Person" includes an individual, a firm, or copartnership.
- (7) "Street railroad" includes every railroad by whatsoever power operated, or any extension or extensions, branch or branches thereof, for public use in the conveyance of persons or property for hire, being mainly upon, along, above, or below any street, avenue, road, highway, bridge, or public place within any one city or town, and includes all equipment, switches, spurs, tracks, bridges, right of trackage, subways, tunnels, stations, terminals, and terminal facilities of every kind used, operated, controlled, or owned by or in connection with any such street railroad, within this state.
- (8) "Street railroad company" includes every corporation, company, association, joint stock association, partnership, and person, their lessees, trustees, or receivers appointed by any court whatsoever, and every city or town, owning, controlling, operating, or managing any street railroad or any cars or other equipment used thereon or in connection therewith within this state.
- (9) "Railroad" includes every railroad, other than street railroad, by whatsoever power operated for public use in the conveyance of persons or property for hire, with all facilities and equipment, used, operated, controlled, or owned by or in connection with any such railroad.
- (10) "Railroad company" includes every corporation, company, association, joint stock association, partnership, or person, their lessees, trustees, or receivers appointed by any court whatsoever, owning, operating, controlling, or managing any railroad or any cars or other equipment used thereon or in connection therewith within this state.
- (11) "Common carrier" includes all railroads, railroad companies, street railroads, street railroad companies, commercial ferries, motor freight carriers, auto transportation companies, charter party carriers and excursion service carriers, private nonprofit transportation providers, solid waste collection companies, household goods carriers, hazardous liquid pipeline companies, and every corporation, company, association, joint stock association, partnership, and person, their lessees, trustees, or receivers appointed by any court whatsoever, and every city or town, owning, operating, managing, or controlling any such agency for public use in the conveyance of persons or property for hire within this state.
- (12) "Vessel" includes every species of watercraft, by whatsoever power operated, for public use in the conveyance of persons or property for hire over and upon the waters within this state, excepting all towboats, tugs, scows, barges, and lighters, and excepting rowboats and sailing boats under twenty gross tons burden, open steam launches of five tons gross and under, and vessels under five tons gross propelled by gas, fluid, naphtha, or electric motors.

- (13) "Commercial ferry" includes every corporation, company, association, joint stock association, partnership, and person, their lessees, trustees, or receivers, appointed by any court whatsoever, owning, controlling, leasing, operating, or managing any vessel over and upon the waters of this state.
- (14) "Transportation of property" includes any service in connection with the receiving, delivery, elevation, transfer in transit, ventilation, refrigeration, icing, storage, and handling of the property transported, and the transmission of credit.
- (15) "Transportation of persons" includes any service in connection with the receiving, carriage, and delivery of persons transported and their baggage and all facilities used, or necessary to be used in connection with the safety, comfort, and convenience of persons transported.
  - (16) "Public service company" includes every common carrier.
  - (17) The term "service" is used in this title in its broadest and most inclusive sense.

#### RCW 81.04.070 Inspection of books, papers, and documents.

The commission and each commissioner, or any person employed by the commission, shall have the right, at any and all times, to inspect the accounts, books, papers, and documents of any public service company, and the commission, or any commissioner, may examine under oath any officer, agent, or employee of such public service company in relation thereto, and with reference to the affairs of such company: PROVIDED, That any person other than a commissioner who shall make any such demand shall produce his or her authority from the commission to make such inspection.

[2013 c 23 § 287; 1961 c 14 § 81.04.070. Prior: 1911 c 117 § 77; RRS § 10415.]

#### RCW 81.04.110 Complaint — Hearing.

Complaint may be made by the commission of its own motion or by any person or corporation, chamber of commerce, board of trade, or any commercial, mercantile, agricultural or manufacturing society, or any body politic or municipal corporation, by petition or complaint in writing, setting forth any act or thing done or omitted to be done by any public service company or any person, persons, or entity acting as a public service company in violation, or claimed to be in violation, of any provision of law or of any order or rule of the commission.

When two or more public service companies or a person, persons, or entity acting as a public service company, (meaning to exclude municipal and other public corporations) are engaged in competition in any locality or localities in the state, either may make complaint against the other or others that the rates, charges, rules, regulations or practices of such other or others with or in respect to which the complainant is in competition, are unreasonable, unremunerative, discriminatory, illegal, unfair or intending or tending to oppress the complainant, to stifle competition, or to create or encourage the creation of monopoly, and upon such complaint or upon complaint of the commission upon its own motion, the commission shall have power, after notice and hearing as in other cases, to, by its order, subject to appeal as in other cases, correct the abuse complained of by establishing such uniform rates, charges, rules, regulations or practices in lieu of those complained of, to be observed by all of such competing public service companies in the locality or localities specified as shall be found reasonable, remunerative, nondiscriminatory, legal, and fair or tending to prevent oppression or monopoly or to encourage competition, and upon any such hearing it shall be proper for the commission to take into consideration the rates, charges, rules, regulations and practices of the public service company or companies complained of in any other locality or localities in the state.

All matters upon which complaint may be founded may be joined in one hearing, and no motion shall be entertained against a complaint for misjoinder of complaints or grievances or misjoinder of parties; and in any review of the courts of orders of the commission the same rule shall apply and pertain with regard to the joinder of complaints and parties as herein provided: PROVIDED, All grievances to be inquired into shall be plainly set forth

in the complaint. No complaint shall be dismissed because of the absence of direct damage to the complainant.

Upon the filing of a complaint, the commission shall cause a copy thereof to be served upon the person or company complained of, which shall be accompanied by a notice fixing the time when and place where a hearing will be had upon such complaint. The time fixed for such hearing shall not be less than ten days after the date of the service of such notice and complaint, excepting as herein provided. Rules of practice and procedure not otherwise provided for in this title may be prescribed by the commission.

#### RCW 81.04.380 Penalties -- Violations by public service companies.

Every public service company, and all officers, agents and employees of any public service company, shall obey, observe and comply with every order, rule, direction or requirement made by the commission under authority of this title, so long as the same shall be and remain in force. Any public service company which shall violate or fail to comply with any provision of this title, or which fails, omits or neglects to obey, observe or comply with any order, rule, or any direction, demand or requirement of the commission, shall be subject to a penalty of not to exceed the sum of one thousand dollars for each and every offense. Every violation of any such order, direction or requirement of this title shall be a separate and distinct offense, and in case of a continuing violation every day's continuance thereof shall be and be deemed to be a separate and distinct offense.

RCW 81.04.405 Additional penalties – Violations by public service companies and officers, agents, and employees. This statute states, in part: "In addition to all other penalties provided by law every public service company subject to the provisions of this title and every officer, agent or employee of any such public service company who violates...any provision of this title or any order, rule, regulation or decision of the commission...shall incur a penalty of one hundred dollars for every such violation. Each and every such violation shall be a separate and distinct offense and in case of a continuing violation every day's continuance shall be and be deemed to be a separate and distinct violation."

#### WAC 480-62-215 Hazardous materials regulations.

- (1) Rules governing hazardous materials are prescribed by the United States Department of Transportation in Title 49, Code of Federal Regulations, Parts 171 through 174, and Parts 178 and 179, and the appendices to Title 49. Information about Title 49 C.F.R. regarding the version adopted and where to obtain it is set out in WAC 480-62-999
- (2) All violations of the above incorporated rules and statutes will be submitted to the Federal Railroad Administration for enforcement action pursuant to the State Safety Participation Program, 49 C.F.R. Part 212. [Statutory Authority: RCW 80.01.040, 81.04.160, 81.24.010, 81.28.010, 81.28.290, 81.40.110, 81.44.010, 81.44.020, 81.44.101-81.44.105, and chapters 81.48, 81.53, 81.54, 81.60, and 81.61 RCW. WSR 01-04-026 (Docket No. TR-981102, General Order No. R-477), § 480-62-215, filed 1/30/01, effective 3/2/01.]

#### WAC 480-62-310 Accident reports

- (1) A railroad company must make a telephone report to the commission's designee, the Washington state emergency operations center's twenty-four-hour duty officer (duty officer) at 1- 800-258-5990 of any event connected to the operation of the railroad company that results in the:
- (a) Release of any hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic);
  - (b) Death of any person;
- (c) Injury to any person involved in a railroad-highway crossing accident that requires medical treatment in addition to first aid; or
  - (d) Property damage, amounting to fifty thousand dollars or more to property.
- (2)(a) Telephone reports of events listed in subsection (1) of this section must be made by the railroad company within thirty minutes of when it learned of the event. The report must provide detailed information of the event to the duty officer. After receiving the telephone report from the railroad company, the duty officer will identify the necessary critical response and remediation resources and agencies on an initial and continuous basis through the completion of the response to the event; and
- (b) The duty officer will notify the commission, the affected county or city emergency management office and other appropriate agencies of the event report.
  - (c) Provisions contained in (a) and (b) of this subsection must be carried out in accordance with the state's

twenty-four hour duty officer standard procedures and the Washington Emergency Management Act, chapter 38.52 RCW.

- (3) Each event report made under subsection (1) of this section by a railroad company must state, to the extent known, the:
  - (a) Name of the railroad(s) involved;
  - (b) Name and position of the reporting individual;
  - (c) Time and date of the event;
  - (d) Circumstances of the event;
  - (e) Number and identity of persons suffering injuries;
  - (f) Number of fatalities and the identities of the deceased;
  - (g) The type and amount of hazardous material spilled; and
  - (h) Other details that will assist in identifying the necessary response, as prompted by the duty officer.
- (4) Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of trains where the accident has occurred.
- (5) Whenever a railroad company submits an event report to the Federal Railroad Administration, it must submit a copy to the commission at the same time.
- (6) Whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time. [Statutory Authority: RCW  $\underline{80.01.040}$ , 81.04.160, 81.24.010, 81.28.010, 81.28.290, 81.40.110, 81.44.010, 81.44.020, 81.44.101-81.44.105, and chapters  $\underline{81.48}$ , 81.53, 81.54, 81.60, and  $\underline{81.61}$  RCW. WSR 01-04-026 (Docket No. TR-981102, General Order No. R-477),  $\S$  480-62-310, filed 1/30/01, effective 3/2/01.]

#### WAC 480-62-999 Adoption by reference.

In this chapter, the commission adopts by reference all or portions of regulations and standards identified below. They are available for inspection at the commission branch of the Washington state library. The publications, effective dates, references within this chapter, and availability of the resources are as follows:

- (1) Title 49 Code of Federal Regulations, cited as 49 C.F.R., including all appendices and amendments is published by the United States Government Printing Office.
  - (a) The commission adopts the version in effect on October 25, 2013.
- (b) This publication is referenced in WAC  $\underline{480\text{-}62\text{-}160}$  (Compliance policy), WAC  $\underline{480\text{-}62\text{-}200}$  (Roadway worker safety and operating rules and statutes), WAC  $\underline{480\text{-}62\text{-}205}$  (Track safety standards), WAC  $\underline{480\text{-}62\text{-}210}$  (Crossing signal circuitry), WAC  $\underline{480\text{-}62\text{-}215}$  (Hazardous materials regulations), WAC  $\underline{480\text{-}62\text{-}235}$  (Flaggers), and WAC  $\underline{480\text{-}62\text{-}240}$  (Passenger carrying vehicles—Equipment).
- (c) Copies of Title 49 Code of Federal Regulations are available from the U.S. Government Online Bookstore, http://bookstore.gpo.gov/, and from various third-party vendors.
- (2) Manual on Uniform Traffic Control Devices, cited as Manual on Uniform Traffic Control Devices, or MUTCD, is published by the United States Government Printing Office.
  - (a) The commission adopts the version in effect on October 25, 2013.
- (b) This publication is referenced in WAC  $\underline{480\text{-}62\text{-}230}$  (Traffic control devices) and WAC  $\underline{480\text{-}62\text{-}235}$  (Flaggers).
- (c) Copies of the MUTCD are available from the U.S. Government Online Bookstore, http://bookstore.gpo.gov/, and from various third-party vendors.
- (3) ANSI Z308.1 2009 American National Standard for Minimum Requirements for Workplace First Aid Kits is published by the American National Standards Institute.
  - (a) The commission adopts the version in effect on October 25, 2013.
  - (b) This publication is referenced in WAC <u>480-62-240</u> (Passenger carrying vehicles—Equipment).
- (c) Copies of ANSI Z308.1 2009 American National Standard for Minimum Requirements for Workplace First Aid Kits and Supplies are available from Global Engineering Documents in Englewood, Colorado.
- (4) ANSI/ISEA 207-2011 American National Standard for High-Visibility Public Safety Vests is published by the American National Standards Institute.
  - (a) The commission adopts the version in effect on October 25, 2013.
  - (b) This publication is referenced in WAC 480-62-235 (Flaggers).
- (c) Copies of ANSI/ISEA 207-2011 American National Standard for High-Visibility Public Safety Vests are available from Global Engineering Documents in Englewood, Colorado.

[Statutory Authority: RCW 80.01.040, 80.04.160, 81.04.160, and 34.05.353. WSR 14-05-001 (Docket A-131761, General Order R-574), § 480-62-999, filed 2/5/14, effective 3/8/14; WSR 13-05-023 (Docket A-121496, General Order R-569), § 480-62-999, filed 2/11/13, effective 3/14/13; WSR 12-05-063 (Docket A-111722, General Order R-564), § 480-62-999, filed 2/15/12, effective 3/17/12; WSR 11-04-041 (Docket A-101466, General Order R-562), § 480-62-999, filed 1/25/11, effective 2/25/11; WSR 10-03-044 (Docket A-091124, General Order R-557), § 480-62-999, filed 1/14/10, effective 2/14/10; WSR 09-01-171 (Docket A-081419, General Order R-554), § 480-62-999, filed 12/23/08, effective 1/23/09; WSR 05-21-022 (Docket No. A-050271, General Order No. R-521), § 480-62-999, filed 10/10/05, effective 11/10/05; WSR 04-01-152 (General Order No. R-511, Docket No. A-030852), § 480-62-999, filed 12/22/03, effective 1/22/04; WSR 02-18-033 (Docket No. A-020379, General Order No. R-501), § 480-62-999, filed 8/26/02, effective 9/26/02. Statutory Authority: RCW 80.01.040, 81.04.160, 81.24.010, 81.28.010, 81.28.290, 81.40.110, 81.44.010, 81.44.020, 81.44.101-81.44.105, and chapters 81.48, 81.53, 81.54, 81.60, and 81.61 RCW. WSR 01-04-026 (Docket No. TR-981102, General Order No. R-477), § 480-62-999, filed 1/30/01, effective 3/2/01.]

#### **APPENDIX B**

#### Hunter, Kathy (UTC)

From:

Hunter, Kathy (UTC)

Sent:

Thursday, October 23, 2014 9:24 AM

To:

Brady, Patrick M

Cc:

Johnston, Bob (UTC); Halstead, Lori (UTC)

Subject:

RE: Hazmat Accident Reporting

Patrick,

Please send the notifications to:

bjohnsto@utc.wa.gov lhalstea@utc.wa.gov

Thanks for your help.

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

Cell: (360) 701-1612 Fax: (360) 586-1150

From: Brady, Patrick M [mailto:Patrick.Brady@bnsf.com]

Sent: Wednesday, October 22, 2014 8:04 PM

To: Hunter, Kathy (UTC)

Subject: RE: Hazmat Accident Reporting

Is there an email address where we can send the DOT 5800.1's?

Patrick Brady CIH, CSP Director Hazardous Materials, Special Operations BNSF Railway 4200 Deen Road Fort Worth, TX 76106 817-740-7358 office 817-740-7250 fax 817-821-1325 cell

From: Hunter, Kathy (UTC) [mailto:khunter@utc.wa.gov]

Sent: Wednesday, October 22, 2014 2:11 PM

To: Brady, Patrick M

Subject: RE: Hazmat Accident Reporting

Thanks Patrick.

1

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

Cell: (360) 701-1612 Fax: (360) 586-1150

From: Brady, Patrick M [mailto:Patrick.Brady@bnsf.com]

Sent: Wednesday, October 22, 2014 11:04 AM

To: Hunter, Kathy (UTC) Cc: Johnston, Bob (UTC)

Subject: RE: Hazmat Accident Reporting

I am out of the office, buy will check our reporting matrix for the States.

Sent from my Windows Phone

From: Hunter, Kathy (UTC)
Sent: 10/22/2014 1:54 PM
To: Brady, Patrick M
Cc: Johnston, Bob (UTC)

Subject: RE: Hazmat Accident Reporting

Patrick,

Thanks for responding to my inquiry. I'm checking in with you to ensure that BNSF is providing proper notification to the Utilities and Transportation Commission (UTC) per WAC 480-62-310(1)(a) regarding hazardous materials.

WAC 480-62-310 Accident reports.

- (1) A railroad company must make a telephone report to the commission's designee, the Washington state emergency operations center's twenty-four-hour duty officer (duty officer) at 1-800-258-5990 of any event connected to the operation of the railroad company that results in the:
- (a) Release of any hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic);
- (b) Death of any person;
- (c) Injury to any person involved in a railroad-highway crossing accident that requires medical treatment in addition to first aid; or
- (d) Property damage, amounting to fifty thousand dollars or more to property.
- (2)(a) Telephone reports of events listed in subsection (1) of this section must be made by the railroad company within thirty minutes of when it learned of the event. The report must provide detailed information of the event to the duty officer. After receiving the telephone report from the railroad company, the duty officer will identify the necessary critical response and remediation resources and agencies on an initial and continuous basis through the completion of the response to the event; and
- (b) The duty officer will notify the commission, the affected county or city emergency management office and other appropriate agencies of the event report.
- (c) Provisions contained in (a) and (b) of this subsection must be carried out in accordance with the state's twenty-four hour duty officer standard procedures and the Washington Emergency Management Act, chapter 38.52 RCW.
- (3) Each event report made under subsection (1) of this section by a railroad company must state, to the extent known, the:
- (a) Name of the railroad(s) involved;
- (b) Name and position of the reporting individual;
- (c) Time and date of the event;
- (d) Circumstances of the event;
- (e) Number and identity of persons suffering injuries;
- (f) Number of fatalities and the identities of the deceased;
- (g) The type and amount of hazardous material spilled; and
- (h) Other details that will assist in identifying the necessary response, as prompted by the duty officer.

- (4) Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of trains where the accident has occurred.
- (5) Whenever a railroad company submits an event report to the Federal Railroad Administration, it must submit a copy to the commission at the same time.
- (6) Whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time.

I've attached an example of notification that UTC receives from Union Pacific Railroad. UTC does receive various notifications from Washington State Emergency Management but I just want to double check that all reportable accidents involving hazardous materials is being appropriately reported.

Thanks for your assistance Patrick.

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

Cell: (360) 701-1612 Fax: (360) 586-1150

----Original Message----

From: Brady, Patrick M [mailto:Patrick.Brady@bnsf.com]

Sent: Tuesday, October 21, 2014 5:24 PM

To: Hunter, Kathy (UTC)

Subject: RE: Hazmat Accident Reporting

Please contact me via my cell when you have time.

Patrick Brady CIH, CSP Director Hazardous Materials, Special Operations BNSF Railway 4200 Deen Road Fort Worth, TX 76106 817-740-7358 office 817-740-7250 fax 817-821-1325 cell

----Original Message----

From: Hunter, Kathy (UTC) [mailto:khunter@utc.wa.gov]

Sent: Tuesday, October 21, 2014 4:44 PM

To: Brady, Patrick M

Subject: Hazmat Accident Reporting

Good afternoon Patrick,

I'm hoping to connect with the appropriate staff person at BNSF to discuss accident notification, specifically related to hazardous materials.

Is this something you can help me with Patrick?

Thanks.

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

#### **APPENDIX C**

From: Johnston, Bob (UTC)

Sent: Thursday, December 04, 2014 10:44 AM

To: Brady, Patrick M

Subject: RE: Spill notification

This may be what you were requesting. If not, please let us know.

WAC 480-62-310 Accident reports.

- (1) A railroad company must make a telephone report to the commission's designee, the Washington state emergency operations center's twenty-four-hour duty officer (duty officer) at 1-800-258-5990 of any event connected to the operation of the railroad company that results in the:
- (a) Release of any hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic);
- (b) Death of any person;
- (c) Injury to any person involved in a railroad-highway crossing accident that requires medical treatment in addition to first aid; or (d) Property damage, amounting to fifty thousand dollars or more to property.
- (2)(a) Telephone reports of events listed in subsection (1) of this section must be made by the railroad company within thirty minutes of when it learned of the event. The report must provide detailed information of the event to the duty officer. After receiving the telephone report from the railroad company, the duty officer will identify the necessary critical response and remediation resources and agencies on an initial and continuous basis through the completion of the response to the event; and (b) The duty officer will notify the commission, the affected county or city emergency management office and other appropriate agencies of the event report.
- (c) Provisions contained in (a) and (b) of this subsection must be carried out in accordance with the state's twenty-four hour duty officer standard procedures and the Washington Emergency Management Act, chapter 38.52 RCW.
- (3) Each event report made under subsection (1) of this section by a railroad company must state, to the extent known, the:
- (a) Name of the railroad(s) involved;
- (b) Name and position of the reporting individual;
- (c) Time and date of the event;
- (d) Circumstances of the event;
- (e) Number and identity of persons suffering injuries;
- (f) Number of fatalities and the identities of the deceased;
- (g) The type and amount of hazardous material spilled; and
- (h) Other details that will assist in identifying the necessary response, as prompted by the duty officer.
- (4) Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of trains where the accident has occurred.
- (5) Whenever a railroad company submits an event report to the Federal Railroad Administration, it must submit a copy to the commission at the same time.
- (6) Whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time.

From: Brady, Patrick M [mailto:Patrick.Brady@bnsf.com]
Sent: Wednesday, December 03, 2014 2:29 PM

1

**To:** Johnston, Bob (UTC) **Subject:** Spill notification

Can you send me the regulatory reference to spill notification to the UTC?

Patrick Brady CIH, CSP
Director Hazardous Materials, Special Operations
BNSF Railway
4200 Deen Road
Fort Worth, TX 76106
817-740-7358 office
817-740-7250 fax
817-821-1325 cell

#### Hunter, Kathy (UTC)

From: Hunter, Kathy (UTC)

Sent: Friday, December 5, 2014 8:08 AM

To: Brady, Patrick M
Cc: Johnston, Bob (UTC)
Subject: RE: Spill notification
Attachments: WAC 480-62-310.pdf

Patrick,

See the attached document.

Thanks -

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

Cell: (360) 701-1612 Fax: (360) 586-1150

From: Johnston, Bob (UTC)

Sent: Wednesday, December 3, 2014 2:54 PM

To: Hunter, Kathy (UTC)
Subject: Fwd: Spill notification

Can you respond to this?

Sent from my iPhone

Begin forwarded message:

From: "Brady, Patrick M" < Patrick. Brady@bnsf.com>

Date: December 3, 2014 at 2:28:43 PM PST

To: "Bob Johnston (bjohnston@utc.wa.gov)" <br/>bjohnston@utc.wa.gov>

Subject: Spill notification

Can you send me the regulatory reference to spill notification to the UTC?

Patrick Brady CIH, CSP Director Hazardous Materials, Special Operations BNSF Railway 4200 Deen Road Fort Worth, TX 76106 817-740-7358 office 817-740-7250 fax

1

#### WAC 480-62-310

#### Accident reports.

- (1) A railroad company must make a telephone report to the commission's designee, the Washington state emergency operations center's twenty-four-hour duty officer (duty officer) at 1- 800-258-5990 of any event connected to the operation of the railroad company that results in the:
- (a) Release of any hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic);
  - (b) Death of any person;
- (c) Injury to any person involved in a railroad-highway crossing accident that requires medical treatment in addition to first aid; or
  - (d) Property damage, amounting to fifty thousand dollars or more to property.
- (2)(a) Telephone reports of events listed in subsection (1) of this section must be made by the railroad company within thirty minutes of when it learned of the event. The report must provide detailed information of the event to the duty officer. After receiving the telephone report from the railroad company, the duty officer will identify the necessary critical response and remediation resources and agencies on an initial and continuous basis through the completion of the response to the event; and
- (b) The duty officer will notify the commission, the affected county or city emergency management office and other appropriate agencies of the event report.
- (c) Provisions contained in (a) and (b) of this subsection must be carried out in accordance with the state's twenty-four hour duty officer standard procedures and the Washington Emergency Management Act. chapter 38.52 RCW.
- (3) Each event report made under subsection (1) of this section by a railroad company must state, to the extent known, the:
  - (a) Name of the railroad(s) involved;
  - (b) Name and position of the reporting individual;
  - (c) Time and date of the event;
  - (d) Circumstances of the event;
  - (e) Number and identity of persons suffering injuries;
  - (f) Number of fatalities and the identities of the deceased;
  - (g) The type and amount of hazardous material spilled; and
  - (h) Other details that will assist in identifying the necessary response, as prompted by the duty officer.
- (4) Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of trains where the accident has occurred.
- (5) Whenever a railroad company submits an event report to the Federal Railroad Administration, it must submit a copy to the commission at the same time.
- (6) Whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time.

#### APPENDIX D

#### **Hunter, Kathy (UTC)**

To:

Brady, Patrick M

Cc:

Pratt, David (UTC)

Subject:

RE: US DOT 5800.1 Report for GBRX 701027-Washington State

Attachments:

WAC 480.62.310.docx

1/26/15

8:56 a.m.

Patrick - Yes, all notifications need to be sent to UTC's designee Washington State Emergency Management. As we discussed last week and I'm highlighting that there are two notifications to per WAC 480-62-310, which I have highlighted below. A complete copy of the WAC is attached.

- (1) A railroad company must make a telephone report to the commission's designee, the Washington state emergency operations center's twenty-four-hour duty officer (duty officer) at 1-800-258-5990 of any event connected to the operation of the railroad company that results in the:
- (a) Release of any hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic);
- (6) Whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time.

If BNSF could add these emails to the cc: when notifying Emergency as a courtesy, UTC would be appreciated.

Ihalstea@utc.wa.gov bjohnsto@utc.wa.gov

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

Cell: (360) 701-1612 Fax: (360) 586-1150

----Original Message----

From: Brady, Patrick M [mailto:Patrick.Brady@bnsf.com]

Sent: Saturday, January 24, 2015 3:41 PM

To: Hunter, Kathy (UTC)

Subject: RE: US DOT 5800.1 Report for GBRX 701027-Washington State

Just so that I am clear, the copy of the DOT 5800.1 that we are to send to the UTC should be emailed to Stateemergency.operationsofficer@mil.wa.gov?

Patrick Brady CIH, CSP Director, Hazardous Materials Safety BNSF Railway 4200 Deen Road

# Staff Investigation – BNSF Railway Company TR-150284

Fort Worth, TX 76106 817-740-7358 office 817-740-7250 fax 817-821-1325 cell

-----Original Message-----

From: Hunter, Kathy (UTC) [mailto:khunter@utc.wa.gov]

Sent: Friday, January 23, 2015 5:10 PM

To: Brady, Patrick M

Subject: RE: US DOT 5800.1 Report for GBRX 701027-Washington State

Patrick,

Here's the contact information for Emergency Management, including their email address:

Washington State Emergency Management Division Building 20, MS: TA-20 Camp Murray, WA 98430-5122 1-800-258-5990

Email: Stateemergency.operationsofficer@mil.wa.gov

If you have any additional questions, please let me know.

Kathy Hunter, Deputy Assistant Director, Transportation Safety Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. SW PO Box 47250 Olympia, WA 98504-7250

Office Telephone: (360) 664-1257

Cell: (360) 701-1612 Fax: (360) 586-1150

----Original Message----

From: Brady, Patrick M [mailto:Patrick.Brady@bnsf.com]

Sent: Friday, January 23, 2015 12:31 PM

To: Hunter, Kathy (UTC)

Subject: FW: US DOT 5800.1 Report for GBRX 701027-Washington State

Here you go.

Patrick Brady CIH, CSP Director, Hazardous Materials Safety BNSF Railway 4200 Deen Road Fort Worth, TX 76106 817-740-7358 office 817-740-7250 fax 817-821-1325 cell

----Original Message----

From: AAR Release Reporter [mailto:noreply@occumetrics.com]

Sent: Wednesday, December 03, 2014 3:08 PM

To: bjohnsto@utc.wa.gov; lhalstea@utc.wa.gov; McMahon, Rich J Subject: US DOT 5800.1 Report for GBRX 701027-Washington State This email contains information relating to railroad hazardous materials releases. The person responsible for reporting of such releases has sent you this email per your request. Instructions for viewing the report are shown following the message from the sender.

Sender's Message:

Attached is a copy of a US DOT 5800.1 report filed by BNSF for the unintentional release of hazardous material from a transportation package (tank car GBRX 701027) that was discovered in the state of Washington on 11/05/2014.

Richard McMahon

Manager Hazardous Materials Risk Management Burlington Northern Santa Fe (817) 740-7355

Email: rich.mcmahon@bnsf.com

Instructions for Viewing the Release Report:

You must have Adobe Acrobat Reader properly installed to view the attached report(s). If you do not have Acrobat Reader installed, you may download it at no cost from the Adobe website.

Once the Acrobat Reader is installed on your PC, you can view the report(s). DOT 5800.1 form data is attached to this message in the form of a PDF file. To view the report, simply double-click the email attachment ending in the letters 'pdf'. If you are asked to open or save the file, choose 'Open'.

#### APPENDIX E



#### STATE OF WASHINGTON

#### UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

February 4, 2015

Patrick Brady CIH, CSP Director, Hazardous Materials Safety BNSF Railway 4200 Deen Road Fort Worth, TX 76106

RE: Railroad Company Accident Reporting Requirements

Dear Mr. Brady:

The Washington Utilities and Transportation Commission (commission) requires railroad companies to provide detailed reports for any event connected to the operation of the railroad company that results in an accident as described below. (See Washington Administrative Code or WAC 480-62-310, enclosed.)

Specifically, commission rules require railroad companies to report the following:

- Release of hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic).
- Death of any person.
- Injury to any person involved in a railroad-highway crossing accident that requires
  medical treatment in addition to first aid.
- Property damage, amounting to fifty thousand dollars or more to property.

Railroad companies must make a telephone report of such events, within 30 minutes of learning of the event, to the commission's designee: the Washington State Emergency Operations Center's 24-hour duty officer (duty officer) at 1-800-258-5990. The report must provide detailed information of the event to the duty officer as outlined below. After receiving the telephone report from the railroad company, the duty officer will identify the necessary critical response and remediation resources and agencies on an initial and continuous basis through the

Respect. Professionalism. Integrity. Accountability.

Patrick Brady February 4, 2015 Page 2

completion of the response to the event. The duty officer will notify the commission, the affected county or city emergency management office and other appropriate agencies of the event report.

Each event report by a railroad company must state, to the extent known, the:

- a) Name of the railroad(s) involved;
- b) Name and position of the reporting individual;
- c) Time and date of the event;
- d) Circumstances of the event;
- e) Number and identity of persons suffering injuries;
- f) Number of fatalities and the identities of the deceased;
- g) The type and amount of hazardous material spilled; and
- h) Other details that will assist in identifying the necessary response, as prompted by the duty officer.

Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of trains where the accident has occurred.

In addition to the immediate reporting requirements outlined above, railroads must also provide copies of reports to the commission at the same time when submitting event reports to the Federal Railroad Administration.

WAC 480-62-310(5) requires that whenever a railroad company submits an event report to the Federal Railroad Administration, it must submit a copy to the commission at the same time.

Please submit the incident reports to WUTCRailIncidentRptg@utc.wa.gov via email.

#### Hazardous Materials Incident or Accident

WAC 480-62-310(6) requires that whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time.

Please submit the hazardous materials incident report (Form DOT F 5800.1) to <a href="https://www.gov.nih.gov.

<sup>&</sup>lt;sup>1</sup> These provisions must be carried out in accordance with the state's 24-hour duty officer standard procedures and the Washington Emergency Management Act, chapter 38.52 RCW.

Patrick Brady February 4, 2015 Page 3

Failure to provide these required reports is a violation of commission rules. Commission staff will recommend that the commission take enforcement action against railroad companies that fail to report incidents or accidents as required. Each day's continuance of a violation is considered a separate and distinct violation and may result in monetary penalties.

If you have any question about these requirements, please contact Lori Halstead, Rail Safety, at 360-664-1262 or lhalstea@utc.wa.gov.

Sincerely,

David Pratt

Assistant Director, Transportation Safety

Enclosure

#### WAC 480-62-310

#### Accident reports.

- (1) A railroad company must make a telephone report to the commission's designee, the Washington state emergency operations center's twenty-four-hour duty officer (duty officer) at 1- 800-258-5990 of any event connected to the operation of the railroad company that results in the:
- (a) Release of any hazardous material (i.e., materials that are corrosive, flammable, explosive, reactive with other materials, or toxic);
  - (b) Death of any person;
- (c) Injury to any person involved in a railroad-highway crossing accident that requires medical treatment in addition to first aid; or
  - (d) Property damage, amounting to fifty thousand dollars or more to property.
- (2)(a) Telephone reports of events listed in subsection (1) of this section must be made by the railroad company within thirty minutes of when it learned of the event. The report must provide detailed information of the event to the duty officer. After receiving the telephone report from the railroad company, the duty officer will identify the necessary critical response and remediation resources and agencies on an initial and continuous basis through the completion of the response to the event; and
- (b) The duty officer will notify the commission, the affected county or city emergency management office and other appropriate agencies of the event report.
- (c) Provisions contained in (a) and (b) of this subsection must be carried out in accordance with the state's twenty-four hour duty officer standard procedures and the Washington Emergency Management Act, chapter 38.52 RCW.
- (3) Each event report made under subsection (1) of this section by a railroad company must state, to the extent known, the:
  - (a) Name of the railroad(s) involved;
  - (b) Name and position of the reporting individual;
  - (c) Time and date of the event;
  - (d) Circumstances of the event;
  - (e) Number and identity of persons suffering injuries;
  - (f) Number of fatalities and the identities of the deceased;
  - (g) The type and amount of hazardous material spilled; and
  - (h) Other details that will assist in identifying the necessary response, as prompted by the duty officer.
- (4) Accidents involving joint railroad company operations must be reported by the railroad company that controls the track and directs the movement of trains where the accident has occurred.
- (5) Whenever a railroad company submits an event report to the Federal Railroad Administration, it must submit a copy to the commission at the same time.
- (6) Whenever a railroad submits a report to the United States Department of Transportation concerning a hazardous materials incident or accident, it must submit a copy of the report to the commission at the same time.

#### **APPENDIX F**

#### Hunter, Kathy (UTC)

From:

Brady, Patrick M <Patrick.Brady@bnsf.com>

Sent:

Wednesday, February 4, 2015 2:50 PM

To:

Martin, Lindsay (UTC)

Cc:

Hunter, Kathy (UTC); Halstead, Lori (UTC)

Subject:

RE: Reminder Railroad Company Accident Reporting Requirements (WAC 480-62-310)

Thanks for the heads up. We have already initiated changes to our notification practices.

Patrick Brady CIH, CSP Director, Hazardous Materials Safety BNSF Railway 4200 Deen Road Fort Worth, TX 76106 817-740-7358 office 817-740-7250 fax 817-821-1325 cell

From: Martin, Lindsay (UTC) [mailto:lmartin@utc.wa.gov]

Sent: Wednesday, February 04, 2015 4:27 PM

To: Brady, Patrick M

Cc: Hunter, Kathy (UTC); Halstead, Lori (UTC)

Subject: Reminder Railroad Company Accident Reporting Requirements (WAC 480-62-310)

Dear Mr. Brady:

Attached is a courtesy copy of a letter being mailed to you regarding WAC 480-62-310, accident reports.

If you have any questions, please contact Lori Halstead. Lori's contact information can be found in the attached letter.

Thank you,

Lindsay Martin
Transportation Safety
Washington Utilities and Transportation Commission
360-664-1244

# APPENDIX G

Form DOT F 5800.1 (01-2004)

U.S. Departme Pipeline and Ha Safety Adminis	azardous M			ardous ncident	Material: Report	S		Form Appro	val OMB No. 2137-0039
According to the Paper valid OMB control num mandatory and will tak	ber. The	valid OMB co	ontrol number fo	ns are requ r this inforn	ired to respo nation collect	nd to a co tion is 21	ollection of i 37-0039. The	nformation ur e filling out of	nless it displays a this information is
INSTRUCTIONS: Subm Safety Administration, use a seperate sheet of Office of Hazardous Ma Center at 1-800-HMR-4	Office of F of paper, i aterials W	łazardous Ma dentifying th ebsite at http	terials Safety, Di e entry number ://hazmat.dot.go	HM-63, Was being comp v. If you hav	hington, D.C. leted. Copies e any questic	. 20590-0	001. If space form and ins	provided for a structions can	any item is inadequate, be obtained from the
PART I - REPORT	Г ТҮРЕ		7.			7 "		10 10	
1. This is to report:		•	A) A hazardous r	material incid	ent		B) An undec	lared shipment	with no release
				ructural dam.	1,000 gallons o age to the ladir ng retention sy	ng retentio	n system or c	lamage that rec	terials that quires repair to a system
2. Indicate whether thi	s is:	▣	An initial report		A suppleme	ntal (follow	v-up) report		Additional Pages
PART II - GENER	AL INC	IDENT IN	FORMATIO	N					
3. Date of Incident: 11					Incident (use	24-hour	time): 11:1	10	
5. Enter National Resp	onse Cer	nter Report N	lumber (if applic	able): N/A					
6. If you submitted a r	eport to a	another Fede	ral DOT agency	, enter the a	gency and r	eport nu	mber: N/A		
7. Location of Incident				inty: What		tate: WA		Code (if knov	vn): 98230
							0,000,000	Refinery, Track	4223, BNSF Arco Sta.
8. Mode of Transporta			Air		Highway	•	Rail		Water
9. Transportation Pha			In Transit		Loading		Unloading		In Transit Storage
10. Carrier/Reporter	Name		ay Company	_	Louding	-	omenang	T-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Tot Carrier, Maportar	Street	2600 Lou M							
	City	Fort Worth				S	ate TX	ZIP Code	76131-2830
	Federal	DOT ID Nun	nber 281683		Haz	mat Regi	stration Nu	mber 062712	2 002 010UW
11. Shipper/Offeror	Name	BP Products	s North America t	y Musket C	orp.				7 7 1
	Street	200 Westlak	e Park Blvd.						
	City _	Houston				S	tate TX	_ ZIP Code	77079
	Waybil	I/Shipping Pa	aper BNSF 235	592	Haz	mat Regi	stration Nu	mber Unavai	lable
12. Origin	Street	3451 Highw	ay 58					-1	
(if different from shipper address)	City _	Fairview				S	tate MT	_ ZIP Code	59221
13. Destination	Street	4519 Grand	view Road						
	City _	Blaine				S	tate WA	ZIP Code	98230
14. Proper Shipping N	ame of Ha	azardous Ma	terial: PETROLE	UM CRUDE	OIL				
15. Technical/Trade Na									
16. Hazardous Class/		17. Identi	fication		18. Packing			19. Quantit	v 1611
Division: 3		Numb	oer: <u>UN1267</u> N2764, NA 2020)	-	Group: _ (if applica	l ble)		Release	
20. Was the material s	hipped as	a hazardous	s waste?	Yes 🔳	No If yes,	provide t	the EPA Mar	nifest Numbe	r: <u>N/A</u>
21. Is this a Toxic by Ir	halation	(TIH) materia	il? 🔲	Yes 🔳	No If yes,	provide t	he Hazard 2	Zone: N/A	
22. Was the material s			All the same and the same and the		tent Authorit	y Certific	ate?	Yes	No
If yes, provide the				N/A				errene n <del>a</del> n-	1950
23, Was this an undec	ared haza	ardous mater	ials shipment?					Yes 🔳	No

Page 1

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PART III - PACKAGING	INFORMATION	1.178 A. C. C. S.
24. Check Packaging Type (chec	k only one - if more than one	e, 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
that corresponds to the parti	icular packaging type checke	found at the end of the instructions. Be sure to enter the codes from the list of above. Enter the number of codes as appropriate to describe the incident. The more than two failure points, provide in this format in part VI.
1. What Failed: 134	How Faile	d: 308 Causes of Failure: 535
2. What Failed: 134	How Failed	d: 308 Causes of Failure: 528
26a. Provide the packaging iden	tification markings, if availab	ole.
Identification Markings: 11	1A100W1	
		/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)
		entification markings are incomplete or unavailable, see instructions and
Single Package or Outer Pa	ockaging:	Single Package or Inner Packaging (if any):
Packaging Type: N/A	The second of the second of	Packaging Type: N/A
Material of Construction: N	I/A	Material of Construction: N/A
Head Type (Drums only):	Removable	☐ Non - Removable
27. Describe the package capaci	ty and the quantity:	
		0.101
Single Package or Outer Pa		Single Package or Inner Packaging (if any):
Package Capacity:19		Package Capacity: N/A
Amount in Package:18		Amount in Package: N/A
Number Failed:1		Number Failed:
28. Provide packaging construct	ion and test information, as a	appropriate:
Manufacturer: N/A		Manufacture Date: 09/12/2014
Serial Number: GBRX70102	27	Last Test Date:09/12/2014
Material of Construction: C	ARBON STEEL	(if Tank Car, CTMV, Portable Tank, or Cylinder)
		(if Tank Car, CTMV, Portable Tank)
		(if Tank Car, CTMV, Portable Tank)
NO.		
Service Pressure: N/A		(if Cylinder)
If valve or device failed:		
Type: N/A	Manufacturer: N	/A Model: N/A
The Control of the Co		present and legible) (if present and legible)
29. If the packaging is for Radioa	ective Materials, complete the	e 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
10/00/11/00/10/10/10/10/10/10/10/10/10/1		ACTION TOTAL WATER
Form DOT F 5800.1 (01-2004)		Page 2 Reproduction of this form is permitted

PART IV - CONSEQUENCES			19. 1
30. Result of Incident (check all that apply):	■ Spillage	Explosion	al Entered Waterway/Storm Sewer
21-32 1	☐ Vapor (Gas) Dispersion ☐	Environmental Damage	☐ No Release
31. Emergency Response: The following er	ntities responded to the incident:	(Check all that apply)	
☐ Fire/EMS Report # N/A	Police Report # N/A	In-h	ouse cleanup   Other Cleanup
32. Damages: Was the total damage	cost more than \$500?	■ Yes □ No	
If yes, enter the following information:			
Material Loss: Carrier Damage		Response Cost:	Remediation/Cleanup Cost:
\$ 3,200	<u> </u>	\$ <u>100</u>	\$ 2,000
(See damage definitions in the instructions)			
33a. Did the hazardous material cause or cont	ribute to a human fatality?	☐ Yes ■ No	Q.
If yes, enter the number of fatalities result	ing from the hazardous material	1	4000
Fatalities: Em	ployees N/A Res	ponders N/A	General Public N/A
33b. Were there human fatalities that did not	result from the hazardous mater	ial? ☐ Yes ▣ No	If yes, how many? N/A
34. Did the hazardous material cause or contri	ibute to personal injury?	☐ Yes ■ No	
If yes, enter the number of injuries resulting	ng from the hazardous material:		
Hospitalized (Admitted Only): Em	ployees N/A Res	ponders N/A	General Public N/A
Non-Hospitalized: Em	ployees N/A Res	ponders N/A	General Public N/A
(e.g.: On site first aid or Emergency Room obser	vation and release)		
35. Did the hazardous material cause or contri	ibute to an evacuation?	☐ Yes ■ No	a Lin
If yes, provide the following information:			
Total number of general public evacuated		nployees evacuated N/	A Total EvacuatedN/A
Duration of the evacuation N/A (h	ours)		
36. Was a major transportation artery or facilit	ty closed?	☐ Yes ■ No	If yes, how many? N/A (hours)
37. Was the material involved in a crash or de	railment?	☐ Yes ■ No	
If yes, provide the following information:	Estimated speed (mph):	Weather condition	ons: N/A
	Vehicle overturn?	☐ Yes ■ No	
	Vehicle left roadway/track?	☐ Yes ■ No	
PART V - AIR INCIDENT INFORMA	ATION (please refer to § 17	3.31 to report a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?	7	☐ Yes ■ No	
If yes, was it tendered as cargo, or as pass	enger baggage?		5
☐ Cargo	☐ Passenger baggage		7
39. Where did the incident occur (if unknown,	check the appropriate box for th	e location where the incid	ent was discovered)?
☐ Air carrier cargo facility	☐ Sort center	☐ Baggag	
☐ By surface to/from airport	☐ During flight		loading/unloading of aircraft
40. What phase(s) had the shipment already u			#
☐ Shipment had not been transported	☐ Transported by air (fir		ort by air (subsequent flights)
☐ Initial transport by highway to cargo fa	NO. 12400 2		er or toposodoout indutes
Form DOT F 5800.1 (01-2004)	Page 3	Rei	production of this form is permitted

PART VI - DESCRIPTION OF	EVENTS & PACKAGE F	FAILURE
including the size and location of hole	s, cracks, etc. Photographs and	ons taken at the time it was discovered. Describe the package failur I diagrams should be submitted if needed for clarification, Estimate itigate the effects of the release. Continue on additional sheets if
right side of its tank shell and trucks. The valve was open and this valve's closure p shipper seal at the protective housing co- trailed GBRX 701027. Savage Services it	consignee's unloading service prolug not applied. The liquid valve to rer (Allied 1585186) was reported dicated that they would clean the BRX 701027 was gauged to estir	rrived at the consignee's unloading tracks with commodity spillage on the ovider (Savage Services) inspection of GBRX 701027 revealed its liquid was closed and its closure plug was applied to a tool tight condition. The intact. Also noted was commodity spray on four entrained tank cars that a commodity spillage from GBRX 701027 and the other tank cars found mate the possible commodity loss during transportation. No reports of
		* . H . H . H . H . H . H
PART VII - RECOMMENDATI	ONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Ensure shipper's pre-trip inspection proce valves and fittings.	ss is fully implemented and valida	ated as it relates to the total securement and mechanical fitness of all
	*	*
		9
PART VIII- CONTACT INFORM	AATION	
ANT VIII- CONTACT INFOR	WATION	
ontact's Name (Type or Print): Richard		Telephone Number: ( ) (817) 740-7355
ontact's Title: Manager Hazardous Mat		Fax Number: ( ) (817) 740-7250
usiness Name and Address: BNSF Ra 200 Deen Road, Fort Worth, TX 76106	liway Company	Hazmat Registration Number (if not already provided):
-mail Address: rich.mcmahon@bnsf.cor	n	062712 002 010UW
	Shipper  Facility	Date: 12/03/2014  Other
orm DOT F 5800.1 (01-2004)	Page 4	Reproduction of this form is permitted

# $Staff\ Investigation-BNSF\ Railway\ Company\ TR-150284$

From: Johnston, Bob (UTC)

Sent: Monday, November 17, 2014 8:55 PM

To: matt.bailey@bnsf.com

Subject: Inspection report attached - fuel oil car leak from manway area

Hi Matt,

During my afternoon inspections, I discovered a defective condition on a fuel oil tank car. I contacted Jack Murray and informed him of the problem.

Correction of the condition and cause will be conducted Tuesday morning.

Will keep you informed.

**Bob Johnston** 

				NSPORTA INISTRATIO		)	II	VSI	PEC	TIO	N F	REP	OR	RT	OMI	В Аррго	oval No.:	2130-0	509
Inspe	ctor's Name					Insp	occtor's S	Signatu	re				Ins	spector's ID No	. Repor	t No.		Date	-T
JOH	NSTON, RO	BERT	r N.										Ι,	H5303	252	,	уу 2014	mm 11	17
	ad/Company N			s	7 2				-	R/C	Divi	sion			Representati				1.7
	F Railway C									R		STEM		Name	MATT			inagea)	
4920	N Railroad	Ave								RR/Co.		2.7000000		-					
										Code		division		Title	Termin	al Supe	rintender	nt	
Pasc	0			WA	V.	993	301			BNSF	SY	STEM		Email	matt.ba	ilcy@b	nsf.com		
9														Signatur	e				×
From: City	PASCO				Codes 1	560	1	Destina	tion City	& County				Codes	From La	titude			
State	WA				5:	3		City							From Lo	ngitude			
Count	y FRANKL	IN			C	021	(	County							To Latitu	ide			
Mile l	Post: From			То			Inspect	ion Poi	nt PAS	CO					To Long	itude			
Activi Code:	ly	TCL		174A								0							
Units:		22		1		$\top$													-
Sub U	nits:	0		0															
Item	Initials/Milep	ost	Equip	ment/Track#	Type/Kii			Defe	ct Subr	ule		Speed	Class	Train #/Site		SNFR*	RCL**	# of	Activity
1 :						U	SC		120							N	N	Occ.***	Code
Descri	iption - [** C	omme	nt to F	Railroad/Com	pany **]														
and pl	acarding.			at the Pasco g							hazar	rdous m	aterials	s regulations	as it pert	ains to t	ank secu	ement, i	narking,
Seal Aj	pplied			Sea	al Remove	d				Hazard	Class				UN/NA ID				
Violatio	on Recommend	led		Yes	✓ No				L	atitude:				Lo	ongitude:				
	Notification to F Remedial A		is:	Required	✓ Op	tional	Rai	ilroad /	Action Co	de 🔲		Date(n	ım/dd/y	ууу):			Camm	ents on be	ick?
Item	Initials/Milepo	ost	Equip	ment/Track#	Type/Kir		CFR/	Defec	t Subm	ile		Speed	Class	Train #/Site		SNFR*	RCL**	# of Occ.***	Activity Code
2	DBUX		300	330			174	000	3							N	N	1	174A
Descri	ption																		_
diesel	fuel, was see	n as a	wet str	g a class 3 ha reak approxir	nately 18										le of the n	nanway.	Product	, with th	e odor of
		that a	ll man	way bolts we						Ter .	-								
Seal Ap	ррнеа			Sea	il Remove	1				Hazard	Class				UN/NA ID				
Violatio	on Recommend	led		Yes	✓ No				L	atitude:				Lo	ngitude:				
	Notification to f Remedial A		is:	Required	<b>✓</b> Opt	ional	Rai	ilroad A	Action Co	de		Date(m	m/dd/y	ууу):			Comme	nts on ba	ck?
										4									

Page 1 of 1

\*\*RCL-Remote Control Locomotive \*\*\*# of Dec.-Number of Occurrences

(2)	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration
0	

Form Approval DMB 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.

Center at 1-800-HMR-49			or online at http://ha	azmat.do	t.gov.				
PART I - REPORT	TYPE		3						
1. This is to report:			A) A hazardous mate	erial incid	ent		B) An undeclar	red 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 and (2) did not have a release.									
2. Indicate whether this	is:	•	An initial report		A supplemen	ntal (follo	w-up) report		Additional Pages
PART II - GENERA	AL INC	IDENT IN	FORMATION						
3. Date of Incident: 11/	18/2014	-	4. 7	Time of I	ncident (use	24-hour	time): 09:00		
5. Enter National Respo	nse Cen	ter Report N	lumber (if applicab	le): N/A					
6. If you submitted a re	port to a	nother Fede	ral DOT agency, er	nter the a	gency and re	sport nu	mber: N/A		
7. Location of Incident:	City: P	asco	County	: Frankl	in St	ate: WA	ZIP C	ode (if knov	vn): 99301
Street Address/Mile	Marker/Y	'ardname/Ai	rport/Body of Wate	r/River N	Aile Pasco G	rain Yard	d (BNSF Lakesi	ide Subdiv.)	
8. Mode of Transportat	ion		Air		Highway	▣	Rail		Water
9. Transportation Phase	в	•	In Transit		Loading		Unloading		In Transit Storage
10. Carrier/Reporter	Name	BNSF Railw	ray Company						
	Street	2600 Lou M	enk Drive				1 100		W. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City _	Fort Worth				_	tate TX		
	Federal	DOT ID Nun	nber 281683		Hazı	mat Reg	istration Num	ber 062/12	2 0C2 010UW
11. Shipper/Offeror			ay Company					-	
			yard/Interbay Track 0	0302				ZID O I	00100
	City _	Seattle	PNOE 400700	OM			tate WA	ZIP Code	10 to 20 to 10 to
			BNSF 106789	CIVI	Hazi	mat Reg	istration Num	ber 002/12	2 0C2 0100W
12. Origin (if different from		Same as shi	pper					710.0	
shipper address)	City					s	tate	ZIP Code	
13. Destination		1800 Laverr		· ·					
		Klamath Fal				s	tate OR	ZIP Code	97601
14. Proper Shipping Na	me of Ha	zardous Mai	terial: FUEL OIL	-					
15. Technical/Trade Nar	ne: N/A								A
16. Hazardous Class/ Division: <u>CL</u>			fication er: NA1993 N2764, NA 2020)	-	18. Packing Group: (if applicab	III ole)		19. Quantity Release (Include	d: Liquid - Gallon Messurement Units)
20. Was the material sh	ipped as	a hazardous	waste? Yes		No If yes, p	provide	the EPA Manif	est Numbe	r: N/A
21. Is this a Toxic by Inf	nalation (	TIH) materia	l? Yes	▣	No If yes, p	provide	the Hazard Zo	ne: N/A	
22. Was the material sh	ipped un	der an Exem	ption, Approval, or	Compet	ent Authority	/ Certific	cate?	Yes	No
If yes, provide the E	xemption	, Approval,	or CA number: N/A	A				100	
23. Was this an undecla	red haza	rdous mater	ials shipment?					Yes 🔳	No
Form DOT F 5800.1 (01-	2004)			Page 1			Repro	duction of t	his form is permitted

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	PART III - PACKAGII	NG INFORMATIO	N			
Cylinder	24. Check Packaging Type (	check only one - if more	than one, lis	st type of pack	aging, copy Part III, and comple	te for each type:
28. 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 Failad: 121	☐ Non-bulk	□ IBC		Cargo tank	Motor Vehicle (CTMV)	■ Tank Car
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: 121	☐ Cylinder	☐ RAM		Portable Ta	nk	Other N/A
26b. Provide the packaging identification markings, if available.  Identification Markings: 111A100W1  (Examples: 1A1V1.41/8002USARB030RL, UN3HH/Y0403USAA8939/0800/1200, DOT - 105A - 100W (RAILL), 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: Single Package or Inner Packaging (if any):  Packaging Type: N/A	that corresponds to the	particular packaging typ	e checked ab	ove. Enter th	number of codes as appropria	te to describe the incident.
26b. Provide the packaging identification markings, if available.  Identification Markings: 111A100W1  (Examples: 1A1/Y1-1418092USA/BEB/38/IL, UN31H1/Y9493/USA/M9339/0690/1200, DOT - 105A - 106W (RAIL), DOT 406 (HGHWAY), 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: Single Package or Inner Packaging (if any):  Packaging Type: N/A	1. What Failed: 121	L +	low Failed:	306	Causes of Failure:	510
Identification Markings: 111A100W1     (Examples: 1A1y71.4/150,92/USA/RB/93/RL, UN31H1/Y0493/USAAM9339/10800/1200, DOT - 105A - 106W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)     20b. 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:	2. What Failed: 137	<u>'                                     </u>	low Failed:			
Examples: 1A.IV1.4/15082/USA/RB/23RIL, UN31H1/0493/USA/R9339/10800/1200, DOT -105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 5-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:   Single Package or Inner Packaging (if any):   Packaging Type: NA   Material of Construction: NA   Namber in Shipment: NA   Number in Shipment: NA   Number in Shipment: Number Failed:   Number DBU300030   Last Test Date:   N/A   Number DBU300330   Number DBU300330   Last Test Date:   N/A   Number DBU300330   Numbe	26a. Provide the packaging	identification markings,	if available.			
Examples: 1A.IV1.4/15082/USA/RB/23RIL, UN31H1/0493/USA/R9339/10800/1200, DOT -105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 5-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:   Single Package or Inner Packaging (if any):   Packaging Type: NA   Material of Construction: NA   Namber in Shipment: NA   Number in Shipment: NA   Number in Shipment: Number Failed:   Number DBU300030   Last Test Date:   N/A   Number DBU300330   Number DBU300330   Last Test Date:   N/A   Number DBU300330   Numbe	Identification Markings	: 111A100W1				
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:  Single Package or Outer Packaging:  Packaging Type: N/A  Material of Construction: N/A  Head Type (Drums only):  Removable  27. Describe the package capacity and the quantity:  Single Package or Outer Packaging:  Package Capacity:  Single Package or Outer Packaging:  Package Capacity:  Single Package or Outer Packaging:  Package Capacity:  N/A  Amount in Package:  Package Capacity:  N/A  Amount in Package:  N/A  Number in Shipment:  Number Failed:  Number Failed:  Number Failed:  Manufacturer: ACF300  Serial Number: DBUX300330  Last Test Date:  Manufacturer: N/A  Material of Construction: AAR TC-128, Gr. B  Design Pressure: N/A  Shell Thickness:  0.4375  (if Tank Car, CTMV, Portable Tank)  If Valve or device failed:  Type: N/A  Manufacture: N/A  Manufacture: N/A  Model: N/A  Activity:  N/A  Activity:  N/A  Critical Safety Index:  N/A  Activity:  N/A  Activity:  N/A  Activity:  N/A  Critical Safety Index:  N/A  Activity:  N/A  Activity:  N/A  Activity:  N/A  Activity:  N/A  Activity:  N/A  Activity:  N/A  Critical Safety Index:  N/A  Critical Safety Index:  N/A  Activity:  Accessed acac			/0493/IISA/M93	39/10800/1200	DOT - 105A - 100W /PAILY DOT 406	UICHWAY DOTES DOTES AS
Packaging Type: N/A  Material of Construction: N/A  Head Type (Drums only):	26b. For Non-bulk, IBC, or n	on-specification packag				
Material of Construction: N/A	Single Package or Oute	r Packaging:			Single Package or Inner Package	ging (if any):
Material of Construction: N/A  Head Type (Drums only):	Packaging Type: N/A			2.	Packaging Type: N/A	
27. Describe the package capacity and the quantity:  Single Package or Outer Packaging: Package Capacity: 30090 Liquid - Gallon Amount in Package: N/A Number in Shipment: Number Failed: 1 Number Failed: 1 Number Failed: Manufacture: Manufacture: Manufacture: ACF300 Serial Number: DBUX300330 Serial Number: Design Pressure: N/A  Shell Thickness: 0.4375 (if Tank Car, CTMV, Portable Tank) Head Thickness: 0.4375 (if Tank Car, CTMV, Portable Tank) Head Thickness: 0.4375 (if Tank Car, CTMV) Service Pressure: N/A  If valve or device failed: Type: N/A  Manufacturer: N/A  Manufacturer: N/A  Manufacturer: N/A  Manufacturer: N/A  Manufacturer: N/A  Manufacture Date: 04/30/2003  Last Test Date: N/A  (if Tank Car, CTMV, Portable Tank)  (if Tank Car, CTMV, Portable Tank)  Head Thickness: 0.4375 (if Tank Car, CTMV, Portable Tank)  If valve or device failed: Type: N/A  Manufacturer: N/A  Model: N/A  (if present and legible)  Reackaging Category: Type A  Type B  Type C  Excepted Industrial Packaging Cartification:  Self Certified U.S. Certification Certification Number N/A  Activity: N/A  Critical Safety Index: N/A	Material of Construction	n: N/A				
27. Describe the package capacity and the quantity:  Single Package or Outer Packaging:  Package Capacity:  30090 Liquid - Gallon  Amount in Package:  27522 Liquid - Gallon  Number in Shipment:  Number Failed:  1	Head Type (Drums only	/): Removable		Non - Remo	vable	with the second
Single Package or Outer Packaging:  Package Capacity: 30090 Liquid - Gallon  Amount in Package: 27522 Liquid - Gallon  Number in Shipment: 1  Number in Shipment: 1  Number Failed: 1  Number Failed: 1  Number Failed: 1  Manufacturer: ACF300  Serial Number: DBUX300330  Material of Construction: AAR TC-128, Gr. B  Design Pressure: N/A  Shell Thickness: 0.4375  Head Thickness: 0.4375  If Tank Car, CTMV, Portable Tank)  If Valve or device failed:  Type: N/A  Manufacturer: N/A  Model: N/A  (If present and legible)  We packaging Category: 1 Type A 1 Type B 1 Type C 1 Excepted 1 Industrial Packaging Certification: N/A  Nuclide(s) Present: N/A  Nuclide(s) Present: N/A  Critical Safety Index: N/A	27. Describe the package car	pacity and the quantity:			•	
Package Capacity:   30090 Liquid - Gallon   Package Capacity:   N/A		52501.0.00				and the second
Amount in Package: 27522 Liquid - Gallon						1017 P. C.
Number in Shipment:	:	Name and the Control of the Control		-		
Number Failed:						
Manufacturer: ACF300				_		
Manufacturer: ACF300	Number Failed:	1		<u></u>	Number Failed:	
Serial Number: DBUX300330  Last Test Date: N/A  Material of Construction: AAR TC-128, Gr. B  (if Tank Car, CTMV, Portable Tank, or Cylinder)  Design Pressure: N/A  (if Tank Car, CTMV, Portable Tank)  Shell Thickness: 0.4375  (if Tank Car, CTMV, Portable Tank)  Head Thickness: 0.437  (if Tank Car, CTMV)  Service Pressure: N/A  (if Cylinder)  If valve or device failed:  Type: N/A  Manufacturer: N/A  (if present and legible)  When 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  Critical Safety Index: N/A  Critical Safety Index: N/A	28. Provide packaging const	ruction and test informa	ntion, as appr	opriate:		
Material of Construction: AAR TC-128, Gr. B  Design Pressure: N/A  Shell Thickness: 0.4375  Gif Tank Car, CTMV, Portable Tank)  Head Thickness: 0.437  Service Pressure: N/A  If valve or device failed:  Type: N/A  Manufacturer: N/A  Manufacturer: N/A  Manufacturer: N/A  (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  Activity: N/A  Critical Safety Index: N/A	Manufacturer: ACF300	)			Manufacture Date:04/30/200	3
Material of Construction: AAR TC-128, Gr. B  Design Pressure: N/A  Shell Thickness: 0.4375  Head Thickness: 0.437  Service Pressure: N/A  If valve or device failed:  Type: N/A  Manufacturer: N/A  (if present and legible)  Model: N/A  (if present and legible)  29. If the packaging is for Radioactive Materials, complete the following:  Packaging Category: Type A  Packaging Certification: Self Certified  V.S. Certification  Transport Index: N/A  Critical Safety Index: N/A  Critical Safety Index: N/A	Serial Number: DBUX3	00330		_	Last Test Date: N/A	
Shell Thickness: 0.437 (if Tank Car, CTMV, Portable Tank)  Head Thickness: 0.437 (if Tank Car, CTMV)  Service Pressure: N/A (if Cylinder)  If valve or device failed:  Type: N/A Manufacturer: N/A (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	Material of Construction	:_AAR TC-128, Gr. B				
Head Thickness: 0.437 (if Tank Car, CTMV)  Service Pressure: N/A (if Cylinder)  If valve or device failed:  Type: N/A Manufacturer: 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						
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	Shell Thickness:0.437	75		(if Tank Car,	CTMV, Portable Tank)	
If valve or device failed:  Type: N/A	Head Thickness: 0.437			(if Tank Car,	CTMV)	
Type: N/A	Service Pressure: N/A		100	(if Cylinder)		
(if present and legible)  (if present and legible)  29. If the packaging is for Radioactive Materials, complete the following:  Packaging Category:	If valve or device failed:					
(if present and legible)  29. If the packaging is for Radioactive Materials, complete the following:  Packaging Category:	Type: N/A	Manufac	turer: N/A		Model: N/A	
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	72 / 1			nt and legible)	State of the state	ent and legible)
Packaging Certification: Self Certified U.S. Certification Certification Number N/A  Nuclide(s) Present: N/A  Activity: N/A  Critical Safety Index: N/A	29. If the packaging is for Rad	dioactive Materials, con	plete the foll	lowing:		
Nuclide(s) Present:         N/A         Transport Index:         N/A           Activity:         N/A         Critical Safety Index:         N/A	Packaging Category:	☐ Type A		Type B	☐ Type C ☐ Excepted	☐ Industrial
Activity: N/A Critical Safety Index: N/A	Packaging Certification:	☐ Self Certifie	d 🗆	U,S. Certifica	tion Certification Numbe	r N/A
DOTTE Second Miles U.S.	Nuclide(s) Present: N/A	35		Transp	ort Index:N/A	A
POTE FORM A GALLAND	Activity:N/A			Critical	Safety Index: N/A	

PART IV - CONSEQUENCES		
30. Result of Incident (check all that apply):		plosion
31. Emergency Response : The following entities	es 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 co	st more than \$500?	■ Yes □ No
If yes, enter the following information: If n	no, go to question 33.	
Material Loss: Carrier Damage:	Property Damage:	Response Cost: Remediation/Cleanup Cos
\$ <u>2</u> \$ <u>0</u>	\$ <u>0</u>	\$ 800 \$ 100
(See damage definitions in the instructions)  33a. Did the hazardous material cause or contribu	ute to a human fatality?	☐ Yes ■ No
If yes, enter the number of fatalities resulting		113 110
		ders N/A General Public N/A
33b. Were there human fatalities that did not resu	ult from the hazardous material?	Yes No If yes, how many? N/A
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes ■ No
If yes, enter the number of injuries resulting f		
		ders N/A General Public N/A
Non-Hospitalized: Emplo (e.g.: On site first aid or Emergency Room observati		ders N/A General Public N/A
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes ■ No
If yes, provide the following information:		
Total number of general public evacuated	V/A Total number of empl	oyees evacuated N/A Total Evacuated N/A
Duration of the evacuation N/A (hour	s)	
36. Was a major transportation artery or facility of	losed?	Yes No If yes, how many? N/A (hours
37. Was the material involved in a crash or derail	ment?	☐ 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 INFORMAT	ION (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 passeng	ger baggage?	
☐ Cargo	☐ Passenger baggage	
39. Where did the incident occur (if unknown, che	ck the appropriate box for the lo	cation 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 under	ergone prior to the incident? (Che	eck all that apply)
☐ Shipment had not been transported	☐ Transported by air (first fl	ight) Transport by air (subsequent flights)
☐ Initial transport by highway to cargo facilit	y Transfer at sort center/car	go facility
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	E FAILURE
including the size and location of holes, cracks, etc. Photographs a	ctions taken at the time it was discovered. Describe the package failure, and diagrams should be submitted if needed for clarification. Estimate mitigate the effects of the release. Continue on additional sheets if
not providing a good closure seal. This manway lid gasket was remove gasket was installed and the manway closure was re-secured. Spillage	ket installed in the manway cover gasket groove appeared deteriorated and
Per side qualification stencil: Tank Qualified 2013 Due 2023	
	9 90 0
	S. The state of th
	1
PART VII - RECOMMENDATIONS/ACTIONS TAKE	TALED DESIGNATE DESIGNATION
control of your individual company, Continue on additional sheets  Ensure shipper's pre-trip inspection process is fully implemented and valves and fittings.	89
	1 1 1 1
	a 5
	x - 2
	a a
	× "
	n
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 Rallway 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: 12/12/2014
Preparer is: ☐ Carrier ☐ Shipper ☐ Facili	
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U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

#### Hazardous Materials Incident Report

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.

Office of Hazardous Materials Web Center at 1-800-HMR-4922 (1-800-					ons, you o	an contact th	ne Hazardous	Materials Information
PART I - REPORT TYPE	yet and the second							
1. This is to report:	A) A ha	zardous materi	al incident			B) An undecla	ered shipment	with no release
	(1) re	scification cargo ceived structure ded to protect t	al damage	to the ladi	ng retentio	n system or da	emage that rec	terials that puires repair to a system
2. Indicate whether this is:	An Initia	al report		suppleme	ntal (follow	v-up) report		Additional Pages
PART II - GENERAL INCI	DENT INFORM	IATION						
3. Date of Incident: 12/07/2014		4. Tin	ne of Inci	dent (use	24-hour	time): 09:00	)	THE 31
5. Enter National Response Cente	er Report Number (	if applicable)	: 110286	2				
6. If you submitted a report to an	other Federal DOT	agency, ente	r the age	ncy and i	eport nu	mber: N/A		
7. Location of Incident: City: We	enatchee	County:	Chelan	S	tate: WA	ZIP (	Code (if knov	vn): 98801
Street Address/Mile Marker/Ya	rdname/Airport/Bo	dy of Water/f	River Mile	409 S. (	Columbia /	Ave. (BNSF V	/enatchee/Ap	ple Railyard)
8. Mode of Transportation	☐ Air		□ н	ghway	•	Rail		Water
9. Transportation Phase	■ In Trans	sit	□ Lo	ading		Unloading		In Transit Storage
10. Carrier/Reporter Name	BNSF Railway Comp	any	49	es-volumen				
Street 2	2600 Lou Menk Drive	)						
CityF	ort Worth				St	ate TX	ZIP Code	76131-2830
Federal D	OT ID Number 28	1683		Haz	mat Regi	stration Nun	ober 062712	002 010UW
11. Shipper/Offeror Name	Waste Solutions Gro	up/Chevron R	ichmond F	Refinery				
Street 1	00 Cargo Way							
CityS	San Francisco				St	ate CA	ZIP Code	94124
Waybill/S	Shipping Paper BN	VSF 883103		Haz	mat Regi	stration Nun	ber Unavai	lable
	41 Chevron Way						-	
(if different from shipper address) CityF	Richmond				St	ate CA	ZIP Code	94802
13. Destination Street 4	4555 S. Sumas Roa	ad				. 10		
CityC	Chilliwack				St	ate BC	ZIP Code	V2R 4B7
14. Proper Shipping Name of Haza	ardous Material: H	AZARDOUS V	VASTE, S	OLID, N.C	).S.	119.		
15. Technical/Trade Name: F037								
16. Hazardous Class/ Division: 9	17. Identification Number: NA3 (E.g. UN2764, NA		18.	Packing Group: _ (if applica	III ble)	_	19. Quantity Release	/ 10 c: Liquid - Gallon Measurement Units)
20. Was the material shipped as a		■ Yes	□ No	If yes,	provide t	he EPA Man	ifest Number	011599937
21. Is this a Toxic by Inhalation (T	H) material?	☐ Yes	■ No			he Hazard Zo		
22. Was the material shipped und	er an Exemption, A	pproval, or C	ompetent	Authorit	y Certifica	ete?	Yes 🔳	No
If yes, provide the Exemption,			- Anna Circo (CV)					
23. Was this an undeclared hazard	lous materials ship	ment?					Yes 🔳	No
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PART III - PACKAGIN	IG INFORMATION		
24. Check Packaging Type (d	heck only one - if more than o	ne, list type of packaging, copy Part III, and cor	nplete for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	☐ Tank Car
☐ Cylinder	☐ RAM	☐ Portable Tank	Other Lift Bags
that corresponds to the p	particular packaging type check	s found at the end of the instructions. Be sure t ted above. Enter the number of codes as appro are more than two failure points, provide in th	priate to describe the incident.
1. What Failed: 103	How Fail	led: 308 Causes of Fai	lure: 521
2. What Failed:	How Fail		
26a, Provide the packaging i	dentification markings, if avail	able.	
Identification Markings:			
•		A/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT	ANS (HIGHWAY), DOT 51, DOT 3-A)
	on-specification packaging, if ic	dentification markings are incomplete or unava	
Single Package or Oute	r Packaging:	Single Package or Inner Pa	ackaging (if any):
Packaging Type: N/A	and the second second	Packaging Type: N/A	
Material of Construction	n: N/A	Material of Construction:	I/A
Head Type (Drums only	): Removable	☐ Non - Removable	
27. Describe the package cap	pacity and the quantity:		
Single Package or Oute	r Packaging:	Single Package or Inner Pa	ckaging (if any):
Package Capacity:	210400 Solid - Pound	Package Capacity: N/A	
Amount in Package:		Amount in Package; N/A	
	1		
	1	Number Failed:	
28. Provide packaging constr	uction and test information, as	appropriate:	
Manufacturer: N/A		Manufacture Date:N/A	F
Serial Number:		Last Test Date: N/A	
Material of Construction	: N/A	(if Tank Car, CTMV, Portable Tank, or Cylind	der)
Design Pressure: N/A		(if Tank Car, CTMV, Portable Tank)	
Shell Thickness: N/A		(if Tank Car, CTMV, Portable Tank)	
Head Thickness: N/A	100000	(if Tank Car, CTMV)	
Service Pressure: N/A		(if Cylinder)	
If valve or device failed:			
Type: N/A	Manufacturer: _	N/A Model: 1	N/A
			f present and legible)
29. If the packaging is for Rac	lioactive Materials, complete t	he following:	
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Excepte	ed Industrial
Packaging Certification:	☐ Self Certified	U.S. Certification Certification Nu	mber N/A
Nuclide(s) Present: N/A		Transport Index: N/A	140
Activity: N/A		Critical Safety Index: N/A	
F DOT F 5000 4 (04 500			
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PART IV - CONSEQUENCES	4		r i
30. Result of Incident (check all that apply):	Spillage Fire E	xplosion	erial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion 🔲 E	nvironmental Damage	e 🔲 No Release
31. Emergency Response : The following ent	ities responded to the incident:	(Check all that apply	)
☐ Fire/EMS Report # N/A	Police Report # N/A	• In	-house cleanup
32, Damages: Was the total damage	cost more than \$500?	■ Yes □ No	
If yes, enter the following information:			
Material Loss: Carrier Damage:		Response Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0	\$ 0	\$ 10,000	\$ 10,000
(See damage definitions in the instructions)			
33a. Did the hazardous material cause or contri	bute to a human fatality?	☐ Yes ■ No	
If yes, enter the number of fatalities resulting	g from the hazardous material:		
Fatalities: Emp	loyees N/A Resp	onders N/A	General Public N/A
33b. Were there human fatalities that did not re	sult from the hazardous materia	l? ☐ Yes ■ No	If yes, how many? N/A
34. Did the hazardous material cause or contrib	ute to personal injury?	☐ Yes ■ No	
If yes, enter the number of injuries resulting	from the hazardous material:		
Hospitalized (Admitted Only): Emp	loyees N/A Resp	onders N/A	General Public N/A
Non-Hospitalized: Emp	loyees N/A Resp	onders N/A	General Public N/A
(e.g.: On site first aid or Emergency Room observ	ation and release)		
35. Did the hazardous material cause or contrib	ute to an evacuation?	☐ Yes ■ No	
If yes, provide the following information:			
Total number of general public evacuated _	N/A Total number of em	ployees evacuated _	N/A Total Evacuated N/A
Duration of the evacuation N/A (ho	urs)		
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 dera	ailment?	☐ Yes ■ No	
If yes, provide the following information:	Estimated speed (mph): N/	Weather cond	itions: N/A
	Vehicle overturn?	☐ Yes ■ No	* a
	Vehicle left roadway/track?	☐ Yes ■ No	
PART V - AIR INCIDENT INFORMA	TION (please refer to § 175.	31 to report a discre	epancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	
If yes, was it tendered as cargo, or as passe	nger baggage?		
☐ Cargo	☐ Passenger baggage		
39. Where did the incident occur (if unknown, c	heck the appropriate box for the	location where the in	cident was discovered)?
☐ Air carrier cargo facility	☐ Sort center		gage area
☐ By surface to/from airport	☐ During flight		ng loading/unloading of aircraft
40. What phase(s) had the shipment already un			
☐ Shipment had not been transported	☐ Transported by air (first		sport by air (subsequent flights)
☐ Initial transport by highway to cargo fac			
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to m necessary.	diagrams should be submitted if needed for clarification. Estimate
A solid waste ladened gondola CIGX 803328 was reported dripping a brow CIGX 803328 suspected water from recent rain events co-mingled with ma bottom weep-holes. Plastic sheeting and buckets were placed under CIGX material was observed leaking. Afterwards, CIGX 803328 was wrapped in gondola. The waste lading loader described the packaging inside the gondopolypropylene industrial fabric with Velcro closures. The inner liners of thes was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 m moisture barrier consisting of plastic sheeting also lined the gondola. On 12 CIGX 803328 and placed them into lined roll-off bins/trucks for furtherance. observed. Once emptied, CIGX 803328's interior was cleaned. Captured spearmarked for appropriate disposal. The root cause of non-solidified waste pending.	terial inside the gondola and was dripping out from the gondolaâ-Žs 803328 to catch further dripping of this oily liquid substance. No solid olastic sheeting to prevent any additional rain water from entering the ola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven e lift bags consisted of two 6 mil thick polyethylene liners. The gondola il thick polyethylene coating also with Velcro closures. In addition, a 1/12-13/2014, the shipper-loader responders removed the lift bags from A couple of breaches in the exterior liner covering the lift bags were olillage and spent cleaning materials were placed into cisposal drums and
	11 to 2 to 2
	180
	(A. P.
	and the second s
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if a No additional comments.	necessary.
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	Te de la companya del companya de la companya de la companya del companya de la companya del la companya de la
PART VIII- CONTACT INFORMATION	, and the second
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 Rallway Company	Hazmat Registration Number (if not already provided):
4200 Deen Road, Fort Worth, TX 76106	062712 002 010UW
E-mail Address: rich.mcmahon@bnsf.com	Date: 01/06/2015
Preparer is: Carrier Shipper Facility	Other
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-orm DOTF 5800.1 (01-2004) Page 4	Reproduction of this form is permitted

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U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

## **Hazardous Materials Incident Report**

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.

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 seperate sheet o Office of Hazardous Ma Center at 1-800-HMR-4	terials W	ebsite at http	://hazmat.dot.gov	. If you hav	e any questi	s of this form a ons, you can co	and instructions ntact the Hazard	can be obtained from the lous Materials Information
PART I - REPORT	TYPE							*
1. This is to report:		▣	A) A hazardous m	aterial incid	ent	B) An	undeclared shipm	nent with no release
V 20			<li>C) A specification (1) received struintended to pro</li>	uctural dama	age to the ladi	ng retention syste	ing any hazardous em or damage tha not have a releas	t requires repair to a system
2. Indicate whether this	is:	■	An initial report		A suppleme	ental (follow-up) r	report [	Additional Pages
PART II - GENER	AL INC	IDENT IN	IFORMATION	V		50		
3. Date of Incident: 12	/08/2014		4	. Time of I	ncident (use	24-hour time)	9:30	
5. Enter National Resp	onse Cer	nter Report N	lumber (if applica	able): N/A				
6. If you submitted a re	sport to a	nother Fede	ral DOT agency,	enter the a	gency and	report number:	N/A	
7. Location of Incident:	City: S	Spokane Valle	Cour	nty: Spoka	ne s	State: WA	ZIP Code (if k	nown): 99216
Street Address/Mile	Marker/	/ardname/Ai	rport/Body of Wa	ter/River	Mile MP 61.4	1, Track 3026, B	NSF Trentwood	Station, Spokane Subdiv.
8. Mode of Transporta	tion		Air		Highway	Rail		Water
9. Transportation Phas	e	•	In Transit		Loading	- Unlo	ading	☐ In Transit Storage
10. Carrier/Reporter	Name	BNSF Railw	ay Company					
	Street	2600 Lou M	enk Drive					
=	City _	Fort Worth						de <u>76131-2830</u>
			nber <u>281683</u>	8		zmat Registratio	on Number 062	2712 002 010UW
11. Shipper/Offeror			istics for Coleman		ny			
×			O Station, Track 42	231		Ctata V	VA ZIP Co	de 98230
	City _	Blaine	aper BNSF 1094	87CM	316			
				O CIVI	на	zmat Registratio	on Number <u>Un</u>	availabio
12. Origin (if different from		Same as sh	ipper		4	Ctato	ZIP Co	de
shipper address)		44707144	Defeate Dead	4		State _	211 00	
13. Destination			Burlington Road			State	D ZIP Co	do 83858
	City _	Rathdrum	CASOII		*)	State _	ZIF CO	00000
14. Proper Shipping Na			terial: GAS OIL					
15. Technical/Trade Na	me: N/A							
16. Hazardous Class/ Division: <u>CL</u>			fication per: UN1202 N2764, NA 2020)	_	18. Packing Group: (if applica	III	Rele	ntity 150 lased: Liquid - Gallon ude Measurement Units)
20. Was the material sh	nipped as	a hazardous	s waste?	es 🔳	No If yes,	provide the EP	A Manifest Nun	nber: N/A
21. Is this a Toxic by In	halation	(TIH) materia	al? 🗆 Y	es 🔳	No If yes,	provide the Ha	zard Zone: N/A	
22. Was the material sh	nipped ur	nder an Exen	nption, Approval,	or Compet	tent Authori	ty Certificate?	☐ Yes	■ No
If yes, provide the E								
23. Was this an undecla							☐ Yes	■ No
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PART III - PACKAGING				
24. Check Packaging Type (chec	k only one - if more than or	ne, list type of pa	ckaging, copy Part III, and complet	e for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tan	k Motor Vehicle (CTMV)	■ Tank Car
☐ Cylinder	☐ RAM	☐ Portable T	ank	☐ Other NA
that corresponds to the parti	icular packaging type check	ed above. Enter t	of the instructions. Be sure to ent the number of codes as appropriat o failure points, provide in this for	e to describe the incident.
1. What Failed: 106	How Fail	ed: 308	Causes of Failure:	535
2. What Failed: 106	How Fail			526
6a. Provide the packaging iden	tification markings, if availa	ible.		or it o
Identification Markings: 11	1A100W1			
(Examples: 1A1/Y1.4/150/92/US	A/RB/93/RL, UN31H1/Y0493/US	A/M9339/10800/120	0, DOT - 105A - 100W (RAIL), DOT 406 (	HIGHWAYI DCT 51 DOT 2.A
			ings are incomplete or unavailable	
Single Package or Outer Pa	ckaging:		Single Package or Inner Packag	ing (if any):
Packaging Type; N/A			Packaging Type: N/A	
Material of Construction: N	/A		Material of Construction: N/A	
Head Type (Drums only):	☐ Removable	☐ Non - Rem	ovable	
7. Describe the package capacit	v and the quantity:			
			20.00	
Single Package or Outer Pa			Single Package or Inner Packagi	ng (if any):
Package Capacity: 25			Package Capacity: N/A	
Amount in Package: 25			Amount in Package: N/A	
Number in Shipment:1			Number in Shipment:	
Number Failed:1			Number Failed:	
3. Provide packaging constructi	on and test information, as	appropriate:		
Manufacturer: TRNTY1			Manufacture Date: 02/01/1992	
Serial Number: BN875099			Last Test Date: 04/01/2008	
Material of Construction: C/	ARBON STEEL	(if Tank Ca	r, CTMV, Portable Tank, or Cylinder)	
Design Pressure: 100				
Shell Thickness: 0.4375				
Head Thickness: 0.4375	1 1			
Service Pressure: N/A		(if Cylinde		
If valve or device failed:				
Type: N/A	Manufacturer: N	I/A	14 N/A	
,		present and legible	Model: N/A (if prese	nt and legible)
). If the packaging is for Radioad	ctive Materials, complete th	e following:		entering at Witters.
Packaging Category:	□ Туре А	☐ Type B	☐ Type C ☐ Excepted	☐ Industrial
Packaging Certification:	☐ Self Certified	U.S. Certific	TAXABL	
Nuclide(s) Present: N/A			port Index:N/A	
Activity: N/A			I Safety Index: N/A	
10-2008-000			seymeteypin ( ) 110 to 75.11 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
orm DOT F 5800.1 (01-2004)		Page 2	Reproducti	on of this form is permitt

PART IV - CONSEQUENCES			
30. Result of Incident (check all that apply):	Spillage ☐ Fire ☐ Ex	plosion	rial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion 🔲 En	vironmental Damage	☐ No Release
31. Emergency Response : The following entition	es responded to the incident:	(Check all that apply)	
Fire/EMS Report # N/A	Police Report # N/A	■ In-l	house cleanup
32. Damages: Was the total damage co	st more than \$500?	■ Yes □ No	
If yes, enter the following information:	no, go to question 33.		
Material Loss: Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$_300	<u>\$ 0</u>	\$_100	\$ 85,000
(See damage definitions in the instructions)			
33a. Did the hazardous material cause or contribu	ute to a human fatality?	☐ Yes ■ No	
If yes, enter the number of fatalities resulting	from the hazardous material:		
Fatalities: Emplo	yees N/A Respon	nders N/A	General PublicN/A
33b. Were there human fatalities that did not resu	ult from the hazardous material?	☐ Yes ■ No	If yes, how many? NA
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes ■ No	
If yes, enter the number of injuries resulting f	rom the hazardous material:		
Hospitalized (Admitted Only): Emplo	yees N/A Respon	nders N/A	General Public N/A
Non-Hospitalized: Emplo (e.g.: On site first aid or Emergency Room observati	yees N/A Respon on and release)	nders N/A	General Public N/A
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes ■ No	
If yes, provide the following information:			
Total number of general public evacuated	WA Total number of empl	ovees evacuated N	/A Total Evacuated N/A
Duration of the evacuation N/A (hour			
36. Was a major transportation artery or facility of		☐ Yes ■ No	If yes, how many? N/A (hours)
37. Was the material involved in a crash or derail	ment?	☐ Yes ■ No	
If yes, provide the following information:	Estimated speed (mph): N/A	Weather condit	ions: N/A
	Vehicle overturn?	☐ Yes ■ No	1
	Vehicle left roadway/track?	☐ Yes ■ No	
PART V - AIR INCIDENT INFORMAT	ION (please refer to § 175.3	1 to report a discrep	pancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	* * * * * * * * * * * * * * * * * * * *
If yes, was it tendered as cargo, or as passeng	ger haggage?	Li res El No	
☐ Cargo	☐ Passenger baggage		
39. Where did the incident occur (if unknown, che		eation where the inci	dont was discovered)?
1 A224 H950 - 1600 - 160 - 166 - 1660	autora de la como		
Air carrier cargo facility	☐ Sort center	☐ Bagga	
☐ By surface to/from airport	☐ During flight		g loading/unloading of aircraft
40. What phase(s) had the shipment already under			
☐ Shipment had not been transported	☐ Transported by air (first f	ight) 🔲 Transp	port by air (subsequent flights)
☐ Initial transport by highway to cargo facilit	y Transfer at sort center/cal	go facility	19 19
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PART VI - DE	SCRIPTION O	E EVENITO S	DACKACE I	EALLIDE	
The second second					
including the size	and location of he	oles, cracks, etc.	Photographs and	diagrams should be submi	discovered. Describe the package failure, itted if needed for clarification. Estimate pase. Continue on additional sheets if
mechanical respon mounting flange be broken. Afterwards	nder closed BN 8750 olts were tool tighten s, the leak at the BO'	199's partially ope led. During the BC V flange connecti	n top operated bot DV flange bolt secu on ceased. The ou	tom outlet valve's (TOBOV) op trement process, the responde	on outlet valve (BOV) area. A BNSF berating rod by 3/4 turn. In addition, the BOV or reported that two flange bolts were do to estimate the possible commodity loss in disposal.
					4 -
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					1,24,20
					- 14 /
					100
					The officers of the
DADT VIII DE	000000000000000000000000000000000000000	TIONIO / 1 0 T		TO PREVENT RECU	
Ensure shipper's p valves and fittings.	re-trip inspection pro	cess is fully imple	emented and valida	ited as it relates to the total se	curement and mechanical f thess of all
	100				
PART VIII- CO	NTACT INFO	RMATION			
Contact's Name (T	ype or Print): Richa	ard McMahon		Telephone Number: ( )	(817) 740-7355
	nager Hazardous M		agement	Fax Number: ( ) (817) 7	
	d Address: BNSF I	u - ra novo co o un anno enco.	Contract Con		per (if not already provided):
	Fort Worth, TX 76106			062712 002 010UW	in the anaday provides;
E-mail Address: ric	ch.mcmahon@bnsf.c	com	1	Date: 01/07/2015	
Preparer is:	■ Carrier	☐ Shipper	☐ Facility	Other	1 1 1 1 1 1 1
Form DOT F 5800.	1 (01-2004)		Page	4	Reproduction of this form is permitted

2	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

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.

PART I - REPOR	T TYPE											
1. This is to report:			A) A haza	rdous mate	rial incid	lent			B) An undecl	ared shipmer	t with no re	lease
			(1) reci	eived struct	ural dam	age to t	he lading	g retention	containing any on system or d I (2) did not ha	amage that re	aterials that quires repa	t ir to a syster
2. Indicate whether th	is is:	•	An initial	report		A su	pplemen	tal (follo	w-up) report		Addition	al Pages
PART II - GENER	RAL INCID	ENT IN	FORM	ATION								
3. Date of Incident: 1	2/09/2014			4.7	ime of	Incide	nt (use 2	24-hour	time): 08:5	5		
5. Enter National Res	ponse Cente	Report N	umber (it	applicabl	e): <u>110</u>	3043						
6. If you submitted a	report to and	ther Fede	ral DOT a	gency, en	ter the	agency	and re	port nu	mber: N/A			
7. Location of Inciden	t: City: Sea	ttle		County	King		Sta	ate: WA	ZIP	Code (if kno	wn): 9819	9
Street Address/Mile	e Marker/Yar	dname/Ai	port/Bod	y of Wate	r/River I	Mile 2	601 20th	Avenu	e W (BNSF B	almer Railya	rd/Interbay	Track 1209
8. Mode of Transport	ation		Air			High	way		Rail		Water	
9. Transportation Pha	ise		In Transi	t		Load	ing		Unloading		In Trans	it Storage
10. Carrier/Reporter	Name B	NSF Railw	ay Compa	iny								
	Street 2	600 Lou Me	enk Drive									10.10
	City F	ort Worth		10000				s	tate TX	_ ZIP Code	76131-2	330
	Federal D	OT ID Num	ber <u>281</u>	683			. Hazn	nat Reg	istration Nur	mber <u>0627</u>	2 002 010	JW
11. Shipper/Offeror	Name V	Vaste Solut	ions Grou	p/Chevron	Richmo	nd Ref	inery					
	Street 1	00 Cargo V	Vay								- CO-161	
		an Francisc							tate CA			
	Waybill/S	hipping Pa	per BN	SF 753235		-	. Hazn	nat Reg	istration Nur	mber Unava	illable	
12. Origin (if different from	Street 8	41 Chevror	Way								V127/252125	
shipper address)	City R	ichmond			_			s	tate CA	_ ZIP Code	94802	
13. Destination	Street 4	4555 S. Su	mas Road	1							Walter Co Walt	and the second
		hilliwack							tate BC	_ ZIP Code	V2R 4B7	
14. Proper Shipping N	lame of Haza	rdous Mat	erial: HA	ZARDOUS	WASTE	E, SOL	D, N.O.	S.				
15. Technical/Trade N	ame: F037 F	RIMARY S	LUDGE								12	
16. Hazardous Class/ Division: 9			er: NA30		_		oup: II			19. Quanti Releas	ed: Liquid -	Gallon
			N2764, NA			(2)	applicabl			0.0000000000000000000000000000000000000	Measurem	
20. Was the material s	shipped as a	hazardous	waste?	■ Yes		No	If yes, p	rovide	the EPA Man	ifest Numb	er: 011598	1938
21. Is this a Toxic by I	nhalation (TII	H) materia	1?	☐ Yes	•	No	If yes, p	rovide	the Hazard Z	one: N/A		
22, Was the material s	hipped unde	r an Exem	ption, Ap	proval, or	Compe	tent A	uthority	Certific	ate?	Yes	No	
If yes, provide the	Exemption,	Approval,	or CA nur	nber: N/A								
23. Was this an undec	lared hazard	ous mater	ials shipn	nent?						Yes 🔳	No	
Form DOT F 5800.1 (0	4 00041				Page 1	1			Renz	oduction of	this form	is nermitte

PART III - PACKAGING INF	ORMATION			et la la
24. Check Packaging Type (check on	ly one - if more than one, I	list type of packag	ing, copy Part III, and complete	e for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tank Mo	tor Vehicle (CTMV)	☐ Tank Car
☐ Cylinder	RAM	☐ Portable Tank		Other Lift Bags
25. See instructions and enter the ap that corresponds to the particula Enter the most important failure	r packaging type checked a	above. Enter the n	umber of codes as appropriate	to describe the incident.
1. What Failed: 103	How Failed:	308	Causes of Failure:	521
2. What Failed:				
26a. Provide the packaging identifica	ation markings, if available			
Identification Markings: Unavail	able			
(Examples: 1A1/Y1.4/150/92/USA/RB/		9339/10800/1200, DO	T - 105A - 100W (RAIL), DOT 406 (F	HIGHWAY), DOT 51, DOT 3-A)
26b. For Non-bulk, IBC, or non-specific complete the following:				
Single Package or Outer Packag	jing:	Si	ngle Package or Inner Packagi	ing (if any):
Packaging Type: N/A	1 1279	Pa	ckaging Type: N/A	1 1 1 1
Material of Construction: N/A			aterial of Construction: N/A	
Head Type (Drums only):	☐ Removable	☐ Non - Removal	ole	
27. Describe the package capacity an	d the quantity:			
Single Package or Outer Packag	ling:	Si	ngle Package or Inner Packagi	ng (if any):
Package Capacity: 210500			ckage Capacity: N/A	
Amount in Package: 206320			nount in Package; N/A	
Number in Shipment: 1			ımber in Shipment:	
Number Failed: 1			ımber Failed:	
28. Provide packaging construction a	nd test information, as app	propriate:		
Manufacturer: N/A		Ma	anufacture Date: N/A	
Serial Number:	11.1	La	st Test Date: N/A	
Material of Construction: N/A		(if Tank Car, CT	MV, Portable Tank, or Cylinder)	
Design Pressure: N/A				
Shell Thickness: N/A				
Head Thickness: N/A		(if Tank Car, CT	MV)	
Service Pressure: N/A		(if Cylinder)		
If valve or device failed:	150			
Type: N/A	Manufacturer: N/A		Model: N/A	
29. If the packaging is for Radioactive	200	sent and legible) ollowing:	(if prese	nt and legible)
Packaging Category:	☐ Type A	☐ Type B ☐	Type C Excepted	☐ Industrial
Packaging Certification:	☐ Self Certified ☐	U.S. Certificatio	n Certification Number	N/A
Nuclide(s) Present: N/A		Transport	Index: N/A	
Activity: N/A	<i>ii</i>	Critical Sa	fety Index: N/A	
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PART IV - CONSEQUENCES		6 x 10 0
30. Result of Incident (check all that apply):	Spillage	olosion
	Vapor (Gas) Dispersion 🔲 Env	ironmental Damage   No Release
31. Emergency Response: The following entiti	es 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 co	st more than \$500?	■ Yes □ No
If yes, enter the following information: If r	no, go to question 33.	,
Material Loss: Carrier Damage:	Property Damage:	Response Cost: Remediatior/Cleanup Cos
\$ 0 \$ 0	<u> </u>	\$ 10,000 \$ 15,000
(See damage definitions in the instructions)		
33a. Did the hazardous material cause or contribu	ute to a human fatality?	☐ Yes ■ No
If yes, enter the number of fatalities resulting		
Fatalities: Emplo	yees N/A Respon	ders N/A General Public N/A
33b. Were there human fatalities that did not resu	ult from the hazardous material?	☐ Yes ■ No If yes, how many? N/A
34. Did the hazardous material cause or contribut	te to personal injury?	☐ Yes ■ No
If yes, enter the number of injuries resulting f	rom the hazardous material:	
Hospitalized (Admitted Only): Emplo		dersN/A General PublicN/A
The state of the s		ders N/A General Public N/A
(e.g.: On site first aid or Emergency Room observati	on and release)	
35. Did the hazardous material cause or contribut	e to an evacuation?	Yes I No
If yes, provide the following information:		
		oyees evacuated N/A Total Evacuated N/A
Duration of the evacuationN/A (hour	rs)	
36. Was a major transportation artery or facility of	losed?	Yes No If yes, how many? N/A (hours
37. Was the material involved in a crash or derail	ment?	☐ 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 INFORMAT	ION (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 passeng	rer hangage?	165 110
☐ Cargo	☐ Passenger baggage	
39. Where did the incident occur (if unknown, che		ration where the incident was discovered?
☐ Air carrier cargo facility	☐ Sort center	☐ Baggage area
	☐ During flight	☐ During loading/unloading of aircraft
By surface to/from airport	4 1	
40. What phase(s) had the shipment already under	_	
☐ Shipment had not been transported	☐ Transported by air (first fli	
☐ Initial transport by highway to cargo facilit	y LI Transfer at sort center/car	до тасшту
Form DOT F 5800.1 (01-2004)	Page 3	Reproduction of this form is permittee

Describe the sequence of events that led to the incident and the	E FAILURE
including the size and location of holes, cracks, etc. Photographs	actions taken at the time it was discovered. Describe the package failure, and diagrams should be submitted if needed for clarification. Estimate to mitigate the effects of the release. Continue on addit onal sheets if
gondolas on the BNSF were identified and inspected for liquid leakage weep-holes. No solid material was observed leaking. The waste lading capacity lift bags (super sacks) of 7 ounce woven polypropylene indus two 6 mil thick polyethylene liners. The gondola was lined with 6 mil th coating also with Velcro closures. In addition, a moisture barrier consist the gondola in plastic sheeting to contain the leaks. On 12/18/2014, the trucks for furtherance. Once emptied, CIGX 803340's interior was clean.	andola was reported leaking liquid on the BNSF, other like shipments in cIGX 803340 was inspected and reported leaking liquid from this gondola's loader described the packaging inside the gondola as 13.7 cubic yard trial fabric with Velcro closures. The inner liners of these lift bags consisted of ick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene ting of plastic sheeting also lined the gondola. Contract responders wrapped a shipper-loader removed the lift bags from CIGX 803340 and placed them into aned. Ground spillage was remediated. Impacted ballast, plastic sheeting and defor appropriate disposal. The root cause of non-solidified waste material
	a a
PART VII - RECOMMENDATIONS/ACTIONS TAK	EN TO PREVENT RECURRENCE
procedures) to help prevent recurrence. Provide recommendation control of your individual company. Continue on additional sheet No additional comments.	as additional training, use of better packaging, or improved operating is for improvement to hazardous materials transportation beyond the is if necessary.
	at a second
	and the second second
PART VIII- CONTACT INFORMATION	
PART VIII- CONTACT INFORMATION  Contact's Name (Type or Print): Richard McMahon	Telephone Number:_() (817) 740-7355
	Telephone Number: ( ) (817) 740-7355 Fax Number: ( ) (817) 740-7250
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided):
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided): 062712 002 010UW
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106  E-mail Address: rich.mcmahon@bnsf.com	Fax Number; ( ) (817) 740-7250  Hazmat Registration Number (if not already provided):  062712 002 010UW  Date: 01/08/2015
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided):  062712 002 010UW  Date: 01/08/2015

Pipeline and H Safety Adminis			Hazardous Materials Incident Report					Form Approval OMB No. 2137-0039			
According to the Pape valid OMB control nun mandatory and will tak	nber. The	valid OMB	control numb	persons are re per for this in	equire forma	ed to resp ition colle	ond to a control of the control of t	collection of in 37-0039. The	nformation ur filling out of	nless it displays a this information is	
INSTRUCTIONS: Subr Safety Administration, use a seperate sheet Office of Hazardous M Center at 1-800-HMR-	Office of I of paper, i aterials W	lazardous M identifying t ebsite at htt	aterials Safe he entry nun p://hazmat.d	ty, DHM-63, \ nber being co ot.gov. If you	Wash omple have	ington, D. sted. Copi any ques	C. 20590-0 es of this	0001. If space form and inst	provided for a tructions can	any item is inadequate be obtained from the	
PART I - REPOR	T TYPE							1			
1. This is to report:		•	A) A hazard	dous material i	ncider	nt		B) An undecla	ared shipment	with no release	
			(1) receiv	ved structural o	damag	e to the la	ding retenti	containing any on system or d d (2) did not hav	amage that red	iterials that quires repair to a system	
2. Indicate whether the	is is:	•	An initial re	aport [		A supplen	nental (follo	w-up) report		Additional Pages	
PART II - GENER	RAL INC	IDENT II	IFORMA	TION							
3. Date of Incident: 12	2/09/2014			4. Time	of In	cident (us	se 24-hou	r time): 09:00	0		
5. Enter National Resp	ponse Cer	nter Report	Number (if a	pplicable):	1103	042					
6. If you submitted a	report to a	another Fed	eral DOT ag	ency, enter t	he ag	jency and	report nu	ımber: N/A			
	t: City: E	Everett		County: Sr	nohon	nish	State: W/	ZIP (	Code (if know	vn): 98201	
7. Location of Inciden	The State of	dardnama!!	irport/Body	of Water/Riv	er M	ile .3429	15th Stree	t (BNSF Evere	tt/Delta Raily	ard)	
7. Location of Inciden Street Address/Mile	e Marker/\	rarumame/r	bordoot						_		
		rardiname/	Air	1		Highway		Rail		Water	
Street Address/Mile	ation			1				Rail Unloading		Mater In Transit Storage	
Street Address/Mile 8. Mode of Transports	ation	•	Air	1		Highway					
Street Address/Mile 8. Mode of Transports 9. Transportation Pha	ation ise	•	Air In Transit way Compan	1		Highway					
Street Address/Mile 8. Mode of Transports 9. Transportation Pha	ation ise Name	BNSF Rail	Air In Transit way Compan Menk Drive	1		Highway				In Transit Storage	
Street Address/Mile 8. Mode of Transports 9. Transportation Pha	Name Street	BNSF Rail 2600 Lou M	Air In Transit way Compan Menk Drive	J J		Highway Loading	s	Unloading	_ ZIP Code	In Transit Storage 76131-2830	
Street Address/Mile 8. Mode of Transports 9. Transportation Pha	Name Street	BNSF Rail 2600 Lou M Fort Worth	Air In Transit way Compan Menk Drive mber 28166	J J		Highway Loading	s	Unloading	_ ZIP Code	In Transit Storage 76131-2830	
Street Address/Mile 8. Mode of Transporta 9. Transportation Pha 10. Carrier/Reporter	Name Street City Federal	BNSF Rail 2600 Lou M Fort Worth	Air In Transit way Compan Menk Drive mber 2816i utions Group	Г у 83		Highway Loading	s	Unloading	_ ZIP Code	In Transit Storage 76131-2830	

Street 841 Chevron Way

Street 44555 S. Sumas Road

14. Proper Shipping Name of Hazardous Material: HAZARDOUS WASTE, SOLID, N.O.S.

17. Identification Number: NA3077

(E.g. UN2764, NA 2020)

Yes

☐ Yes

City Richmond

City Chilliwack

If yes, provide the Exemption, Approval, or CA number: N/A

23. Was this an undeclared hazardous materials shipment?

20. Was the material shipped as a hazardous waste?

21. Is this a Toxic by Inhalation (TIH) material?

12. Origin (if different from

shipper address) 13. Destination

16. Hazardous Class/ Division: 9

15. Technical/Trade Name: N/A

Form DOT F 5800.1 (01-2004)

18. Packing Group: III

☐ No

■ No

Page 1

PART III - PACKAGING INFORMATION	
24. Check Packaging Type (check only one - if more t	han 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 Lift Bags
that corresponds to the particular packaging type	codes found at the end of the instructions. Be sure to enter the codes from the list checked above. Enter the number of codes as appropriate to describe the incident, there are more than two failure points, provide in this format in part VI.
1, What Failed: 103 Ho	w Failed: 308 Causes of Failure: 521
2. What Failed: Ho	w Failed: Causes of Failure:
26a. Provide the packaging identification markings, if	available.
Identification Markings: Unavailable	
7. /	493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), COT 51, DOT 3-A)
	g, if identification markings are incomplete or unavailable, see instructions and
Single Package or Outer Packaging:	Single Package or Inner Packaging (if any):
Packaging Type: N/A	Packaging Type: N/A
Material of Construction: N/A	Material of Construction: N/A
Head Type (Drums only): Removable	☐ Non - Removable
27. Describe the package capacity and the quantity:	
Single Package or Outer Packaging:	Single Beakers on lance Beakers in 19
Package Capacity: 210200 Solid - Pound	Single Package or Inner Packaging (if any):
Amount in Package: 187650 Solid - Pound	Package Capacity: N/A
Number in Shipment: 1	Amount in Package: N/A
Number Failed:1	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
Number railed.	Number Failed:
28. Provide packaging construction and test information	on, as appropriate:
Manufacturer: N/A	Manufacture Date: N/A
Serial Number:	Last Test Date: N/A
Material of Construction: N/A	(if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: N/A	
Shell Thickness: N/A	
	(if Tank Car, CTMV)
Service Pressure: N/A	(if Cylinder)
If valve or device failed:	
Type: N/A Manufactu	rer: N/A Model: N/A
Walland	(if present and legible) (if present and legible)
<ol><li>If the packaging is for Radioactive Materials, comp</li></ol>	lete the following:
Packaging Category:	☐ 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
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PART IV - CONSEQUENCES	1 -							
	ipillage ☐ Fire ☐ Exp apor (Gas) Dispersion ☐ Env	10000	aterial Entered Waterway/Storm Sewer					
31. Emergency Response: The following entities	s responded to the incident: (	Check all that appl	y) .					
☐ Fire/EMS Report # N/A	Police Report # N/A		In-house cleanup					
32. Damages: Was the total damage cos	32. Damages: Was the total damage cost more than \$500?   ☐ Yes ☐ No							
If yes, enter the following information: If no	, go to question 33.		Library Programmer					
Material Loss: Carrier Damage:	Property Damage:	Response Cost	Remediation/Cleanup Cost:					
\$_0 \$_0	<u> </u>	\$ 10,000	\$ 15,000					
(See damage definitions in the instructions)		<b>B B B B</b>						
33a. Did the hazardous material cause or contribut	e to a human fatality?	☐ Yes ■ No						
If yes, enter the number of fatalities resulting f			6					
Fatalities: Employ	ees N/A Respon	ders N/A	General Public N/A					
33b. Were there human fatalities that did not resul	t 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 fro	om the hazardous material:							
Hospitalized (Admitted Only): Employ	ees N/A Respon	ders N/A	General Public N/A					
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation	ees N/A Respon	ders N/A	General Public N/A					
35. Did the hazardous material cause or contribute	to an evacuation?	☐ Yes ■ No	The state of the s					
If yes, provide the following information:			and in 15 cars to the					
Total number of general public evacuated N	A Total number of emplo	yees evacuated	N/A Total Evacuated N/A					
Duration of the evacuation N/A (hours								
36. Was a major transportation artery or facility clo		☐ Yes ■ No	If yes, how many? N/A (hours)					
37. Was the material involved in a crash or derailm	nent?	☐ Yes ■ No						
If yes, provide the following information:	Estimated speed (mph): N/A	_ Weather con	ditions: N/A					
	Vehicle overturn?	☐ Yes ■ No						
	Vehicle left roadway/track?	☐ Yes ■ No	× ,					
PART V - AIR INCIDENT INFORMATION	ON (please refer to § 175.31	to report a disc	repancy for air shipments)					
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	-					
If yes, was it tendered as cargo, or as passenge	er baggage?							
☐ Cargo	☐ Passenger baggage							
39. Where did the incident occur (if unknown, chec	k the appropriate box for the lo	cation where the i	ncident was discovered)?					
☐ Air carrier cargo facility	☐ Sort center	☐ Bag	gage area					
☐ By surface to/from airport	☐ During flight	☐ Dur	ing loading/unloading of aircraft					
40. What phase(s) had the shipment already under	gone prior to the incident? (Che	ck all that apply)	N 9.2"					
☐ Shipment had not been transported	☐ Transported by air (first fli	ght) 🔲 Trai	nsport by air (subsequent flights)					
☐ Initial transport by highway to cargo facility								
Form DOT E 5800 1 (01-2004)	Paga 3		Reproduction of this form is permitted					

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mecessary.	diagrams should be submitted if needed for clarification. Estimate
After a shipment of solid waste in lift bags (super sacks) loaded in a gondol gondolas on the BNSF were identified and inspected for liquid leakage. Cl weep-holes. No solid material was observed leaking. The waste lading load capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick poating also with Velcro closures. In addition, a moisture barrier consisting the gondola in plastic sheeting to contain the leaks. On 12/17-18/2014, the into trucks for furtherance. Once emptied, CIGX 803344's interior was clear and spent cleaning materials were place into disposal drums and earmarke leaching through the lift bags and/or rain water incursion is pending.	GX 803344 was inspected and reported leaking liquid from this gondola's ler described the packaging inside the gondola as 13.7 cubic yard abric with Velcro closures. The inner liners of these lift bags consisted of olyethylene fabric coated (both sides) with 1.5 mil thick polyethylene of plastic sheeting also lined the gondola. Contract responders wrapped shipper-loader removed the lift bags from CIGX 803344 and placed them ned. Ground spillage was remediated. Impacted ballast, plastic sheeting
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glight conditions and the state of	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo control of your individual company. Continue on additional sheets if recommendational comments.	r improvement to hazardous materials transportation beyond the
	g a d'an d'an
	a a mara a de a mara a la compania de la compania del compania del compania de la compania del compania del compania de la compania de la compania de la compania del com
	4 18 10 0 0 0 0 0
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	and the second
	N. II W. S. III
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Richard McMahon	Telephone Number: / 1 (817) 740-7255
Contact's Title: Manager Hazardous Materials Risk Management	Telephone Number: ( ) (817) 740-7355  Fax Number: ( ) (817) 740-7250
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
4200 Deen Road, Fort Worth, TX 76106	062712 002 010UW
E-mail Address: rich.mcmahon@bnsf.com	Date: 01/08/2015
Preparer is:	Other
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6	U.S. Department of Transportation
	Pipeline and Hazardous Materials
	Safety Administration

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.

TAIL THE OIL	T TYPE										
1. This is to report:		•	A) A haza	rdous mater	ial incid	dent		B) /	An undecl	ared shipment	with no release
			(1) rece	ived structur	al dam	age to the la	ading reten	tion sy	stem or d	hazardous ma lamage that red ve a release.	oterials that quires repair to a syst
2. Indicate whether thi	is is:		An initial	report		A supple	mental (fol	low-up	) report		Additional Pages
PART II - GENEF	RAL INCID	ENT IN	FORM/	ATION							
3. Date of Incident: 12	2/09/2014			4. Ti	me of	Incident (u	ise 24-ho	ur tim	e): 10:0	5	
5. Enter National Resp	The state of the s	Report N	umber (if	applicable	): 110	3042			2000		
6. If you submitted a	report to anot	her Fede	ral DOT a	gency, ente	er the	agency an	d report r	numbe	r: N/A		
7. Location of Inciden										Code (if knov	wn): 98201
Street Address/Mile	Charles Branch Control of the Control				500	200000000000000000000000000000000000000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8. Mode of Transporta			Air			Highway	10,00	//			Water
9. Transportation Pha	se	•	In Transit			Loading		Un	loading		In Transit Storage
10. Carrier/Reporter	Name Bh					Louding	_	6 35 8	.com.ig	- T	
	Street 26										
	City Fo	rt Worth	710					State	TX	ZIP Code	75131-2830
	Federal DO	T ID Num	ber <u>281</u>	683		H	łazmat Re	gistra	tion Nur	mber <u>062712</u>	2 002 010UW
11. Shipper/Offeror	Name W	aste Solut	ions Group	Chevron F	Richmo	nd Refinery	/				
	Street 10	0 Cargo V	Vay								
	City Sa	n Francisc	00					State	CA	_ ZIP Code	94124
	Waybill/Sh	ipping Pa	per BNS	F 793955		F	łazmat Re	gistra	tion Nur	mber <u>Unavai</u>	llable
12. Origin	Street 84	1 Chevror	Way							h	
(if different from shipper address)	City Ric	hmond				.1		State	CA	_ ZIP Code	94802
13, Destination	Street 44	555 S. Su	mas Road								
	City _ Ch	illiwack						State	ВС	ZIP Code	V2R 4B7
14. Proper Shipping N	ame of Hazar	dous Mat	erial: HAZ	ZARDOUS	WASTE	E, SOLID, N	N.O.S.			200	r.
15. Technical/Trade No											(9)
16. Hazardous Class/ Division: 9		7. Identif		77		18. Packin Group	ig . III			19. Quantit	y 10 d: Liquid - Gallon
Division.	-	(E.g. U	N2764, NA	2020)		(if appl	icable)		_	(Include	d: Measurement Units)
20. Was the material s	hipped as a h	azardous	waste?	■ Yes		No If ye	es, provid	e the E	PA Man	ifest Numbe	r: <u>011599956</u>
21. Is this a Toxic by Ir	nhalation (TIH	) materia	17	☐ Yes	▣					one: N/A	
22. Was the material s										Yes 🔳	No
	0011#0##C130000000010101000							M. 1900 C. A.	_		****
if ves, provide the											
If yes, provide the 23. Was this an undec		*****************		ent?						Yes 🔳	No

PART III - PACKAGING I	NFORMATION		
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 Lift Bags
that corresponds to the partic	ular packaging type checked	ound at the end of the instructions. Be so above. Enter the number of codes as a more than two failure points, provide i	opropriate to describe the incident.
1. What Failed: 103	How Failed	Causes of	Failure: 521
2. What Failed:	How Failed		Failure:
26a, Provide the packaging identi	fication markings, if available	е.	
Identification Markings; Una			
		// // // // // // // // // // // // //	DOT 406 (HIGHWAY) DOT 51 DOT 2 A)
		tification markings are incomplete or ur	
Single Package or Outer Pac	kaging:	Single Package or Inne	er Packaging (if any):
Packaging Type: N/A	The service region	Packaging Type: N/A	
Material of Construction: N/A	\	Material of Construction	n: N/A
Head Type (Drums only):	Removable	■ Non - Removable	
27. Describe the package capacity	and the quantity:		
Single Package or Outer Pac	kaging:	Single Package or Inne	r Packaging (if any):
Package Capacity: 215			N/A
Amount in Package: 185			N/A
Number in Shipment: 1	The state of the s		
Number Failed:1		The state of the s	
28. Provide packaging construction	n and test information, as ap	propriate:	= ×
Manufacturer: N/A		Manufacture Date: N	VA
Serial Number:		Last Test Date: N	l/A
Material of Construction: N/A		(if Tank Car, CTMV, Portable Tank, or C	ylinder)
Design Pressure: N/A		(if Tank Car, CTMV, Portable Tank)	
		(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		el: N/A
29. If the packaging is for Radioact		esent and legible) following:	(if present and legible)
Packaging Category:	☐ Type A	☐ Type B ☐ Type C ☐ Exc	epted 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	
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PART IV - CONSEQUENCES			
30. Result of Incident (check all that apply):	Spillage Fire E	ustanedasen temporario	al Entered Waterway/Storm Sewer
31. Emergency Response: The following entit			L No Helease
Fire/EMS Report # N/A	Police Report # N/A	■ In-he	ouse cleanup
32. Damages: Was the total damage of	ost 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:
\$ 0 \$ 0	\$_0	\$_10,000	\$ 10,000
(See damage definitions in the instructions)	outo to a human fatality?	☐ Yes ■ No	
33a. Did the hazardous material cause or contrib		LI FES LINO	
If yes, enter the number of fatalities resulting		. NI/A	G IS IN NVA
Fatalities: Empl	oyees N/A Resp	onders N/A	General Public N/A
33b. Were there human fatalities that did not re-	sult from the hazardous materia	I? ☐ Yes ■ No	If yes, how many? N/A
34. Did the hazardous material cause or contribu	ute to personal injury?	☐ Yes ■ No	
If yes, enter the number of injuries resulting			
Hospitalized (Admitted Only): Empl	oyees N/A Resp	onders N/A	General Public N/A
Non-Hospitalized: Empl (e.g.: On site first aid or Emergency Room observa	oyees N/A Resp stion and release)	onders N/A	_ General PublicN/A
35. Did the hazardous material cause or contribu		☐ Yes ■ No	
	ato to an ovocuation.	Li les Li No	
If yes, provide the following information:  Total number of general public evacuated	N/A Total number of on	players arranged N/	A Total Evacuated N/A
Duration of the evacuationN/A (hot		proyees evacuated	Total Evacuated 1971
10,000			If and becomes 2 N/A /becomes
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 dera	ilment?	Yes No	
If yes, provide the following information:	Estimated speed (mph): N/	A Weather condition	ons: N/A
	Vehicle overturn?	☐ Yes ■ No	,
	Vehicle left roadway/track?	☐ Yes ■ No	
PART V - AIR INCIDENT INFORMA	TION (please refer to § 175	31 to report a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	
If yes, was it tendered as cargo, or as passer	nger baggage?		
☐ Cargo	☐ Passenger baggage		
39. Where did the incident occur (if unknown, ch		location where the incid	lent was discovered)?
☐ Air carrier cargo facility	Sort center	☐ Baggag	
	7		loading/unloading of aircraft
By surface to/from airport	☐ During flight	100 Et 200 E	losung/uniosung of allerait
40. What phase(s) had the shipment already und			art bu sir faukaanu t fii-t
☐ Shipment had not been transported☐ Initial transport by highway to cargo faci	☐ Transported by air (firstlity ☐ Transfer at sort center/		ort by air (subsequent flights)
Form DOT E 5800 1 (01-2004)	Page 3		production of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE I	FAILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mecessary.	diagrams should be submitted if needed for clarification. Estimate
After a shipment of solid waste in lift bags (super sacks) loaded in a gondo gondolas on the BNSF were identified and inspected for liquid leakage. W weep-holes. No solid material was observed leaking. The waste lading load capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick poating also with Velcro closures. In addition, a moisture barrier consisting the gondola in plastic sheeting to contain the leaks and protect the lading fibags from WSGX 94122 and placed them into trucks for furtherance. Once remediated. Impacted ballast, plastic sheeting and spent cleaning materials. The root cause of non-solidified waste material leaching through the lift bag	SGX 94122 was inspected and reported leaking liquid from this gondola's fer described the packaging inside the gondola as 13.7 cubic yard fabric with Velcro closures. The inner liners of these lift bags consisted of olyethylene fabric coated (both sides) with 1.5 mill thick polyethylene of plastic sheeting also lined the gondola. Contract responders wrapped om rain water. On 12/17-18/2014, the shipper-loader removed the lift employed with the side of the place into disposal drums and parmarked for appropriate disposal.
	and the second second
DADT VIII DECOMMENDATIONS (ACTIONS TAKEN	TO DEFICE TO SELECT TO SEL
PART VII - RECOMMENDATIONS/ACTIONS TAKEN Where you are able to do so, suggest or describe changes (such as a	
procedures) to help prevent recurrence. Provide recommendations for control of your individual company. Continue on additional sheets if No additional comments.	r improvement to hazardous materials transportation beyond the necessary.
	No sa " x
	f and the second
The second secon	8 1 P P P
	*
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Richard McMahon	Telephone Number: / \ (047) 740 7255
Contact's Title: Manager Hazardous Materials Risk Management	Telephone Number: ( ) (817) 740-7355  Fax Number: ( ) (817) 740-7250
Business Name and Address: BNSF Railway Company	Hazmat Registration Number (if not already provided):
4200 Deen Road, Fort Worth, TX 76106	062712 002 010UW
E-mail Address: rich.mcmahon@bnsf.com	Date: 01/08/2015
Preparer is:  ☐ Carrier ☐ Shipper ☐ Facility	☐ Other
Form DOT F 5800.1 (01-2004) Page 4	Reproduction of this form is permitted

(2)	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration
	Safety Administration

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.

Center at 1-800-HMR-49							estions,	you c	an contact	ine maz	ardou	siviate	nais information
PART I - REPORT	TYPE												
1. This is to report:			A) A hazard	ous materi	ial incide	ent			B) An undec	lared sh	ipmen	t with n	o release
90			(1) receive	ed structur	n cargo tank 1,000 gallons or greater containing ructural damage to the lading retention system otect the lading retention system and (2) did no					m or damage that requires repair to a system			
2. Indicate whether this	is:	▣	An initial re	port		A supp	emental	(follow	-up) report			Addi	tional Pages
PART II - GENERA	AL INC	IDENT IN	IFORMA	TION									
3. Date of Incident: 12/	09/2014		,	4. Ti	me of I	ncident	(use 24-	hour	time): 14:0	00			
5. Enter National Respo	onse Cen	iter Report N	lumber (if a	pplicable	): 1103	3044							
6. If you submitted a re	port to a	nother Fede	ral DOT age	ency, ente	er the a	gency a	nd repo	rt nur	nber: N/A				
7. Location of Incident:	City: V	/ancouver		County:	Clark		State:	WA	ZIP	Code (	if kno	wn): 9	8660
Street Address/Mile	Marker/\	/ardname/Ai	rport/Body	of Water/	River N	/lile 131	0 West 1	1th St	reet (BNSF	Vanco	uver R	ailyerd)	)
8. Mode of Transportat	tion		Air			Highwa	у	▣	Rail			Wate	er
9. Transportation Phase	е	■	In Transit			Loading	ı		Unloading			Ir Tr	ransit Storage
10. Carrier/Reporter	Name	BNSF Railw	ay Company	,									
	Street	2600 Lou M	enk Drive									Jerry	
	City _	Fort Worth		_	. 1			_	ate TX				1-2830
	Federal	DOT ID Nun	nber <u>28168</u>	3			Hazmat	Regis	stration Nu	mber .	06271	2 002 (	010UW
11. Shipper/Offeror	Name	Waste Solu	tions Group/0	Chevron F	Richmon	d Refine	ry						
	Street	100 Cargo V	Vay			_							
	City _	San Francis							ate CA	-		9412	4
	Waybil	I/Shipping Pa	aper BNSF	888635			Hazmat	Regis	stration Nu	mber .	Unava	ilable	
12. Origin (if different from	Street	841 Chevro	n Way						-				
shipper address)	City _	Richmond		_				_ Sta	ate <u>CA</u>	_ ZIP	Code	9480	2
13. Destination	Street	44555 S. St	ımas Road										
	City _	Chilliwack						_ Sta	ate BC	_ ZIP	Code	V2R	4B7
14. Proper Shipping Na	me of Ha	azardous Ma	terial: HAZA	RDOUS	WASTE	, SOLID	N.O.S.						
15. Technical/Trade Nar													
16. Hazardous Class/ Division: 9		17. Identi Numb	fication er: NA3077			18. Pack Grou	p: III			R	luantit elease	ed: Liq	uid - Gallon
			N2764, NA 20		_		plicable)						rement Units)
20. Was the material sh	0.88		220	■ Yes	1000000				ne EPA Mai	11 9		r: <u>011</u>	333300
21. Is this a Toxic by Inf	halation (	(TIH) materia	17	☐ Yes	• I	No If	es, prov	vide tl	ne Hazard Z	Zone: _	N/A	(except or	
22. Was the material sh	100				compet	ent Autl	ority Ce	rtifica	ite?	Yes		No	
If yes, provide the E	xemptio	n, Approval,	or CA numb	er: N/A					300	20.000	ng-narr		
23. Was this an undecla	red haza	rdous mater	ials shipme	nt?						Yes		No	
Form DOT F 5800.1 (01-	-2004)				Page 1				Rep	roducti	on of	this fo	rm is permitted

PART III - PACKAGIN	IG INFORMATION	Mi San	to a
24. Check Packaging Type (d	heck only one - if more tha	an one, list type of packaging, copy Part III, and co	omplete for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tank Motor Vehicle (CTMV)	☐ Tank Car
☐ Cylinder	☐ RAM	☐ Portable Tank	Other Lift Bags
that corresponds to the	oarticular packaging type c	codes found at the end of the instructions. Be sure checked above. Enter the number of codes as appr here are more than two failure points, provide in t	ropriate to describe the incident.
1. What Failed: 103	How	Failed: 308 Causes of Fa	ailure: 521
2. What Failed:			niture:
26a. Provide the packaging i	dentification markings, if a	available.	
Identification Markings:	Unavailable		
(Examples: 1A1/Y1.4/150/92	/USA/RB/93/RL, UN31H1/Y049	3/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DO	OT 406 (HIGHWAY), DOT 51, DOT 3-A)
26b. For Non-bulk, IBC, or no complete the following:		, if identification markings are incomplete or unav	railable, see instructions and
Single Package or Oute	r Packaging:	Single Package or Inner F	Packaging (if any)
Packaging Type: N/A		Packaging Type: N/A	
Material of Construction	n: N/A	Material of Construction:	
Head Type (Drums only	): Removable	☐ Non - Removable	
27. Describe the package cap	pacity and the quantity:		2 51 6 6 6 6
Single Package or Oute	r Packaging:	Single Package or Inner P	ackaging (if any):
Package Capacity:	TO AND		Α
Amount in Package:			A
	1		
	1		
28. Provide packaging constr	uction and test informatio	n, as appropriate:	
Manufacturer: N/A		Manufacture Date: N/A	
Serial Number:		Last Test Date: N/A	
Material of Construction	: N/A	(if Tank Car, CTMV, Portable Tank, or Cylin	
Design Pressure: N/A		(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	Manufactur	er: N/A Model:	N/A
29. If the packaging is for Rad		(if present and legible)	(if present and legib e)
	M NEEDON E		0. 21.1 1.
Packaging Category:	☐ Type A —	☐ Type B ☐ Type C ☐ Excep	ang and an
Packaging Certification:	☐ Self Certified	U.S. Certification Certification N	umber N/A
Nuclide(s) Present: N/A		Transport Index:N/A	
Activity:N/A		Critical Safety Index: N/A	
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PART IV - CONSEQUENCES			
30. Result of Incident (check all that apply):	Spillage  Fire  E	xplosion	ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion	nvironmental Damage	☐ No Release
31. Emergency Response: The following entition	es responded to the incident:	(Check all that apply)	
☐ Fire/EMS Report # N/A	Police Report # N/A	■ In-h	nouse cleanup
32. Damages: Was the total damage co	st more than \$500?	■ Yes □ No	
If yes, enter the following information:	no, go to question 33.		
Material Loss: Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0	\$_0	\$ 10,000	\$ 10,000
(See damage definitions in the instructions)	ata tana hamana fatalih 2	☐ Yes ■ No	· · · · · · · · · · · · · · · · · · ·
33a. Did the hazardous material cause or contribu		LI Yes LI No	
If yes, enter the number of fatalities resulting		51/4	A STATE OF THE STA
Fatalities: Emplo	yees N/A Respo	nders N/A	General Public N/A
33b. Were there human fatalities that did not resu	ult from the hazardous material	? 🗌 Yes 🔳 No	If yes, how many? N/A
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes ■ No	16
If yes, enter the number of injuries resulting f	rom the hazardous material:		
Hospitalized (Admitted Only): Emplo	yees N/A Respo	nders N/A	General Public N/A
Non-Hospitalized: Emplo (e.g.: On site first aid or Emergency Room observati	yees N/A Respo on and release)	nders N/A	General PublicN/A
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes ■ No	
If yes, provide the following information:			
Total number of general public evacuated	N/A Total number of emp	loyees evacuated N	A Total Evacuated N/A
Duration of the evacuation N/A (hour	rs)	-	
36. Was a major transportation artery or facility of		☐ Yes ■ No	If yes, how many? N/A (hours)
37. Was the material involved in a crash or derail	ment?	☐ Yes ■ No	
If yes, provide the following information:	Estimated speed (mph): N/A	Weather conditi	ons: N/A
	Vehicle overturn?	☐ Yes ■ No	
	Vehicle left roadway/track?	☐ Yes ■ No	
PART V - AIR INCIDENT INFORMAT	ION (please refer to § 175.3	1 to report a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	
If yes, was it tendered as cargo, or as passeng	ger baggage?		
☐ Cargo	□ Passenger baggage		
39. Where did the incident occur (if unknown, che	eck the appropriate box for the I	ocation where the inci-	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center	☐ Bagga	ge area
☐ By surface to/from airport	☐ During flight	☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already under	ergone prior to the incident? (Ch	neck all that apply)	- v
☐ Shipment had not been transported	☐ Transported by air (first		ort by air (subsequent flights)
☐ Initial transport by highway to cargo facilit	_		9
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to minecessary.	diagrams should be submitted if needed for clarification. Estimate
After a shipment of solid waste in lift bags (super sacks) loaded in a gondol gondolas on the BNSF were identified and inspected for liquid leakage. Clf weep-holes. No solid material was observed leaking. The waste lading load capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial if two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick pocating also with Velcro closures. In addition, a moisture barrier consisting the bottom of the gondola in plastic sheeting to contain the leaks. On 12/19, placed them into trucks for furtherance. Once emptied, CIGX 803339's inteplastic sheeting and spent cleaning materials were place into disposal drum non-solidified waste material leaching through the lift bags and/or rain water	GX 803339 was inspected and reported leaking liquid from this gondola's ler described the packaging inside the gondola as 13.7 cubic yard abric with Velcro closures. The inner liners of these lift bags consisted of olyethylene fabric coated (both sides) with 1.5 mil thick polyethylene of plastic sheeting also lined the gondola. Contract responders wrapped /2014, the shipper-loader removed the lift bags from CICX 803339 and who was cleaned. Ground spillage was remediated. Impacted ballast, is and earmarked for appropriate disposal. The root cause of
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
No additional comments.	
PART VIII. CONTACT INFORMATION	
PART VIII- CONTACT INFORMATION	
	Telephone Number: ( ) (817) 740-7355
Contact's Name (Type or Print): Richard McMahon Contact's Title: Manager Hazardous Materials Risk Management	Telephone Number: ( ) (817) 740-7355 Fax Number: ( ) (817) 740-7250
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided):
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided): 062712 002 010UW
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided):
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(2)	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

Form Approval OMB No. 2137-0039

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PART I - REPORT	TYPE										
1. This is to report:		•	A) A hazar	dous mater	ial incic	dent		] B).	An undecl	ared shipment	with no release
			(1) recei	ved structur	al dam	age to the	lading rete	ntion sy	stem or d	hazardous ma amage that re- ve a release.	eterials that quires repair to a syst
2. Indicate whether this	s is:	▣	An Initial r	eport		A suppl	emental (fo	ollow-up	) report		Additional Pages
PART II - GENER	AL INCIDE	NT INF	ORMA	TION							•
3. Date of Incident: 12	/10/2014			4. Ti	me of	Incident	use 24-ho	our tim	ie): 10:2	5	
5. Enter National Resp	onse Center R	eport Nu	mber (if	applicable	): 110	03113					
6. If you submitted a re	eport to anothe	er Federa	al DOT ag	jency, ent	er the	agency a	nd report	numbe	er; N/A		
7. Location of Incident										Code (if know	wn): 98201
Street Address/Mile										tt/Delta Railya	ard)
8. Mode of Transporta		-	Air			Highwa	_				Water
9. Transportation Phas	se	▣	In Transit			Loading		] Un	loading		In Transit Storage
10. Carrier/Reporter			y Compar			**************************************					trotes town years =
	Street 2600										
	City Fort	Worth						State	TX	ZIP Code	76131-2830
	Federal DOT	ID Numb	ber <u>2816</u>	83			Hazmat R	Registra	tion Nur	nber 06271	2 002 010UW
11. Shipper/Offeror	Name Was	te Solutio	ons Group	/Chevron F	Richmo	nd Refine	гу				
	Street 100	Cargo W	ay								
	City San	Francisco	0					State	CA	_ ZIP Code	94124
	Waybill/Ship	ping Pap	per BNS	F 795523			Hazmat R	Registra	ation Nur	nber <u>Unava</u>	itable
12. Origin	Street 841	Chevron	Way			22-11-12				11	
(if different from shipper address)	City Rich	mond						State	CA	ZIP Code	94802
13. Destination	Street 4455	55 S. Sun	nas Road								
	City Chilli	iwack						State	ВС	ZIP Code	V2R 4B7
14. Proper Shipping Na	ame of Hazardo	ous Mate	rial: HAZ	ARDOUS	WASTE	E, SOLID,	N.O.S.				32.41
15. Technical/Trade Na											
16. Hazardous Class/						18. Pack				19. Quantit	. 15
Division: 9		. Identific Numbe	r: NA307	7			p; III			Release	d: Liquid - Gallon
			2764, NA 2				olicable)			(Include	Measurement Units)
20. Was the material sl	hipped as a haz	zardous v	waste?	Yes		No If	es, provi	de the	EPA Man	ifest Numbe	r: <u>011599957</u>
21. Is this a Toxic by In	halation (TIH)	material	?	☐ Yes		No If	es, provi	de the	Hazard Z	one: N/A	
22. Was the material sl	hipped under a	n Exemp	tion, App	oroval, or (	Compe	tent Auth	ority Cert	tificate	2 🗆	Yes	No
				L N/A							
If yes, provide the E	Exemption, App	proval, o	r CA num	ber: 14/74							
If yes, provide the E										Yes	No

PART III - PACKAGING	INFORMATION			
24. Check Packaging Type (chec	k only one - if more than o	ne, list type of pac	kaging, copy Part III, and complet	te for each type:
☐ Non-bulk	□ ІВС	☐ Cargo tank	Motor Vehicle (CTMV)	☐ Tank Car
☐ Cylinder	RAM	☐ Portable Ta	nk	Other Lift Bags
that corresponds to the parti	icular packaging type check	ed above. Enter th	of the instructions. Be sure to en e number of codes as appropriat failure points, provide in this for	te to describe the incident.
1. What Failed: 103	How Fail	ed: 308	Causes of Failure:	521
2. What Failed:	How Faile			
26a. Provide the packaging ident	tification markings, if availa	able.		
Identification Markings: Un		100		
		A /M49339/10800/1200	DOT - 105A - 100W (RAIL), DOT 406 (	UICUMAVI DOT 51 DOT 3-A)
26b. For Non-bulk, IBC, or non-sponsor complete the following:				
Single Package or Outer Pa	ckaging:		Single Package or Inner Packag	jing (if any):
Packaging Type: N/A	Althorney .		Packaging Type: N/A	Mary Control of the C
Material of Construction: N	/A		Material of Construction: N/A	18.8 2 1 1.00 1.00
Head Type (Drums only):	☐ Removable	☐ Non - Remo	vable	
27. Describe the package capacit	y and the quantity:			
Single Package or Outer Pa			Single Package or Inner Packag	ing lif anyl:
Package Capacity: 21			Package Capacity: N/A	
Amount in Package: 19			Amount in Package: N/A	
Number in Shipment:1			Number in Shipment:	
Number Failed: 1			Number Failed:	
28. Provide packaging construction	on and test information, as	appropriate:		
Manufacturer: N/A			Manufacture Date: N/A	
Serial Number:			Last Test Date: N/A	
			, CTMV, Portable Tank, or Cylinder)	10.1
Design Pressure: N/A				
Shell Thickness: N/A				
1.0 TO 10 STATE OF THE STATE OF				
Service Pressure: N/A		(if Cylinder)		
If valve or device failed:				
Type: N/A	Manufacturer: N	V/A	Model: N/A	
29. If the packaging is for Radioac	(if	f present and legible)		ent and legible)
Packaging Category:	☐ Type A	☐ Type B	☐ Type C ☐ Excepted	☐ Industrial
Packaging Certification:	☐ Self Certified	U.S. Certifica	ation Certification Number	, N/A
Nuclide(s) Present: N/A		Transp	ort Index: N/A	
Activity: N/A		Critical	Safety Index: N/A	
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply):	Spillage	☐ Explosion	☐ Mater	ial Entered Waterway/Storm Sewer
	/apor (Gas) Dispersion	☐ Environmen	tal Damage	□ No Release
31. Emergency Response: The following entities	s responded to the incid	ent: (Check all	that apply)	
Fire/EMS Report # N/A	Police Report # N/A		_ In-h	nouse cleanup
32. Damages: Was the total damage cos	st more than \$5007	■ Yes	□ No	
If yes, enter the following information: If no	o, go to question 33.			
Material Loss: Carrier Damage:	Property Damag	e: Resp	onse Cost:	Remediation/Cleanup Cost:
\$ 0 \$ 0	<u>\$ 0</u>	\$_10	,000	s 10,000
(See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribu	te to a human fatality?	☐ Yes	■ No	
If yes, enter the number of fatalities resulting t				
Fatalities: Employ	yees N/A	Responders	N/A	General PublicN/A
33b. Were there human fatalities that did not resu	It from the hazardous ma	aterial?   Yes	■ No	If yes, how many? N/A
34. Did the hazardous material cause or contribute	e to personal injurγ?	☐ Yes	■ No	
If yes, enter the number of injuries resulting fr	om the hazardous mater	ial:		
Hospitalized (Admitted Only): Employ	/ees N/A	Responders	N/A	General Public N/A.
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation	The state of the s	Responders	N/A	General Public N/A
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	of employees eva	cuated N	/A Total Evacuated N/A
Duration of the evacuation N/A (hours	126	352.05	100	
36. Was a major transportation artery or facility cl		☐ Yes	■ No	If yes, how many? N/A (hours)
37. Was the material involved in a crash or derailr	ment?	☐ Yes	■ No	
If yes, provide the following information:	Estimated speed (mph):	N/A We	ather conditi	ons: N/A
	Vehicle overturn?	☐ Yes	■ No	
	Vehicle left roadway/tra	ck?	■ No	
PART V - AIR INCIDENT INFORMATI	ON (please refer to §	175.31 to repo	rt a discrep	pancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes	■ No	
If yes, was it tendered as cargo, or as passeng	er baggage?			
☐ Cargo	☐ Passenger baggag	е		
39. Where did the incident occur (if unknown, che	ck the appropriate box fo	r the location wi	nere the incid	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center		☐ Bagga	
☐ By surface to/from airport	☐ During flight		☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already unde	10-21 - 1073 - 17	nt? (Check all tha	503	
☐ Shipment had not been transported	☐ Transported by air		C.10.8767-0758	oort by air (subsequent flights)
☐ Initial transport by highway to cargo facility		and the second		wer of an fannandamit mantal
Form DOT E 5800.1 (01-2004)	Page 3		Ro	production of this form is permitted

PART VI - D	ESCRIPTION	OF EVENTS &	PACKAGE I	FAILURE		
including the s	ize and location of	holes, cracks, etc. I	Photographs and	diagrams should	ne it was discovered. De be submitted if needed of the release. Continue	escribe the package failure, for clarification. Estimate on additicnal sheets if
gondolas on the weep-holes. No capacity lift bags two 6 mil thick procating also with the gondola in pi from WSGX 941 remediated. Imp	BNSF were identificable solid material was of super sacks) of 7 oblyethylene liners. In Velcro closures. In lastic sheeting to co 03 and placed them acted ballast, plastic	ed and inspected for observed leaking. The ounce woven polypro he gondola was lined addition, a moisture intain the leaks and p into trucks for furthe	liquid leakage. Was waste lading load opylene industrial if d with 6 mil thick p barrier consisting rotect the lading from prance. Once emp cleaning materials	SGX 94103 was ins der described the pa fabric with Velcro cloolyethylene fabric co- of plastic sheeting a form rain water. On 1 stied, WSGX 94103 s were place into dis	ackaging inside the gondo osures. The inner liners of oated (both sides) with 1.4 also lined the gondola. Co 12/18/2014, the shipper-lo s interior was cleaned. Gr sposal drums and earmark	ng liquid from this gondola's le as 13.7 cubic yard these lift bags consisted of 5 mil thick polyethylene ntract responders wrapped ader removed the lift bags
PART VII - F	RECOMMEND	ATIONS/ACTI	ONS TAKEN	TO PREVENT	RECURRENCE	
No additional cor		y. Continue on add	itional sheets if i	necessary.		
						Α
						1.
DADTIMU	01 T 1 0 T 1 1 T					
PART VIII- C	ONTACT INF	ORMATION				
	(Type or Print): Ric			Telephone Numb	per: ( ) (817) 740-735	5
		Materials Risk Mana			) (817) 740-7250	
	and Address: BNS Fort Worth, TX 76	F Railway Company			ion Number (if not alrea	dy provided):
Brotte was the same to be a	rich.mcmahon@bns	AND AND DESCRIPTION OF THE PROPERTY OF THE PRO		062712 002 010L Date: 01/08/2015	JVV	
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13

1) L	DATE AND TIME OPENED	DATE	AND TIME OF	OCCURRE	NCE			
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	mo. day yr. time	mo.	day yr.	time				
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	CHECK IF THIS IS AN NRC REPORT	ONLY. NRC RI	EPORT#			ATTACHE	D.	
3) F	VP ADDRESS:			спу:			STATE:	ZIP:
4) E	BRIEF DESCRIPTION OF SITUATION:	Buse	· Car	曲	WSGK	9410	3	spilled
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-	scene for		N Up.					
5) I	NCIDENTLOCATION: 3429	15 m	ST			_ CITY/COL	NTY: 2	verell
6) W	HAT IS THE MATERIAL (USE EXACT	SPELLING) _	Masu	174	noche			
	OW WAS MATERIAL ONTAINED/PACKED:	TOTA			QUANTITY RELEASED:	?		unds [] cubic feet
	GENCIES NOTIFIED/ON SCENE/RESPO	ONDING:						
	] Fire [ ] Police [ ] Sheriff [ ] W							~
9)	IS MATERIAL PETROLEUM AN	D MORE TH	AN 100 GALI	ONS? (di	esel, hydraulic, gaso	line, oil, etc) [Y	ES] [NO	) [MIN]
	IS HUMAN HEALTH/SAFETY A IS GROUND OR SURFACE WAT				)			
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<sup>13</sup> It appears that the EOC transposed the numbers of the date of the occurrence. See supporting documents.

## State Emergency Operations Officer (MIL)

From:

HQS-PF-fldr-NRC@uscg.mil

Sent:

Wednesday, December 10, 2014 12:56 PM

To:

State Emergency Operations Officer (MIL); State Emergency Operations Officer (MIL)

Subject:

NRC#1103113

NATIONAL RESPONSE CENTER 1-800-424-8802 \*\*\*GOVERNMENT USE ONLY\*\*\*GOVERNMENT USE ONLY\*\*\* Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 1103113

## INCIDENT DESCRIPTION

\*Report taken by: MST3 ANNALIESE ENNIS at 15:34 on 10-DEC-14

Incident Type: RAILROAD Incident Cause: UNKNOWN

Affected Area:

Incident was discovered on 10-DEC-14 at 10:30 local incident time.

Affected Medium: BALLAST

REPORTING PARTY

Name:

**JUSTIN PIPER** 

Organization: BNSF RAILWAY

Address: 1515 WEST 39TH ST.

VANCOUVER, WA

PRIMARY Phone: (360)5538672

Type of Organization: PRIVATE ENTERPRISE

SUSPECTED RESPONSIBLE PARTY

Name:

UNKNOWN

XX

INCIDENT LOCATION

3429 15TH ST County: SNOHOMISH

City: EVERETT State: WA

RELEASED MATERIAL(S)

CHRIS Code: NCC Official Material Name: NO CHRIS CODE

Also Known As: HAZARDOUS WASTE SOLID (UN 3077) PRIMARY SLUDGE RCR

Qty Released: 5 GALLON(S)

### DESCRIPTION OF INCIDENT

CALLER IS REPORTING A RELEASE OF HAZARDOUS WASTE SOLID (UN 3077) PRIMARY SLUDGE RCRA F037 ONTO THE BALLAST FROM A RAIL CAR DUE TO IMPROPER PACKING BY THE SHIPPER.

## SENSITIVE INFORMATION

INCIDENT DETAILS

Grade Crossing: NO

Location Subdivision: BELLINGHAM

Railroad Milepost:

Type of Vehicle Involved:

Crossing Device Type:

**Device Operational: YES** 

**DOTCrossing Number:** 

Date and Time Service was/will be Restored:

Brake Failure: NO

Federal Post-Accident 219.201 Sub Part C Testing Required: NO

Passenger Train Route: NO

Passenger Train Delay Expected: NO

Passenger Train Delay Handling:

--- RAILROAD INFORMATION---

Railroad Involved: BNSF RAILWAY

Train Number: WSGX94103

Train Type: RAIL CAR Train Direction:

Train Speed: Track Speed:

Locomotives: Cars: Derailed:

Suspected DOT Regulation Non Compliance: NO

**DERAILED CARS:** 

Pos. Carnumber Type Cargo

IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Hospitalized: Empl.

Empl/Crew: Passenger:

FATALITIES: NO Empl/Crew:

Occupant:

Passenger:

EVACUATIONS:NO Who Evacuated:

Radius/Area:

Damages: NO

Hours Direction of

Closure Type Description of Closure

Closed Closure

Ν

Air:

N

Major

Road:

Artery:N

Waterway:

N

Track:

2

**Environmental Impact: UNKNOWN** 

Media Interest: NONE Community Impact due to Material:

### REMEDIAL ACTIONS

CONTRACTOR IS ON SITE COMMENCING CLEAN UP. AFFECTED BALLAST WILL BE

REMOVED. PLASTIC APPLIED TO PREVENT FURTHER DISPERSION.

Release Secured: YES

Release Rate:

**Estimated Release Duration:** 

### WEATHER

Weather: RAINY, 60ºF

## ADDITIONAL AGENCIES NOTIFIED

Federal:

State/Local:

State/Local On Scene:

State Agency Number:

### NOTIFICATIONS BY NRC

CENTERS FOR DISEASE CONTROL (GRASP)

10-DEC-14 15:55 (770)4887100

CUSTOMS AND BORDER PROTECTION (INTEL BRANCH/BLAINE SECTOR)

10-DEC-14 15:55 (360)4107222

NATIONAL COORDINATING CTR FOR COMMS (NCC COMM-ISAC)

10-DEC-14 15:55 (703)2355626

DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)

10-DEC-14 15:55 (202)3661863

FEDERAL RAILROAD ADMIN. (MAIN OFFICE)

10-DEC-14 15:55 (202)4936242

U.S. EPA X SEATTLE (MAIN OFFICE)

(206)5531263

FEMA REGION 10 (MAIN OFFICE)

10-DEC-14 15:55 (425)4874704

NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)

10-DEC-14 15:55 (202)2829201

NOAA RPTS FOR WA (MAIN OFFICE)

10-DEC-14 15:55 (206)5264911

NATIONAL RESPONSE CENTER HQ (AUTOMATIC REPORTS)

10-DEC-14 15:55 (202)2671136

OREGON TITAN FUSION CENTER (COMMAND CENTER)

10-DEC-14 15:55 (877)6204702

WA STATE EMERGENCY MANAGEMENT (MAIN OFFICE)

10-DEC-14 15:55 (800)2585990

WASHINGTON STATE FUSION CENTER (MAIN OFFICE)

10-DEC-14 15:55 (877)

WASHINGTON STATE NATIONAL GUARD (COMMAND CENTER)

10-DEC-14 15:55 (253)5128159

ADDITIONAL INFORMATION

 $Staff\ Investigation-BNSF\ Railway\ Company\ TR-150284$ 

WILL NOTIFY STATE NEXT.

\*\*\* END INCIDENT REPORT #1103113 \*\*\*
Report any problems by calling 1-800-424-8802
PLEASE VISIT OUR WEB SITE AT http://www.nrc.uscg.mil

						BER 14-486
I) DA	ATE AND TIME OPENED	DATE	E AND TIME OF OCCURR	ENCE		
-	2,13,14,1054	12	,B,14,1010			(817)
m		mo.		BNSF		(017)
2) REI	PORTING TUSTIN	TIPER	AGENCY NAME: RA	AILROAD Area	R/P CALLBACK PHONE NUMI Code (206) (253) (36	BER. 332-203
	CHECK IF THIS IS AN NRC R	EPORT ONLY, NRC R	EPORT#		_ ATTACHED.	
3) R/P	P ADDRESS:		CITY:		STATE:	ZIP:
4) BR	5.000	HE TRACKS	LOCAMOTI NO WATE PRARTMENT IREN TO CL DUIR ONMOUN	UE FIRE F R IMPACTE RESPONDI REAN-UP, AL MANAG	LOCAL COL	ODGALS O DEING AND POUT FIRE, UTACT! 553-8672
5) INC	CIDENTLOCATION: COLU	MBIA SUB	- DIVISION M	P 1592.2	CITY/COUNTY:	/ ERANT
6) WH	IAT IS THE MATERIAL (USE	EXACT SPELLING) _	Lu	BE OIL		
	W WAS MATERIAL TAINED/PACKED:	TOTA QUANT		QUANTITY RELEASED:	100 Neal	unds [] cubic feet
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BAZARDUUSIYIATERIALS	INCIDENT WORKSHEET
OPENING SECO D, OX	STATE INCIDENT NUMBER 19-490 3
DATE AND TIME OPENED DATE AND TIME OF OCC.	LIDDENCE
12,15,14,2135 12,15,14,2	117
mo. day yr. time mo. day yr. time	817
2) REPORTING TERMY PARKER RIP COMPANY/ PARTY NAME TERMY PARKER AGENCY NAME:	BNSF R/P CALLBACK 352-2832 PHONE NUMBER: 352-2832 Area Code (206) (253) (360) (425) (509) (
☐ CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT#	ATTACHED,
3) R/P ADDRESS:CI	ITY:STATE:ZIP:
4) BRIEF DESCRIPTION OF SITUATION: BNSF TRAINS TO TRACKS ON THE SCATTLE SUBTLEMENT NO BLOCK CONTINUED IN THE TOTAL	SPILLED 500 GALS OF DIESEL FUEL DIVISION LINE MIP 100 NEAR DENDE AND NO INTURING MIRCT: JUSTIN PIPER 360-553-8672 LONGVIEW I
5) INCIDENTLOCATION: BUSE SEATTLE SUB-DIVIS	SIDN LINE CITY/COUNTY: COWLITZ
6) WHAT IS THE MATERIAL (USE EXACT SPELLING)	e fuel
7) HOW WAS MATERIAL TOTAL QUANTITY: UNIC	QUANTITY 500 [] pounds [] cubic feet [] [] [] [] [] [] [] [] [] [] [] [] []
8) AGENCIES NOTIFIED/ON SCENE/RESPONDING: [] Fire [] Police [] Sheriff [] WSP [] WDOE [] USCG [] U	USEPA []DOT PAOTHER BNSF
9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hyd	
10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO](UNK)	
11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] (UNK)	
SARATI	TLE III
THIS IS AN EMERGENCY RELEASE REPORT      THIS IS A CONTINUOUS RELEASE REPORT	
2) DATE(S) RELEASE BEGAN: TIME (S)  Date Began / Date Ended Time Began	DURATION:(minutes/hours)
3) SUBSTANCE:	AMOUNT RELEASED;
4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [N	O] MINIMUM QUANTITY FOR REPORTING:
5) ENVIRONMENT: (air, water, ground, etc)	AIR FLOW DIRECTION: FROMTO
6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE	E: [YES] [NO] EXPLAIN:
7) CAUSE OF RELEASE:	
8) POSSIBLE HEALTH RISKS:	INJURIES?
9) APPROPRIATE PRECAUTIONS:	
10) WILL THE RELEASE AFFECT GROUND/SURFACE WATERS OR ANY OTI	HER ENVIRONMENTAL AREAS?
11) CONTINUOUS RELEASE PRODUCTS:	
EM FORM 114 06/2014 X:DUTYOFFICER/dubyofficen/DUTY OFFICER PROCEDURESIS P	SECIO Procedures - 2014IC-24, ett-93, Hazmat Incident Worksheet.tocx C-24, A-3 age -1 -

(2)	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration
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# Hazardous Materials Incident Report

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.

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 seperate 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.

Office of Hazardous Mate Center at 1-800-HMR-492				estions, you can contact the	Hazardous Materials Information
PART I - REPORT	ГҮРЕ				
1. This is to report:	•	A) A hazardous mate	orial incident	B) An undeclare	d shipment with no release
3		(1) received struct	ural damage to the	ns or greater containing any ha lading retention system or dam on system and (2) did not have a	age that requires repair to a system
2. Indicate whether this is	s:	An initial report	☐ A suppl	smental (follow-up) report	■ Additional Pages
PART II - GENERA	L INCIDENT IN	IFORMATION		4	
3. Date of Incident: 01/1:	2/2015	4. 1	ime of Incident (	use 24-hour time): 13:00	
5. Enter National Respon	se Center Report N	lumber (if applicabl	e): N/A	1	
6, If you submitted a rep	ort to another Fede	ral DOT agency, en	ter the agency a	nd report number: FRA-15	0116R8V (1 OF 3)
7. Location of Incident:	City: Vancouver	County	Clark	State: WA ZIP Co	de (if known): 98660
Street Address/Mile M	larker/Yardname/Ai	rport/Body of Wate	r/River Mile 1515	W. 39th Street (BNSF Vanc	ouver Railyard)
8. Mode of Transportation	on 🗆	Air	☐ Highway	Rail	☐ Water
9. Transportation Phase		In Transit	☐ Loading	☐ Unloading	☐ In Transit Storage
10. Carrier/Reporter	Name BNSF Railw	ay Company			
	Street 2600 Lou M	enk Drive	17		
- 0	City Fort Worth	1 10			ZIP Code <u>76131-2830</u>
	Federal DOT ID Nun	nber <u>281683</u>		Hazmat Registration Number	er 062712 002 010UW
0.02.70006 6.706.701.7177	NEW AND THE STANFACTOR CONTROL	ning & Marketing Cor	npany by Hess Co	rp./Watco	
8	Street 10340 68th	Street NW		100000000000000000000000000000000000000	
	City Tioga			State ND	*
	Waybill/Shipping P	BNSF 455099		Hazmat Registration Number	er N/A
12. Origin (if different from	Street Same as sh	A.A. some			
shipper address)	City			State	ZIP Code
13. Destination	Street West March	es Point Road			*
	City Anacortes			State WA	ZIP Code 98221
14. Proper Shipping Nam	ne of Hazardous Ma	terial: PETROLEUM	CRUDE OIL		
15. Technical/Trade Nam	e: N/A				
16. Hazardous Class/ Division: 3		fication er: UN1267 N2764, NA 2020)	18. Packi Grou (if app	ng 1: p:_I licable)	9. Quantity 14 Released: Liquid - Gallon (Include Measurement Units)
20. Was the material ship	ped as a hazardous	waste? Yes	■ No If y	es, provide the EPA Manife	st Number: N/A
21. Is this a Toxic by Inha	lation (TIH) materia	il? 🔲 Yes	■ No If y	es, provide the Hazard Zone	e: N/A
22. Was the material ship	ped under an Exen	nption, Approval, or			5 Table 10 T
If yes, provide the Exc					
23. Was this an undeclare				□ Y	es No
Form DOT F 5800,1 (01-2	004)		Page 1	Reprod	uction of this form is permitted

PART III - PACKAGI	NG INFORMAT	ION				
24. Check Packaging Type	(check only one - if n	nore than one, li	st type of pa	ckaging, copy I	Part III, and complete	e for each type:
☐ Non-bulk	☐ IBC	ľ	☐ Cargo tar	nk Motor Vehicle	e (CTMV)	■ Tank Car
☐ Cylinder	☐ RAM	ľ	Portable	Tank		Other N/A
25. See instructions and er that corresponds to the Enter the most importa	particular packaging	type checked a	bove. Enter	the number of	codes as appropriate	e to describe the incident.
1. What Failed: 13	4	How Failed:	308		Causes of Failure:	526
2. What Failed: 13	4	How Failed:	308		Causes of Failure:	508
26a. Provide the packaging	identification marki	ngs, if available.				
Identification Marking	s: 111S100W1					
(Examples: 1A1/Y1.4/150/	92/USA/RB/93/RL, UN31	H1/Y0493/USA/M9	339/10800/12	00, DOT - 105A - 1	00W (RAIL), DOT 406 (I	HIGHWAY), DOT 51, DOT 3-A)
26b. For Non-bulk, IBC, or a complete the following		kaging, if identi	fication mar	kings are incom	plete or unavailable	s, see instructions and
Single Package or Out	er Packaging:			Single Pack	age or Inner Packag	ing (if any):
Packaging Type: N/A			_	Packaging T	ype: N/A	and the last
Material of Construction	on: N/A			Material of 0	Construction: N/A	
Head Type (Drums on	ly): Remov	able [	☐ Non - Rer	novable		
27. Describe the package ca	apacity and the quan	tity:				
Single Package or Out		TF 18.000		Cinala Duale	b Dl	/ t#
		el			ige or Inner Packagi	
Package Capacity: _ Amount in Package: _			-		eacity: N/A	
Number in Shipment:			_		E 1 82	
Number Failed:						
rvember railed.		7.	-	Wulliber Fall	ed	
28. Provide packaging cons	truction and test info	rmation, as app	ropriate:			
Manufacturer: UTLA	Ula			Manufacture	Date:06/18/2012	!
Serial Number: UTLX2	13180		_	Last Test Da		
Material of Construction	n: CARBON STEEL		(if Tank 0	Car, CTMV, Portab	le Tank, or Cylinder)	
Design Pressure: 100			(if Tank (	Car, CTMV, Portab	le Tank)	
Shell Thickness: N/A			(if Tank 0	Car, CTMV, Portab	le Tank)	
Head Thickness: N/A			(if Tank 0	Car, CTMV)		
Service Pressure: N/A			(if Cylind	er)		
If valve or device failed	l:					
Type: Liquid Valve	Man	ufacturer: McKe	enzie Valve 8	Machining LLC	Model: 50284	6
29. If the packaging is for R		(if pres	sent and legib			ent and legible)
Packaging Category:	□ Туре А	- 0	Type B	☐ Type C	☐ Excepted	☐ Industrial
Packaging Certification	: Self Ce	rtified [	U.S. Certi	fication C	ertification Number	· N/A
Nuclide(s) Present: N/	27			sport Index:	N/A	
Activity: N/				cal Safety Index	900000	
Earne DOT E FORD 4 for 202	4					
Form DOT F 5800.1 (01-200-	*)		Page 2		Reproduct	tion of this form is permitted

PART IV - CONSEQUENCES			
30. Result of Incident (check all that apply):	Spillage	plosion	al Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion 🔲 En	vironmental Damage	☐ No Release
31. Emergency Response : The following entities	es responded to the incident:	(Check all that apply)	y 11
☐ Fire/EMS Report # N/A	Police Report # N/A	■ In-h	ouse cleanup
32. Damages: Was the total damage cos	st more than \$500?	■ Yes □ No	
If yes, enter the following information: If n	o, go to question 33.		a a di
Material Loss: Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ <u>21</u> \$ <u>0</u>	\$ <u>0</u>	\$ 7,700	\$ 3,010
(See damage definitions in the instructions)			W 1 1 1 2 1 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3
33a. Did the hazardous material cause or contribu	ite to a human fatality?	☐ Yes ■ No	
If yes, enter the number of fatalities resulting	from the hazardous material:		111
Fatalities: Employ	yees N/A Respon	nders N/A	General Public N/A
33b. Were there human fatalities that did not resu	Ilt from the hazardous material?	☐ Yes ■ No	If yes, how many? N/A
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes ■ No	"
If yes, enter the number of injuries resulting for	rom the hazardous material:		
Hospitalized (Admitted Only): Employ	yees N/A Respon	nders N/A	General Public N/A
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation	1	nders N/A	General PublicN/A
35. Did the hazardous material cause or contribute	e to an evacuation?	☐ Yes ■ No	and the second
If yes, provide the following information:			na "mr ion i
Total number of general public evacuated N	I/A Total number of empl	oyees evacuated N/	A Total EvacuatedN/A
Duration of the evacuationN/A (hour	s)		of at
36. Was a major transportation artery or facility of	osed?	☐ Yes ■ No	If yes, how many? N/A (hours)
37. Was the material involved in a crash or derails	ment?	☐ Yes ■ No	
If yes, provide the following information:	Estimated speed (mph): N/A	Weather condition	ons: N/A
	Vehicle overturn?	☐ Yes ■ No	
	Vehicle left roadway/track?	☐ Yes ■ No	
PART V - AIR INCIDENT INFORMATI	ON (please refer to § 175.3	1 to report a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	
If yes, was it tendered as cargo, or as passeng	er baggage?		
☐ Cargo	☐ Passenger baggage		
39. Where did the incident occur (if unknown, che	ck the appropriate box for the lo	ocation where the incid	ent was discovered)?
☐ Air carrier cargo facility	☐ Sort center	☐ Baggag	e area
☐ By surface to/from airport	☐ During flight	☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already unde	rgone prior to the incident? (Ch	eck all that apply)	
☐ Shipment had not been transported	☐ Transported by air (first fi	ight) Transpo	ort by air (subsequent flights)
☐ Initial transport by highway to cargo facilit	y Transfer at sort center/car	rgo facility	
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PART VI - DESCRIPTION OF EVENTS & PACKAGE	FAILURE
Describe the sequence of events that led to the incident and the acti- including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to m necessary.	ons taken at the time it was discovered. Describe the package failure, diagrams should be submitted if needed for clarification. Estimate sitigate the effects of the release. Continue on additional sheets if
BNSF was notified of possible leaking entrained tank cars in a BNSF unit to Vancouver railyard. Inspection results identified seven entrained tank cars set-out of the train for further inspection and cleaning.	rain (U-TIOFTE0-01T). This train was inspected upon arrival at the BNSF's with commodity on their top side shells and these seven tank cars were
These seven tank cars were all DOT 111S100W1's, built in 2012 and the seven tank cars were identified as leaking at their liquid valves (3 inch McI closed position but the ball valves in the closed position were not complete and reseated the liquid valves. The less than tool tight closure plugs were valve ports cleaned, the plugs reapplied and properly tool tightened. Resid cleaning was accomplished by 0145 hrs. PST, 1/13/2015. These seven ta leakage. The equipment ID's for these seven tank cars follow;	Cenzie ball valves) that had loose closure plugs with the liquid valves in the ly sealing. Responders relieved internal pressure within these tank cars removed, Teflon tape sealant applied to their threaded areas, exposed ual spillage on the tank car shells were cleaned. All securement and
UTLX 213180 UTLX 213016	
UTLX 213006	
UTLX 212781 UTLX 212779	
UTLX 212797 UTLX 212816	a di lin-
01LX 212616	
OTMA FRA-150116R8V (1 of 3) was granted to transport these seven tank	cars to the consignee for unloading.
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO DDEVENT DECLIDRENCE
Ensure shipper's pre-trip inspection process is fully implemented and validate valves and fittings.	ated as it relates to the total securement and mechanical fitness of all
	1 0 h c 441 425 00 11 2
	, 4 f
	2 -
	to problem to example (
	1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
	A
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):
-mail Address; rich.mcmahon@bnsf.com	062712 002 010UW
	Date: 02/10/2015
reparer is:  ■ Carrier  □ Shipper  □ Facility	Other
orm DOT F 5800,1 (01-2004) Page	4 Reproduction of this form is permitted

ansportatio s Materials

# Hazardous Materials Incident Report

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.

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 seperate 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-HM8-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

Office of Hazardous Ma Center at 1-800-HMR-4	eterials Webs	ite at http	://hazmat.do	t.gov. If y	ou hav	ve any qu				
PART I - REPORT	ГТҮРЕ	1.1							- 14	
1. This is to report:		•	A) A hazard	ous materi	al incid	fent		B) An undec	ared shipment	with no release
			(1) receive	ed structur	al dam	age to the	lading retent	containing any ion system or c d (2) did not ha	lamage that red	aterials that quires repair to a system
2. Indicate whether this	s is:		An initial re	port		A suppl	emental (folk	w-up) report		Additional Pages
PART II - GENER	AL INCID	ENT IN	FORMA'	TION		*				
3. Date of Incident: 01	/13/2015		1	4. Tir	ne of	Incident	use 24-hou	r time): 15:0	0	
5. Enter National Resp	onse Center	Report N	umber (if a	pplicable)	: N/A	١				
6. If you submitted a r	eport to anot	her Fede	ral DOT age	ency, ente	er the	agency a	nd report n	umber: FRA	-150116R8V (	2 OF 3)
7. Location of Incident					100201-0-10					
Street Address/Mile										
8. Mode of Transporta			Air	70.70 (10.00 TO		Highwa		Rail		Water
9. Transportation Phas			In Transit			Loading		Unloading		In Transit Storage
10. Carrier/Reporter			ay Company	,		Loading	_	Onloading	_	III Transit Storage
To: corner, reporter		00 Lou Me								
		rt Worth					5	State TX	ZIP Code	76131-2830
1 1			ber 28168	3						2 002 010UW
11, Shipper/Offeror	Name Te	soro Refir	ning & Marke	etina Com	oanv b	v Hess C	orp./Watco			
11. diappoi/oneior	Street 10					,				
	City Tio	ga					5	State ND	ZIP Code	58852
		ipping Pa	per BNSF	455054		11 26		0.5		
12. Origin	Street Sa									
(if different from	City		P P P P					State	ZIP Code	
shipper address)  13. Destination		net March	es Point Roa	10.21						
13. Destination	and the same	acortes	es Point Roa	10				State WA	ZIP Code	98221
	2.0-4.0		. DETO	OLEUMO	PRINE			state WA	_ Zii Code	UULLI
14. Proper Shipping Na		dous Mat	erial: FEIR	OLEOWIC	KODE	OIL				
15. Technical/Trade Na	ime; N/A				_	_				
16. Hazardous Class/ Division: 3			ication er: <u>UN1267</u> N2764, NA 20			18. Packi Grou (if app	ng p: I blicable)		19. Quantity Release (Include	y 10 d; Liquid - Gallon Measurement Units)
20. Was the material sl	hipped as a h	azardous	waste?	☐ Yes		No If v	es, provide	the EPA Mar	ifest Numbe	r: N/A
21. Is this a Toxic by In				□ Yes	•			the Hazard Z		
					2000					M.
22. Was the material sl If yes, provide the B					ompe	tent Auth	only certifi	uater []	Yes 🔳	IVO
23. Was this an undecl							7,000		Yes 🔳	No
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PART III - PACKAGING	INFORMATION	No. of the last of		4.00
24. Check Packaging Type (check	ck only one - if more than	one, list type of pack	aging, copy Part III, and comp	lete for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tank	Motor Vehicle (CTMV)	■ Tank Car
☐ Cylinder	RAM	☐ Portable Ta	nk	Other N/A
	ticular packaging type ch	ecked above. Enter th	of the instructions. Be sure to e e number of codes as appropr failure points, provide in this t	iate to describe the incident.
1. What Failed: 134	How F	ailed: 308	Causes of Failur	e: 526
2. What Failed: 134	How F			e: <u>508</u>
26a. Provide the packaging iden	ntification markings, if av	ailable.		
Identification Markings: 11	1S100W1	*	in in	
(Examples: 1A1/Y1.4/150/92/US	6A/RB/93/RL, UN31H1/Y0493/	USA/M9339/10800/1200,	DOT - 105A - 100W (RAIL), DOT 40	06 (HIGHWAY), DOT 51, DOT 3-A)
26b. For Non-bulk, IBC, or non-scomplete the following:				
Single Package or Outer Pa	ackaging:		Single Package or Inner Pack	aging (if any):
Packaging Type: N/A	I make a		Packaging Type: N/A	
Material of Construction: N	I/A		Material of Construction: N/A	
Head Type (Drums only):	☐ Removable	☐ Non - Remo	vable	t IN SEC.
27. Describe the package capaci	ty and the quantity:			
Single Package or Outer Pa			Circle Destruction B. I.	. 77
			Single Package or Inner Packa	
Package Capacity: 2  Amount in Package: 19		-	Package Capacity: N/A	
Number in Shipment:89			Amount in Package: N/A	
Number Failed:6				
Training Turious			Number Falled.	
28. Provide packaging construct	ion and test information,	as appropriate:		
Manufacturer: UTLA	II #		Manufacture Date: 03/26/20	012
Serial Number: UTLX21285	50		Last Test Date: 03/26/20	
Material of Construction: C	ARBON STEEL		CTMV, Portable Tank, or Cylinder)	
Design Pressure: 100	N 11	(if Tank Car,	CTMV, Portable Tank)	. 1
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: Liquid Valve	Manufacturer	McKenzie Valve & M	lachining LLC Model: 502	2846
29. If the packaging is for Radioa	nctive Materials, complet	(if present and legible) e the following:		esent and legible)
Packaging Category:	☐ Type A	☐ Type B	☐ Type C ☐ Excepted	☐ Industrial
Packaging Certification:	☐ Self Certified	U.S. Certifica	ation Certification Numb	per N/A
Nuclide(s) Present: N/A	× 1		ort Index: N/A	
Activity: N/A			Safety Index: N/A	
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PART IV - CONSEQUENCES			
30. Result of Incident (check all that apply):	The second of the second	STORY II S	ial Entered Waterway/Storm Sewer
	Vapor (Gas) Dispersion		☐ No Release
31. Emergency Response: The following entitie			T out of the control
Fire/EMS Report # N/A	Police Report # N/A	[II] In-r	nouse cleanup
32. Damages: Was the total damage co	st more than \$500?	■ Yes □ No	
If yes, enter the following information: If n	o, go to question 33.		
Material Loss: Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
	\$_0	\$ 3,600	\$ 2,400
(See damage definitions in the instructions)	and the second section 2		
33a. Did the hazardous material cause or contribu	,	☐ Yes ■ No	
If yes, enter the number of fatalities resulting			
Fatalities: Emplo	yees N/A Respon	nders N/A	General Public N/A
33b. Were there human fatalities that did not resu	alt from the hazardous material?	☐ Yes ■ No	If yes, how many? N/A
34. Did the hazardous material cause or contribut	e to personal injury?	☐ Yes ■ No	
If yes, enter the number of injuries resulting for			
Hospitalized (Admitted Only): Emplo	yees N/A Respon	nders N/A	General Public N/A
Non-Hospitalized: Emplo (e.g.: On site first aid or Emergency Room observation	yees N/A Respon on and release)	nders N/A	General PublicN/A
35. Did the hazardous material cause or contribut	e to an evacuation?	☐ Yes ■ No	
If yes, provide the following information:			
Total number of general public evacuated N	VA Total number of empl	oyees evacuated N	A Total Evacuated N/A
Duration of the evacuation N/A (hour			
36. Was a major transportation artery or facility of	losed?	☐ Yes ■ No	If yes, how many? N/A (hours)
37. Was the material involved in a crash or derails	ment?	☐ Yes ■ No	
If yes, provide the following information:	Estimated speed (mph): N/A	Weather conditi	ons: N/A
	Vehicle overturn?	☐ Yes ■ No	
	Vehicle left roadway/track?	☐ Yes ■ No	5
PART V - AIR INCIDENT INFORMAT	ION (please refer to § 175.3	1 to report a discrep	ancy for air shipments)
38. Was the shipment on a passenger aircraft?		☐ Yes ■ No	
If yes, was it tendered as cargo, or as passeng	ger baggage?		
☐ Cargo	☐ Passenger baggage		
39. Where did the incident occur (if unknown, che	ck the appropriate box for the lo	ocation where the inci-	dent was discovered)?
☐ Air carrier cargo facility	☐ Sort center	☐ Bagga	ge area
☐ By surface to/from airport	☐ During flight	☐ During	loading/unloading of aircraft
40. What phase(s) had the shipment already unde			
☐ Shipment had not been transported	☐ Transported by air (first fl		ort by air (subsequent flights)
☐ Initial transport by highway to cargo facilit			
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PART VI - DE	SCRIPTION C	F EVENTS 8	PACKAGE F	AILURE	17	
including the size	and location of h	oles, cracks, etc.	Photographs and	diagrams should be subm	discovered. Describe the package fail lited if needed for clarification. Estim ease. Continue on additional sheets i	ate
Auburn railyard. Ins set-out of the train t	spection results ide for further inspection	ntified an additiona in and cleaning.	al six entrained tank	cars with commodity on the	s re-inspected upon arrival at the BNSF' r top side shells and these tank cars wer	's re
exception of UTLX closure plugs with t closed position. Re- were removed, Tefl tool tightened. Resi leakage from the lid UTLX 212850	212850 estimated he liquid valves in t sponders relieved i on tape sealant ap dual spillage on the	at approximately 5 the closed position internal pressure w plied to their thread a tank car shells we	gallons. All six tan The liquid valves of thin these tank can ded areas, the expo ere cleaned. All sec	k cars were identified as leak (3 inch McKenzie ball valves rs and reseated the liquid val osed valve ports were cleane	at 1 gallon or less per tank car with the ing at their liquid valves that had loose ) were not seating/sealing properly in the ves. The less than tool tight closure plug d, the closure plugs reapplied and prope ccomplished on 1/14/2015. No further ow;	5
UTLX 213021 UTLX 212756						
UTLX 212831						
UTLX 212830 UTLX 212979						
OTMA FRA-150116	6R8V (2 of 3) was g	granted to transpor	t these six tank car	s to the consignee for unload	ling.	
						- 4
PART VII - RE	COMMENDA	TIONS/ACTI	ONS TAKEN	TO PREVENT RECU	IRRENCE	
Ensure shipper's privalves and fittings.	e-trip inspection pr	ocess is fully imple	mented and validate	ted as it relates to the total so	ocurement and mechanical fitness of all	
£2						
						- 1
PART VIII- CO	NITACT INCO	DRAATION				
PART VIII- CO	NIACIINFO	RIVIATION				_
Contact's Name (Ty	pe or Print): Rich	ard McMahon		Telephone Number: (	(817) 740-7355	
Contact's Title: Ma				Fax Number: ( ) (817)	740-7250	_
Business Name and					ber (if not already provided):	
4200 Deen Road, F	AND AND DESCRIPTION	E040480	4 1 1	062712 002 010UW		(E)
E-mail Address: ric	I Produce Int. 195	1		Date: 02/11/2015	- 7 m	
Preparer is:	Carrier	☐ Shipper	☐ Facility	☐ Other		-
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## Hunter, Kathy (UTC)

From:

Pratt, David (UTC)

Sent:

Friday, January 23, 2015 10:48 AM

To:

Halstead, Lori (UTC); Hunter, Kathy (UTC)

Subject:

FW: Crude Oil Release from Rail Tank Cars in Auburn and Vancouver

FYI

From: State Emergency Operations Officer (MIL)

Sent: Friday, January 23, 2015 10:47 AM

To: Banks, Dan C (MIL); Elizabeth Klute; Pratt, David (UTC); Stacey Thompson (Federal Railroad Ass - Reg 8); Steven

Travers

Subject: Crude Oil Release from Rail Tank Cars in Auburn and Vancouver

At 0937, BNSF – Pat Brady, 817-740-7358, reported 7 rail tank cars leaked 5 gallons each in Vancouver at 1515 W. 39<sup>th</sup> St. and 6 rail tank cars leaked 1 gallon each of crude oil in Auburn at 1315 A Street SE.

Cause was loose plug/valves on each. Material spilled onto the tank cars themselves - none to ground or waters.

Incident was discovered on 12-13 Jan.

Earl Dickey
State Emergency Operations Officer
Washington State Emergency Management Division
Building 20, MS: TA-20
Camp Murray, WA 98430-5122
1-800-258-5990
Stateemergency.operationsofficer@mil.wa.gov

I) DATE AND TRACE	OPENED	DATE AND TIME OF OC	CIRRENCE			
1) DATE AND TIME	T 1113	DATE AND TIME OF OCH	107 L			
mo. day yr,	time	mo, day yr, ti	me		817	
2) REPORTING	Anderson	R/P COMPANY/	BNSF	R/P CALL		25
PARTY NAME:	THREISON	AGENCY NAME:			NUMBER: 3) (360) (425) (509) (	
☐ CHECK IF THIS	IS AN NRC REPORT ONLY	. NRC REPORT#		ATTACHED.		
B) R/P ADDRESS:			CITY:	STA	TE: ZIP:	
) BRIEF DESCRIPTION	ON OF SITUATION:				-	
		Locomo	tive MEC	hanical	problem	
	mat	recial to	hallast			
	NRC enroc	ute for c	lean. up			
5) INCIDENTLOCATION	on Interbou	yard (Gal	er St	CHYCOLDIN	Seatt	e
			Lube	_ CITY/COUNT		7
) WHAT IS THE MATER	TERIAL (USE EXACT SPELI	TOTAL	QUANTITY		[ ] pounds [ ] cubic feet	-
CONTAINED/PACK		QUANTITY:	RELEASED;	100	[ ] pounds [ ]	
B) AGENCIES NOTIFI [] Fire [] Police B) IS MATERIAL PET 10) IS HUMAN HEAL	ED/ON SCENE/RESPONDIN	[ ] WDOE [ ] USCG [ ] AN 100 GALLONS? (diesel, hy [YES] [NO] [UNK]				
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	HAZARDOUS MATERIA	LS INCIDENT WORK	KSHEET	2010
OPENING SEOO SD JAW	MAR		STATE INCIDENT NUM	18ER 15 - 051 C
I) DATE AND TIME OPENED  A 12/15/1635  mo. day yr. time	DATE AND TIME OF O	CCURRENCE	(817)	
2) REPORTING PARTY NAME DOLY	Anderson Agency NAME	BNSC PA	PHONE NUM rea Code (206) (253) (30	K BER: 352 - 28 60) (425) (509)( )
CHECK IF THIS IS AN NRC	REPORT ONLY. NRC REPORT #		ATTACHED.	
3) R/P ADDRESS: 12400 4) BRIEF DESCRIPTION OF SITU	SIST PL SO	CITY: SEAFT18	STATEL	JA ZIP:
OA- In-W.	RUDE O'LL ROTHING	MATE MASK CAI	Wir Long	DUNG.
Pro Oustin	DIDER (SIM) SI	37 8678	1	
5) INCIDENTLOCATION:	CRE# 3 Albo	12	SEATURE/	Rind
6) WHAT IS THE MATERIAL (USE	E EXACT SPELLING) (C)	5 OIL		
TA HOW WAS MATERIAL	TOTAL	QUANTITY		ounds [] cubic feet
CONTAINED/PACKED:		RELEASED:_ ]USEPA []DOT [		
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de	U.S. Department of Transportation
	Pipeline and Hazardous Materials
	Safety Administration

# Hazardous Materials Incident Report

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.

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-HMB-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

Office of Hazardous Ma Center at 1-800-HMR-4						ons, you	an contact t	he Hazardous	Materials Information
PART I - REPORT	TYPE								
1. This is to report:		•	A) A hazardous	material incid	dent		B) An undeci	lared shipment	with no release
				tructural dan		ng retention	in system or c	damage that red	aterials that quires repair to a system
2. Indicate whether this	s is:	•	An initial report		A suppleme	ental (follov	w-up) report		Additional Pages
PART II - GENER	AL INC	IDENT IN	FORMATIC	N					
3. Date of Incident: 02	/12/2015			4. Time of	Incident (use	24-hour	time): 14:0	00	
5. Enter National Resp	onse Cer	ter Report N	umber (if appli	cable): N//	١				4
6. If you submitted a re	eport to a	nother Fede	ral DOT agency	, enter the	agency and i	report nu	mber: N/A		
7. Location of Incident	: City: 5	Seattle	Con	unty: King	s	tate: WA	ZIP	Code (if know	wn): 98134
Street Address/Mile	Marker/	/ardname/Ai	rport/Body of W	Vater/River	Mile MP 5X,	BNSF So	uth Seattle R	ailyard	
8. Mode of Transporta	tion		Air		Highway		Rail		Water
9. Transportation Phas	ie	•	In Transit		Loading		Unloading		In Transit Storage
10. Carrier/Reporter	Name	BNSF Railw	ay Company						
	Street	2600 Lou Me	enk Drive						
	City _	Fort Worth				S1	ate TX	_ ZIP Code	76131-2830
	Federal	DOT ID Num	ber <u>281683</u>		Haz	zmat Regi	stration Nur	mber 062712	2 002 010UW
11. Shipper/Offeror	Name	Tesoro Refir	ning & Marketing	Co. by Cres	stwood Midstr	eam Partr	ers/Strobel S	Starostka Tran	sfer
	Street	12324 60th 5	Street NW						
	City _	Epping				St	ate ND	ZIP Code	58843
	Waybil	I/Shipping Pa	per BNSF 635	5209	Haz	zmat Regi	stration Nur	mber <u>Unavai</u>	lable
12. Origin	Street	Same as shi	pper						
(if different from shipper address)	City _	No.				St	ate	_ ZIP Code	
13. Destination	Street	10200 West	Marches Point F	Road					
	City _	Anacortes				St	ate WA	_ ZIP Code	98221
14. Proper Shipping Na	ame of Ha	zardous Mat	erial: PETROLE	EUM CRUDI	E OIL				
15. Technical/Trade Na									
16. Hazardous Class/ Division: 3			ication er: <u>UN1267</u> N2764, NA 2020)	_	18. Packing Group: _ (if applica				y 2 d: Liquid - Gallon Measurement Units)
20. Was the material sh	nipped as	a hazardous	waste?	Yes 🔳	No If yes.	provide t	he EPA Mar	nifest Number	r: N/A
21. Is this a Toxic by In				Yes 🖪			he Hazard Z	10000	70
22. Was the material sh				l. or Compe	10.0			Yes 🔳	No
If yes, provide the E							-		
23. Was this an undecla	5 000							Yes 🔳	No
Form DOT F 5800.1 (01	2004)			Page 1	1		Renr	oduction of t	his form is permitted

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
and the control of th
☐ 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: 526
2. What Failed: How Failed: Causes of Failure:
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: Single Package or Inner Packaging (if any):
Packaging Type: N/A Packaging Type: N/A
Material of Construction: N/A Material of Construction: N/A
Head Type (Drums only): Removable Non - Removable
27. Describe the package capacity and the quantity:
****
Package Capacity:         30180 Liquid - Gallon         Package Capacity:         N/A           Amount in Package:         27512 Liquid - Gallon         Amount in Package:         N/A
Number Failed: 1 Number Failed:
28. Provide packaging construction and test information, as appropriate:
Manufacturer: TRINITY Manufacture Date: 12/26/2012
Serial Number: CBTX735516 Last Test Date: 12/26/2012
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
Form DOT F 5800.1 (01-2004) Page 2 Reproduction of this form is permitted

PART IV - CONSEQUENCES		
30. Result of Incident (check all that apply):	Spillage	cplosion
S In a wife		vironmental Damage
31. Emergency Response: The following e		50000 VOLDENO CORC DA CERSANDA (1900)
☐ Fire/EMS Report # N/A		
The state of the s		■ Yes □ No
	e cost more than \$500?	e Yes in No
If yes, enter the following information:  Material Loss: Carrier Damac		Demanda Caste Demandation/Cleanus Costs
Material Loss: Carrier Damag	e: Property Damage: \$ 0	Response Cost: Remediation/Cleanup Cost: \$ 1,300 \$ 200
(See damage definitions in the instructions)	Ψ.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
33a. Did the hazardous material cause or con	tribute to a human fatality?	☐ Yes ■ No
If yes, enter the number of fatalities result	ing from the hazardous material:	
Fatalities: En	nployees N/A Respo	nders N/A General Public N/A
33b. Were there human fatalities that did not		
34. Did the hazardous material cause or contr		☐ Yes ■ No
If yes, enter the number of injuries resulti		- N/A
Security to the complete of the security of the second se		nders N/A General Public N/A
Non-Hospitalized: En (e.g.: On site first aid or Emergency Room obse		nders N/A General Public N/A
35. Did the hazardous material cause or contr	ibute to an evacuation?	☐ Yes ■ No
If yes, provide the following information:		
Total number of general public evacuated	N/A Total number of emp	loyees evacuated N/A Total Evacuated N/A
Duration of the evacuationN/A(	nours)	
36. Was a major transportation artery or facil	ty closed?	☐ Yes ■ No If yes, how many? N/A (hours)
37. Was the material involved in a crash or de	erailment?	☐ 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 INFORM	ATION (please refer to § 175.3	1 to report a discrepancy for air shipments)
38. Was the shipment on a passenger aircraft	7	☐ Yes ■ No
If yes, was it tendered as cargo, or as pas	senger baggage?	
☐ Cargo	☐ Passenger baggage	
39. Where did the incident occur (if unknown,	check the appropriate box for the I	ocation 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 t	undergone prior to the incident? (Ch	neck all that apply)
☐ Shipment had not been transported	☐ Transported by air (first t	
☐ Initial transport by highway to cargo fa		
Form DOT E 5800 1 (01-2004)	Page 2	Reproduction of this form is permitted

PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the action including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mecessary.	diagrams should be submitted if needed for clarification. Estimate
A Washington state UTU inspector reported commodity on the side shell of U-EPPFTE0-25T) that was staged in the railyard. Contract responders insplose liquid valve on its threaded connection. Responders tool tightened the leakage was observed afterwards. No ground impact from spillage was replace to its close proximity to the BNSF Main track, cleaning was suspended interbay/Balmer railyard to finalize the cleaning of the spillage on CBTX 73 numbered 6732631 at the valve housing cover was replaced by seal number.	pecting CBTX 735516 reported the source of the commodity spillage was a le liquid valve on its threaded connection and no further commodity rorted. Responders initiated cleaning of the spillage on CBTX 735516, but If or safety concerns. CBTX 735516 was set-out of its train at the BNSF 5516, which was accomplished on 2/17/2015. Intact shipper seal
	4
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	1 1
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Ensure shipper's pre-trip inspection process is fully implemented and validate valves and fittings.	ated as it relates to the total securement and mechanical fitness of all
	,1
	g g = 0
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): Richard McMahon	Telephone Number: / \ (817) 740-7355
Contact's Name (Type or Print): Richard McMahon  Contact's Title: Management	Telephone Number: ( ) (817) 740-7355
Contact's Title: Manager Hazardous Materials Risk Management	Fax Number: ( ) (817) 740-7250
Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided):
Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided): 062712 002 010UW
Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106  E-mail Address: rich.mcmahon@bnsf.com	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided): 062712 002 010UW  Date: 03/06/2015
Contact's Title: Manager Hazardous Materials Risk Management  Business Name and Address: BNSF Railway Company  4200 Deen Road, Fort Worth, TX 76106	Fax Number: ( ) (817) 740-7250  Hazmat Registration Number (if not already provided): 062712 002 010UW

	ADRIMAS			HEET STATE INCIDENT 1	NUMBER_15-061
I) DATE AND TIME OPE	ENED	DATE AND TIME OF OCCU	JRRENCE		
2,20,15, mo. day yr.	1545 time	2,20,15, 13 mo, day yr. time	539		
2) REPORTING 105	sa Granados	R/P COMPANY/ AGENCY NAME:	BNSF	R/P CALLE PHONEN a Code (206) (253)	
CHECK IF THIS IS	AN NRC REPORT ONLY.	NRC REPORT #		_ ATTACHED.	
3) R/P ADDRESS:		сг	ΓΥ:	STAT	E:ZIP:
4) BRIEF DESCRIPTION	OF SITUATION: B	use locone	stive (uns.	( #) Le	aked
	tio	to grave	1 between	ent ca	tracks,
NRC	enviro 4	o clean	90		
5) INCIDENTLOCATION:	Lakesile	substation	N-2 142.4	CITY/COUNTY:	Pasco
6) WHAT IS THE MATER	UAL (USE EXACT SPELLIN	40 OIL			
7) HOW WAS MATERIAL CONTAINED/PACKED;		TOTAL QUANTITY:	QUANTITY RELEASED:		] pounds [ ] cubic feet
	ON SCENE/RESPONDING	: WDOE []USCG []U			
10) IS HUMAN HEALTH	/SAFETY AFFECTED? [Y	EA INOTALINKI	aulic, gasoline, oil, etc) [Yi	es] ([NO] (UNK)	
IO) IS HUMAN HEALTH		EN [NOLDINK] P(YEN [NOLDINK]  SARATIT		ss) ([NO] (UNK)	
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) THIS IS AN EMERGE THIS IS A CONTINUO	VSAFETY AFFECTED? [Y FACE WATER AFFECTED  NCY RELEASE REPORT   DUS RELEASE REPORT	ES [NO] LINK] ?[YES] [NO] LUNK]	CLE III		
10) IS HUMAN HEALTH 11) IS GROUND OR SURI	VSAFETY AFFECTED? [Y FACE WATER AFFECTED  NCY RELEASE REPORT   DUS RELEASE REPORT	EST [NOLINK] P(YEST [NOLIUNK]  SARATIT	CLE III	JRATION:	(minutes/hours)
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) THIS IS AN EMERGE 11 THIS IS A CONTINUC 12) DATE(S) RELEASE BE	VSAFETY AFFECTED? [Y FACE WATER AFFECTED  OVER THE SERVICE OF THE	EST [NOLINK] P(YEST [NOLIUNK]  SARATIT	LE III — DI	JRATION:	(minutes/hours)
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) THIS IS AN EMERGE 11) THIS IS A CONTINUC 12) DATE(S) RELEASE BE 13) SUBSTANCE:	VSAFETY AFFECTED? [Y FACE WATER AFFECTED  ENCY RELEASE REPORT   DUS RELEASE REPORT   Date Began / Date Ende	EST [NOLINK] P(YEST [NOLIUNK]  SARATIT	CLE III DI / Time Ended AMOUNT REL	JRATION:	
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) THIS IS AN EMERGE 11) THIS IS A CONTINUO 12) DATE(S) RELEASE BE 13) SUBSTANCE: 14) IS IT ON LIST (Section 15) ENVIRONMENT: (air,	JASAFETY AFFECTED? [Y FACE WATER AFFECTED  ENCY RELEASE REPORT DUS RELEASE REPORT Date Began / Date Ende m 302a)? (As determined by R water, ground, etc)	SARATIT	CLE III  /Time Ended  AMOUNT REL  D) MINIMUM QUANTI AIR FLOW DIRECT	JRATION: EASED; TY FOR REPORTIN	
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) ITHIS IS AN EMERGE 11 THIS IS A CONTINUC 2) DATE(S) RELEASE BE 3) SUBSTANCE: 4) IS IT ON LIST (Section 5) ENVIRONMENT: (air, 6) ARE THERE INDIVIDI	FACE WATER AFFECTED  INCY RELEASE REPORT OUS RELEASE REPORT Date Began / Date Ende on 302a)? (As determined by R water, ground, etc)  UALS EXPOSED TO THIS	SARATITE  SARATITE  TIME (S)  Time Began  Reporting Party) [YES] [NO	CLE III  /Time Ended  AMOUNT REL  D) MINIMUM QUANTI AIR FLOW DIRECT	JRATION: EASED; TY FOR REPORTIN	G:
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) ITHIS IS AN EMERGE 11 THIS IS A CONTINUC 12) DATE(S) RELEASE BE 13) SUBSTANCE: 14) IS IT ON LIST (Section 15) ENVIRONMENT: (air, 16) ARE THERE INDIVIDI	JASFETY AFFECTED? [YFACE WATER AFFECTED  ONCY RELEASE REPORT   DUS RELEASE REPORT   Date Began / Date Ende  on 302a)? (As determined by R water, ground, etc)  UALS EXPOSED TO THIS	SARATITE  SARATITE  TIME (S)  Time Began  Reporting Party) [YES] [NO	CLE III  /Time Ended  AMOUNT REL  DI MINIMUM QUANTI  AIR FLOW DIRECT  (YES] [NO] EXPLAI	JRATION: EASED; TY FOR REPORTIN	G:TO
10) IS HUMAN HEALTH 111) IS GROUND OR SURI 111) IS GROUND OR SURI 111) ITHIS IS AN EMERGE 111 THIS IS AN EMERGE 112 DATE(S) RELEASE BE 12 DATE(S) RELEASE BE 13 SUBSTANCE: 14 IS IT ON LIST (Section 15 ENVIRONMENT: (air, 16 ARE THERE INDIVIDUAL 17 CAUSE OF RELEASE 18 POSSIBLE HEALTH RI	FACE WATER AFFECTED  INCY RELEASE REPORT OUS RELEASE REPORT Date Began / Date Ende n 302a)? (As determined by R water, ground, etc) UALS EXPOSED TO THIS	SARATIT  SARATIT  TIME (S) Time Began  Reporting Party) [YES] [NO	CLE III  /Time Ended  AMOUNT REL  DI MINIMUM QUANTI  AIR FLOW DIRECT  (YES] [NO] EXPLAI	JRATION: EASED: TY FOR REPORTIN THOM: FROM N:	G:TO
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) IS GROUND OR SURI 11) ITHIS IS AN EMERGE 11 THIS IS A CONTINUC 12) DATE(S) RELEASE BE 13) SUBSTANCE: 14) IS IT ON LIST (Section 15) ENVIRONMENT: (air, 16) ARE THERE INDIVIDI 17) CAUSE OF RELEASE: 18) POSSIBLE HEALTH RI 19) APPROPRIATE PRECA	AFFECT GROUND/SURFA	SARATIT  SARATIT  TIME (S) Time Began  Reporting Party) [YES] [NO	CLE III  / Time Ended  AMOUNT REL  MINIMUM QUANTI  AIR FLOW DIRECT  (YES] [NO] EXPLAI	JRATION: EASED: TY FOR REPORTIN TION: FROM N:	G:TO
10) IS HUMAN HEALTH 11) IS GROUND OR SURI 11) ITHIS IS AN EMERGE 11) THIS IS AN EMERGE 13) SUBSTANCE: 14) IS IT ON LIST (Section 15) ENVIRONMENT: (air, 16) ARE THERE INDIVIDUA 17) CAUSE OF RELEASE: 18) POSSIBLE HEALTH RI 19) APPROPRIATE PRECA	AFFECT GROUND/SURFA	SARATIT  SARATIT  TIME (S)  Time Began  Reporting Party) [YES] [NO	CLE III  / Time Ended  AMOUNT REL  MINIMUM QUANTI  AIR FLOW DIRECT  (YES] [NO] EXPLAI	JRATION: EASED: TY FOR REPORTIN TION: FROM N:	G:TO