



Investigation Report

BNSF Railway Company

TR-150284

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Rail Safety

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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.¹

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

¹ 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.²

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 480-62-310.³

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.⁴

² October 2014 email exchanges between Kathy Hunter and Patrick Brady at Appendix B.

³ December 2014 email exchanges between Mr. Johnston, Ms. Hunter and Mr. Brady at Appendix C.

⁴ 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.⁵ 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.⁶

⁵ February 4, 2015, technical assistance letter from David Pratt to Patrick Brady at Appendix E.

⁶ 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.⁷

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.⁸

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.⁹

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:

⁷ David Pratt, Assistant Director of Transportation Safety, receives the EOC contact by telephone.

⁸ 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.

⁹ 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.	December 15, 2014 Longview – BNSF Seattle Subdivision line	Unknown	9:17 p.m.	Yes	9:35 p.m.	Not required
The EOC report says a BNSF train spilled 500 gallons of diesel fuel onto the tracks near Longview.						
2.	February 20, 2015 Pasco – BNSF Lakeside substation	Unknown	3:39 p.m.	Yes	3:45 p.m.	Not required
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 all¹⁰ 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)	3:00 pm	Nov. 18 9:00 a.m.	No	Not reported	Dec. 12, 2014
Inspector Johnston noted an 18-inch streak of diesel fuel leaking from the right side of the manway to the bottom of the tank car (#DBUX 300330). Mr. Johnston reported the leak to Jack Murray, General Foreman-Maintenance for BNSF in Pasco, at approximately 3:00 p.m. on November 17. Mr. Johnston also sent an email to Matt Bailey at BNSF the same day at 8:55 p.m. BNSF reported the date and time of the incident as November 18 at 9:00 a.m. on the 5800 Form.						

¹⁰ 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 that solid waste-filled gondola (#CIGX 803328) was reported dripping a substance in the rail yard, identified as hazardous solid waste.						
4.	December 8, 2014 Spokane Valley – BNSF Trentwood Station	Unknown	9:30 a.m.	No	Not reported	Jan. 7, 2015
The 5800 Form states that tank car (#BN 875099) staged in a temporary storage track was reported to be dripping gas/oil from its bottom outlet valve area.						
5.	December 9, 2014 Seattle – Balmer Railyard/Interbay	Unknown	8:55 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 (#CIGX 803340) was reported leaking liquid identified as primary sludge.						
6.	December 9, 2014 Everett – BNSF Everett/Delta yard	Unknown	9:00 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 (#CIGX 803344) was reported leaking liquid.						
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 that a shipment of hazardous solid waste in lift bags loaded in a gondola (#CIGX 803339) was reported leaking liquid identified as primary sludge.						

	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 that a shipment of hazardous solid waste in lift bags loaded in a gondola (#WSGX 94103) was reported leaking liquid identified as primary sludge.					
10.	December 13, 2014 Quincy – Columbia Subdivision	Unknown	10:10 a.m.	Yes	10:54 a.m.	Not required
	The EOC report says a BNSF locomotive fire released 100 gallons of lube oil onto the tracks and the local fire department put out a fire.					
11.	January 12, 2015 Vancouver – BNSF Vancouver yard	Unknown	1:00 p.m.	Yes	Jan. 23*	Feb. 10, 2015
	The 5800 form states that BNSF found seven tank cars leaking crude oil on a unit train (#U-TRIOFTE0-01T). *BNSF reported this event and the event on Jan. 13 to EOC at the same time.					
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 BNSF locomotive mechanical problem spilled 100 gallons of lube oil 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 reported crude oil leaking down the side of 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 violation¹¹ 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
Total violations			700

¹¹ 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.

¹² 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](tel: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 [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), § 480-62-310, 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 [480-62-160](#) (Compliance policy), WAC [480-62-200](#) (Roadway worker safety and operating rules and statutes), WAC [480-62-205](#) (Track safety standards), WAC [480-62-210](#) (Crossing signal circuitry), WAC [480-62-215](#) (Hazardous materials regulations), WAC [480-62-235](#) (Flaggers), and WAC [480-62-240](#) (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 [480-62-230](#) (Traffic control devices) and WAC [480-62-235](#) (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 [480-62-240](#) (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.

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, but 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

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)" <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

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](tel: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.

lhalstea@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

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 commissioner, the affected county or city emergency management office and other appropriate agencies of the event report.¹

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 WUTC5800Reporting@utc.wa.gov via email.

¹ 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
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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](tel: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

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>		
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>		
<p>PART I - REPORT TYPE</p>		
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release</p> <p><input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>		
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>		
<p>PART II - GENERAL INCIDENT INFORMATION</p>		
<p>3. Date of Incident: <u>11/05/2014</u> 4. Time of Incident (use 24-hour time): <u>11:10</u></p>		
<p>5. Enter National Response Center Report Number (if applicable): <u>N/A</u></p>		
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>		
<p>7. Location of Incident: City: <u>Blaine</u> County: <u>Whatcom</u> State: <u>WA</u> ZIP Code (if known): <u>98230</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>BP West Coast/Cherry Point Refinery, Track 4223, BNSF Arco Sta.</u></p>		
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>		
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>		
<p>10. Carrier/Reporter Name: <u>BNSF Railway Company</u> Street: <u>2600 Lou Menk Drive</u> City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>76131-2830</u> Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 002 010UW</u></p>		
<p>11. Shipper/Offeror Name: <u>BP Products North America by Musket Corp.</u> Street: <u>200 Westlake Park Blvd.</u> City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77079</u> Waybill/Shipping Paper: <u>BNSF 235592</u> Hazmat Registration Number: <u>Unavailable</u></p>		
<p>12. Origin (if different from shipper address) Street: <u>3451 Highway 58</u> City: <u>Fairview</u> State: <u>MT</u> ZIP Code: <u>59221</u></p>		
<p>13. Destination Street: <u>4519 Grandview Road</u> City: <u>Blaine</u> State: <u>WA</u> ZIP Code: <u>98230</u></p>		
<p>14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u></p>		
<p>15. Technical/Trade Name: <u>N/A</u></p>		
<p>16. Hazardous Class/Division: <u>3</u> 17. Identification Number: <u>UN1267</u> (E.g. UN2764, NA 2020) 18. Packing Group: <u>I</u> (if applicable) 19. Quantity Released: <u>1611</u> Liquid - Gallon (Include Measurement Units)</p>		
<p>20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>N/A</u></p>		
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>		
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>		
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted

PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>
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: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>535</u>	
2. What Failed: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>528</u>	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>111A100W1</u>			
<small>(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)</small>			
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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>199700 Liquid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>184205 Liquid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>09/12/2014</u>	
Serial Number: <u>GBRX701027</u>		Last Test Date: <u>09/12/2014</u>	
Material of Construction: <u>CARBON STEEL</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>100</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u>	
		Model: <u>N/A</u>	
		<small>(if present and legible)</small>	
		<small>(if present and legible)</small>	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number: <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	

PART IV - CONSEQUENCES														
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <div style="text-align: center; margin-left: 150px;"><input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release</div>														
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input type="checkbox"/> In-house cleanup <input checked="" type="checkbox"/> Other Cleanup														
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Material Loss:</td> <td style="width: 20%;">Carrier Damage:</td> <td style="width: 20%;">Property Damage:</td> <td style="width: 20%;">Response Cost:</td> <td style="width: 20%;">Remediation/Cleanup Cost:</td> </tr> <tr> <td>\$ <u>3,200</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>100</u></td> <td>\$ <u>2,000</u></td> </tr> </table> (See damage definitions in the instructions)					Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:	\$ <u>3,200</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>100</u>	\$ <u>2,000</u>
Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:										
\$ <u>3,200</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>100</u>	\$ <u>2,000</u>										
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>														
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>														
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Hospitalized (Admitted Only):</td> <td style="width: 20%;">Employees <u>N/A</u></td> <td style="width: 20%;">Responders <u>N/A</u></td> <td style="width: 20%;">General Public <u>N/A</u></td> </tr> <tr> <td>Non-Hospitalized:</td> <td>Employees <u>N/A</u></td> <td>Responders <u>N/A</u></td> <td>General Public <u>N/A</u></td> </tr> </table> (e.g.: On site first aid or Emergency Room observation and release)					Hospitalized (Admitted Only):	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>	Non-Hospitalized:	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>		
Hospitalized (Admitted Only):	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>											
Non-Hospitalized:	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>											
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)														
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)														
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)														
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage														
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft														
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility														
<div style="display: flex; justify-content: space-between; font-size: small;"> Form DOT F 5800.1 (01-2004) Page 3 Reproduction of this form is permitted </div>														

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

A FRA inspector reported entrained tank car GBRX 701027 that recently arrived at the consignee's unloading tracks with commodity spillage on the right side of its tank shell and trucks. The consignee's unloading service provider (Savage Services) inspection of GBRX 701027 revealed its liquid valve was open and this valve's closure plug not applied. The liquid valve was closed and its closure plug was applied to a too tight condition. The shipper seal at the protective housing cover (Allied 1585186) was reported intact. Also noted was commodity spray on four entrained tank cars that trailed GBRX 701027. Savage Services indicated that they would clean the commodity spillage from GBRX 701027 and the other tank cars found with sprayed commodity. The outage in GBRX 701027 was gauged to estimate the possible commodity loss during transportation. No reports of commodity spillage along the routed BNSF right of way have been noted.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>12/03/2014</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

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

DEPARTMENT OF TRANSPORTATION
 FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509


Inspector's Name JOHNSTON, ROBERT N.		Inspector's Signature			Inspector's ID No. H5303	Report No. 252	Date yy mm dd 2014 11 17						
Railroad/Company Name & Address BNSF Railway Company 4920 N Railroad Ave Pasco WA 99301				R/C R	Division SYSTEM	RR/Co. Representative (Receipt Acknowledged) Name MATT BAILEY Title Terminal Superintendent Email matt.bailey@bnsf.com Signature _____							
From: City PASCO	Codes 1660	Destination City & County			Codes	From Latitude							
State WA	53	City			From Longitude								
County FRANKLIN	C021	County			To Latitude								
Mile Post: From	To	Inspection Point PASCO			To Longitude								
Activity Code:	TCL	174A											
Units:	22	1											
Sub Units:	0	0											
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1										N	N	0	
Description - [** Comment to Railroad/Company **] This inspection was conducted at the Pasco grain yard to monitor compliance with 49 CFR hazardous materials regulations as it pertains to tank securement, marking, and placarding. Twenty-two tank cars containing various hazardous materials were visually inspected.													
Seal Applied		Seal Removed		Hazard Class				UN/NA ID					
Violation Recommended				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude:			Longitude:				
Written Notification to FRA of Remedial Action is:				<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional		Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?			
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
2	DBUX	300330		174	0003					N	N	1	174A
Description Inspection of tank car containing a class 3 hazardous material (NA1993) revealed that product had leaked from the right side of the manway. Product, with the odor of diesel fuel, was seen as a wet streak approximately 18" in width, extending from the manway to the bottom of the tank. Inspection revealed that all manway bolts were tight.													
Seal Applied		Seal Removed		Hazard Class				UN/NA ID					
Violation Recommended				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Latitude:			Longitude:				
Written Notification to FRA of Remedial Action is:				<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional		Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?			

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<h2 style="margin: 0;">Hazardous Materials Incident Report</h2>	Form Approval OMB No. 2137-0039
<p>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.</p>			
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>			
PART I - REPORT TYPE			
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release</p> <p style="margin-left: 100px;"><input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>			
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>			
PART II - GENERAL INCIDENT INFORMATION			
<p>3. Date of Incident: <u>11/18/2014</u> 4. Time of Incident (use 24-hour time): <u>09:00</u></p>			
<p>5. Enter National Response Center Report Number (if applicable): <u>N/A</u></p>			
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>			
<p>7. Location of Incident: City: <u>Pasco</u> County: <u>Franklin</u> State: <u>WA</u> ZIP Code (if known): <u>99301</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>Pasco Grain Yard (BNSF Lakeside Subdiv.)</u></p>			
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>			
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>			
<p>10. Carrier/Reporter Name <u>BNSF Railway Company</u> Street <u>2600 Lou Menk Drive</u> City <u>Fort Worth</u> State <u>TX</u> ZIP Code <u>76131-2830</u> Federal DOT ID Number <u>281683</u> Hazmat Registration Number <u>062712 0C2 010UW</u></p>			
<p>11. Shipper/Offeror Name <u>BNSF Railway Company</u> Street <u>Balmer Railyard/Interbay Track 0302</u> City <u>Seattle</u> State <u>WA</u> ZIP Code <u>98199</u> Waybill/Shipping Paper <u>BNSF 106789CM</u> Hazmat Registration Number <u>062712 0C2 010UW</u></p>			
<p>12. Origin (if different from shipper address) Street <u>Same as shipper</u> City _____ State _____ ZIP Code _____</p>			
<p>13. Destination Street <u>1800 Laverne Avenue</u> City <u>Klamath Falls</u> State <u>OR</u> ZIP Code <u>97601</u></p>			
<p>14. Proper Shipping Name of Hazardous Material: <u>FUEL OIL</u></p>			
<p>15. Technical/Trade Name: <u>N/A</u></p>			
<p>16. Hazardous Class/Division: <u>CL</u> 17. Identification Number: <u>NA1993</u> 18. Packing Group: <u>III</u> 19. Quantity Released: <u>1</u> Liquid - Gallon (E.g. UN2764, NA 2020) (if applicable) (Include Measurement Units)</p>			
<p>20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>N/A</u></p>			
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>			
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>			
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>
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: <u>121</u>	How Failed: <u>306</u>	Causes of Failure: <u>510</u>	
2. What Failed: <u>137</u>	How Failed: <u>308</u>	Causes of Failure: <u>508</u>	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>11A100W1</u>			
<small>(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)</small>			
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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>30090 Liquid - Gallon</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>27522 Liquid - Gallon</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>ACF300</u>		Manufacture Date: <u>04/30/2003</u>	
Serial Number: <u>DBUX300330</u>		Last Test Date: <u>N/A</u>	
Material of Construction: <u>AAR TC-128, Gr. B</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>0.4375</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>0.437</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u>	Model: <u>N/A</u>
		<small>(if present and legible)</small>	<small>(if present and legible)</small>
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. Material Loss: Carrier Damage: Property Damage: Response Cost: Remediation/Cleanup Cost: <u>\$ 2</u> <u>\$ 0</u> <u>\$ 0</u> <u>\$ 800</u> <u>\$ 100</u> (See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>				
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)				
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft				
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE	
<p>Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.</p> <p>A FRA inspector reported DBUX 300330 in the railyard with commodity on its side shell that emanated from its manway closure area. Contract responders inspected DBUX 300330 and reported that the manway gasket installed in the manway cover gasket groove appeared deteriorated and not providing a good closure seal. This manway lid gasket was removed and the gasket sealing surfaces were cleaned. A new manway nozzle gasket was installed and the manway closure was re-secured. Spillage on DBUX 300330's side shell was wiped. No ground impact from spillage was observed. Intact shipper seal at the manway closure numbered 667613 was replaced by seal numbered 1113056. Response was concluded by 1430 hrs. PST, 11/18/2014.</p> <p>Per side qualification stencil: Tank Qualified 2013 Due 2023</p>	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE	
<p>Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.</p> <p>Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.</p>	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Daen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>12/12/2014</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	
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	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>		
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>		
PART I - REPORT TYPE		
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>		
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>		
PART II - GENERAL INCIDENT INFORMATION		
<p>3. Date of Incident: <u>12/07/2014</u> 4. Time of Incident (use 24-hour time): <u>09:00</u></p>		
<p>5. Enter National Response Center Report Number (if applicable): <u>1102862</u></p>		
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>		
<p>7. Location of Incident: City: <u>Wenatchee</u> County: <u>Chelan</u> State: <u>WA</u> ZIP Code (if known): <u>98801</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>409 S. Columbia Ave. (BNSF Wenatchee/Apple Railway)</u></p>		
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>		
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>		
<p>10. Carrier/Reporter Name: <u>BNSF Railway Company</u> Street: <u>2600 Lou Menk Drive</u> City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>76131-2830</u> Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 002 010UW</u></p>		
<p>11. Shipper/Offendor Name: <u>Waste Solutions Group/Chevron Richmond Refinery</u> Street: <u>100 Cargo Way</u> City: <u>San Francisco</u> State: <u>CA</u> ZIP Code: <u>94124</u> Waybill/Shipping Paper: <u>BNSF 883103</u> Hazmat Registration Number: <u>Unavailable</u></p>		
<p>12. Origin (if different from shipper address) Street: <u>841 Chevron Way</u> City: <u>Richmond</u> State: <u>CA</u> ZIP Code: <u>94802</u></p>		
<p>13. Destination Street: <u>44555 S. Sumas Road</u> City: <u>Chilliwack</u> State: <u>BC</u> ZIP Code: <u>V2R 4B7</u></p>		
<p>14. Proper Shipping Name of Hazardous Material: <u>HAZARDOUS WASTE, SOLID, N.O.S.</u></p>		
<p>15. Technical/Trade Name: <u>F037 PRIMARY SLUDGE</u></p>		
<p>16. Hazardous Class/Division: <u>9</u> 17. Identification Number: <u>NA3077</u> (E.g. UN2764, NA 2020) 18. Packing Group: <u>III</u> (if applicable) 19. Quantity Released: <u>10</u> Liquid - Gallon (Include Measurement Units)</p>		
<p>20. Was the material shipped as a hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>011599937</u></p>		
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>		
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>		
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Other <u>Lift Bags</u>
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: <u>103</u>	How Failed: <u>308</u>	Causes of Failure: <u>521</u>	
2. What Failed: _____	How Failed: _____	Causes of Failure: _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>Unavailable</u>			
<small>(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)</small>			
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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>210400 Solid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>191590 Solid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>N/A</u>	
Serial Number: _____		Last Test Date: <u>N/A</u>	
Material of Construction: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank, or Cylinder)</small>			
Design Pressure: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank)</small>			
Shell Thickness: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank)</small>			
Head Thickness: <u>N/A</u> <small>(if Tank Car, CTMV)</small>			
Service Pressure: <u>N/A</u> <small>(if Cylinder)</small>			
If valve or device failed:			
Type: <u>N/A</u>		Model: <u>N/A</u>	
Manufacturer: <u>N/A</u>		(if present and legible)	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number: <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES				
<p>30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release</p>				
<p>31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup</p>				
<p>32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. Material Loss: Carrier Damage: Property Damage: Response Cost: Remediation/Cleanup Cost: <u>\$ 0</u> <u>\$ 0</u> <u>\$ 0</u> <u>\$ 10,000</u> <u>\$ 10,000</u> <small>(See damage definitions in the instructions)</small></p>				
<p>33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u></p>				
<p>33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u></p>				
<p>34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> <small>(e.g.: On site first aid or Emergency Room observation and release)</small></p>				
<p>35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)</p>				
<p>36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)</p>				
<p>37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
<p>38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage</p>				
<p>39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft</p>				
<p>40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility</p>				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

A solid waste laden gondola CIGX 803328 was reported dripping a brownish colored oily liquid substance in the railyard. Responders inspecting CIGX 803328 suspected water from recent rain events co-mingled with material inside the gondola and was dripping out from the gondola's bottom weep-holes. Plastic sheeting and buckets were placed under CIGX 803328 to catch further dripping of this oily liquid substance. No solid material was observed leaking. Afterwards, CIGX 803328 was wrapped in plastic sheeting to prevent any additional rain water from entering the gondola. The waste loading loader described the packaging inside the gondola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial fabric with Velcro closures. The inner liners of these lift bags consisted of two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene coating also with Velcro closures. In addition, a moisture barrier consisting of plastic sheeting also lined the gondola. On 12/12-13/2014, the shipper-loader responders removed the lift bags from CIGX 803328 and placed them into lined roll-off bins/trucks for furtherance. A couple of breaches in the exterior liner covering the lift bags were observed. Once emptied, CIGX 803328's interior was cleaned. Captured spillage and spent cleaning materials were placed into disposal drums and earmarked for appropriate disposal. The root cause of non-solidified waste material leaching through the lift bags and/or rain water incursion is pending.


PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):
<u>4200 Deen Road, Fort Worth, TX 76106</u>	<u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>01/06/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>			
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>			
PART I - REPORT TYPE			
1. This is to report:		<input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.	
2. Indicate whether this is:		<input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages	
PART II - GENERAL INCIDENT INFORMATION			
3. Date of Incident: <u>12/08/2014</u>		4. Time of Incident (use 24-hour time): <u>09:30</u>	
5. Enter National Response Center Report Number (if applicable): <u>N/A</u>			
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u>			
7. Location of Incident: City: <u>Spokane Valley</u> County: <u>Spokane</u> State: <u>WA</u> ZIP Code (if known): <u>99216</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>MP 61.4, Track 3026, BNSF Trentwood Station, Spokane Subdiv.</u>			
8. Mode of Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water	
9. Transportation Phase		<input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage	
10. Carrier/Reporter		Name <u>BNSF Railway Company</u> Street <u>2600 Lou Menk Drive</u> City <u>Fort Worth</u> State <u>TX</u> ZIP Code <u>76131-2830</u> Federal DOT ID Number <u>281683</u> Hazmat Registration Number <u>062712 002 010UW</u>	
11. Shipper/Officer		Name <u>Energy Logistics for Coleman Oil Company</u> Street <u>BNSF ARCO Station, Track 4231</u> City <u>Blaine</u> State <u>WA</u> ZIP Code <u>98230</u> Waybill/Shipping Paper <u>BNSF 109487CM</u> Hazmat Registration Number <u>Unavailable</u>	
12. Origin (if different from shipper address)		Street <u>Same as shipper</u> City _____ State _____ ZIP Code _____	
13. Destination		Street <u>11787 West Burlington Road</u> City <u>Rathdrum</u> State <u>ID</u> ZIP Code <u>83856</u>	
14. Proper Shipping Name of Hazardous Material: <u>GAS OIL</u>			
15. Technical/Trade Name: <u>N/A</u>			
16. Hazardous Class/Division: <u>CL</u>		17. Identification Number: <u>UN1202</u> (E.g. UN2764, NA 2020)	
		18. Packing Group: <u>III</u> (if applicable)	
		19. Quantity Released: <u>150 Liquid - Gallon</u> (Include Measurement Units)	
20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>N/A</u>			
21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u>			
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u>			
23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>
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: <u>106</u> ___ ___	How Failed: <u>308</u> ___ ___	Causes of Failure: <u>535</u> ___ ___	
2. What Failed: <u>106</u> ___ ___	How Failed: <u>308</u> ___ ___	Causes of Failure: <u>526</u> ___ ___	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>111A100W1</u>			
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DCT 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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>25964 Liquid - Gallon</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>25328 Liquid - Gallon</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>TRNTY1</u>		Manufacture Date: <u>02/01/1992</u>	
Serial Number: <u>BN875099</u>		Last Test Date: <u>04/01/2008</u>	
Material of Construction: <u>CARBON STEEL</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>100</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>0.4375</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>0.4375</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u> (if present and legible)	Model: <u>N/A</u> (if present and legible)
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification Certification Number <u>N/A</u>			
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. Material Loss: Carrier Damage: Property Damage: Response Cost: Remediation/Cleanup Cost: <u>\$ 300</u> <u>\$ 0</u> <u>\$ 0</u> <u>\$ 100</u> <u>\$ 85,000</u> (See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>				
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)				
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft				
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Tank car BN 875099 staged in a temporary storage track was reported dripping commodity from its bottom outlet valve (BOV) area. A BNSF mechanical responder closed BN 875099's partially open top operated bottom outlet valve's (TOBOV) operating rod by 3/4 turn. In addition, the BOV mounting flange bolts were too tightened. During the BOV flange bolt securement process, the responder reported that two flange bolts were broken. Afterwards, the leak at the BOV flange connection ceased. The outage in BN 875099 was gauged to estimate the possible commodity loss in transportation. A remediation contractor excavated and removed impacted soils followed by appropriate disposal.


PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rlch.mcmahon@bnsf.com</u>	Date: <u>01/07/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>		
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>		
PART I - REPORT TYPE		
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release</p> <p><input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>		
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>		
PART II - GENERAL INCIDENT INFORMATION		
<p>3. Date of Incident: <u>12/09/2014</u> 4. Time of Incident (use 24-hour time): <u>08:55</u></p>		
<p>5. Enter National Response Center Report Number (if applicable): <u>1103043</u></p>		
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>		
<p>7. Location of Incident: City: <u>Seattle</u> County: <u>King</u> State: <u>WA</u> ZIP Code (if known): <u>98199</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>2601 20th Avenue W (BNSF Balmer Railyard/Interbay Track 1209)</u></p>		
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>		
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>		
<p>10. Carrier/Reporter Name <u>BNSF Railway Company</u> Street <u>2600 Lou Menk Drive</u> City <u>Fort Worth</u> State <u>TX</u> ZIP Code <u>76131-2830</u> Federal DOT ID Number <u>281683</u> Hazmat Registration Number <u>062712 002 010UW</u></p>		
<p>11. Shipper/Offeror Name <u>Waste Solutions Group/Chevron Richmond Refinery</u> Street <u>100 Cargo Way</u> City <u>San Francisco</u> State <u>CA</u> ZIP Code <u>94124</u> Waybill/Shipping Paper <u>BNSF 753235</u> Hazmat Registration Number <u>Unavailable</u></p>		
<p>12. Origin (if different from shipper address) Street <u>841 Chevron Way</u> City <u>Richmond</u> State <u>CA</u> ZIP Code <u>94802</u></p>		
<p>13. Destination Street <u>44555 S. Sumas Road</u> City <u>Chilliwack</u> State <u>BC</u> ZIP Code <u>V2R 4B7</u></p>		
<p>14. Proper Shipping Name of Hazardous Material: <u>HAZARDOUS WASTE, SOLID, N.O.S.</u></p>		
<p>15. Technical/Trade Name: <u>F037 PRIMARY SLUDGE</u></p>		
<p>16. Hazardous Class/Division: <u>9</u> 17. Identification Number: <u>NA3077</u> (E.g. UN2764, NA 2020) 18. Packing Group: <u>III</u> (if applicable) 19. Quantity Released: <u>30</u> Liquid - Gallon (Include Measurement Units)</p>		
<p>20. Was the material shipped as a hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>011599938</u></p>		
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>		
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>		
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Form DOT F 5800.1 (01-2004) Page 1 Reproduction of this form is permitted</p>		

PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Other <u>Lift Bags</u>
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: <u>103</u>	How Failed: <u>308</u>	Causes of Failure: <u>521</u>	
2. What Failed: _____	How Failed: _____	Causes of Failure: _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>Unavailable</u>			
<small>(Examples: 1A1/V1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)</small>			
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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>210500 Solid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>206320 Solid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>N/A</u>	
Serial Number: _____		Last Test Date: <u>N/A</u>	
Material of Construction: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank, or Cylinder)</small>			
Design Pressure: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank)</small>			
Shell Thickness: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank)</small>			
Head Thickness: <u>N/A</u> <small>(if Tank Car, CTMV)</small>			
Service Pressure: <u>N/A</u> <small>(if Cylinder)</small>			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u>	Model: <u>N/A</u>
		<small>(if present and legible)</small>	<small>(if present and legible)</small>
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification Certification Number <u>N/A</u>			
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. Material Loss: Carrier Damage: Property Damage: Response Cost: Remediation/Cleanup Cost: \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>10,000</u> \$ <u>15,000</u> (See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>				
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)				
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft				
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

After a shipment of solid waste in lift bags (super sacks) loaded in a gondola was reported leaking liquid on the BNSF, other like shipments in gondolas on the BNSF were identified and inspected for liquid leakage. CIGX 803340 was inspected and reported leaking liquid from this gondola's weep-holes. No solid material was observed leaking. The waste loading loader described the packaging inside the gondola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial fabric with Velcro closures. The inner liners of these lift bags consisted of two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene coating also with Velcro closures. In addition, a moisture barrier consisting of plastic sheeting also lined the gondola. Contract responders wrapped the gondola in plastic sheeting to contain the leaks. On 12/18/2014, the shipper-loader removed the lift bags from CIGX 803340 and placed them into trucks for furtherance. Once emptied, CIGX 803340's interior was cleaned. Ground spillage was remediated. Impacted ballast, plastic sheeting and spent cleaning materials were placed into disposal drums and earmarked for appropriate disposal. The root cause of non-solidified waste material leaching through the lift bags and/or rain water incursion is pending.


PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):
<u>4200 Deen Road, Fort Worth, TX 76106</u>	<u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>01/08/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>			
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>			
PART I - REPORT TYPE			
1. This is to report:		<input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.	
2. Indicate whether this is:		<input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages	
PART II - GENERAL INCIDENT INFORMATION			
3. Date of Incident: <u>12/09/2014</u>		4. Time of Incident (use 24-hour time): <u>09:00</u>	
5. Enter National Response Center Report Number (if applicable): <u>1103042</u>			
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u>			
7. Location of Incident: City: <u>Everett</u> County: <u>Snohomish</u> State: <u>WA</u> ZIP Code (if known): <u>98201</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: <u>.3429 15th Street (BNSF Everett/Delta Railyard)</u>			
8. Mode of Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water	
9. Transportation Phase		<input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage	
10. Carrier/Reporter		Name: <u>BNSF Railway Company</u> Street: <u>2600 Lou Menk Drive</u> City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>76131-2830</u> Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 002 010UW</u>	
11. Shipper/Offeror		Name: <u>Waste Solutions Group/Chevron Richmond Refinery</u> Street: <u>100 Cargo Way</u> City: <u>San Francisco</u> State: <u>CA</u> ZIP Code: <u>94124</u> Waybill/Shipping Paper: <u>BNSF 819456</u> Hazmat Registration Number: <u>Unavailable</u>	
12. Origin (if different from shipper address)		Street: <u>841 Chevron Way</u> City: <u>Richmond</u> State: <u>CA</u> ZIP Code: <u>94802</u>	
13. Destination		Street: <u>44555 S. Sumas Road</u> City: <u>Chilliwack</u> State: <u>BC</u> ZIP Code: <u>V2R 4B7</u>	
14. Proper Shipping Name of Hazardous Material: <u>HAZARDOUS WASTE, SOLID, N.O.S.</u>			
15. Technical/Trade Name: <u>N/A</u>			
16. Hazardous Class/Division: <u>9</u>		17. Identification Number: <u>NA3077</u> (E.g. UN2764, NA 2020)	
		18. Packing Group: <u>III</u> (if applicable)	
		19. Quantity Released: <u>30</u> Liquid - Gallon (Include Measurement Units)	
20. Was the material shipped as a hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>011599940</u>			
21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u>			
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u>			
23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Other <u>Lift Bags</u>
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: <u>103</u>	How Failed: <u>308</u>	Causes of Failure: <u>521</u>	
2. What Failed: _____	How Failed: _____	Causes of Failure: _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>Unavailable</u>			
<small>(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)</small>			
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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>210200 Solid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>187650 Solid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>N/A</u>	
Serial Number: _____		Last Test Date: <u>N/A</u>	
Material of Construction: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank, or Cylinder)</small>			
Design Pressure: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank)</small>			
Shell Thickness: <u>N/A</u> <small>(if Tank Car, CTMV, Portable Tank)</small>			
Head Thickness: <u>N/A</u> <small>(if Tank Car, CTMV)</small>			
Service Pressure: <u>N/A</u> <small>(if Cylinder)</small>			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u> <small>(if present and legible)</small>	Model: <u>N/A</u> <small>(if present and legible)</small>
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number: <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	

PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response: The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. Material Loss: Carrier Damage: Property Damage: Response Cost: Remediation/Cleanup Cost: <u>\$ 0</u> <u>\$ 0</u> <u>\$ 0</u> <u>\$ 10,000</u> <u>\$ 15,000</u> (See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>				
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)				
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft				
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility				

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

After a shipment of solid waste in lift bags (super sacks) loaded in a gondola was reported leaking liquid on the BNSF, other like shipments in gondolas on the BNSF were identified and inspected for liquid leakage. CIGX 803344 was inspected and reported leaking liquid from this gondola's weep-holes. No solid material was observed leaking. The waste lading loader described the packaging inside the gondola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial fabric with Velcro closures. The inner liners of these lift bags consisted of two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene coating also with Velcro closures. In addition, a moisture barrier consisting of plastic sheeling also lined the gondola. Contract responders wrapped the gondola in plastic sheeling to contain the leaks. On 12/17-18/2014, the shipper-loader removed the lift bags from CIGX 803344 and placed them into trucks for furtherance. Once emptied, CIGX 803344's interior was cleaned. Ground spillage was remediated. Impacted ballast, plastic sheeling and spent cleaning materials were place into disposal drums and earmarked for appropriate disposal. The root cause of non-solidified waste material leaching through the lift bags and/or rain water incursion is pending.


PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):
<u>4200 Deen Road, Fort Worth, TX 76106</u>	<u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>01/08/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>		
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>		
<p>PART I - REPORT TYPE</p>		
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>		
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>		
<p>PART II - GENERAL INCIDENT INFORMATION</p>		
<p>3. Date of Incident: <u>12/09/2014</u> 4. Time of Incident (use 24-hour time): <u>10:05</u></p>		
<p>5. Enter National Response Center Report Number (if applicable): <u>1103042</u></p>		
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>		
<p>7. Location of Incident: City: <u>Everett</u> County: <u>Snohomish</u> State: <u>WA</u> ZIP Code (if known): <u>98201</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>3429 15th Street (BNSF Everett/Delta Railyard)</u></p>		
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>		
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>		
<p>10. Carrier/Reporter Name: <u>BNSF Railway Company</u> Street: <u>2600 Lou Menk Drive</u> City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>75131-2830</u> Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 002 010UW</u></p>		
<p>11. Shipper/Offeror Name: <u>Waste Solutions Group/Chevron Richmond Refinery</u> Street: <u>100 Cargo Way</u> City: <u>San Francisco</u> State: <u>CA</u> ZIP Code: <u>94124</u> Waybill/Shipping Paper: <u>BNSF 793955</u> Hazmat Registration Number: <u>Unavailable</u></p>		
<p>12. Origin (if different from shipper address) Street: <u>841 Chevron Way</u> City: <u>Richmond</u> State: <u>CA</u> ZIP Code: <u>94802</u></p>		
<p>13. Destination Street: <u>44555 S. Sumas Road</u> City: <u>Chilliwack</u> State: <u>BC</u> ZIP Code: <u>V2R 4B7</u></p>		
<p>14. Proper Shipping Name of Hazardous Material: <u>HAZARDOUS WASTE, SOLID, N.O.S.</u></p>		
<p>15. Technical/Trade Name: <u>F037 PRIMARY SLUDGE</u></p>		
<p>16. Hazardous Class/Division: <u>9</u> 17. Identification Number: <u>NA3077</u> 18. Packing Group: <u>III</u> 19. Quantity Released: <u>10</u> Liquid - Gallon (E.g. UN2764, NA 2020) (if applicable) (Include Measurement Units)</p>		
<p>20. Was the material shipped as a hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>011599956</u></p>		
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>		
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>		
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Form DOT F 5800.1 (01-2004) Page 1 Reproduction of this form is permitted</p>		

PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Other <u>Lift Bags</u>
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: <u>103</u>	How Failed: <u>308</u>	Causes of Failure: <u>521</u>	
2. What Failed: _____	How Failed: _____	Causes of Failure: _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>Unavailable</u>			
(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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>215400 Solid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>185700 Solid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>N/A</u>	
Serial Number: _____		Last Test Date: <u>N/A</u>	
Material of Construction: <u>N/A</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u>	
		(if present and legible)	
		Model: <u>N/A</u>	
		(if present and legible)	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number: <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	

PART IV - CONSEQUENCES														
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release														
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup														
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. <table border="0" style="width:100%"> <tr> <td>Material Loss:</td> <td>Carrier Damage:</td> <td>Property Damage:</td> <td>Response Cost:</td> <td>Remediation/Cleanup Cost:</td> </tr> <tr> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>10,000</u></td> <td>\$ <u>10,000</u></td> </tr> </table> (See damage definitions in the instructions)					Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>10,000</u>	\$ <u>10,000</u>
Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:										
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>10,000</u>	\$ <u>10,000</u>										
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>														
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>														
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)														
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)														
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)														
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)														
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage														
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft														
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility														
Form DOT F 5800.1 (01-2004)		Page 3		Reproduction of this form is permitted										

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

After a shipment of solid waste in lift bags (super sacks) loaded in a gondola was reported leaking liquid on the BNSF, other like shipments in gondolas on the BNSF were identified and inspected for liquid leakage. WSGX 94122 was inspected and reported leaking liquid from this gondola's weep-holes. No solid material was observed leaking. The waste lading loader described the packaging inside the gondola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial fabric with Velcro closures. The inner liners of these lift bags consisted of two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene coating also with Velcro closures. In addition, a moisture barrier consisting of plastic sheeting also lined the gondola. Contract responders wrapped the gondola in plastic sheeting to contain the leaks and protect the lading from rain water. On 12/17-18/2014, the shipper-loader removed the lift bags from WSGX 94122 and placed them into trucks for furtherance. Once emptied, WSGX 94122's interior was cleaned. Ground spillage was remediated. Impacted ballast, plastic sheeting and spent cleaning materials were placed into disposal drums and earmarked for appropriate disposal. The root cause of non-solidified waste material leaching through the lift bags and/or rain water incursion is pending.


PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION


Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>01/08/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>			
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>			
PART I - REPORT TYPE			
1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.			
2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages			
PART II - GENERAL INCIDENT INFORMATION			
3. Date of Incident: <u>12/09/2014</u> 4. Time of Incident (use 24-hour time): <u>14:00</u>			
5. Enter National Response Center Report Number (if applicable): <u>1103044</u>			
6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u>			
7. Location of Incident: City: <u>Vancouver</u> County: <u>Clark</u> State: <u>WA</u> ZIP Code (if known): <u>98660</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>1310 West 11th Street (BNSF Vancouver Railyard)</u>			
8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water			
9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage			
10. Carrier/Reporter Name <u>BNSF Railway Company</u> Street <u>2600 Lou Menk Drive</u> City <u>Fort Worth</u> State <u>TX</u> ZIP Code <u>76131-2830</u> Federal DOT ID Number <u>281683</u> Hazmat Registration Number <u>062712 002 010UW</u>			
11. Shipper/Offeror Name <u>Waste Solutions Group/Chevron Richmond Refinery</u> Street <u>100 Cargo Way</u> City <u>San Francisco</u> State <u>CA</u> ZIP Code <u>94124</u> Waybill/Shipping Paper <u>BNSF 888635</u> Hazmat Registration Number <u>Unavailable</u>			
12. Origin (if different from shipper address) Street <u>841 Chevron Way</u> City <u>Richmond</u> State <u>CA</u> ZIP Code <u>94802</u>			
13. Destination Street <u>44555 S. Sumas Road</u> City <u>Chilliwack</u> State <u>BC</u> ZIP Code <u>V2R 4B7</u>			
14. Proper Shipping Name of Hazardous Material: <u>HAZARDOUS WASTE, SOLID, N.O.S.</u>			
15. Technical/Trade Name: <u>F037 PRIMARY SLUDGE</u>			
16. Hazardous Class/Division: <u>9</u> 17. Identification Number: <u>NA3077</u> 18. Packing Group: <u>III</u> 19. Quantity Released: <u>10</u> Liquid - Gallon (Include Measurement Units)			
20. Was the material shipped as a hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>011599958</u>			
21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u>			
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u>			
23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Other <u>Lift Bags</u>
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: <u>103</u> _____	How Failed: <u>308</u> _____	Causes of Failure: <u>521</u> _____	
2. What Failed: _____	How Failed: _____	Causes of Failure: _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>Unavailable</u>			
(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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>210500 Solid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>189580 Solid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>N/A</u>	
Serial Number: _____		Last Test Date: <u>N/A</u>	
Material of Construction: <u>N/A</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u>	
		(if present and legible)	
		Model: <u>N/A</u>	
		(if present and legible)	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES														
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release														
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup														
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. <table border="0"> <tr> <td>Material Loss:</td> <td>Carrier Damage:</td> <td>Property Damage:</td> <td>Response Cost:</td> <td>Remediation/Cleanup Cost:</td> </tr> <tr> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> <td>\$ <u>10,000</u></td> <td>\$ <u>10,000</u></td> </tr> </table> (See damage definitions in the instructions)					Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>10,000</u>	\$ <u>10,000</u>
Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:										
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>10,000</u>	\$ <u>10,000</u>										
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>														
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>														
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)														
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)														
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)														
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)														
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage														
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft														
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility														
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE	
<p>Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.</p> <p>After a shipment of solid waste in lift bags (super sacks) loaded in a gondola was reported leaking liquid on the BNSF, other like shipments in gondolas on the BNSF were identified and inspected for liquid leakage. CIGX 803339 was inspected and reported leaking liquid from this gondola's weep-holes. No solid material was observed leaking. The waste lading loader described the packaging inside the gondola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial fabric with Velcro closures. The inner liners of these lift bags consisted of two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene coating also with Velcro closures. In addition, a moisture barrier consisting of plastic sheeting also lined the gondola. Contract responders wrapped the bottom of the gondola in plastic sheeting to contain the leaks. On 12/19/2014, the shipper-loader removed the lift bags from CIGX 803339 and placed them into trucks for furtherance. Once emptied, CIGX 803339's interior was cleaned. Ground spillage was remediated. Impacted ballast, plastic sheeting and spent cleaning materials were placed into disposal drums and earmarked for appropriate disposal. The root cause of non-solidified waste material leaching through the lift bags and/or rain water incursion is pending.</p>	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE	
<p>Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.</p> <p>No additional comments.</p>	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>01/08/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	
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	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>		
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>		
<p>PART I - REPORT TYPE</p>		
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>		
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>		
<p>PART II - GENERAL INCIDENT INFORMATION</p>		
<p>3. Date of Incident: <u>12/10/2014</u> 4. Time of Incident (use 24-hour time): <u>10:26</u></p>		
<p>5. Enter National Response Center Report Number (if applicable): <u>1103113</u></p>		
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>		
<p>7. Location of Incident: City: <u>Everett</u> County: <u>Snohomish</u> State: <u>WA</u> ZIP Code (if known): <u>98201</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>3429 15th Street (BNSF Everett/Delta Railyard)</u></p>		
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>		
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>		
<p>10. Carrier/Reporter Name: <u>BNSF Railway Company</u> Street: <u>2600 Lou Menk Drive</u> City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>76131-2830</u> Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 002 010UW</u></p>		
<p>11. Shipper/Offeror Name: <u>Waste Solutions Group/Chevron Richmond Refinery</u> Street: <u>100 Cargo Way</u> City: <u>San Francisco</u> State: <u>CA</u> ZIP Code: <u>94124</u> Waybill/Shipping Paper: <u>BNSF 795523</u> Hazmat Registration Number: <u>Unavailable</u></p>		
<p>12. Origin (if different from shipper address) Street: <u>841 Chevron Way</u> City: <u>Richmond</u> State: <u>CA</u> ZIP Code: <u>94802</u></p>		
<p>13. Destination Street: <u>44555 S. Sumas Road</u> City: <u>Chilliwack</u> State: <u>BC</u> ZIP Code: <u>V2R 4B7</u></p>		
<p>14. Proper Shipping Name of Hazardous Material: <u>HAZARDOUS WASTE, SOLID, N.O.S.</u></p>		
<p>15. Technical/Trade Name: <u>F037 PRIMARY SLUDGE</u></p>		
<p>16. Hazardous Class/Division: <u>9</u> 17. Identification Number: <u>NA3077</u> 18. Packing Group: <u>III</u> 19. Quantity Released: <u>15</u> Liquid - Gallon (E.g. UN2764, NA 2020) (if applicable) (Include Measurement Units)</p>		
<p>20. Was the material shipped as a hazardous waste? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>011599957</u></p>		
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>		
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>		
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>Form DOT F 5800.1 (01-2004) Page 1 Reproduction of this form is permitted</p>		

PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input checked="" type="checkbox"/> Other <u>Lift Bags</u>
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: <u>103</u> ___ ___	How Failed: <u>308</u> ___ ___	Causes of Failure: <u>521</u> ___ ___	
2. What Failed: ___ ___ ___	How Failed: ___ ___ ___	Causes of Failure: ___ ___ ___	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>Unavailable</u>			
(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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>215400 Solid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>194380 Solid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: ___	
Number Failed: <u>1</u>		Number Failed: ___	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>N/A</u>		Manufacture Date: <u>N/A</u>	
Serial Number: ___		Last Test Date: <u>N/A</u>	
Material of Construction: <u>N/A</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u> <small>(if present and legible)</small>	Model: <u>N/A</u> <small>(if present and legible)</small>
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input checked="" type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification		Certification Number: <u>N/A</u>	
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33.				
Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>10,000</u>	\$ <u>10,000</u>
(See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material:				
Fatalities:	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>	
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material:				
Hospitalized (Admitted Only):	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>	
Non-Hospitalized:	Employees <u>N/A</u>	Responders <u>N/A</u>	General Public <u>N/A</u>	
(e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information:				
Total number of general public evacuated	<u>N/A</u>	Total number of employees evacuated	<u>N/A</u>	Total Evacuated <u>N/A</u>
Duration of the evacuation	<u>N/A</u>	(hours)		
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information:				
Estimated speed (mph):	<u>N/A</u>	Weather conditions:	<u>N/A</u>	
Vehicle overturn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Vehicle left roadway/track?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?				
<input type="checkbox"/> Air carrier cargo facility	<input type="checkbox"/> Sort center	<input type="checkbox"/> Baggage area		
<input type="checkbox"/> By surface to/from airport	<input type="checkbox"/> During flight	<input type="checkbox"/> During loading/unloading of aircraft		
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)				
<input type="checkbox"/> Shipment had not been transported	<input type="checkbox"/> Transported by air (first flight)	<input type="checkbox"/> Transport by air (subsequent flights)		
<input type="checkbox"/> Initial transport by highway to cargo facility	<input type="checkbox"/> Transfer at sort center/cargo facility			
Form DOT F 5800.1 (01-2004) Page 3 Reproduction of this form is permitted				

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

After a shipment of solid waste in lift bags (super sacks) loaded in a gondola was reported leaking liquid on the BNSF, other like shipments in gondolas on the BNSF were identified and inspected for liquid leakage. WSGX 94103 was inspected and reported leaking liquid from this gondola's weep-holes. No solid material was observed leaking. The waste loading loader described the packaging inside the gondola as 13.7 cubic yard capacity lift bags (super sacks) of 7 ounce woven polypropylene industrial fabric with Velcro closures. The inner liners of these lift bags consisted of two 6 mil thick polyethylene liners. The gondola was lined with 6 mil thick polyethylene fabric coated (both sides) with 1.5 mil thick polyethylene coating also with Velcro closures. In addition, a moisture barrier consisting of plastic sheeting also lined the gondola. Contract responders wrapped the gondola in plastic sheeting to contain the leaks and protect the lading from rain water. On 12/18/2014, the shipper-loader removed the lift bags from WSGX 94103 and placed them into trucks for furtherance. Once emptied, WSGX 94103's interior was cleaned. Ground spillage was remediated. Impacted ballast, plastic sheeting and spent cleaning materials were placed into disposal drums and earmarked for appropriate disposal. The root cause of non-solidified waste material leaching through the lift bags and/or rain water incursion is pending.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

No additional comments.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u>	Hazmat Registration Number (if not already provided):
<u>4200 Deen Road, Fort Worth, TX 76106</u>	<u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>01/08/2015</u>
Preparer is:	
<input checked="" type="checkbox"/> Carrier	<input type="checkbox"/> Shipper
<input type="checkbox"/> Facility	<input type="checkbox"/> Other _____

OPENING SEEO KADRAMS STATE INCIDENT NUMBER 14-4819

1) DATE AND TIME OPENED 12-10-14, 1243 DATE AND TIME OF OCCURRENCE 10-12-14, 1030
 mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: Justin Rpe R/P COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 360-553-867
 Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # _____ ATTACHED.

3) R/P ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: BNSF car # WSGK 94103 spilled
unk amt of Hazmat waste, NRC enviro in
scene for clean up.

5) INCIDENT LOCATION: 3429 15th ST CITY/COUNTY: Everett

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) Hazmat waste

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: ? [] pounds [] cubic feet [] gallons []

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING:
 Fire Police Sheriff WSP WDOE USCG USEPA DOT OTHER _____

9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) [YES] [NO] UNK

10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO] UNK

11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] UNK

SARA TITLE III

1) THIS IS AN EMERGENCY RELEASE REPORT
 THIS IS A CONTINUOUS RELEASE REPORT

2) DATE(S) RELEASE BEGAN: _____ TIME (S) _____ DURATION: _____ (minutes/hours)
 Date Began / Date Ended Time Began / Time Ended

3) SUBSTANCE: _____ AMOUNT RELEASED: _____

4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [NO] MINIMUM QUANTITY FOR REPORTING: _____

5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____

6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: [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 OTHER ENVIRONMENTAL AREAS? _____

11) CONTINUOUS RELEASE PRODUCTS: _____

EM FORM 114 06/2014 X:\DUTYOFFICER\dutyofficer\DUTY OFFICER PROCEDURES\SEEO Procedures - 2014-24, all-03 Hazmat Worksheet.docx C-24, A-3 Page -1 -

13

13 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-flr-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 ONLYGOVERNMENT 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
DOT Crossing 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. Car number Type Cargo

IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Hospitalized: Empl/Crew: Passenger:
FATALITIES: NO Empl/Crew: Passenger: Occupant:
EVACUATIONS: NO Who Evacuated: Radius/Area:

Damages: NO

Closure Type	Description of Closure	Hours Closed	Direction of Closure
N			
Air:			
N		Major	
Road:		Artery:N	
N			
Waterway:			
N			
Track:			

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, 60°F

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

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>

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEOO D. FOX STATE INCIDENT NUMBER 14-4865

1) DATE AND TIME OPENED 12, 13, 14, 1054 DATE AND TIME OF OCCURRENCE 12, 13, 14, 1010
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: JUSTIN PIPER R/P COMPANY/ AGENCY NAME: BNSF RAILROAD R/P CALLBACK PHONE NUMBER: (817) 352-2832
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # _____ ATTACHED.

3) R/P ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: BNSF LOCOMOTIVE FIRE RELEASED 100 GALS OF LUBE OIL TO THE TRACKS, NO WATER IMPACTED, NO BLOCKING AND NO INJURIES. LOCAL FIRE DEPARTMENT RESPONDED AND PUT OUT FIRE. NRC ENVIRONMENTAL HIRED TO CLEAN-UP. LOCAL CONTACT: JUSTIN PIPER (BNSF ENVIRONMENTAL MANAGER) 360-553-8672

5) INCIDENT LOCATION: COLUMBIA SUB-DIVISION M/P 1592.2 QUINCY CITY/COUNTY: ERANT

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) LUBE OIL

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: UNK QUANTITY RELEASED: 100 pounds cubic feet gallons

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING:
 Fire Police Sheriff WSP WDOE USCG USEPA DOT OTHER BNSF / NRC ENVIRO.

9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) (YES) (NO) (UNK)

10) IS HUMAN HEALTH/SAFETY AFFECTED? (YES) (NO) (UNK)

11) IS GROUND OR SURFACE WATER AFFECTED? (YES) (NO) (UNK)

SARA TITLE III

- 1) THIS IS AN EMERGENCY RELEASE REPORT
 THIS IS A CONTINUOUS RELEASE REPORT
- 2) DATE(S) RELEASE BEGAN: _____ TIME (S) _____ DURATION: _____ (minutes/hours)
Date Began / Date Ended Time Began / Time Ended
- 3) SUBSTANCE: _____ AMOUNT RELEASED: _____
- 4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) (YES) (NO) MINIMUM QUANTITY FOR REPORTING: _____
- 5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____
- 6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: (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 OTHER ENVIRONMENTAL AREAS? _____
- 11) CONTINUOUS RELEASE PRODUCTS: _____

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SECO: D. Fox STATE INCIDENT NUMBER: 14-4903

1) DATE AND TIME OPENED: 12, 15, 14, 2135 DATE AND TIME OF OCCURRENCE: 12, 15, 14, 2117
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: JEREMY PARKER R/P COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 817 352-2832
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT# _____ ATTACHED.

3) R/P ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: BNSF TRAIN SPILLED 500 GALS OF DIESEL FUEL TO TRACKS ON THE SEATTLE SUB DIVISION LINE M/P 100 NEAR LONGVIEW. NO WATER, NO BLOCKING AND NO INJURING.
LOCAL CONTACT: JUSTIN PIPER
M/P # 100 360-553-8672

5) INCIDENT LOCATION: BNSF SEATTLE SUB-DIVISION LINE CITY/COUNTY: LONGVIEW / COWLITZ

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) DIESEL FUEL

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: UNK QUANTITY RELEASED: 500 pounds cubic feet gallons

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING: Fire Police Sheriff WSP WDOE USCG USEPA DOT OTHER BNSF

9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) [YES] [NO] [UNK]

10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO] [UNK]

11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] [UNK]

SARA TITLE III

1) THIS IS AN EMERGENCY RELEASE REPORT
 THIS IS A CONTINUOUS RELEASE REPORT

2) DATE(S) RELEASE BEGAN: _____ TIME (S) _____ DURATION: _____ (minutes/hours)
Date Began / Date Ended Time Began / Time Ended

3) SUBSTANCE: _____ AMOUNT RELEASED: _____

4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [NO] MINIMUM QUANTITY FOR REPORTING: _____

5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____

6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: [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 OTHER ENVIRONMENTAL AREAS? _____


11) CONTINUOUS RELEASE PRODUCTS: _____

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
<p>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.</p>		
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>		
<p>PART I - REPORT TYPE</p>		
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release <input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>		
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>		
<p>PART II - GENERAL INCIDENT INFORMATION</p>		
<p>3. Date of Incident: <u>01/12/2015</u> 4. Time of Incident (use 24-hour time): <u>13:00</u></p>		
<p>5. Enter National Response Center Report Number (if applicable): <u>N/A</u></p>		
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>FRA-150116R8V (1 OF 3)</u></p>		
<p>7. Location of Incident: City: <u>Vancouver</u> County: <u>Clark</u> State: <u>WA</u> ZIP Code (if known): <u>98660</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>1515 W. 39th Street (BNSF Vancouver Railyard)</u></p>		
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>		
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>		
<p>10. Carrier/Reporter Name <u>BNSF Railway Company</u> Street <u>2600 Lou Menk Drive</u> City <u>Fort Worth</u> State <u>TX</u> ZIP Code <u>76131-2830</u> Federal DOT ID Number <u>281683</u> Hazmat Registration Number <u>062712 002 010UW</u></p>		
<p>11. Shipper/Offeror Name <u>Tesoro Refining & Marketing Company by Hess Corp./Watco</u> Street <u>10340 68th Street NW</u> City <u>Tioga</u> State <u>ND</u> ZIP Code <u>58852</u> Waybill/Shipping Paper <u>BNSF 455099</u> Hazmat Registration Number <u>N/A</u></p>		
<p>12. Origin (if different from shipper address) Street <u>Same as shipper</u> City _____ State _____ ZIP Code _____</p>		
<p>13. Destination Street <u>West Marches Point Road</u> City <u>Anacortes</u> State <u>WA</u> ZIP Code <u>98221</u></p>		
<p>14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u></p>		
<p>15. Technical/Trade Name: <u>N/A</u></p>		
<p>16. Hazardous Class/ Division: <u>3</u> 17. Identification Number: <u>UN1267</u> (E.g. UN2764, NA 2020) 18. Packing Group: <u>I</u> (if applicable) 19. Quantity Released: <u>14</u> Liquid - Gallon (Include Measurement Units)</p>		
<p>20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>N/A</u></p>		
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>		
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>		
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>
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: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>526</u>	
2. What Failed: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>508</u>	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>111S100W1</u>			
(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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>212500 Liquid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>195306 Liquid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>96</u>		Number in Shipment: _____	
Number Failed: <u>7</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>UTLA</u>		Manufacture Date: <u>06/18/2012</u>	
Serial Number: <u>UTLX213180</u>		Last Test Date: <u>06/18/2012</u>	
Material of Construction: <u>CARBON STEEL</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>100</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>Liquid Valve</u>		Manufacturer: <u>McKenzie Valve & Machining LLC</u>	
		Model: <u>502846</u>	
		(if present and legible) (if present and legible)	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification Certification Number <u>N/A</u>			
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES				
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response : The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33.				
Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ <u>21</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>7,700</u>	\$ <u>3,010</u>
(See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>				
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> <small>(e.g.: On site first aid or Emergency Room observation and release)</small>				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)				
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft				
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE	
<p>Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.</p> <p>BNSF was notified of possible leaking entrained tank cars in a BNSF unit train (U-TIOFTE0-01T). This train was inspected upon arrival at the BNSF's Vancouver railyard. Inspection results identified seven entrained tank cars with commodity on their top side shells and these seven tank cars were set-out of the train for further inspection and cleaning.</p> <p>These seven tank cars were all DOT 111S100W1's, built in 2012 and the spillage on their side shells estimated at 2 gallons or less per tank car. All seven tank cars were identified as leaking at their liquid valves (3 inch McKenzie ball valves) that had loose closure plugs with the liquid valves in the closed position but the ball valves in the closed position were not completely sealing. Responders relieved internal pressure within these tank cars and reseated the liquid valves. The less than tool tight closure plugs were removed, Teflon tape sealant applied to their threaded areas, exposed valve ports cleaned, the plugs reapplied and properly tool tightened. Residual spillage on the tank car shells were cleaned. All securement and cleaning was accomplished by 0145 hrs. PST, 1/13/2015. These seven tank cars were re-inspected in the afternoon of 1/13/2015 with no observed leakage. The equipment ID's for these seven tank cars follow;</p> <p>UTLX 213180 UTLX 213016 UTLX 213006 UTLX 212781 UTLX 212779 UTLX 212797 UTLX 212816</p> <p>OTMA FRA-150116R8V (1 of 3) was granted to transport these seven tank cars to the consignee for unloading.</p>	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE	
<p>Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.</p> <p>Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.</p>	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>02/10/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	
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	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<h3 style="margin: 0;">Hazardous Materials Incident Report</h3>	Form Approval OMB No. 2137-0039
<p>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.</p>			
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>			
<h4 style="margin: 0;">PART I - REPORT TYPE</h4>			
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release</p> <p style="margin-left: 100px;"><input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>			
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>			
<h4 style="margin: 0;">PART II - GENERAL INCIDENT INFORMATION</h4>			
<p>3. Date of Incident: <u>01/13/2015</u> 4. Time of Incident (use 24-hour time): <u>15:00</u></p>			
<p>5. Enter National Response Center Report Number (if applicable): <u>N/A</u></p>			
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>FRA-150116R8V (2 OF 3)</u></p>			
<p>7. Location of Incident: City: <u>Auburn</u> County: <u>King</u> State: <u>WA</u> ZIP Code (if known): <u>98002</u> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: <u>1315 A Street SE (BNSF Auburn Rallyard)</u></p>			
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>			
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>			
<p>10. Carrier/Reporter Name: <u>BNSF Railway Company</u> Street: <u>2600 Lou Menk Drive</u> City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>76131-2830</u> Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 002 010UW</u></p>			
<p>11. Shipper/Offorer Name: <u>Tesoro Refining & Marketing Company by Hess Corp./Watco</u> Street: <u>10340 68th Street NW</u> City: <u>Tioga</u> State: <u>ND</u> ZIP Code: <u>58852</u> Waybill/Shipping Paper: <u>BNSF 455054</u> Hazmat Registration Number: <u>N/A</u></p>			
<p>12. Origin (if different from shipper address) Street: <u>Same as shipper</u> City: _____ State: _____ ZIP Code: _____</p>			
<p>13. Destination Street: <u>West Marches Point Road</u> City: <u>Anacortes</u> State: <u>WA</u> ZIP Code: <u>98221</u></p>			
<p>14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u></p>			
<p>15. Technical/Trade Name: <u>N/A</u></p>			
<p>16. Hazardous Class/Division: <u>3</u> 17. Identification Number: <u>UN1267</u> (E.g. UN2764, NA 2020) 18. Packing Group: <u>I</u> (if applicable) 19. Quantity Released: <u>10</u> ^{Liquid - Gallon} (Include Measurement Units)</p>			
<p>20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>N/A</u></p>			
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>			
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>			
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>
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: <u>134</u> _____	How Failed: <u>308</u> _____	Causes of Failure: <u>526</u> _____	
2. What Failed: <u>134</u> _____	How Failed: <u>308</u> _____	Causes of Failure: <u>508</u> _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>111S100W1</u>			
(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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>212100 Liquid - Pound</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>195187 Liquid - Pound</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>89</u>		Number in Shipment: _____	
Number Failed: <u>6</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>UTLA</u>		Manufacture Date: <u>03/26/2012</u>	
Serial Number: <u>UTLX212850</u>		Last Test Date: <u>03/26/2012</u>	
Material of Construction: <u>CARBON STEEL</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>100</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>Liquid Valve</u>		Manufacturer: <u>McKenzie Valve & Machining LLC</u> Model: <u>502846</u>	
		(if present and legible) (if present and legible)	
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification Certification Number <u>N/A</u>			
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	
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PART IV - CONSEQUENCES	
30. Result of Incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release	
31. Emergency Response: The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup	
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33. Material Loss: <u>\$ 15</u> Carrier Damage: <u>\$ 0</u> Property Damage: <u>\$ 0</u> Response Cost: <u>\$ 3,600</u> Remediation/Cleanup Cost: <u>\$ 2,400</u> (See damage definitions in the instructions)	
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>	
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>	
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)	
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)	
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)	
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)	
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage	
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft	
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility	
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

After previous events of leaking entrained tank cars in a BNSF unit train (U-TIOFTE0-01T). This train was re-inspected upon arrival at the BNSF's Auburn railyard. Inspection results identified an additional six entrained tank cars with commodity on their top side shells and these tank cars were set-out of the train for further inspection and cleaning.

These six tank cars were all DOT 111S100W1's, built in 2012 and the spill on their side shells estimated at 1 gallon or less per tank car with the exception of UTLX 212850 estimated at approximately 5 gallons. All six tank cars were identified as leaking at their liquid valves that had loose closure plugs with the liquid valves in the closed position. The liquid valves (3 inch McKenzie ball valves) were not seating/sealing properly in the closed position. Responders relieved internal pressure within these tank cars and resealed the liquid valves. The less than tool tight closure plugs were removed, Teflon tape sealant applied to their threaded areas, the exposed valve ports were cleaned, the closure plugs reapplied and properly tool tightened. Residual spillage on the tank car shells were cleaned. All securement and cleaning was accomplished on 1/14/2015. No further leakage from the liquid valves were observed afterwards. The equipment ID's for these six tank cars follow;

- UTLX 212850
- UTLX 213021
- UTLX 212756
- UTLX 212831
- UTLX 212830
- UTLX 212979

OTMA FRA-150116R8V (2 of 3) was granted to transport these six tank cars to the consignee for unloading.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.

PART VIII- CONTACT INFORMATION

Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>02/11/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	

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. 39th 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

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEEO AEV STATE INCIDENT NUMBER 15-0287

1) DATE AND TIME OPENED 1, 25, 15, 1113 DATE AND TIME OF OCCURRENCE 1, 25, 15, 1024
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: Doug Anderson R/P COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 817 352 2832
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # _____ ATTACHED.

3) R/P ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: Locomotive mechanical problem
material to ballast
NRC enroute for clean up

5) INCIDENT LOCATION: Interbay yard (Galer St) CITY/COUNTY: Seattle King

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) Lube OIL

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: 100 gallons pounds cubic feet

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING: Fire Police Sheriff WSP WDOE USCG USEPA DOT OTHER _____

9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) [YES] [NO] [UNK]

10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO] [UNK]

11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] [UNK]

SARA TITLE III

1) THIS IS AN EMERGENCY RELEASE REPORT
 THIS IS A CONTINUOUS RELEASE REPORT

2) DATE(S) RELEASE BEGAN: _____ TIME(S) _____ DURATION: _____ (minutes/hours)
Date Began / Date Ended Time Began / Time Ended

3) SUBSTANCE: _____ AMOUNT RELEASED: _____

4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [NO] MINIMUM QUANTITY FOR REPORTING: _____

5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____

6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: [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 OTHER ENVIRONMENTAL AREAS? _____

11) CONTINUOUS RELEASE PRODUCTS: _____

EM FORM 114 09/2014 X:\DUTY OFFICER\duty officer\DUTY OFFICER PROCEDURES\SEEO Procedures - 2014\C-24, etl-03, Hazmat Incident Worksheet.docx Page -1 - C-24, A-3

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEOO ED AMAR STATE INCIDENT NUMBER 15-0519

1) DATE AND TIME OPENED 2/12/15 1633 DATE AND TIME OF OCCURRENCE 2/12/15
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: Doug Anderson R/P COMPANY/ AGENCY NAME: BNSF RAIL (817) R/P CALLBACK 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: 12400 51ST A SO CITY: SEATTLE STATE: WA ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: SOUTH SEATTLE RAIL YARD. TANK CAR LEAKING CRUDE OIL. MATERIAL IS ON SIDE OF TANKER. NOTHING HAS REACHED THE GROUND.

POC: QUSTIN PIPER (360) 553 8072

5) INCIDENT LOCATION: SEE # 3 ABOVE CITY/COUNTY: SEATTLE/KING

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) CRUDE OIL

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: UNK [] pounds [] cubic feet [] gallons []

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING: [] Fire [] Police [] Sheriff [] WSP [] WDOE [] USCG [] USEPA [] DOT [] OTHER _____

9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) [YES] [NO] [UNK]
10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO] [UNK]
11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] [UNK]

SARA TITLE III

1) THIS IS AN EMERGENCY RELEASE REPORT
THIS IS A CONTINUOUS RELEASE REPORT

2) DATE(S) RELEASE BEGAN: _____ TIME (S) _____ DURATION: _____ (minutes/hours)
Date Began / Date Ended Time Began / Time Ended

3) SUBSTANCE: _____ AMOUNT RELEASED: _____

4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [NO] MINIMUM QUANTITY FOR REPORTING: _____

5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____

6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: [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 OTHER ENVIRONMENTAL AREAS? _____

11) CONTINUOUS RELEASE PRODUCTS: _____

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<h3 style="margin: 0;">Hazardous Materials Incident Report</h3>	Form Approval OMB No. 2137-0039
<p>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.</p>			
<p>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-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.</p>			
<h4 style="margin: 0;">PART I - REPORT TYPE</h4>			
<p>1. This is to report: <input checked="" type="checkbox"/> A) A hazardous material incident <input type="checkbox"/> B) An undeclared shipment with no release</p> <p style="margin-left: 100px;"><input type="checkbox"/> C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.</p>			
<p>2. Indicate whether this is: <input checked="" type="checkbox"/> An initial report <input type="checkbox"/> A supplemental (follow-up) report <input type="checkbox"/> Additional Pages</p>			
<h4 style="margin: 0;">PART II - GENERAL INCIDENT INFORMATION</h4>			
<p>3. Date of Incident: <u>02/12/2015</u> 4. Time of Incident (use 24-hour time): <u>14:00</u></p>			
<p>5. Enter National Response Center Report Number (if applicable): <u>N/A</u></p>			
<p>6. If you submitted a report to another Federal DOT agency, enter the agency and report number: <u>N/A</u></p>			
<p>7. Location of Incident: City: <u>Seattle</u> County: <u>King</u> State: <u>WA</u> ZIP Code (if known): <u>98134</u></p> <p style="margin-left: 40px;">Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: <u>MP 5X, BNSF South Seattle Railyard</u></p>			
<p>8. Mode of Transportation <input type="checkbox"/> Air <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Rail <input type="checkbox"/> Water</p>			
<p>9. Transportation Phase <input checked="" type="checkbox"/> In Transit <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> In Transit Storage</p>			
<p>10. Carrier/Reporter Name: <u>BNSF Railway Company</u></p> <p style="margin-left: 40px;">Street: <u>2600 Lou Menk Drive</u></p> <p style="margin-left: 40px;">City: <u>Fort Worth</u> State: <u>TX</u> ZIP Code: <u>76131-2830</u></p> <p style="margin-left: 40px;">Federal DOT ID Number: <u>281683</u> Hazmat Registration Number: <u>062712 J02 010UW</u></p>			
<p>11. Shipper/Offendor Name: <u>Tesoro Refining & Marketing Co. by Crestwood Midstream Partners/Strobel Starostka Transfer</u></p> <p style="margin-left: 40px;">Street: <u>12324 60th Street NW</u></p> <p style="margin-left: 40px;">City: <u>Epping</u> State: <u>ND</u> ZIP Code: <u>58843</u></p> <p style="margin-left: 40px;">Waybill/Shipping Paper: <u>BNSF 635209</u> Hazmat Registration Number: <u>Unavailable</u></p>			
<p>12. Origin (if different from shipper address) Street: <u>Same as shipper</u></p> <p style="margin-left: 40px;">City: _____ State: _____ ZIP Code: _____</p>			
<p>13. Destination Street: <u>10200 West Marches Point Road</u></p> <p style="margin-left: 40px;">City: <u>Anacortes</u> State: <u>WA</u> ZIP Code: <u>98221</u></p>			
<p>14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u></p>			
<p>15. Technical/Trade Name: <u>N/A</u></p>			
<p>16. Hazardous Class/Division: <u>3</u> 17. Identification Number: <u>UN1267</u> 18. Packing Group: <u>1</u> 19. Quantity Released: <u>2</u> <u>Liquid - Gallon</u></p> <p style="margin-left: 100px;">(E.g. UN2764, NA 2020) (if applicable) (Include Measurement Units)</p>			
<p>20. Was the material shipped as a hazardous waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the EPA Manifest Number: <u>N/A</u></p>			
<p>21. Is this a Toxic by Inhalation (TIH) material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the Hazard Zone: <u>N/A</u></p>			
<p>22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 40px;">If yes, provide the Exemption, Approval, or CA number: <u>N/A</u></p>			
<p>23. Was this an undeclared hazardous materials shipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
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PART III - PACKAGING INFORMATION			
24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:			
<input type="checkbox"/> Non-bulk	<input type="checkbox"/> IBC	<input type="checkbox"/> Cargo tank Motor Vehicle (CTMV)	<input checked="" type="checkbox"/> Tank Car
<input type="checkbox"/> Cylinder	<input type="checkbox"/> RAM	<input type="checkbox"/> Portable Tank	<input type="checkbox"/> Other <u>N/A</u>
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: <u>134</u>	How Failed: <u>308</u>	Causes of Failure: <u>526</u>	
2. What Failed: _____	How Failed: _____	Causes of Failure: _____	
26a. Provide the packaging identification markings, if available.			
Identification Markings: <u>111A100W1</u>			
(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: <u>N/A</u>		Packaging Type: <u>N/A</u>	
Material of Construction: <u>N/A</u>		Material of Construction: <u>N/A</u>	
Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non - Removable			
27. Describe the package capacity and the quantity:			
Single Package or Outer Packaging:		Single Package or Inner Packaging (if any):	
Package Capacity: <u>30180 Liquid - Gallon</u>		Package Capacity: <u>N/A</u>	
Amount in Package: <u>27512 Liquid - Gallon</u>		Amount in Package: <u>N/A</u>	
Number in Shipment: <u>1</u>		Number in Shipment: _____	
Number Failed: <u>1</u>		Number Failed: _____	
28. Provide packaging construction and test information, as appropriate:			
Manufacturer: <u>TRINITY</u>		Manufacture Date: <u>12/26/2012</u>	
Serial Number: <u>CBTX735516</u>		Last Test Date: <u>12/26/2012</u>	
Material of Construction: <u>CARBON STEEL</u> (if Tank Car, CTMV, Portable Tank, or Cylinder)			
Design Pressure: <u>100</u> (if Tank Car, CTMV, Portable Tank)			
Shell Thickness: <u>N/A</u> (if Tank Car, CTMV, Portable Tank)			
Head Thickness: <u>N/A</u> (if Tank Car, CTMV)			
Service Pressure: <u>N/A</u> (if Cylinder)			
If valve or device failed:			
Type: <u>N/A</u>		Manufacturer: <u>N/A</u> (if present and legible)	Model: <u>N/A</u> (if present and legible)
29. If the packaging is for Radioactive Materials, complete the following:			
Packaging Category: <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial			
Packaging Certification: <input type="checkbox"/> Self Certified <input type="checkbox"/> U.S. Certification Certification Number <u>N/A</u>			
Nuclide(s) Present: <u>N/A</u>		Transport Index: <u>N/A</u>	
Activity: <u>N/A</u>		Critical Safety Index: <u>N/A</u>	

PART IV - CONSEQUENCES				
30. Result of incident (check all that apply): <input checked="" type="checkbox"/> Spillage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Material Entered Waterway/Storm Sewer <input type="checkbox"/> Vapor (Gas) Dispersion <input type="checkbox"/> Environmental Damage <input type="checkbox"/> No Release				
31. Emergency Response: The following entities responded to the incident: (Check all that apply) <input type="checkbox"/> Fire/EMS Report # <u>N/A</u> <input type="checkbox"/> Police Report # <u>N/A</u> <input checked="" type="checkbox"/> In-house cleanup <input type="checkbox"/> Other Cleanup				
32. Damages: Was the total damage cost more than \$500? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the following information: If no, go to question 33.				
Material Loss:	Carrier Damage:	Property Damage:	Response Cost:	Remediation/Cleanup Cost:
\$ <u>3</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>1,300</u>	\$ <u>200</u>
(See damage definitions in the instructions)				
33a. Did the hazardous material cause or contribute to a human fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of fatalities resulting from the hazardous material: Fatalities: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u>				
33b. Were there human fatalities that did not result from the hazardous material? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u>				
34. Did the hazardous material cause or contribute to personal injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the number of injuries resulting from the hazardous material: Hospitalized (Admitted Only): Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> Non-Hospitalized: Employees <u>N/A</u> Responders <u>N/A</u> General Public <u>N/A</u> (e.g.: On site first aid or Emergency Room observation and release)				
35. Did the hazardous material cause or contribute to an evacuation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Total number of general public evacuated <u>N/A</u> Total number of employees evacuated <u>N/A</u> Total Evacuated <u>N/A</u> Duration of the evacuation <u>N/A</u> (hours)				
36. Was a major transportation artery or facility closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how many? <u>N/A</u> (hours)				
37. Was the material involved in a crash or derailment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following information: Estimated speed (mph): <u>N/A</u> Weather conditions: <u>N/A</u> Vehicle overturn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle left roadway/track? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)				
38. Was the shipment on a passenger aircraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was it tendered as cargo, or as passenger baggage? <input type="checkbox"/> Cargo <input type="checkbox"/> Passenger baggage				
39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)? <input type="checkbox"/> Air carrier cargo facility <input type="checkbox"/> Sort center <input type="checkbox"/> Baggage area <input type="checkbox"/> By surface to/from airport <input type="checkbox"/> During flight <input type="checkbox"/> During loading/unloading of aircraft				
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply) <input type="checkbox"/> Shipment had not been transported <input type="checkbox"/> Transported by air (first flight) <input type="checkbox"/> Transport by air (subsequent flights) <input type="checkbox"/> Initial transport by highway to cargo facility <input type="checkbox"/> Transfer at sort center/cargo facility				
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE	
<p>Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.</p> <p>A Washington state UTU inspector reported commodity on the side shell of entrained tank car CBTX 735516 (entrained in a BNSF unit train U-EPPFTE0-25T) that was staged in the railyard. Contract responders inspecting CBTX 735516 reported the source of the commodity spillage was a loose liquid valve on its threaded connection. Responders tool tightened the liquid valve on its threaded connection and no further commodity leakage was observed afterwards. No ground impact from spillage was reported. Responders initiated cleaning of the spillage on CBTX 735516, but due to its close proximity to the BNSF Main track, cleaning was suspended for safety concerns. CBTX 735516 was set-out of its train at the BNSF Interbay/Balmer railyard to finalize the cleaning of the spillage on CBTX 735516, which was accomplished on 2/17/2015. Intact shipper seal numbered 6732631 at the valve housing cover was replaced by seal numbered 902729.</p>	
PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE	
<p>Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.</p> <p>Ensure shipper's pre-trip inspection process is fully implemented and validated as it relates to the total securement and mechanical fitness of all valves and fittings.</p>	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print): <u>Richard McMahon</u>	Telephone Number: (<u> </u>) (817) 740-7355
Contact's Title: <u>Manager Hazardous Materials Risk Management</u>	Fax Number: (<u> </u>) (817) 740-7250
Business Name and Address: <u>BNSF Railway Company</u> <u>4200 Deen Road, Fort Worth, TX 76106</u>	Hazmat Registration Number (if not already provided): <u>062712 002 010UW</u>
E-mail Address: <u>rich.mcmahon@bnsf.com</u>	Date: <u>03/06/2015</u>
Preparer is: <input checked="" type="checkbox"/> Carrier <input type="checkbox"/> Shipper <input type="checkbox"/> Facility <input type="checkbox"/> Other _____	
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HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SECO KADRMA5 STATE INCIDENT NUMBER 15-0610

1) DATE AND TIME OPENED 2, 20, 15, 1545 DATE AND TIME OF OCCURRENCE 2, 20, 15, 1539
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: Jose Granados R/P COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 352-2832
Area Code (206) (253) (360) (425) (509) (817)

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # _____ ATTACHED.

3) R/P ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4) BRIEF DESCRIPTION OF SITUATION: BNSF locomotive (unk #) leaked
oil to gravel between the tracks,
NRC enuro to clean up

5) INCIDENT LOCATION: Lakeside Substation MP 142.4 CITY/COUNTY: Pasco

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) oil

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: 3 (pounds cubic feet gallons

8) AGENCIES NOTIFIED/ON SCENE/RESPONDING:
 Fire Police Sheriff WSP WDOE USCG USEPA DOT OTHER _____

9) IS MATERIAL PETROLEUM AND MORE THAN 100 GALLONS? (diesel, hydraulic, gasoline, oil, etc) [YES] [NO] [UNK]

10) IS HUMAN HEALTH/SAFETY AFFECTED? [YES] [NO] [UNK]

11) IS GROUND OR SURFACE WATER AFFECTED? [YES] [NO] [UNK]

SARA TITLE III

1) THIS IS AN EMERGENCY RELEASE REPORT
 THIS IS A CONTINUOUS RELEASE REPORT

2) DATE(S) RELEASE BEGAN: _____ TIME (S) _____ DURATION: _____ (minutes/hours)
Date Began / Date Ended Time Began / Time Ended

3) SUBSTANCE: _____ AMOUNT RELEASED: _____

4) IS IT ON LIST (Section 302a)? (As determined by Reporting Party) [YES] [NO] MINIMUM QUANTITY FOR REPORTING: _____

5) ENVIRONMENT: (air, water, ground, etc) _____ AIR FLOW DIRECTION: FROM _____ TO _____

6) ARE THERE INDIVIDUALS EXPOSED TO THIS RELEASE ON OR OFF SITE: [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 OTHER ENVIRONMENTAL AREAS? _____

11) CONTINUOUS RELEASE PRODUCTS: _____