

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
JOINT BENCH REQUEST RESPONSES

DATE PREPARED: October 5, 2015
DOCKET: TR-150284
REQUESTER: Bench

WITNESS: Julian Beattie (Staff
Counsel) and Christopher
Emch/Steve DiJulio
(Attorneys for BNSF)
TELEPHONE: Julian Beattie (Staff
Counsel) and Christopher
Emch/Steve DiJulio
(Attorneys for BNSF)
TELEPHONE: Staff (360) 664-1225
BNSF (206) 447-8904

COVER PAGE

STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

2015 OCT -5 PM 2:51

RECEIVED
RECORDS MANAGEMENT

BENCH REQUEST NO. 1: For each of the incidents in the 14 causes of action alleged in the formal complaint and described in Staff's Investigation Report, please provide the following information:

- a. The identity and amount of hazardous material that was alleged to be spilled or leaked;
- b. The date and time BNSF Railway Company (BNSF) discovered the alleged spill or leak;
- c. The date and time BNSF reported the alleged spill or leak to the Washington State Emergency Operations Center (EOC) and documentation of that report; if BNSF did not report the alleged spill or leak, please explain why not;
- d. Whether the incident is included in the 239 possible violations of WAC 480-62-310 referenced in paragraph 6 of the Narrative Supporting Settlement Agreement, and if so, the number of possible violations attributable to the incident; if the incident is not included in the 239 possible violations, please explain why not.

JOINT RESPONSE:

Note regarding Bench Request 1(a): Sources for this information are the EOC Hazardous Materials Incident Worksheet, if available, and the USDOT Hazardous Materials Incident Report (5800 Form), included as the attachments for each incident listed below. In some cases, these forms show different amounts of material reported as released: The report to the EOC represents the company's initial assessment of what occurred and the 5800 Form, submitted within 30 days of the incident to the Washington Utilities and Transportation Commission (UTC) and the Federal Railroad Administration, is based on a full investigation of the incident.

Note regarding attachments: The parties submit the attached documents for settlement purposes only. The parties do not intend to waive any applicable evidentiary objections.

	Date/Location	a. Identity and Amount of Hazardous Material Alleged to be Spilled	b. Date/Time BNSF Discovered Alleged Spill/Leak	c. Date/Time BNSF Reported Alleged Spill/Leak to EOC	d. Included in 239 Possible Violations in Settlement Narrative?	d. Number of Possible Violations Attributable
1.	November 5, 2014 Blaine – BP Cherry Point facility	<ul style="list-style-type: none"> • 5800 Form: Petroleum Crude Oil - 1,611 gallons 	<ul style="list-style-type: none"> • 5800 Form: 11/5/14 - 11:10 a.m. 	Not reported (see note)	Yes	111
<p>Note: The parties could not reach agreement as to whether this incident was reportable under WAC 480-62-310. Accordingly, the parties stipulated that 111 alleged violations remained in dispute at the time of settlement.</p>						

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<p>2. November 17, 2014 Pasco – Pasco grain yard (UIC inspection)</p>	<ul style="list-style-type: none"> • 5800 Form: Fuel Oil - 1 gallon 	<ul style="list-style-type: none"> • 5800 Form: 11/18/14- 9:00 a.m.¹ 	<p>Not reported (see note)</p>	<p>Yes</p>	<p>99</p>
<p>Note: The parties could not reach agreement as to whether this incident was reportable under WAC 480-62-310. Accordingly, the parties stipulated that 99 alleged violations remained in dispute at the time of settlement.</p>					
<p>3. December 7, 2014 Wenatchee – BNSF Wenatchee/Apple yard</p>	<ul style="list-style-type: none"> • EOC Report: F037 (primarily oil, water, solid separate waste) – 1 pound • 5800 Form: Hazardous Waste – F037 Primary Sludge - 10 gallons 	<ul style="list-style-type: none"> • EOC Report: 12/7/14 - 9:16 a.m. • 5800 Form: 12/7/14 -9:00 a.m. 	<p>12/7/14 11:52 a.m.</p>	<p>Yes</p>	<p>1</p>
<p>Note: Staff's Investigation Report alleged that BNSF failed to report this incident at any time and that the company thereby incurred 79 violations of WAC 480-62-310. After the Investigation Report was published, the EOC provided Staff with updated information indicating that BNSF reported the incident to the EOC on the same day it occurred (albeit after the 30-minute deadline). The parties subsequently stipulated that one alleged violation remained in dispute at the time of settlement.</p>					
<p>4. December 8, 2014 Spokane Valley – BNSF Trentwood Station</p>	<ul style="list-style-type: none"> • EOC Report: Diesel – 50 gallons • 5800 Form: Gas Oil - 150 gallons 	<ul style="list-style-type: none"> • EOC Report: 12/8/14 – 10:15 a.m. • 5800 Form: 12/8/14 – 9:30 a.m. 	<p>12/8/14 12:04 p.m.</p>	<p>Yes</p>	<p>1</p>
<p>Note: Staff's Investigation Report alleged that BNSF failed to report this incident at any time and that the company thereby incurred 78 violations of WAC 480-62-310. After the Investigation Report was published, the EOC provided Staff with updated information indicating that BNSF reported the incident to the EOC on the same day it occurred (albeit after the 30-minute deadline). The parties subsequently stipulated that one alleged violation remained in dispute at the time of settlement.</p>					

¹ Rail Inspector Bob Johnston reported the leak to BNSF personnel at approximately 3:00 p.m. on November 17, 2014.

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<p>5. December 9, 2014 Seattle – Balmer Railyard/Interbay</p>	<ul style="list-style-type: none"> • 5800 Form: Hazardous Waste – F037 Primary Sludge - 30 gallons 	<ul style="list-style-type: none"> • 5800 Form: 12/9/14 - 8:55 a.m. 	12/9/14 5:06 p.m.	Yes	1
<p>Note: Staff's Investigation Report alleged that BNSF failed to report this incident at any time and that the company thereby incurred 77 violations of WAC 480-62-310. After the Investigation Report was published, BNSF provided Staff with updated information indicating that BNSF reported the incident to the EOC on the same day it occurred (albeit after the 30-minute deadline). A phone log submitted by BNSF indicating the date and time of a BNSF call to the EOC (shown in Central Standard Time) is attached to this response. The parties subsequently stipulated that one alleged violation remained in dispute at the time of settlement.</p>					
<p>6. December 9, 2014 Everett – BNSF Everett/Delta yard</p>	<ul style="list-style-type: none"> • 5800 Form: Hazardous Waste – F037 Primary Sludge - 30 gallons 	<ul style="list-style-type: none"> • 5800 Form: 12/9/14 - 9:00 a.m. 	12/9/14 5:06 p.m.	Yes	1
<p>Note: Staff's Investigation Report alleged that BNSF failed to report this incident at any time and that the company thereby incurred 77 violations of WAC 480-62-310. After the Investigation Report was published, BNSF provided Staff with updated information indicating that BNSF reported the incident to the EOC on the same day it occurred (albeit after the 30-minute deadline). A phone log submitted by BNSF indicating the date and time of a BNSF call to the EOC (shown in Central Standard Time) is attached to this response. The parties subsequently stipulated that one alleged violation remained in dispute at the time of settlement.</p>					
<p>7. December 9, 2014 Everett – BNSF Everett/Delta yard</p>	<ul style="list-style-type: none"> • 5800 Form: Hazardous Waste – F037 Primary Sludge - 10 gallons 	<ul style="list-style-type: none"> • 5800 Form: 12/9/14 - 10:05 a.m. 	12/9/14 5:06 p.m.	Yes	1
<p>Note: Staff's Investigation Report alleged that BNSF failed to report this incident at any time and that the company thereby incurred 77 violations of WAC 480-62-310. After the Investigation Report was published, BNSF provided Staff with updated information indicating that BNSF reported the incident to the EOC on the same day it occurred (albeit after the 30-minute deadline). A phone log submitted by BNSF indicating the date and time of a BNSF call to the EOC (shown in Central Standard Time) is attached to this response. The parties subsequently stipulated that one alleged violation remained in dispute at the time of settlement.</p>					

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<p>8. December 9, 2014 Vancouver – BNSF Vancouver yard</p>	<ul style="list-style-type: none"> • 5800 Form: Hazardous Waste – F037 Primary Sludge - 10 gallons 	<ul style="list-style-type: none"> • 5800 Form: 12/9/14 – 2:00 p.m. 	12/9/14 5:06 p.m.	Yes	1
<p>Note: Staff's Investigation Report alleged that BNSF failed to report this incident at any time and that the company thereby incurred 77 violations of WAC 480-62-310. After the Investigation Report was published, BNSF provided Staff with updated information indicating that BNSF reported the incident to the EOC on the same day it occurred (albeit after the 30-minute deadline). A phone log submitted by BNSF indicating the date and time of a BNSF call to the EOC (shown in Central Standard Time) is attached to this response. The parties subsequently stipulated that one alleged violation remained in dispute at the time of settlement.</p>					
<p>9. December 10, 2014 Everett – BNSF Everett/Delta yard</p>	<ul style="list-style-type: none"> • EOC Report: Hazmat Waste – Unknown quantity • 5800 Form: Hazardous Waste – Primary Sludge - 15 gallons 	<ul style="list-style-type: none"> • EOC Report: 12/10/14 – 10:30 a.m. • 5800 Form: 12/10/14 - 10:25 a.m. 	12/10/14 12:43 p.m.	Yes	1
<p>Note: The parties stipulated that one alleged violation remained in dispute at the time of settlement.</p>					
<p>10. December 13, 2014 Quincy – Columbia Subdivision</p>	<ul style="list-style-type: none"> • EOC Report: Lube Oil – 100 gallons 	<ul style="list-style-type: none"> • EOC Report: 12/13/14 - 10:10 a.m. 	12/13/14 10:54 a.m.	No	N/A
<p>Note: The parties stipulated for purposes of settlement that this incident was not a “reportable incident.” The Commission has adopted by reference Title 49 CFR Part 171.15 – Immediate notice of certain hazardous materials incidents. Part 171.15(7)(b) defines a “reportable incident” as occurring “during the course of transportation in commerce.” In this case, the lube oil leaked from the locomotive and was not being transported in commerce. A 5800 Form was not required.</p>					
<p>11. January 12, 2015 Vancouver – BNSF Vancouver yard</p>	<ul style="list-style-type: none"> • EOC Report: Crude Oil – 35 gallons • 5800 Form: Petroleum Crude Oil - 14 gallons 	<ul style="list-style-type: none"> • EOC Report: 1/12-13/15 – time not specified • 5800 Form: 1/12/15 - 1:00 p.m. 	1/23/15 9:37 a.m.	Yes	11
<p>Note: The parties stipulated that 11 alleged violations remained in dispute at the time of settlement.</p>					

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12. January 13, 2015 Auburn – BNSF Auburn yard	<ul style="list-style-type: none"> • EOC Report: Crude Oil – 6 gallons • 5800 Form: Petroleum Crude Oil - 10 gallons 	<ul style="list-style-type: none"> • EOC Report: 1/12-13/15 – time not specified • 5800 Form: 1/13/15 - 3:00 p.m. 	1/23/15 9:37 a.m.	Yes	10
Note: The parties stipulated that ten alleged violations remained in dispute at the time of settlement.					
13. January 25, 2015 Seattle – BNSF Interbay yard	<ul style="list-style-type: none"> • EOC Report: Lube Oil – 100 gallons 	<ul style="list-style-type: none"> • EOC Report: 1/25/15 - 10:24 a.m. 	1/25/15 11:13 am	No	N/A
Note: The parties stipulated for purposes of settlement that this incident was not a “reportable incident.” The Commission has adopted by reference Title 49 CFR Part 171.15 – Immediate notice of certain hazardous materials incidents. Part 171.15(7)(b) defines a “reportable incident” as occurring “during the course of transportation in commerce.” In this case, the lube oil leaked from the locomotive and was not being transported in commerce. A 5800 Form was not required.					
14. February 12, 2015 Seattle – South Seattle storage facility (UTC Inspection)	<ul style="list-style-type: none"> • EOC Report: Crude Oil – Unknown quantity • 5800 Form: Petroleum Crude Oil - 2 gallons 	<ul style="list-style-type: none"> • EOC Report: 2/12/15 - 2:00 p.m.² • 5800 Form: 2/12/15 – 2:00 p.m. 	2/12/15 4:33 p.m.	Yes	1
Note: The parties stipulated that one alleged violation remained in dispute at the time of settlement.					

² Rail Inspector Bob Johnston reported the leak to BNSF staff at 1:59 p.m., 2:14 p.m., and 2:24 p.m.

BENCH REQUEST NO. 2: Paragraph 6 of the Settlement Agreement provides, “At a mutually convenient time and date to be established by separate agreement of the parties, Staff will meet with Company representatives to discuss, among other potential topics, best practices for compliance with WAC 480-62-310.” Please provide the following information with respect to this provision:


- a. Do the parties contemplate a separate written agreement that will be filed in this docket establishing the terms and conditions for this meeting? If so, when do the parties anticipate making that filing? If not, how and when will the parties establish those terms and conditions?
- b. Will the meeting result in a binding agreement establishing how BNSF will comply with WAC 480-62-310? If not, what is the intended purpose of the meeting?
- c. What other potential topics do the parties intend to discuss at the meeting?

JOINT RESPONSE:


- a. No, the parties do not contemplate a separate written agreement establishing the terms and conditions for this meeting. Instead, the parties will schedule the meeting informally, by phone and/or email.
- b. No, the meeting will not result in a binding agreement establishing how BNSF will comply with WAC 480-62-310. The meeting will instead give Staff an opportunity to provide BNSF with informal technical assistance regarding compliance with WAC 480-62-310. Note that under paragraph five of the Agreement, the Commission may impose a suspended penalty if the company “fails to comply with WAC 480-62-310 at any point within one year following the effective date of [the] Agreement.” Given this provision, the parties may discuss whether certain factual scenarios will or will not trigger the company’s duty to report. A secondary purpose of the meeting is to allow the parties to discuss strategies for more effective communication on a going-forward basis.
- c. Please see our answer to 2b.

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ATTACHMENT 1

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.		
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .		
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>11/05/2014</u> 4. Time of Incident (use 24-hour time): <u>11:10</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>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>		
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>BP Products North America by Musket Corp.</u> Street <u>209 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>		
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>		
13. Destination Street <u>4519 Grandview Road</u> City <u>Blaine</u> State <u>WA</u> ZIP Code <u>98230</u>		
14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u>		
15. Technical/Trade Name: <u>N/A</u>		
16. Hazardous Class/Division: <u>3</u> 17. Identification Number: <u>UN1267</u> 18. Packing Group: <u>1</u> 19. Quantity Released: <u>1611</u> Liquid - Gallon (E.g. UN2764, NA 2020) (if applicable) (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		
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted

ATTACHMENT 2

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration		Hazardous Materials Incident Report		Form Approval OMB No. 2137-0039
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.				
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .				
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>11/18/2014</u>		4. Time of Incident (use 24-hour time): <u>09:00</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>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>				
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 0C2 010UW</u>		
11. Shipper/Officer		Name: <u>BNSF Railway Company</u> Street: <u>Balmer Railway/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>		
12. Origin (if different from shipper address)		Street: <u>Same as shipper</u> City: _____ State: _____ ZIP Code: _____		
13. Destination		Street: <u>1800 Laverne Avenue</u> City: <u>Klamath Falls</u> State: <u>OR</u> ZIP Code: <u>97601</u>		
14. Proper Shipping Name of Hazardous Material: <u>FUEL OIL</u>				
15. Technical/Trade Name: <u>N/A</u>				
16. Hazardous Class/Division: <u>CL</u>		17. Identification Number: <u>NA1993</u> (E.g. UN2764, NA 2020)		18. Packing Group: <u>III</u> (if applicable)
				19. Quantity Released: <u>1</u> Liquid - Gallon (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		
Form DOT F 5800.1 (01-2004)		Page 1		Reproduction of this form is permitted

ATTACHMENT 3

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEQ DICKEY

STATE INCIDENT NUMBER 14-477

1) DATE AND TIME OPENED 12.7.14.115Z DATE AND TIME OF OCCURRENCE 12.7.14.0916
mo. day yr. time mo. day yr. time

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

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # 1102862 ATTACHED.

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

4) BRIEF DESCRIPTION OF SITUATION: A WHITE POWDER WAS DISCOVERED SPILLED FROM A RAIL CAR. NRC ENVIRONMENTAL ENROUTE FOR CLEANUP.
LOCAL CONTACT: CAREY ENGEL-509-664-2229
JUSTIN PIMMER-360-553-8672

5) INCIDENT LOCATION: M.P. 164 B CITY/COUNTY: WENATCHEE/CO

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) F037 (PRIMARY OIL, WATER, SOLID SEPERATE)

7) HOW WAS MATERIAL CONTAINED/PACKED: RAIL CAR TOTAL QUANTITY: UNK QUANTITY RELEASED: 1 pounds [] cubic feet WAS:
[] gallons []

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

- 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
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 95 minutes to complete.		
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .		
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>12/07/2014</u>	4. Time of Incident (use 24-hour time): <u>09:00</u>
5. Enter National Response Center Report Number (if applicable):	<u>1102862</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>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 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>2B1683</u>	Hazmat Registration Number: <u>062712002 010UW</u>
11. Shipper/Officer 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 583103</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> (E.g. UN2764, NA 2020)	18. Packing Group: <u>III</u> (if applicable)
		19. Quantity ¹⁰ <u>10</u> Liquid - Gallon Release: (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>011589937</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	
Form DOT F 5800.1 (01-2004) Page 1 Reproduction of this form is permitted		

ATTACHMENT 4

OPENING SEEO DICKEY STATE INCIDENT NUMBER 14-4793

1) DATE AND TIME OPENED 12.8.14.1204 DATE AND TIME OF OCCURRENCE 12.8.14.1015
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: DOUG ANDERSON COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 832-5452
POC 360-553-8672 & 360-418-6288 (JUSTIN ALBERT)
 CHECK IF THIS IS AN RRC REPORT ONLY. NRC REPORT # L OFFICE ATTACHED.

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

4) BRIEF DESCRIPTION OF SITUATION: DIESEL RELEASED FROM A RAIL CAR TO GROUND. SANDRY CONSTRUCTION HANDLING CLEANUP.

5) INCIDENT LOCATION: RAILYARD ON SULLIVAN CITY/COUNTY: SPRINGFIELD SPK ONE

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

7) HOW WAS MATERIAL CONTAINED/PACKED: RAIL CAR TOTAL QUANTITY: UNK QUANTITY RELEASED: 50 [] pounds [] cubic feet [] gallons []

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

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
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.		
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .		
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>281663</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>96230</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>83858</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 2820)		
18. Packing Group: <u>III</u> (if applicable)		
19. Quantity Released: <u>150</u> Liquid - Gallon (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		
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted

ATTACHMENT 5

418.txt
 BURLINGTON NORTHERN SANTA FE
 Call Detail Report

File: Report Period

Page: 1

TN	Station	Date	Time	Number Dialed	Duration	Cost	Rte Req	Rte Sel	Trk	Compare Cost	Div/Dept	Account Number
41	6268	1209	13:32	206-272-3665	0:00:12	0.01	555921	555	014	0.01		0
41	6268	1209	13:32	206-399-3668	0:03:00	0.01	555921	555	019	0.01		0
41	6268	1209	13:33	360-407-6376	0:09:00	0.01	555925	555	017	0.01		0
41	6268	1209	13:06	800-238-5390	0:04:48	0.01	555921	555	043	0.01		0
41	6268	1209	18:45	800-424-8802	0:20:48	0.01	555921	555	039	0.01		0
				Count:	5	Duration:	0:37:48	Cost:	0.05	Cmp cost:	0.05	

* End of Report: BURLINGTON NORTHERN SANTA FE *

Staff stipulated, for settlement purposes, that this document verifies BNSF contacted the EOC for this incident.

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEEO Thompson STATE INCIDENT NUMBER 141-41815

1) DATE AND TIME OPENED 12, 09, 14, 1712 DATE AND TIME OF OCCURRENCE _____
mo. day yr time mo. day yr time

2) REPORTING PARTY NAME: _____ R/P COMPANY/ AGENCY NAME: _____ R/P CALLBACK PHONE NUMBER: _____
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # 1103043 ATTACHED.

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

4) BRIEF DESCRIPTION OF SITUATION: Hazardous sludge release from a rail car.

5) INCIDENT LOCATION: 3600 Gillman Ave CITY/COUNTY: Seattle

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) Hazardous Sludge

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: 5 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: _____
Date Began / Date Ended Time Began / Time Ended (minutes/hours)

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
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.		
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .		
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>08:55</u>		
5. Enter National Response Center Report Number (if applicable): <u>1103043</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>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 120B)</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/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 753235</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>30</u> Liquid - Gallon (E.g. UN2764, NA 2020) (if applicable) (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>011599938</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		
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted

ATTACHMENT 6

Page: 1

418.txt
 BURLINGTON NORTHERN SANTA FE
 Call Detail Report

smd501 15/07/27 11:03:47 File: Report Period

TN	Station	Date	Time	Number Dialed	Duration	Cost	Rte	Rte	Trk	Compare	Div/Dept	Account	Number
							Req	Sel		Cost			
41	6268	1209	13:32	206-272-3665	0:00:12	0.01	555921	555	014	0.01			0
41	6268	1209	13:32	206-399-3668	0:03:00	0.01	555921	555	019	0.01			0
41	6268	1209	13:33	360-407-6376	0:09:00	0.01	555925	555	017	0.01			0
41	6268	1209	13:06	800-238-5990	0:04:48	0.01	555921	555	043	0.01			0
41	6268	1209	18:45	800-424-8802	0:20:48	0.01	555921	555	039	0.01			0
				Count: 5	Duration: 0:37:48	Cost: 0.05			0.05	Cmp Cost: 0.05			

* End of Report: BURLINGTON NORTHERN SANTA FE *

Staff stipulated, for settlement purposes, that this document verifies BNSF contacted the EOC for this incident.

Joint Bench Request Responses
Docket TR-150284

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SECO Thompson STATE INCIDENT NUMBER 14-4813

1) DATE AND TIME OPENED 12.09.14.1701 DATE AND TIME OF OCCURRENCE 1.1.10800
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: _____ R/P COMPANY/ AGENCY NAME: _____ R/P CALLBACK PHONE NUMBER: _____
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # 1103042 ATTACHED.

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

4) BRIEF DESCRIPTION OF SITUATION: Hazardous Waste Sludge released to rail Ballast.

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

6) WHAT IS THE MATERIAL (USE EXACT SPELLING) Hazardous Sludge

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: 5 [] 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: _____

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
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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>2800 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>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		
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted

Joint Bench Request Responses
 Docket TR-150284

ATTACHMENT 7

Page: 1

418.txt
 BURLINGTON NORTHERN SANTA FE
 Call Detail Report

smd501 15/07/27 11:03:47 File: Report Period

TN	Station	Date	Time	Number Dialed	Duration	Cost	Rte Req	Rte Sel	Trk	Compare Cost	Div/Dept	Account Number
41	6268	1209	13:32	1	0:00:12	0.01	555921	555	014	0.01		0
41	6268	1209	13:32	1	0:03:00	0.01	555921	555	019	0.01		0
41	6268	1209	19:33	1	0:09:00	0.01	555921	555	017	0.01		0
41	6268	1209	19:06	1	0:04:48	0.01	555921	555	043	0.01		0
41	6268	1209	18:45	1	0:20:48	0.01	555921	555	039	0.01		0
				Count:	5	Duration:	0:37:48	Cost:	0.05	Cmp Cost:	0.05	

* End of Report: BURLINGTON NORTHERN SANTA FE *

Staff stipulated, for settlement purposes, that this document verifies BNSF contacted the EOC for this incident.

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEQO Thompson STATE INCIDENT NUMBER 14-4813

1) DATE AND TIME OPENED 12.09.14.1701 DATE AND TIME OF OCCURRENCE 1.1.10800
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: _____ R/P COMPANY/ AGENCY NAME: _____ R/P CALLBACK PHONE NUMBER: _____
Area Code (206) (253) (360) (425) (509) ()

CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # 1103042 ATTACHED.

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

4) BRIEF DESCRIPTION OF SITUATION: Hazardous Waste Sludge released to rail Ballast.

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

6) WHAT IS THE MATERIAL (USE EXACT SPELLING): Hazardous Sludge

7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: 5 [] 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	Hazardous Materials Incident Report	Form Approval: OMB No. 2137-0039
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.			
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .			
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>10:05</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>73131-2830</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 793955</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> (E.g. UN2784, NA 2020)	18. Packing Group: <u>III</u> (if applicable)	19. Quantity <u>10</u> Released: <u>Liquid - Cation</u> (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>011599956</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	
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted	

ATTACHMENT 8

418.txt
 BURLINGTON NORTHERN SANTA FE
 Call Detail Report

File: Report Period

Page: 1

TN	Station	Date	Time	Number Dialed	Duration	Cost	Rte Req	Rte Sel	Trk	Compare Cost	Div/Dept	Account Number
41	6268	1209	13:32	206-272-3665	0:00:12	0.01	555921	555	014	0.01		0
41	6268	1209	13:32	206-399-3668	0:03:00	0.01	555921	555	019	0.01		0
41	6268	1209	19:33	360-407-6376	0:09:00	0.01	555921	555	017	0.01		0
41	6268	1209	19:06	800-238-3990	0:04:48	0.01	555921	555	043	0.01		0
41	6268	1209	18:45	800-424-8802	0:20:48	0.01	555921	555	039	0.01		0
				Count:	5	Duration:	0:37:48	Cost:	0.05	Cmp Cost:	0.05	

* End of Report: BURLINGTON NORTHERN SANTA FE *

Staff stipulated, for settlement purposes, that this document verifies BNSF contacted the EOC for this incident.


HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEOD ED LAMAR STATE INCIDENT NUMBER 14-4814

- 1) DATE AND TIME OPENED 12.09.14.1716 DATE AND TIME OF OCCURRENCE 12.09.14.1045
mo. day yr. time mo. day yr. time
- 2) REPORTING PARTY NAME: NRC R/P COMPANY/ AGENCY NAME: _____ R/P CALLBACK PHONE NUMBER: _____
Area Code (206) (253) (360) (425) (509) ()
- CHECK IF THIS IS AN NRC REPORT ONLY. NRC REPORT # 1103044 ATTACHED.
- 3) R/P ADDRESS: 1515 W 39th ST CITY VANCOUVER STATE WA ZIP: _____
- 4) BRIEF DESCRIPTION OF SITUATION: 5 GALLONS HAZARDOUS WASTE
SOLID ON TIRMS
- 5) INCIDENT LOCATION: sect # 3 ABOVE CITY/COUNTY: VANCOUVER/CLARK
- 6) WHAT IS THE MATERIAL (USE EXACT SPELLING) HAZARDOUS SOLID WASTE
- 7) HOW WAS MATERIAL CONTAINED/PACKED: _____ TOTAL QUANTITY: _____ QUANTITY RELEASED: 5 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: _____

	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>12/09/2014</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>1103044</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>Vancouver</u> County: <u>Clark</u> State: <u>WA</u> ZIP Code (if known) <u>98660</u></p> <p>Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile <u>1310 West 11th 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></p> <p>Street <u>2600 Lou Menk Drive</u></p> <p>City <u>Fort Worth</u> State <u>TX</u> ZIP Code <u>76131-2830</u></p> <p>Federal DOT ID Number <u>281683</u> Hazmat Registration Number <u>062712 0C2 010UW</u></p>		
<p>11. Shipper/Officer Name <u>Waste Solutions Group/Chevron Richmond Refinery</u></p> <p>Street <u>100 Cargo Way</u></p> <p>City <u>San Francisco</u> State <u>CA</u> ZIP Code <u>94124</u></p> <p>Waybill/Shipping Paper <u>BNSF 888635</u> Hazmat Registration Number <u>Unavailable</u></p>		
<p>12. Origin (if different from shipper address) Street <u>841 Chevron Way</u></p> <p>City <u>Richmond</u> State <u>CA</u> ZIP Code <u>94902</u></p>		
<p>13. Destination Street <u>44555 S. Sumas Road</u></p> <p>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> <u>Liquid - Gallon</u></p> <p>(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>C11599858</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>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

ATTACHMENT 9

OPENING SHOP KADAMUS 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 Rpo 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 # WSGK94103 spilled
white amt of Hazmat waste, NRC environ
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] NO

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

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

SARA TITLE III

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

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

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 K:\DUTY OFFICER\duyoff\on\DUTY OFFICER PROCEDURES\SECO Procedures - 2014e-24, all-03 Hazmat Worksheet.docx C-24, A-3 Page 1-

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filing out of this information is mandatory and will take 96 minutes to complete.		
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .		
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>12/10/2014</u> 4. Time of Incident (use 24-hour time): <u>10:25</u>		
5. Enter National Response Center Report Number (if applicable): <u>1103113</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 Mank 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>052712 002 010UW</u>		
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 795523</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>5</u> <u>Liquid - Gallon</u> <small>(E.g. UN2764, NA 2020)</small> <small>(if applicable)</small> <small>(Include Measurement Units)</small>		
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>		
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		
Form DOT F 5900.1 (01-2004)	Page 1	Reproduction of this form is permitted

ATTACHMENT 10

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEQ# 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 / GRANT
CITY/COUNTY:

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: _____
Date Began / Date Ended Time Began / Time Ended (minutes/hours)

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 08/2014 X:\DUTY OFFICER\dutyo\officer\OFFICER PROCEDURES\SEOD Procedures - 2014C-24, et-01, Hazmat Incident Worksheet.docx Page -1- C-24, A-3

ATTACHMENT 11

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEEO DICKEY STATE INCIDENT NUMBER 15-0271

1) DATE AND TIME OPENED 1/23/15, 0937 DATE AND TIME OF OCCURRENCE 1/23/15
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: PAT BRADY R/P COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 817-740-73
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: SEVERAL TANK CARS LEAKED CRUDE OIL DUE TO LOOSE VALVE/PLUGS. MATERIAL CONTAINED TO TANK CARS ONLY. 7 TANK CARS IN VANCOUVER @ 5 GALS EACH 6 TANK CARS IN AUBURN @ 1 GAL EACH 12 JAN - VANCOUVER: 1515 W. 39th ST

5) INCIDENT LOCATION: 13 JAN - AUBURN: 1315 A ST SE. CITY/COUNTY: CLARK & KING COUNTIES

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

7) HOW WAS MATERIAL CONTAINED/PACKED: RAIL TANK CARS TOTAL QUANTITY: — QUANTITY RELEASED: 41 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: _____

	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.		
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .		
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>01/12/2015</u> 4. Time of Incident (use 24-hour time): <u>13:00</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>FRA-150116R9V (1 OF 3)</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>1515 W. 39th 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>281583</u> Hazmat Registration Number: <u>062712 002 010UW</u>		
11. Shipper/Offeror Name: <u>Tesoro Refining & Marketing Company by Hess Corp./Witco</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>		
12. Origin (if different from shipper address) Street: <u>Same as shipper</u> City: _____ State: _____ ZIP Code: _____		
13. Destination Street: <u>West Marches Point Road</u> City: <u>Anacortes</u> State: <u>WA</u> ZIP Code: <u>98221</u>		
14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u>		
15. Technical/Trade Name: <u>N/A</u>		
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)		
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		
Form DOT F 5800.1 (01-2004)	Page 1	Reproduction of this form is permitted

ATTACHMENT 12

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEEO DICKEY STATE INCIDENT NUMBER 15-0271

1) DATE AND TIME OPENED 1/23/15, 0937 DATE AND TIME OF OCCURRENCE 1/23/15
mo. day yr. time mo. day yr. time

2) REPORTING PARTY NAME: PAT BRADY R/P COMPANY/ AGENCY NAME: BNSF R/P CALLBACK PHONE NUMBER: 817-740-73
Arca 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: SEVERAL TANK CARS LEAKED CRUDE OIL DUE TO LOOSE VALVE/PLUGS. MATERIAL CONTAINED TO TANK CARS ONLY. 7 TANK CARS IN VANCOUVER @ 5 GALS EACH 6 TANK CARS IN AUBURN @ 1 GAL EACH 12 JAN - VANCOUVER: 1515 W. 39th ST

5) INCIDENT LOCATION: 13 JAN - AUBURN: 1315 A ST SE. CITY/COUNTY: CLARK & KING COUNTIES

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

7) HOW WAS MATERIAL CONTAINED/PACKED: RAIL TANK CARS TOTAL QUANTITY: — QUANTITY RELEASED: 41 [] pounds [] cubic feet [x] 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	Hazardous Materials Incident Report	Form Approval OMB No. 2137-0039
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.			
INSTRUCTIONS: Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov . If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov .			
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>01/13/2015</u>		4. Time of Incident (use 24-hour time): <u>15:00</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>FRA-150116R8V (2 OF 3)</u>			
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>			
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>Tesoro Refining & Marketing Company by Hess Corp./Walco</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>			
12. Origin (if different from shipper address) Street: <u>Same as shipper</u> City: _____ State: _____ ZIP Code: _____			
13. Destination Street: <u>West Marches Point Road</u> City: <u>Anacortes</u> State: <u>WA</u> ZIP Code: <u>98221</u>			
14. Proper Shipping Name of Hazardous Material: <u>PETROLEUM CRUDE OIL</u>			
15. Technical/Trade Name: <u>N/A</u>			
16. Hazardous Class/ Division: <u>3</u>		17. Identification Number: <u>UN1267</u> <small>(E.g. UN2784, NA 2020)</small>	
		18. Packing Group: <u>I</u> <small>(if applicable)</small>	
		19. Quantity Released: <u>10</u> <small>Liquid - Gallon (Include Measurement Units)</small>	
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			
Form DOT F 5800.1 (01-2004)		Page 1	
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ATTACHMENT 13

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEBO ACC 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

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 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 082914 X:\DUTY OFFICER\duy officer\DUTY OFFICER PROCEDURES\SEDO Procedures - 20140-24, 08-03, Hazmat Incident Worksheet.doc Page -1- C-24, A-3

ATTACHMENT 14

HAZARDOUS MATERIALS INCIDENT WORKSHEET

OPENING SEOO ED LAMAR 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 Dorey Anderson R/P COMPANY/ AGENCY NAME BNSF RAIL. 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: 12400 51ST AVE 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 QUINTIN PIPER (817) 352-2832

5) INCIDENT LOCATION: SEATTLE - 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 302n)? (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: _____

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<h3>Hazardous Materials Incident Report</h3>	<p>Form Approval OMB No. 2137-0039</p>
<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>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> Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: <u>MP 5X, BNSF South Seattle 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 302 010UW</u></p>		
<p>11. Shipper/Officer Name: <u>Tesoro Refining & Marketing Co. by Crestwood Midstream Partners/Strobel Starostka Transfer</u> Street: <u>12324 60th Street NW</u> City: <u>Epping</u> State: <u>ND</u> ZIP Code: <u>58843</u> 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> City: _____ State: _____ ZIP Code: _____</p>		
<p>13. Destination Street: <u>10200 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>2</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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