## APPENDIX D

## Hazardous Materials Incident Report: DOT Form F 5800.1 (01-2004)

Includes Guide for Preparing Hazardous Materials Incidents Reports

## SEE ATTACHED

DOT Form F 5800.1 can now be reported on-line to the DOT. The form can then be printed out and faxed, mailed, or emailed to your local FAA hazmat Field Office meeting the requirements of air incidents in 49 CFR 171.16.

For assistance in completing the Incident Report Form 5800.1 or any questions regarding the incident reporting requirements, please call the Hazardous Materials Information Center at 800-467-4922. You may also send your question in by email at <a href="http://www.phmsa.dot.gov/phmsa-ext/feedback/hazmatInformationCenterFeedbackForm.jsp">http://www.phmsa.dot.gov/phmsa-ext/feedback/hazmatInformationCenterFeedbackForm.jsp</a>

http://www.phmsa.dot.gov/hazmat/incident-report





## Hazardous Materials Incident Report

Form Approval OMB No. 2137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

**INSTRUCTIONS:** Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a seperate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE								
1. This is to report:		A) A hazardous material incident   B) An undeclared shipment with no release						
		C) A specification cargo tank 1,000 gallons or greater containing any hazardous materials that (1) received structural damage to the lading retention system or damage that requires repair to a system intended to protect the lading retention system and (2) did not have a release.						
2. Indicate whether this is:		An initial report		A supplemental (f	follov	w-up) report		Additional Pages
PART II - GENERAL INCIDE	NT IN	IFORMATION						
3. Date of Incident: 4. Time of Incident (use 24-hour time):								
5. Enter National Response Center Report Number (if applicable):								
6. If you submitted a report to another	er Fede	ral DOT agency, enter	the a	gency and repor	t nu	mber:		
7. Location of Incident: City:		County: _		State:		ZIP (	Code (if know	wn):
Street Address/Mile Marker/Yardna	ame/Ai	rport/Body of Water/R	iver l	/lile				
8. Mode of Transportation		Air		Highway [		Rail		Water
9. Transportation Phase		In Transit		Loading [		Unloading		In Transit Storage
10. Carrier/Reporter Name								
Street								
Federal DOT	ID Nun	nber		Hazmat l	Regi	stration Nun	nber	
		aper					nber	
lif different from								
shipper address) City					_ St	tate	_ ZIP Code	
City					_ St	tate	_ ZIP Code	
14. Proper Shipping Name of Hazardo	us Mat	erial:						
15. Technical/Trade Name:								
16. Hazardous Class/				18. Packing			19. Quantit	
Division:	Numb (E.g. U	er: N2764, NA 2020)		Group: (if applicable)			Release (Include	Measurement Units)
20. Was the material shipped as a haz	ardous	waste?  Yes		No If yes, prov	ide t	he EPA Man	ifest Numbe	r:
21. Is this a Toxic by Inhalation (TIH) material?								
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?								
If yes, provide the Exemption, Approval, or CA number:								
23. Was this an undeclared hazardous						_	Yes 🔲	No

PART III - PACKAGING IN	FORMATION			
24. Check Packaging Type (check o	only one - if more than	one, list type of pac	kaging, copy Part III, and co	omplete for each type:
☐ Non-bulk	☐ IBC	☐ Cargo tank	Motor Vehicle (CTMV)	☐ Tank Car
☐ Cylinder	☐ RAM	☐ Portable Ta	ınk	☐ Other
25. See instructions and enter the that corresponds to the particulenter the most important failures.	lar packaging type che	cked above. Enter th	e number of codes as app	ropriate to describe the incident.
1. What Failed:	How F	ailed:	Causes of F	ailure:
2. What Failed:	How F	ailed:	Causes of F	ailure:
<b>26a.</b> Provide the packaging identifi	cation markings, if ava	ailable.		
Identification Markings:				
(Examples: 1A1/Y1.4/150/92/USA/F	RB/93/RL, UN31H1/Y0493/	USA/M9339/10800/1200	, DOT - 105A - 100W (RAIL), DO	OT 406 (HIGHWAY), DOT 51, DOT 3-A)
<b>26b.</b> For Non-bulk, IBC, or non-spe complete the following:	cification packaging, if	f identification marki	ngs are incomplete or una	vailable, see instructions and
Single Package or Outer Pack	aging:		Single Package or Inner	Packaging (if any):
Packaging Type:			Packaging Type:	
Material of Construction:			Material of Construction:	
Head Type (Drums only):	☐ Removable	☐ Non - Rem	ovable	
27. Describe the package capacity	and the quantity:			
Single Package or Outer Pack	aging:		Single Package or Inner	Packaging (if any):
Package Capacity:			Package Capacity:	
Amount in Package:				
Number in Shipment:				
Number Failed:				
28. Provide packaging construction	n and test information,	as appropriate:		
Manufacturer:			Manufacture Date:	
Serial Number:			Last Test Date:	
Material of Construction:		(if Tank Ca	r, CTMV, Portable Tank, or Cyl	inder)
Design Pressure:		(if Tank Ca	r, CTMV, Portable Tank)	
Shell Thickness:		(if Tank Ca	r, CTMV, Portable Tank)	
Head Thickness:		(if Tank Ca	r, CTMV)	
Service Pressure:		(if Cylinde	r)	
If valve or device failed:				
Туре:	Manufacturer			:
29. If the packaging is for Radioact	ive Materials, complet	(if present and legible e the following:	<del>)</del>	(if present and legible)
Packaging Category:	☐ Type A	☐ Type B	☐ Type C ☐ Exce	pted Industrial
Packaging Certification:	☐ Self Certified	U.S. Certifi	cation Certification I	Number
Nuclide(s) Present:		Trans	port Index:	
Activity:		Critic	al Safety Index:	
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PART IV - CONSEQUENCES						
30. Result of Incident (check all that apply):	Spillage	■ Explosion	■ Mater	ial Entered Waterway/Storm Sewer		
	/apor (Gas) Dispersion	☐ Environment	al Damage	☐ No Release		
31. Emergency Response : The following entities	s responded to the inci	dent: (Check all	that apply)			
☐ Fire/EMS Report #	☐ Police Report #		_	nouse cleanup 🔲 Other Cleanup		
32. Damages: Was the total damage cos	et more than \$500?	☐ Yes	□ No			
If yes, enter the following information:	o, go to question 33.					
Material Loss: Carrier Damage:	Property Dama	ge: Respo	nse Cost:	Remediation/Cleanup Cost:		
\$\$	\$	\$		\$		
(See damage definitions in the instructions)	to to a human fatality?	☐ Yes	П Мо			
33a. Did the hazardous material cause or contribu	·		□ NO			
If yes, enter the number of fatalities resulting				Carranal Bublic		
Fatalities: Employ	/ees	Responders		General Public		
33b. Were there human fatalities that did not resu	It from the hazardous m	naterial?	□ No	If yes, how many?		
34. Did the hazardous material cause or contribute	e to personal injury?	☐ Yes	□ No			
If yes, enter the number of injuries resulting fr	om the hazardous mate	erial:				
Hospitalized (Admitted Only): Employ	/ees	Responders		General Public		
Non-Hospitalized: Employ (e.g.: On site first aid or Emergency Room observation)		Responders		General Public		
35. Did the hazardous material cause or contribute	e to an evacuation?	☐ Yes	□ No			
If yes, provide the following information:						
Total number of general public evacuated	Total number	of employees eva	cuated	Total Evacuated		
Duration of the evacuation(hour	s)					
36. Was a major transportation artery or facility closed?			□ No	If yes, how many? (hours)		
37. Was the material involved in a crash or derailment?		☐ Yes	□ No			
If yes, provide the following information:	Estimated speed (mph	): Wea	ther conditi	ons:		
	Vehicle overturn?	☐ Yes	□ No			
	Vehicle left roadway/tr	ack?	□ No			
PART V - AIR INCIDENT INFORMATION (please refer to § 175.31 to report a discrepancy for air shipments)						
38. Was the shipment on a passenger aircraft?		☐ Yes	□ No			
If yes, was it tendered as cargo, or as passeng	er baggage?					
☐ Cargo	☐ Passenger bagga	ge				
39. Where did the incident occur (if unknown, che	ck the appropriate box f	for the location wh	ere the inci	dent was discovered)?		
☐ Air carrier cargo facility	☐ Sort center		☐ Bagga	ge area		
☐ By surface to/from airport ☐ During flight			☐ During loading/unloading of aircraft			
40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)						
☐ Shipment had not been transported ☐ Transported by air (first flight) ☐ Transport by air (subsequent flights)						
☐ Initial transport by highway to cargo facilit				, and the second second second		
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PART VI - DESCRIPTION OF EVENTS & PACKAGE F	AILURE
Describe the sequence of events that led to the incident and the actio including the size and location of holes, cracks, etc. Photographs and the duration of the release, if possible. Describe what was done to mi necessary.	diagrams should be submitted if needed for clarification. Estimate
PART VII - RECOMMENDATIONS/ACTIONS TAKEN	TO PREVENT RECURRENCE
Where you are able to do so, suggest or describe changes (such as ac procedures) to help prevent recurrence. Provide recommendations fo	ditional training, use of better packaging, or improved operating
control of your individual company. Continue on additional sheets if	
PART VIII- CONTACT INFORMATION	
Contact's Name (Type or Print):	Telephone Number: ( ) Fax Number: ( )
Contact's Title:  Business Name and Address:	Hazmat Registration Number (if not already provided):
E-mail Address:	Date:
Preparer is: ☐ Carrier ☐ Shipper ☐ Facility	Other
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