

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

Packing group:

Hazardous Materials Incident Report

Instructions:	Respond via Internet: http://hazmat.dot.gov							
The personSubmit thisRefer to the	/entity who had physical possession of the shipment during the incident should complete this form form within 30 days of an eligible incident as defined in the 49 CFR 171.15 OR Guide for Preparing HazMat Incidents found at http://hazmat.dot for assistance completing this OR Return this form via Mail: Information Systems Manager U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Pipeline and Hazardous Materials Safety Administration,							
form To update to an existing report, please visit x and download the Supplemental Incident Report form Office of Hazardous Materials Safety, DHM-63 Washington, D.C. 20590-0001								
PART I: CARRIER/RE	PORTER INFORMATION:							
Name								
Email	Phone number: EXT.							
9-digit Hazmat regi	stration number , continue to Part II							
	OR							
Carrier Address:								
PART II: INCIDENT I	NFORMATION							
Date of incident (MM/DD/YYYY)	Time of Incident (HH:MM) am pm							
Where did the incid	ent occur? (If unknown, provide the location for where the incident was first discovered)							
Address or Landmar	k:							
PART III: SHIPMENT	INFORMATION							
Was the material in	volved in the incident							
	an undeclared hazardous material? O No O Yes							
	released? O No O Yes							
	shipped as a hazardous wastel? ONO Yes, please provide the Hazard Zone							
	Toxic by Inhalation (TIH)? O No O Yes, please provide the EPA Manifest Number							
Shipper address:	Destination address:							
Description of Hazardous material being shipped : Please refer to the shipping papers that accompanied the shipment								
	Proper Shipping Name of Hazardous Material							
	Hazardous class/division:							
	Identification number: (e.g., UN2764, NA 2020)							

PART IV: PACKAGING INFORMAT	TION			
How did the packaging fail?	Abraded	Crushed	Punctured	Vented
	Bent	Failed to operate	Ripped/Torn	Other, specify
	Burst/Rupture	d Gouge/Cut	Structural	
	Cracked	Leaked	Torn/Damaged	
Additional details about the packaging failure: (Photographs and diagrams should be submitted if needed for clarification)				
How was the package being transported: (Select the option that corresponds to the mode		Air, SKIP TO X		
by which the package was last trans		Rail		
	C	Highway		
	C	Water		

PART V: OUTCOME								
What was the result of t	the incident?							
(Select all that apply)	Vapor/Gas dispersion		 Spillage Environmental damage 			Material entered waterway/ sewer		
Explosion		on				Other, specify		
Did any of the following	g entities report to the	e incident?						
	Fire/Emergency Medical Service		◯ No	0	○ Yes, please provide the Report number			
	Police	Police		0	○ Yes, please provide the Report number			
	In-house clean up		◯ No	0	Yes			
	Other clean up	◯ No	○ Yes					
Did the incident cause of	or contribute to a(n):							
		human fatality?			∩ No	○ Yes		
		Personal injury?			◯ No	◯ Yes		
		evacuation?			◯ No	◯ Yes		
		closure of a major transportation artery/facility?		ility?	◯ No	◯ Yes		
		crash or derailment?			∩ No	○ Yes		
Did the incident cause or contribute to damage costs above \$500?						◯ Yes		

Additional details about the outcome of the incident: (Photographs and diagrams should be submitted if needed for clarification)