

Form B Initial Incident Investigation and Report Form

Type of Incident (Check one or more): Chemical Release Fire
Process Deviation Catastrophic Event

Date of Incident: 8/31/02

Time of Incident: 10:03 PM

Notify OSHA at XXX-XXX-XXXX, if fatality or more than three employees hospitalized. If OSHA notified, indicate time called here: NA

Notify the LEPC, SERC, and NRC if chemical release exceeds the reportable quantity (consult chemical release chart in the Emergency Response Plan) or environmental impact is suspected. If LEPC, SERC, & NRC notified, indicate time(s) called and report number(s) here:

LEPC (XXX-XXXX): 10:25 PM , 35555-802

SERC(XXX-XXX-XXXX): 10:35 PM , 36666-802

NRC(XXX-XXX-XXXX): 10:45 PM , 37777

Description of Incident: Hose failed on the anhydrous ammonia unloading station. Operator was exposed to ammonia fumes but was able to activate the ammonia emergency shutdown system which stopped the discharge of ammonia. Operator was checked by the facility's first aid responders but did not need further treatment. Maintenance repaired the hose and the system is back running. An estimated 100 pounds of ammonia was lost.

Cause(s) of Incident: Hose failure

Recommendations: Check ammonia hoses more frequently

Have recommendations been implemented at time of this report? (Y/N) N

If Maintenance Work request issued, indicate Work Request #: _____

If Recommendation request issued, indicate RRS #: 555

Investigation Leader Signature: NMO

Other Committee Members Signatures: DEF GHI JKL