



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

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 contain 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 (follow-up) report Additional Pages

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 4/12/2005 4. Time of Incident (use 24-hour time): 1430
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another federal DOT agency, enter the agency and report number: -
7. Location of Incident City: MEMPHIS County: SHELBY
 State: TN Country: US Zip Code: 38106
 Street Address/Mile Marker/Yardname/Airport/Body of Water/River Mile: 1790 Dock Street
8. Mode of Transportation: Air Highway Rail Water
9. Transportation Phase: In Transit Loading Unloading In Transit Storage
10. Carrier/Reporter Name: Duratek, Inc. Memphis
 Street: 1790 Dock Street
 City: MEMPHIS
 State: TN Country: US Zip Code: 38106
 Federal DOT ID/Number: NA Hazmat Registration Number: NA
11. Shipper/Offeror Name: Forward Air - Memphis
 Street: 3346 Democrat Rd
 City: MEMPHIS
 State: TN Country: US Zip Code: 38118
 Waybill/Shipping Paper: 580561 Hazmat Registration Number:
12. Origin Street: 12 Shiou Ken
 (if different from City: Shihman
 Shipper address) State: Country: TW Zip Code:
14. Proper Shipping Name of Hazardous Material: RADIOACTIVE MATERIAL, SURFACE CONTAMINATED OBJECT, N.O.S. OR RADIOACTIVE MATERIAL, SCO, N.O.S.
15. Technical Trade Name:
- | | | | | | |
|--------------------------------|----|----------------------------|--------|--------------------|------------------------|
| 16. Hazardous Class /Division: | 70 | 17. Identification Number: | UN2913 | 18. Packing Group: | 19. Quantity Released: |
|--------------------------------|----|----------------------------|--------|--------------------|------------------------|
20. Was the material shipped as a hazardous waste? Yes No If yes, provide the EPA Manifest Number:
21. Is this a Toxic by Inhalation (TIH) material? Yes No If yes, provide the Hazard Zone:
22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? Yes No
 If yes, provide the Exemption, Approval, or CA number:
23. Was this an undeclared hazardous materials shipment? Yes No

PART III - PACKAGING INFORMATION

13. Destination Street: 1790 Dock Street
 City: MEMPHIS
 State: TN Country: US Zip Code: 38106

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:

Non-bulk Cylinder IBC RAM Cargo Tank Motor Vehicle (CTMV) Portable Tank Tank Car Other

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident. Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

26a. Provide the packaging identification markings, if available.
 Identification Markings: USA DOT 7A Type A

Single Package or Outer Packaging:	Inner Package (if any):
<p>26b. Packaging Type: Material of construction: Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non-Removable</p> <p>27. Package Capacity and the quantity Package Capacity: 3850 SLB Amount in Package: 620 SLB Number in shipment: 3 Number Failed: 3</p> <p>28. Packaging Construction and Test Information: Manufacturer: Cromwell's Welding Company Manufacture Date: 8/1/1996 Serial Number: CWC-517-1123 Last Test Date: 8/9/2004 Material of Construction: Design Pressure: Shell Thickness: Head Thickness: Service Pressure: If Valve or device failed: Type: Manufacturer: Model.</p>	<p>26b. Packaging Type: Material of construction:</p> <p>27. Package Capacity and the quantity Package Capacity: Amount in Package: Number in shipment: Number Failed:</p> <p>28. Packaging Construction and Test Information: Manufacturer: Manufacture Date: Serial Number: Last Test Date: Material of Construction:</p>
<p>29. If the packaging is for Radioactive Materials, complete the following:</p> <p>Packaging Category: <input checked="" type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Excepted <input type="checkbox"/> Industrial</p> <p>Packaging Certification: <input type="checkbox"/> Self Certified <input checked="" type="checkbox"/> U.S. Certification Certification Number: CWC-4AV</p> <p>Nuclide(s) Present: _____ Transport Index: _____</p> <p>Activity: _____ Critical Safety Index: _____</p>	

PART III – PACKAGING INFORMATION

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26a. Provide the packaging identification markings, if available.
 Identification Markings: USA Dot 7A Type A

Single Package or Outer Packaging:	Inner Package (if any):
<p>26b. Packaging Type: Material of construction: Head Type (Drums only): <input type="checkbox"/> Removable <input type="checkbox"/> Non-Removable</p> <p>27. Package Capacity and the quantity Package Capacity: 3850 SLB Amount in Package: 735 SLB Number in shipment: 3 Number Failed: 3</p> <p>28. Packaging Construction and Test Information: Manufacturer: Cromwell's Welding Company Manufacture Date: 3/1/1996 Serial Number: CWC-510-1093 Last Test Date: 9/17/2003 Material of Construction: Design Pressure: Shell Thickness: Head Thickness: Service Pressure: If Valve or device failed: Type: Manufacturer: Model:</p>	<p>26b. Packaging Type: Material of construction:</p> <p>27. Package Capacity and the quantity Package Capacity: Amount in Package: Number in shipment: Number Failed:</p> <p>28. Packaging Construction and Test Information: Manufacturer: Manufacture Date: Serial Number: Last Test Date: Material of Construction:</p>
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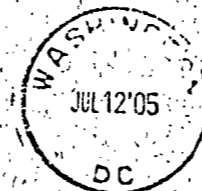
26a. Provide the packaging identification markings, if available.
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U.S. Department
of Transportation
**Pipeline and
Hazardous Materials Safety
Administration**

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