

SUMMARY

STATE OF OREGON OFFICE OF STATE FIRE MARSHAL

REGIONAL HAZARDOUS MATERIALS EMERGENCY RESPONSE

INCIDENT REPORT

Team Responding: HAZ Mat 9

State Regional Team Incident #: HM-09-99-0182

Date of Response: 09-13-99

Incident Location: 13050 SW Tonguin Rd

City: Sherwood County OR

REPORT NUMBERS

Team Rpt # : ⁰⁹⁻99-0182

Local FD # : 99024610

OERS # : 99-2138

Sheriff # : _____

City Police : Sherwood

State Police: _____

Other : _____

RESPONSE TIMES

Time Paged : 0750

Time Responded: 0753

Time Arrived : 0825

Time Cleared : 1139

Time in Qtrs : 1230

Total Time : 4.5

Attachments:

Invoice
Incident Expenditure Report (SFMO RICF0017)
Hazardous Materials Emergency incident Report (SFMO 814-440-170)
SFMO Hazmat Operations Packet

Prepared by: Lt. Weiss Date: 9-16-99

OREGON STATE FIRE MARSHAL
HAZARDOUS MATERIAL EMERGENCY

FOR USE BY TEAM
HAZMAT TEAM NUMBER: HM09
LOCAL 99024610 STATE 99-0182

DO NOT WRITE IN THIS SPACE

INCIDENT REPORT

AGENCY REPORT NO.

(TO BE FILED BY AGENCY RESPONDING)

DISTRICT OF INCIDENT: Tualatin Valley Fire/Rescue COUNTY: Washington DEPT. RESPONDING: TVF&R / HM09

1. MO DAY YEAR DAY: SUN TUE THU SAT ALARM TIME ARRIVAL TIME TIME BACK IN SERVICE
Monday, September 13, 1999 MON WED FRI 0750 0825 1139

2. INCIDENT LOCATION: 13050 SW Tonquin Rd CITY: Sherwood
COUNTY: Washington CENSUS TRACT: ZIP CODE: 97140

3. RESPONSIBLE PARTY(IES): Northfork Excavating/Kinder Morgan Energy Partner
COMPANY:
ADDRESS: 13335 SW Tonquin CITY: Tualatin STATE: OR
ZIP CODE: 97140 PHONE: 625-4991 or: 224-3390

4. SCENE TYPE: PUBLIC ROAD PUBLIC STRUCTURE PUBLIC LAND FOREST OTHER
PRIVATE ROAD PRIVATE STRUCTURE PRIVATE LAND WATERWAY
5. AREA TYPE: INDUSTRIAL COMMERCIAL
RESIDENTIAL RURAL/AGRI
FOREST OTHER

6. WEATHER: FAIR RAIN FOG SNOW ICE OTHER FACTORS:
WIND SPEED: MPH KPH DIRECTION: N NE E SE S SW W NW

7. AGENCIES RESPONDING: (Show # of units)
FIRE 10 HAZMAT TEAM #09 2 POLICE 3 DEQ 1 PUBLIC WORKS 3 AMBULANCE 1
STATE AGENCY FEDERAL AGENCY RAILROAD OTHER

8. ACTION TAKEN AT THE SCENE: (Check all that apply)
SECURE AREA HOT ZONE DETERMINED ACTIVATE OARS IDENTIFY HAZMAT CLEAN-UP
CROWD CNTL ON-SITE EMS TRAFFIC CNTL EVACUATION PUB. INFO. REL
CONTAINMENT TRANSPORT PT. EXTINGUISHMENT DECONTAMINATE REMOVE HAZARD

9. SOURCE OF INCIDENT: COMMERCIAL VEHICLE CAR TRAIN SHIP AIRCRAFT
DRUG LAB FIXED FACILITY PIPELINE OTHER (List)

10. MATERIAL INVOLVED: FUEL CARGO PRODUCT WASTE MATERIAL

11. CAUSE OF INCIDENT: DURING STORAGE DURING MANUFACTURE ABANDONED/PARKED
DURING DELIVERY/SHIPMENT EXCAVATION UNAUTHORIZED RELEASE IN TRANSIT
NORMAL OPERATION CAR CONNECT DERAILMENT DOCKED
DURING FIRE/EXPLOSION DURING REPAIR MATERIAL NOT RELEASED

12. HAZMAT BEHAVIOR ON RELEASE: INERT/NO REACTION ENTERED WATERWAY BECAME AIRBORNE CONTAMINATED AREA
CAUSED FIRE CONTRIBUTED TO FIRE CAUSED EXPLOSION CONTRIBUTED TO EXPLOSION
OTHER

13. CHEMICAL/TRADE NAME: Gasoline UN/NA#: 1903
CAS #:
NUMBER OF CONTAINERS: Pipeline SIZE OF CONTAINERS: 8"
AMOUNT AT RISK: Undetermined LBS GALS CUBIC FEET
AMOUNT RELEASED: Undetermined LBS GALS CUBIC FEET
PLEASE LIST REMAINING CHEMICALS INVOLVED ON REVERSE SIDE

14. MATERIAL IDENTITY: METHOD ACCURATE METHOD ACCURATE METHOD ACCURATE
YES NO YES NO YES NO
SHIPPING PAPERS PLACARDS RESPONSIBLE PARTY
CHEM-TREC SFM HAZ-COMM OTHER (List)

15. ESTIMATED PROPERTY LOSS: VEHICLE & CARGO \$ 0 FIXED PROPERTY \$ TOTAL ESTIMATED LOSS \$ 0

16. CASUALTIES: INJURIES DEATHS ON-SCENE DECON TREATED ON-SCENE HOSPITALIZED
FIRE SERVICE
CIVILIAN
OTHER PERSONNEL

17. PERSON MAKING REPORT: Lt Deric Weiss TITLE: Team Leader
AGENCY: TVF&R AGENCY ID#: HAZMAT 09 PHONE: 503-643-1855

DESCRIBE THE CAUSE OF THE INCIDENT IN COMMENTS SECTION ON BACK OF FORM
COMPLETE THE REVERSE SIDE OF THIS FORM

13. CHEMICAL/TRADE NAME: _____	UN/NA#: _____
CAS #: _____	
NUMBER OF CONTAINERS: _____	SIZE OF CONTAINERS: _____
AMOUNT AT RISK: _____ LBS	_____ GALS CUBIC FEET
AMOUNT RELEASED: _____ LBS	_____ GALS CUBIC FEET

13. CHEMICAL/TRADE NAME: _____	UN/NA#: _____
CAS #: _____	
NUMBER OF CONTAINERS: _____	SIZE OF CONTAINERS: _____
AMOUNT AT RISK: _____ LBS	_____ GALS CUBIC FEET
AMOUNT RELEASED: _____ LBS	_____ GALS CUBIC FEET

13. CHEMICAL/TRADE NAME: _____	UN/NA#: _____
CAS #: _____	
NUMBER OF CONTAINERS: _____	SIZE OF CONTAINERS: _____
AMOUNT AT RISK: _____ LBS	_____ GALS CUBIC FEET
AMOUNT RELEASED: _____ LBS	_____ GALS CUBIC FEET

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CAS #: _____	
NUMBER OF CONTAINERS: _____	SIZE OF CONTAINERS: _____
AMOUNT AT RISK: _____ LBS	_____ GALS CUBIC FEET
AMOUNT RELEASED: _____ LBS	_____ GALS CUBIC FEET

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CAS #: _____	
NUMBER OF CONTAINERS: _____	SIZE OF CONTAINERS: _____
AMOUNT AT RISK: _____ LBS	_____ GALS CUBIC FEET
AMOUNT RELEASED: _____ LBS	_____ GALS CUBIC FEET

13. CHEMICAL/TRADE NAME: _____	UN/NA#: _____
CAS #: _____	
NUMBER OF CONTAINERS: _____	SIZE OF CONTAINERS: _____
AMOUNT AT RISK: _____ LBS	_____ GALS CUBIC FEET
AMOUNT RELEASED: _____ LBS	_____ GALS CUBIC FEET

18. TOTAL AMOUNT RELEASED: _____ LBS. _____ GALS. _____ CUBIC FEET

19. COMMENTS SECTION:
A backhoe digging dirt scraped the Sante Fe & Pacific Pipeline causing a hole that released gasoline. The 8" pipe transports fuel at about 750psi at that point in the system. The release went straight up in the air approximately 35'. Due to the pressure and relative heat outside, the majority of the released gasoline vaporized in air. The remainder caused a spill area of about 75' X 75' on the ground. It is not readily known if the gasoline could filter through the soil and make it to the water table. The determination of contamination would be left to DEQ. Complaints from citizens downwind caused some evacuations, but nothing long term and no reported injuries. Haz Mat 9 personnel provided the incident commander with technical data, phone contacts, an entry team to foam hot zone, and some foam. Please see the resource log for required call down list. The pipeline release was stopped within 30minutes of release by Kinder Morgan Energy Partners who also signed the release form. They also used there own cleanup company and Foss Environmental. The scene was left in the control of Kinder Morgan and Lorne Garner from DEQ was going to monitor the incident. Any further questions can be answered by myself. 639-9285.

dh\incform

**OREGON STATE FIRE MARSHAL
REGIONAL HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAM
INCIDENT EXPENDITURE REPORT**

TEAM:	TUALATIN VALLEY FIRE & RESCUI TEAM # 9	OSFM INC #	09-99-0182
COMPLETED BY:	Weiss, Deric	INCIDENT DATE	13-Sep-99
TEAM LEADER:	Weiss, Deric	INVOICE #	
INCIDENT ADDRESS:		TEAM RPT #	99024610
CITY:	Sherwood	FIRE INC. RPT #	99024610
STATE:	OREGON	HM INC. RPT #	99-2138
COUNTY:	Washington	OTHER	

RESPONSIBLE PARTY: Northfork Excavati	KNOWN
	UNKNOWN

PRIMARY RESP PARTY: Northfork Excavation	
CONTACT NAME:	TITLE:
MAILING ADDRESS	CITY: Sherwood
STATE: Oregon	ZIP: 97140
TELEPHONE NUMBER: 625-7080	MSG#:
INSURANCE COMPANY:	
INSURANCE ADDRESS	CITY:
STATE:	ZIP:
TELEPHONE NUMBER:	MSG#:
COMMENTS:	This party did not sign the spillers release, the next company did.

SECOND RESP PARTY: Kinder Morgan Energy Partners	
CONTACT NAME: Ron Metcalf	TITLE:
MAILING ADDRESS	CITY:
STATE:	ZIP:
TELEPHONE NUMBER: 224-3390	MSG#: 213-624-9461
INSURANCE COMPANY:	
INSURANCE ADDRESS	CITY:
STATE:	ZIP:
TELEPHONE NUMBER:	MSG#:
COMMENTS:	

INCIDENT REPORT COST

1. TEAM PERSONNEL COSTS

TITLE	NAME & UNIT	HOURS	RATE	TOTAL
TEAM CO		0.0	\$57.79	\$0.00
TEAM LEADER	Deric Weiss	4.5	\$57.79	\$260.06
HM TECH 1	Ed Hughes	4.5	\$57.79	\$260.06
HM TECH 2	Phil Gately	4.5	\$57.79	\$260.06
HM TECH 3	Bill Boyle	4.5	\$57.79	\$260.06
HM TECH 4	Steve Stadelman	4.5	\$57.79	\$260.06
HM TECH 6		0.0	\$57.79	\$0.00
HM TECH 7		0.0	\$57.79	\$0.00
HM TECH 8		0.0	\$57.79	\$0.00
SUPPORT PERSONNEL	Andrew Klein	4.5	\$44.25	\$199.13
	Darryl Parham	4.5	\$45.25	\$203.63
			1. TOTAL	\$1,703.03

2. CALLBACK PERSONNEL COSTS

TITLE	NAME & STATION	HOURS	RATE	TOTAL
		0.0	\$38.18	\$0.00
		0.0	\$38.18	\$0.00
		0.0	\$38.18	\$0.00
		0.0	\$38.18	\$0.00
		0.0	\$38.18	\$0.00
		0.0	\$38.18	\$0.00
			2. TOTAL	\$0.00

3. VEHICLE & APPARATUS COSTS

VEHICLE	HOURS	RATE	STATE COST	TEAM COST	TOTAL
STATE HAZ MAT VEHIC	4.5	\$150.00	\$675.00		\$675.00
HAZ MAT SUPPORT	4.5	\$50.00		\$225.00	\$225.00
ENG/PUMPER	0.0	\$50.00		\$0.00	\$0.00
TEAM COR VEH (MILES)	48.0	\$0.31		\$14.88	\$14.88
OTHER SUPPORT	0.0	\$50.00		\$0.00	\$0.00
OTHER SUPPORT	0.0	\$50.00		\$0.00	\$0.00
OTHER SUPPORT	0.0	\$50.00		\$0.00	\$0.00
3. TOTALS			\$675.00	\$239.88	\$914.88

4 A. EQUIPMENT COSTS - STATE

ITEM	# OR HOURS	RATE	STATE COST	TEAM COSTS	TOTAL
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
			4. TOTALS	\$0.00	\$0.00

4 B. EQUIPMENT COSTS - TEAM

ITEM	# OR HOURS	RATE	STATE COST	TEAM COSTS	TOTAL
	0	\$0.00		\$0.00	\$0.00
	0	\$0.00		\$0.00	\$0.00
	0	\$0.00		\$0.00	\$0.00
	0	\$0.00		\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
			4. TOTALS	\$0.00	\$0.00

5A. MATERIAL COSTS - STATE

ITEM	#	COST	STATE	TEAM	TOTAL
			#VALUE!		#VALUE!
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
			5A. TOTAL	#VALUE!	#VALUE!

5B. MATERIAL COST - TEAM

ITEM	#	COST	STATE	TEAM	TOTAL
Ansulite Class B Foam	4	\$185.45			\$741.80
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
5B. TOTAL					\$741.80

6A. COMMUNICATIONS COSTS - STATE

ITEM	#	COST	STATE	TEAM	TOTAL
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
6A. TOTAL			\$0.00		\$0.00

6B. COMMUNICATIONS COST - TEAM

ITEM	# HOURS	COST	STATE	TEAM	TOTAL
CELL PHONE	flat rate	\$50.00			\$50.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
6B. TOTAL					\$50.00

7A. OTHER COST - STATE

ITEM	#	COST	STATE	TEAM	TOTAL
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
	0	\$0.00	\$0.00		\$0.00
7A. TOTAL			\$0.00		\$0.00

7B. OTHER COSTS - TEAM

ITEM	#	COST	STATE	TEAM	TOTAL
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
	0	\$0.00			\$0.00
		7B. TOTAL			\$0.00

SUMMARY OF COSTS

(Totals of 1-7B above)	TEAM COSTS	STATE COSTS	TOTAL COSTS
1. TEAM PERSONNEL COSTS	\$1,703.03		\$1,703.03
2. CALLBACK PERSONNEL COSTS	\$0.00		\$0.00
3. VEHICLES/APPARATUS COSTS	\$239.88	\$675.00	\$914.88
4A. EQUIPMENT COSTS STATE		\$0.00	\$0.00
4B. EQUIPMENT COSTS TEAM	\$0.00		\$0.00
5A. MATERIAL COSTS STATE		#VALUE!	#VALUE!
5B. MATERIAL COSTS TEAM	\$741.80		\$741.80
6A. COMMUNICATIONS COST - STATE		\$0.00	\$0.00
6B. COMMUNICATIONS COST - TEAM	\$50.00		\$50.00
7A. OTHER COSTS - STATE		\$0.00	\$0.00
7B. OTHER COSTS - TEAM	\$0.00		\$0.00
SUB TOTALS - TEAM	\$2,734.71	STATE #VALUE!	#VALUE!
8% TEAM ADMINISTRATIVE COSTS	\$218.78		\$218.78
TEAM TOTAL	\$2,953.48	TOTAL STATE & TEAM1-7	#VALUE!

OSFM USE ONLY:

STATE ADMINISTRATIVE COSTS

TOTAL RESPONSE COSTS

\$2,953.48

TEAM

STATE

TOTAL

Hazardous Materials Spill Release Report

Date: 9.13.99
Time: 0931

Vehicle/Property Owner:

Identification: KINDER MORGAN ENERGY PARTNER

Location: Vicinity of HF997018 County Gun Club (Sherwood)

Type of Hazardous Material: GASOLINE

The Hazardous Material Response Team of County Gun Club has responded to the spill or release of hazardous materials described above.

The responsibility of the Hazardous Materials Response Teams is limited to emergency containment and control of the spill or release and to reporting, and documenting activities that arise from the spill or release, which threaten life, property, or the environment. This incident has been identified to and/or referred to the following agencies for follow-up or resolution:

Agency	Telephone Contact Point
1. <u>Foss Environmental</u>	
2. <u>EPA</u>	<u>X</u>
3. _____	

At this point, the Hazardous Materials Response Team has fulfilled its responsibility with respect to the spill or release and the undersigned, owning or having control over the hazardous materials spilled or released, shall immediately initiate cleanup and such investigations, monitoring, surveys, testing, and other information gathering as may be necessary. The Hazardous Materials Response Team, operating as a contractor to the State Fire Marshal's Office, will be generating documentation and an invoice for reimbursement of emergency response costs. This invoice will be forwarded to the State Fire Marshal's Office who, in turn, will bill the responsible party.

Reference: ORS 466.640, ORS 466.645, ORS 453.382

Date: 9.13.99 Signature: [Signature]

Refusal to sign: _____ (Check)

Witnesses: 1) D. W. 2) _____

Distribution: 1)Original to Responsible Party 2)Copy to HazMat Team 3)Copy to HazMat Coordinator

Statement to the Spiller

A release of a hazardous material has occurred within your charge. This sheet was developed to assist you in spill/release reporting and clean-up procedures.

Under federal law, you may be required to report this spill/release to one or more of the following:

- United State Environmental Protection Agency 1-800-424-9346
- United States National Response Center 1-800-424-8802
- Oregon Emergency Response System 1-800-452-0311 259.1221
- Oregon Dept. of Environmental Quality (503) 229-5263 or 1-800-452-0311 (24 hour)

Failure to report a spill/release could result in fines being levied against you.

Send copy to Sherry

Group Supervisor

Date: 9-13-99
 Ident: 99-0182

Location: 12400 SW TONQUIN RD.

4. ORS 99-2138

IC
 On-Call Command

HM Safety
Lachar Boyle

HM Group Supervisor
WRISS

Site Access Control
EZZ

Entry Unit

Decon Unit

HM Resource Unit
STADLMAN

HM Medical Unit
TJFR

- Entry HUGHES
- Entry GATELY
- Backup KLEIN
- Backup

-
-
-
-

-
-
-
-

-
-
-
-

Times or Check	Position Responsibilities	Notes
0830 ✓	Contact IC for approach direction	RON METCALF
✓	Report to IC. Identify all known information	
8/TACB ✓	Don Group Supervisor Vest	FNC 99024610
✓	Secure radio and frequency	
✓	Staff team positions	Sante Fe & Pacific
0900 ✓	Initial team assignments	Pipeline
✓	Off-site recon	Northfork Excavating
✓	Leader meeting (Team Action Plan Wksht.)	625-7080
✓	Synchronize watches	
✓	Collect/Analyze new information	
✓	Discuss Team Action Plan Worksheet	
✓	Team Briefing	
✓	Present team Action Plan Wksht.	
✓	Answer any questions	
1030 ✓	Initiate Action Plan	
✓	Coordinates/disseminate new information	
✓	Monitor all communications, direct, modify operation	
✓	Incident termination worksheet	
	Incident debriefing worksheet	
	Reports	

Group Supervisor

Bob Albers
 SFMO

Team Action Plan Worksheet
(Site Safety/Mitigation Plan)

99-2138

Site Access Control: (Maintain Evacuation Lines) Tonquin

Hot Zone: 1/2 mile Cold Zone: RTSC (S) Evacuation: 2 miles
Distance Distance Distance

Level of PPE, Entry and Backup: TURN-OUTS Decon WATER/SOAP

Decon Corridor Design _____

No. of Entry Personnel: 2+ No of Backup Personnel: 2

People Concerns: PPM, flash

Environmental Concerns: WATERWAY

Property Concerns: _____

If no action taken, what are the consequences?

Mitigation Objectives: (Recon, Rescue, Evacuation, Containment, Control)

Safety Objectives: (Buddy System, lightning, trip/fall, strains, temp, allowable time in hot zone)

1. Evacuate
2. Recon
3. contain
4. foam

1. - upwind
- 2.
- 3.
- 4.

Type and Frequency of Air Monitoring: PID, PFD, MSAZ61 - continuous

Resources Needed: (Fire protection backup, foam, sand, personnel, etc.)

AS MUCH FOAM AS POSSIBLE

Emergency Signals: HORN

HazMat Radio Frequencies:

Group Sup. Safety _____ Entry _____ Decon _____

User	System	Channel/Frequency
Incident Commander	800	FAC 6
HazMat Group Sup	VHF	8
Fire		
Police		
EMS		

Incident Briefing Worksheet

Incident: 99-2138 - OERS

Date: 9-13-99

Initial Approach: (upwind, uphill) ROADS CLOSED - EVACUATION

Tonquin @ Oregon
Oregon
Grahams Ferry -

Incident Type: PIPELINE BREAK

Product Type: GASOLINE

% Concentration:

Form of Material: (solid/liquid/gas)

Type of Release: PIPELINE BREAK

Quantity of Product: (size of container) 8" gasoline 700 PG

Rate of Release: UNKNOWN → NONE

Available Papers: (MSDS, shipping, preplan, etc.) Yes No

Person experienced with product, equipment, and/or facility available:

Yes No Tech Advisor, Chemist, Industry Response Teams, Medical, etc.)

Name: Ron Metcalf

Title: LEAD OPERATOR

Phone: 503-224-3390

503-224-1448 FAX

Actions taken by First Responders: (zones, evacuations, control, notifications, units on scene, etc.) Isolation

Incident Briefing Wksht

9-13-99
 99-2138 OERS
 99-0182

Incident Termination Worksheet

Times or Check	Position Responsibilities	Notes
<u>✓</u>	Verify units have completed functions/assignments	
<u>✓</u>	Coordinate with DEQ proper handling/disposal of Decon waste water/solution	→ LORNE GARNER
<u>✓</u>	Coordinate with IC and Liaison Officer for agreement that incident has been mitigated	
<u>N/A</u>	Ensure that contaminated tools equipment, and disposables are properly over packed, bagged/segregated, marked, or adequately deconed	
<u> </u>	Develop plan to identify agencies' continued responsibilities	
<u>TVFR</u>	Verify which agency will maintain control after HMRT departs	
<u>✓</u>	Site Access control	
<u>✓</u>	Disposal disposition and clean-up	
<u>✓</u>	Spill Release form	
<u>PD</u>	Traffic control	
<u> </u>	Contact Persons	
<u> </u>	Other	
<u>✓</u>	Return apparatus and equipment to response status	
<u> </u>	Units turn in reports to HM Group Supervisor	

Incident Termination Wksht

9-13-99
99-2138 OER)

Incident Debriefing Worksheet (Name) WEISS - TEAM LEADER

Times Or Check	Position Responsibilities	Notes
<u>9/16</u>	Hazardous materials involved in the incident.	GASOLINE
	Were any personnel known to be exposed: (If yes, enter on personal Exposure Records Worksheet.)	NO
	What are the accompanying signs and symptoms of exposure to materials? (Is critical incident stress an issue with this incident?)	
	Clearly mark equipment and apparatus unfit for service. ?	Equipment status: To be disposed of:
	Damage equipment	
	Delegate responsibility for handling contaminated garments. →	DONE
	Unsafe conditions existing, which require immediate attention, isolation, and further evaluation?	Needs further decon:
	Responsible person to gather additional information for the post-incident analysis and critique?	Needs re-testing:
	Summarize the activities of each operational section, and identify any areas requiring follow-up.	
	Reinforce the positive aspects of the response and what went well.	

Incident Debrief Wksht

9-13-99
99-2138 OES

Post-Incident Critique (Name) WEISS

Times or check	Position Responsibilities	Notes
<u>9/16</u>	What were the significant events that took place in this incident?	
<u> </u>	What could have been done differently to improve the overall response to this incident?	
<u> </u>	What changes in teamwork would have improved the overall response to this incident?	
<u> </u>	What changes in planning would have improved the overall response to this incident?	
<u> </u>	What changes in information sharing between agencies would have improved the overall response to this incident?	
<u> </u>	What changes in SOG's would have improved the overall response to this incident?	
<u> </u>	What additional training is required to improve response to this type of incident in the future?	

**STATE OF OREGON
REGIONAL HAZARDOUS MATERIALS EMERGENCY RESPONSE
BILLING STATUS**

Must be completed for each incident response

Incident Number: HM 99-0182
Incident Date: 9.13.99
Incident Location: 12400 SW TONQUIL RD
Responsible Party: Tri County Gun Club
KINDER, MORGAN ENERGY PARTNER

Check one of the following:

State Response

Local Response

Bill for state owned equipment use only

Bill for equipment/personnel costs
(Personnel cost reimbursed if collected
from responsible party)

Option for Waiver of Charges

Public agency within jurisdiction

Other

If requesting a waiver of charges, please provide written justification below. Requests for waiver are subject to review and approval by the State Fire Marshal.

Submitted By: LT. WEISS Phone: 259.1221

Reviewed By: _____ Approved Denied

Hazardous Materials Spill Release Report

Date: 9.13.99
Time: 0931

Vehicle/Property Owner:

Identification: KINDER MORGAN ENERGY PARTNER

Location: Vicinity of Tri-County Gun Club (Sherwood)

Type of Hazardous Material: GASOLINE

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has responded to the spill or release of hazardous materials described above.

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1.	<u>Foss Environmental</u>	
2.	<u>EPA</u>	
3.		

At this point, the Hazardous Materials Response Team has fulfilled its responsibility with respect to the spill or release and the undersigned, owning or having control over the hazardous materials spilled or released, shall immediately initiate cleanup and such investigations, monitoring, surveys, testing, and other information gathering as may be necessary. The Hazardous Materials Response Team, operating as a contractor to the State Fire Marshal's Office, will be generating documentation and an invoice for reimbursement of emergency response costs. This invoice will be forwarded to the State Fire Marshal's Office who, in turn, will bill the responsible party.

Reference: ORS 466.640, ORS 466.645, ORS 453.382

Date: 9.13.99 Signature: Ron Metcalf K.M.R.P.
Refusal to sign: _____ (Check)

Witnesses: 1) D. W. 2) _____

Distribution: 1)Original to Responsible Party 2)Copy to HazMat Team 3)Copy to HazMat Coordinator

Statement to the Spiller

A release of a hazardous material has occurred within your charge. This sheet was developed to assist you in spill/release reporting and clean-up procedures.

Under federal law, you may be required to report this spill/release to one or more of the following:

- United State Environmental Protection Agency 1-800-424-9346
- United States National Response Center 1-800-424-8802
- Oregon Emergency Response System 1-800-452-0311
- Oregon Dept. of Environmental Quality (503) 229-5263 or 1-800-452-0311 (24 hour)

Failure to report a spill/release could result in fines being levied against you.

**OFFICE OF STATE FIRE MARSHAL
REGIONAL & LIMITED HAZARDOUS MATERIALS EMERGENCY RESPONSE TEAM
INCIDENT EXPENDITURE REPORT**

TEAM: HAZARDOUS MATERIALS JVR TEAM # 9 OSFM INC # HM99-0182
 COMPLETED BY: WEISS, PERC INCIDENT DATE 9.13.99

TEAM LEADER: WEISS
 INCIDENT ADDRESS: 12400 SW TONGVIN RD / 13050 SW Tonguin
Tri County Gun Club
 CITY Sherwood STATE OR ZIP 97140
 COUNTY: Washington

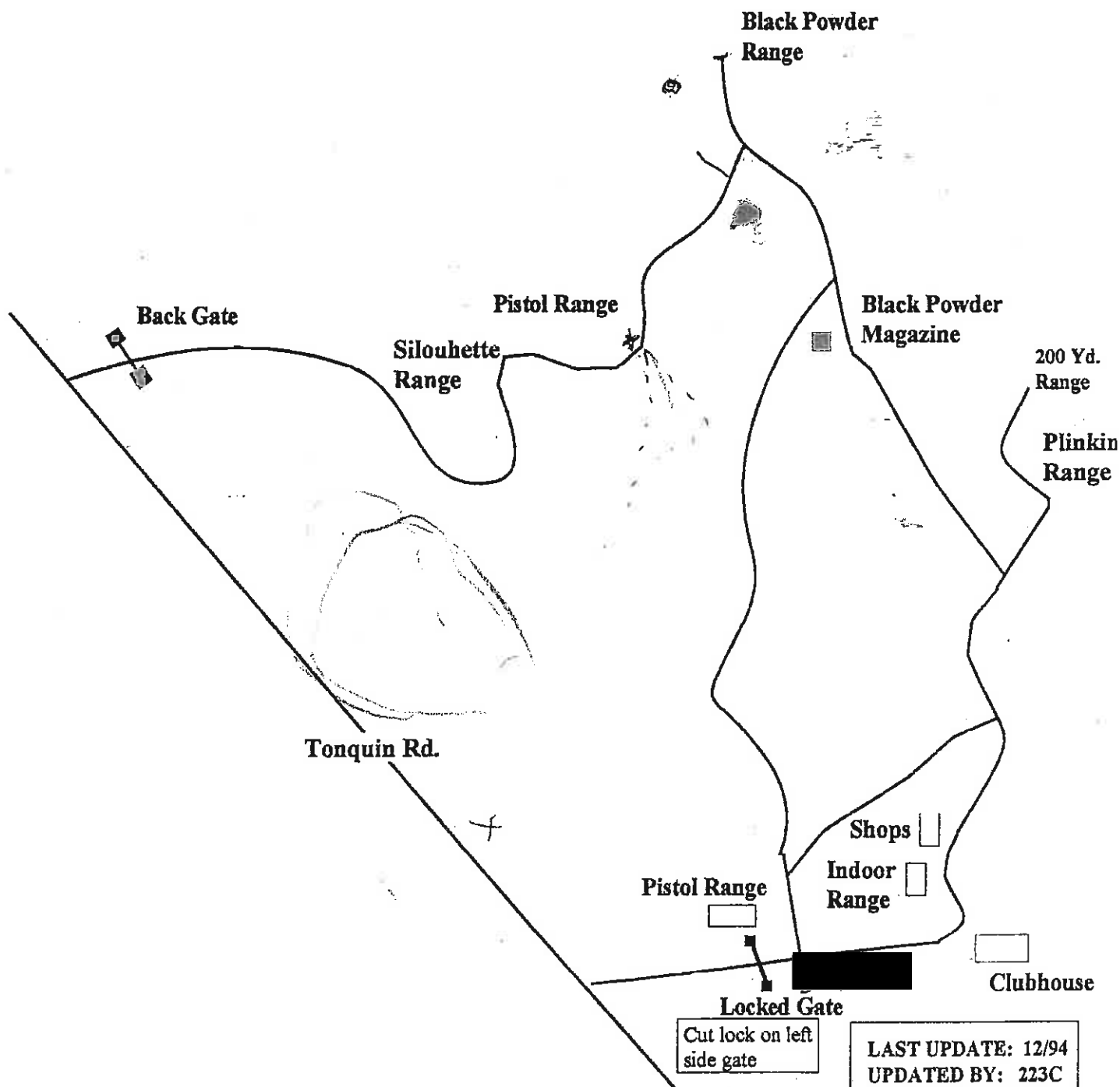
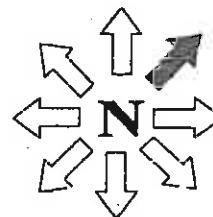
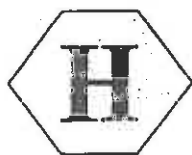
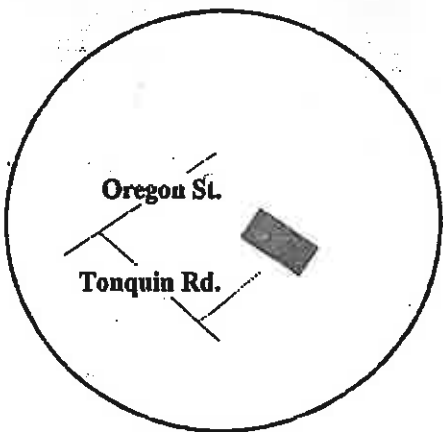
RESPONSIBLE PARTY: KNOWN UNKNOWN

PRIMARY RESPONSIBLE PARTY Tri County Gun Club
 CONTACT NAME Rick Albach
 TITLE _____
 MAILING ADDRESS 13050 SW Tonguin Rd
 CITY Sherwood STATE OR ZIP 97140
 TELEPHONE NUMBER () _____ MSG # () _____
 INSURANCE COMPANY _____
 INSURANCE AGENT _____
 INSURANCE ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER () _____ MSG # () _____
 COMMENTS _____

SECONDARY RESPONSIBLE PARTY Kinder Morgan Energy Partner
 CONTACT NAME Ron Metcalf
 TITLE Santafe Pacific Pipeline
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER (503) 224-3390 MSG # (213) 624-9461
 INSURANCE COMPANY _____
 INSURANCE AGENT _____
 INSURANCE ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER () _____ MSG # () _____
 COMMENTS _____

TRI COUNTY GUN CLUB

13050 ~~10350~~ TONQUIN RD. SW
FMZ -6587D



LAST UPDATE: 12/94
UPDATED BY: 223C
SAVED AS: 10350

Rt out of station
Rt on Tonquin Rd.

TONQUIN RD.

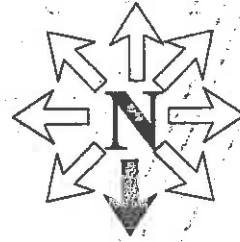
00055

(11/19)

12555 - 14260

FMZ - 6587

PG 2 of 2



Morgan Rd.

12400
RTSC

13050
Gun Club

CATE CODE



13015
Bissel's Kennels

13095

quarry

North Folk Excavating
No Address

Murdock St.

14260 14250 14240

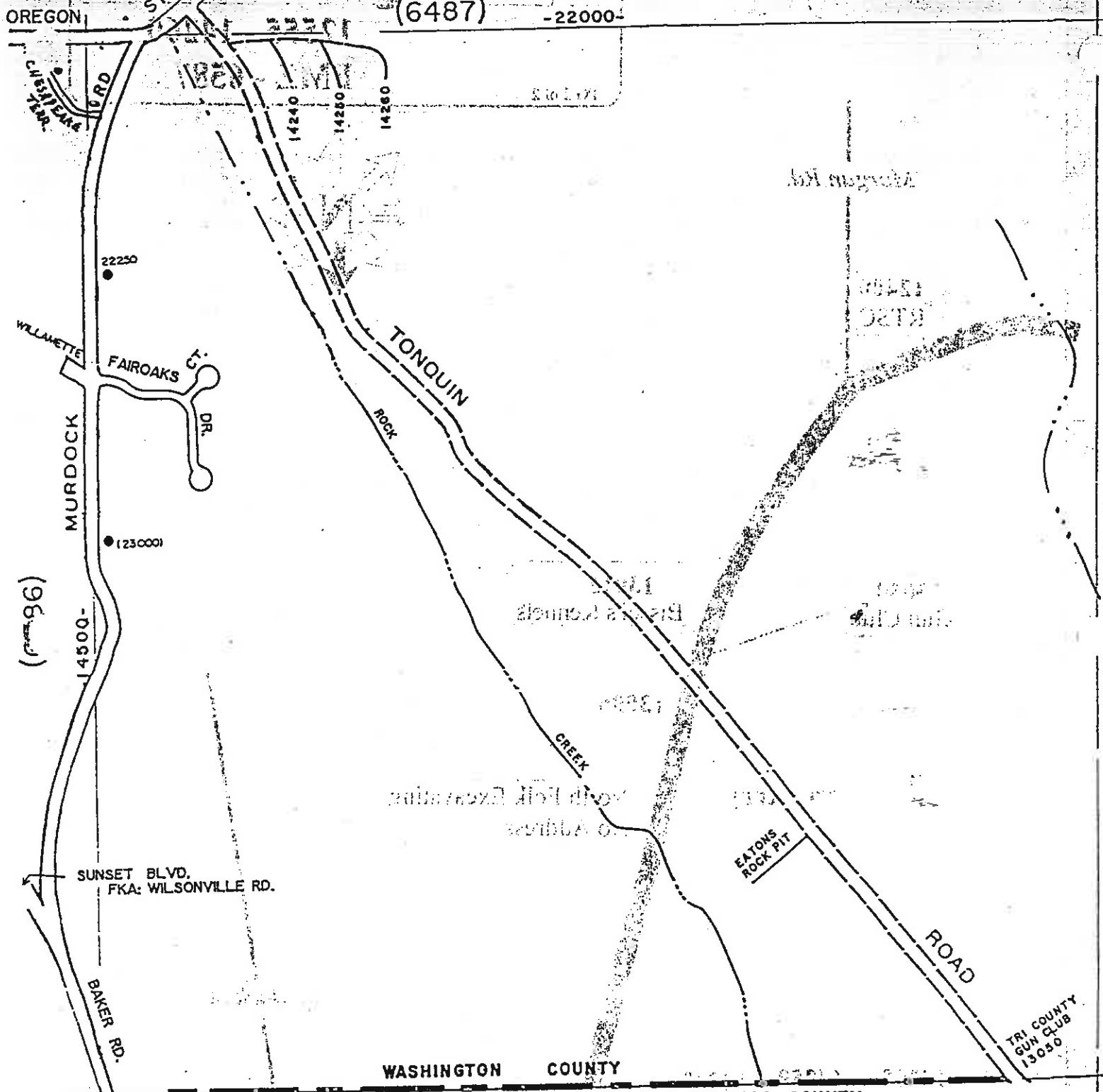
From Station

Oregon St.

LAST UPDATE: 6/97
UPDATED BY: E223C
FILE NAME: 12555

TONQUIN

(6487) -22000-



(96)

(6687)

WASHINGTON COUNTY -24000- CLACKAMAS COUNTY

TO GRAHAM'S FERRY RD
VIA WELLS RD &
TONQUIN LOOP

-12500-

TUALATIN VALLEY FIRE & RESCUE
FIRE COMM. 7/25/91
2 S - 1 W, 33



6587

Entry (Name) GATELY

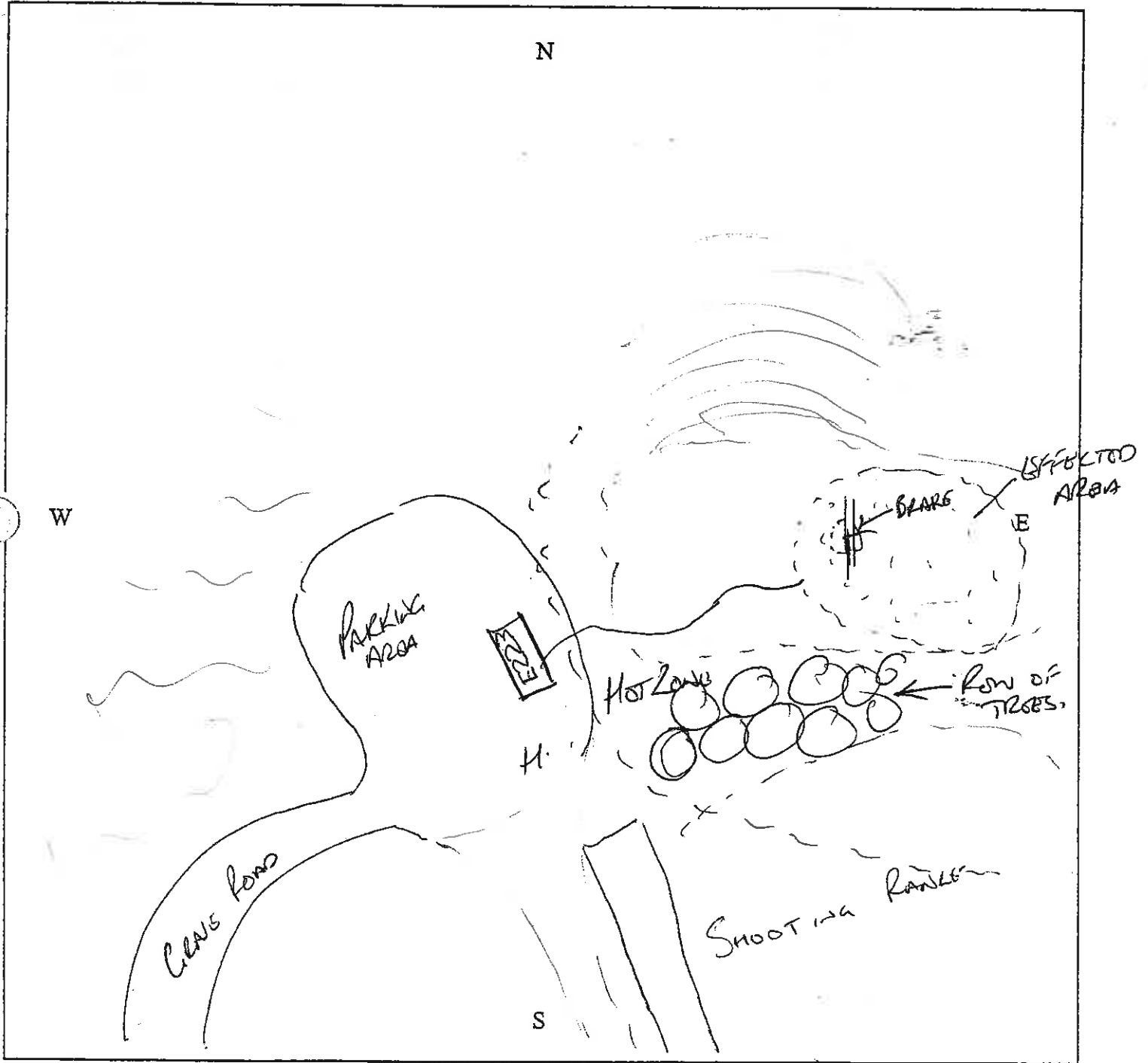
Times or Check	Position Responsibilities	Notes	
<input checked="" type="checkbox"/>	Receive initial assignment	Radio frequency: <u>VHF CH 8</u> HM RADIOS. Special instructions received: <u>FOAM AREA AROUND LEAK.</u>	
<input checked="" type="checkbox"/>	Secure radio and frequency		
<input checked="" type="checkbox"/>	Off-site recon with Safety		
<input checked="" type="checkbox"/>	Diagram site (see worksheet)		
<input checked="" type="checkbox"/>	Leader meeting/Assist with development of Action Plan		
<input checked="" type="checkbox"/>	Vitals taken		
<input checked="" type="checkbox"/>	Team briefing		List equipment/supplies used: - LEVEL D PPE'S - Foam Pro - CLASS B FOAM 15' <u>gallons</u> - PIO MONITOR.
<input type="checkbox"/>	<input type="checkbox"/> Receives info on Action Plan		
<input type="checkbox"/>	<input type="checkbox"/> Answer/Questions		
<input checked="" type="checkbox"/>	Don protective equipment		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communication equip/Check		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Breathing Apparatus/Check		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suit/Check		
<input checked="" type="checkbox"/>	Needed tools/equipment		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Monitors		
<input type="checkbox"/>	<input type="checkbox"/> Containment		
<input type="checkbox"/>	<input type="checkbox"/> Plug/Patch		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Other <u>Foam Pro/Foam.</u>		
<input type="checkbox"/>	Receive final safety check from Safety		
<input checked="" type="checkbox"/>	Understand objectives		
<input type="checkbox"/>	Enter hot zone (Maintain Buddy System)		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Carry out objectives		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communicate		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Evaluate Incident for changes		
<input checked="" type="checkbox"/>	Decon		
<input type="checkbox"/>	Post entry vitals		
<input checked="" type="checkbox"/>	Debriefing/Reports		

Description of Hot Zone Activities: HOT ZONE WAS AN AREA OF ABOUT 250' x 250'
WITH SUSPECTED SPILL AREA ROUGHLY 75' x 75'. UPON ENTERING HOT ZONE
FROM E223 WE WALKED ROUGHLY 100' UNTIL WE REACHED THIS PRODUCT. AT THIS
POINT WE BEGAN LAYING A FOAM BLANKET DOWN OVER THE EFFECTED AREA.
WE MOVED ACROSS AND COVERED THE RIGHT FLANK OF THE SPILL FIRST AND THEN
MOVED BACK AND COVERED THE LEFT FLANK. AREA WAS COMPLETELY COVERED
AND SO WE MOVED OUT OF THE HOT ZONE AS OBJECTIVE WAS MET.

Entry

Site Diagram/Plan

Elements: (object/product of concern, streets/roads, wind direction, structures, drains, curbs/gutters/waterways/wetlands, terrain/grades, overhead obstructions, zones, entry point, Decon corridor, emergency exits, medical triage, other)



Site Diagram Plan

Responsible Party Information

Responsible Party: KINDER - MORGAN ENERGY

Contact Name: ROW METCALF Phone: 224-3390

Company: _____

Address: 6565 NW STEELES RD City: PTLD State: ORE

Zip Code: 97210 Phone: _____ or: _____

PUNCTURER
Shipping Company's Name: NORTH FORK EXCAVATING 13335

Contact Name: _____ Phone: _____

Address: 13335 SW TOWN City: SHERWOOD State: _____

Zip Code: 97140 Phone: 625-7060 or: _____

Owner/Manager Name: _____

Carrier Company's Name: _____

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ or: _____

Owner/Manager Name: _____

Driver's Name: _____

Driver's Lic # _____ DOB: _____

Vehicle Lic # _____ PUC/ICC #: _____

Trailer # _____

Insurance Company(ies) Name(s): _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ or: _____

Agent's Name: _____

Agent's Phone: _____

Other Information: _____

THIS IS A PETROLIM PIPELINE
RUPTURE

R/P Info

Office of State Fire Marshal
Oregon Hazardous Materials Response System

Incident Status Summary

Initial Update Final

Incident Location: 13050 SW TONGUE
Facility/Transportation Involved: PIPELINE
Date: 9-13-99 Time: 0800 Incident Commander: DC ANDERSON
Regional Team: 9 Arrival Time: 0825

Cause: PIPELINE RUPTURED BY TRACK HOE
Substance Involved: GASOLINE Amount: UNKNOWN
Active Ingredient: SAME Trade Name:
Area Involved: 2500 SF
Action Taken: ISOLATE
Current Threat (Life, Prop, Evn): ENVIRONMENT
Control Problems:
Expected Control Date: 9-13-99 Time:

Estimated Loss: UNKNOWN Injuries: 0 Deaths: 0
Closures/Evacuations:

Regional Team Resources:
Apparatus: HM 9 Personnel: 7

Remarks: PIPELINE RUPTURE THAT WET A 50' X 50' AREA WITH GASOLINE, NO LIFE OR PROPERTY THREAT AFTER CONSTRUCTION PAX EVACUATED, KINDER MORGAN SHUT DOWN PIPELINE VERY QUICKLY
Reported By: STEVE STADLEMAN

Fax this report to: OSFM at 373-1825

Incident Status Summary

1-503-224-3390

HazMat Team Call Down Checklist

Date: _____ Location: _____ Incident: _____

Call on All Responses: (record time in space provided)

9805 **OERS** 1-800-452-0311
 Local (503) 378-6311
0807 **Poison Control** 1-800-452-7165
 Local (503) 494-8968

Call as Needed: (record time in space provided)

0806 **State Duty Officer**
 Pager (initial contact) (503) 370-1488
 Cellular (503) 931-5732
 _____ **CHEMTREC** 1-800-424-9300
 _____ **National Response Center** 1-800-424-8802
 _____ **Nationwide Pesticide Communications** 1-800-858-7378
 _____ **Atochem** (503) 228-7655
 _____ **Oregon Graduate Center** (503) 690-1121
 _____ **Burlington Northern Santa Fe RR** 1-800-832-5452
 _____ **Union Pacific RR** 1-800-892-1283
 _____ **Oregon Department of Transportation (Business Hrs)** (503) 229-5002
 _____ **State HazMat Response Teams:**

<u>Team #</u>	<u>Team</u>	<u>Coordinator(s)</u>	<u>Dispatch</u>
HM01	Douglas/Coos	Greg Bullock	(541) 440-4471
HM02	Eugene	Duty Chief	(541) 687-5111
HM03	Gresham	Clayton Martin	(503) 823-1905
HM04	Klamath	Mick Mulvey	(541) 884-4876
HM05	Linn/Benton	Kevin Kreitman	(541) 928-6911
HM06	Portland	Bill Henle	(503) 823-1905
HM07	Redmond	Karl Johannsen	(541) 548-5921
HM08	Southern Oregon	Duty Officer	(541) 776-7206
HM09	Tualatin Valley	Team Leader	(503) 531-0175
HM 10	Hermiston	Steve Frazier	(541) 567-5519
HM 11	Astoria	Lane Wintermute	(503) 325-4411
HM 12	LaGrande	Corky Gillies	(541) 963-1017
HM 14	Ontario	Terry Mairs	(541) 889-7266
HM 15	Coos Bay	Randy Carpenter	(541) 269-8911

2400 BBL/HR

42 GAL

99-2138 SFM 1440 LBS

Resource Log

Date: _____

Page _____ of _____

Location: _____

Incident: _____

2138 OERS

Time	Activity
0840	Boyle on Duty.
	Flash Point
0848	CONTACTED KINDER MORGAN AGAIN
	ABOUT STUFF
0900	RON METCALF (PIPE) ON SCENE
0905	HUGHES IN
0908	KM + BC MEYERS ON RECON
0913	UPDATED OERS
0920	HUGHES OUT
0945	CANCELLED PILD F00m
0950	RECONTACTED OERS
0907	SFM RECONTACT ABOUT INCIDENT CLOSURE
0907	

Rick Sloan
260-6116

Resource Log

HM Resource (Name) _____

Times or Check	Position Responsibilities	Notes
0755 ✓	Receive initial assignment Distribute Position Checklists <input checked="" type="checkbox"/> Vests <input checked="" type="checkbox"/> Radios and frequency <input checked="" type="checkbox"/> Set weather pack	Radio Frequency: Group Supv. <u>1</u> Weather Information: _____ Weather Forecast _____ Temperature _____ Wind direction _____ Wind speed _____ Humidity
0800 ✓	Don vest With HM Group Supervisor, ID all known information	Present weather conditions: <u>FAIR</u>
✓	Leader meeting Most probable level of PPE <input checked="" type="checkbox"/> Entry and Back-up <input checked="" type="checkbox"/> Decon	(fair, rain, fog, snow, ice, other) Projected weather changes: <u>FAIR</u>
✓	Research product (complete Product ID Worksheet) Call Down Checklist <input checked="" type="checkbox"/> Resources/Notifications (see Call Down Checklist)	Special instructions issued:
✓	Team Briefing <input checked="" type="checkbox"/> Research findings <input checked="" type="checkbox"/> Verify PPE <input checked="" type="checkbox"/> Entry and Backup <input checked="" type="checkbox"/> Decon	Special instructions received:
✓	Critical information to Medical Research all new information	Resources needed:
✓	Incident Status Report to SFMO _____ Use Incident Status Form	List equipment/supplies used:
✓	Document times and functions per radio communications	
✓	Instructions from DEQ for Decon waste water Gather responsible party information (Cost Recovery)	
✓	Debriefing/Reports	

GASOLINE

DOT Number: UN 1203

DOT Hazard Class: Flammable liquid

DOT Guide Number: 27

Synonyms: motor spirit, petrol

STCC Number: 4908178

Reportable Qty: n/a

Mfg Name: Shell Oil Co.

Phone No: 1-713-241-6161

Physical Description:

Physical Form: Liquid

Color: Colorless to pale brown or pink

Odor: Gasoline like

Other Information: n/a

Chemical Properties:

Specific Gravity: .8

Vapor Density: 3-4

Boiling Point: 100-400° F (37.7-204.4° C)

Melting Point: n/a

Vapor Pressure: n/a

Solubility in water: No

Other Information: n/a

Health Hazards:

Inhalation Hazard: Will cause headache, dizziness.

Ingestion Hazard: Will cause nausea and vomiting.

Absorption Hazard: Irritating to the skin and eyes.

Hazards to Wildlife: Dangerous to aquatic life.

Decontamination Procedures: Wash away any material with copious amounts of soap and water.

First Aid Procedures: Remove victim to fresh air, call emergency medical care. If not breathing give CPR. If breathing is difficult administer oxygen. Treat for shock.

Fire Hazards:

Flashpoint: -45° F (-42.7° C) . Ignition temperature: 536° F (280° C)

Flammable Explosive High Range: 7.8

Low Range: 1.4

Toxic Products of Combustion: n/a

Other Hazards: Flashback along vapor trail may occur. Vapors may explode if ignited in a small area.

Possible extinguishing agents: Water may be ineffective on fire. Use foam, dry chemical, or carbon dioxide

Reactivity Hazards:

Reactive With: n/a

Other Reactions: n/a

Corrosivity Hazards:

Corrosive With: n/a

Neutralizing Agent: n/a

Radioactivity Hazards:

Radiation Emitted: n/a

Other Hazards: n/a

Recommended Protection for Response Personnel:

Avoid breathing vapors, keep upwind. Structural protective clothing provides limited protection. Wash away any material which may have come into contact with the body with copious amounts of soap and water. Consider appropriate evacuation.

Chemical Database - Response Information Data Sheet

Preferred Name: GASOLINE

Regulatory Name:

Chemical Source: NOEPA NOAA #:11498

NFPA Codes F: 3 - Ignites at normal temperatures
H: 1 - Slightly hazardous
R: 0 - Normally stable
S:

General Description

Gasoline is a clear colorless to amber colored volatile liquid with a petroleum like odor. It has a flash point of less than 0 deg. F. It is lighter than water and insoluble in water. The vapors are heavier than air. ((c) AAR, 1991)

Fire Hazard

FLAMMABLE. Flashback along vapor trail may occur. Vapor may explode if ignited in an enclosed area. Vapor is heavier than air and may travel considerable distance to a source of ignition and flash back. (USCG, 1991)

Fire Fighting

Do not extinguish fire unless flow can be stopped or safely confined. Use water in flooding quantities as fog. Solid streams of water may spread fire. Cool all affected containers with flooding quantities of water. Apply water from as far a distance as possible. Use foam, dry chemical, or carbon dioxide. ((c) AAR, 1991)

Protective Clothing

Avoid breathing vapors. Keep upwind. Wear appropriate chemical protective gloves, boots and goggles. Do not handle broken packages unless wearing appropriate personal protective equipment. Wash away any material which may have contacted the body with copious amounts of water or soap and water. ((c) AAR, 1991)

MATERIAL RATINGS

BARRICADE

FABRIC > 3 hours

BLUE MAX

FABRIC > 3 hours

BUTYL

FABRIC < 1 hour

GLOVES < 1 hour

Chemical Database - Response Information Data Sheet

Preferred Name: GASOLINE

VITON/NEOP

FABRIC > 3 hours

Non-Fire Response

Keep sparks, flames, and other sources of ignition away. Keep material out of water sources and sewers. Build dikes to contain flow as necessary. Attempt to stop leak if without undue personnel hazard. Use water spray to knock-down vapors. ((c) AAR, 1991)

Health Hazard

VAPOR: Irritating to eyes, nose and throat. If inhaled, will cause dizziness, headache, difficult breathing or loss of consciousness. LIQUID: Irritating to skin and eyes. If swallowed, will cause nausea or vomiting. (USCG, 1991)

Properties

Flash Point: -36 F (cc) (USCG, 1991)

Lower Exp Limit: 1.4 % (USCG, 1991)

Upper Exp Limit: 7.4 % (USCG, 1991)

Auto Igtn Temp: 853 F (USCG, 1991)

Melting Point: Not Applicable. (USCG, 1991)

Vapor Pressure: 38-300 mm at 68 F (NIOSH, 1994)

Vapor Density (air = 1): 3.4 (USCG, 1991)

Specific Gravity, Liquid: 0.7321 at 68 F (USCG, 1991)

Boiling Point: 140 to 390 F at 760 mm (USCG, 1991)

Molecular Weight: 72 (approximate) (NIOSH, 1994)

IDLH: No data; a potential human carcinogen (NIOSH, 1994)

TLV TWA: 300 ppm ((c)ACGIH, 1991)

TLV STEL: 500 ppm ((c)ACGIH, 1991)

First Aid

INHALATION: maintain respiration and administer oxygen; enforce bed rest if liquid is in lungs. INGESTION: do NOT induce vomiting; stomach should be lavaged (by doctor) if appreciable quantity is swallowed. EYES: wash with copious quantity of water. SKIN: wipe off and wash with soap and water. (USCG, 1991)

Chemical Database - Response Information Data Sheet

Preferred Name: GASOLINE

BUTYL/NEOP

FABRIC < 1 hour

CPF III

FABRIC > 3 hours

NAT RUB

GLOVES < 1 hour

NAT RUB+NEOP

GLOVES < 1 hour

NEOP

GLOVES 1-3 hours

BOOTS > 3 hours

NITRILE

GLOVES > 3 hours

NITRILE+PVC

FABRIC < 1 hour

PTFE TEFLON

FABRIC > 3 hours

PVAL

GLOVES > 3 hours

PVC

FABRIC < 1 hour

GLOVES > 3 hours

RESPONDER

FABRIC > 3 hours

SARANEX23P

FABRIC > 3 hours

VITON

GLOVES > 3 hours