

TEAR HERE

VII. PACKAGING INFORMATION: If the package is overpacked (consists of several packages, e.g. glass jars within a fiberboard box), begin with Column A for information on the innermost package.																																																																																																																										
ITEM	A	B	C																																																																																																																							
30 TYPE OF PACKAGING INCLUDING INNER RECEPTACLES (e.g. Steel drum, tank car)																																																																																																																										
31 CAPACITY OR WEIGHT PER UNIT PACKAGE (e.g. 55 gallons, 65 lbs.)																																																																																																																										
32 NUMBER OF PACKAGES OF SAME TYPE WHICH FAILED IN IDENTICAL MANNER																																																																																																																										
33 NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT																																																																																																																										
34 PACKAGE SPECIFICATION IDENTIFICATION (e.g. DOT 17E, DOT 105A100, UN 1A1 or none)																																																																																																																										
35 ANY OTHER PACKAGING MARKINGS (e.g. STC, 18/18-55-88, Y1 4/150/87)																																																																																																																										
36 NAME AND ADDRESS, SYMBOL OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER																																																																																																																										
37 SERIAL NUMBER OF CYLINDERS, PORTABLE TANKS, CARGO TANKS, TANK CARS																																																																																																																										
38 TYPE OF LABELING OR PLACARDING APPLIED																																																																																																																										
39 IF RECONDITIONED OR REQUALIFIED	A. REGISTRATION NUMBER OF SYMBOL																																																																																																																									
	B. DATE OF LAST TEST OR INSPECTION																																																																																																																									
40 EXEMPTION/APPROVAL/COMPETENT AUTHORITY NUMBER, IF APPLICABLE (e.g. DOT E1012)																																																																																																																										
VIII. DESCRIPTION OF PACKAGING FAILURE: Check all applicable boxes for the package(s) identified above.																																																																																																																										
41 ACTION CONTRIBUTING TO PACKAGING FAILURE		42 OBJECT CAUSING FAILURE																																																																																																																								
<table border="0"> <tr> <td>A</td><td>B</td><td>C</td><td></td> <td>A</td><td>B</td><td>C</td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a. TRANSPORT VEHICLE COLLISION</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>a. CORROSION</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>b. TRANSPORT VEHICLE OVERTURN</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>b. METAL FATIGUE</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>c. OVERLOADING/OVERFILLING</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>c. 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43 HOW PACKAGE(S) FAILED	44 PACKAGE AREA THAT FAILED		45 WHAT FAILED ON PACKAGE(S)																																																																																																																							
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IX. DESCRIPTION OF EVENTS: Describe the sequence of events that led to incident, action taken at time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification. ATTACH A COPY OF THE HAZARDOUS WASTE MANIFEST FOR INCIDENTS INVOLVING HAZARDOUS WASTE. Continue on additional sheets if necessary.																																																																																																																										
46 NAME OF PERSON RESPONSIBLE FOR PREPARING REPORT		47 SIGNATURE																																																																																																																								
48 TITLE OF PERSON RESPONSIBLE FOR PREPARING REPORT		49 TELEPHONE NUMBER (Area Code)	50. DATE REPORT SIGNED																																																																																																																							

[FR Doc. 89-14399 Filed 6-16-89; 8:45 am]

BILLING CODE 4910-60-M