



NATIONAL TRANSPORTATION SAFETY BOARD - **Public Hearing**

Conrail Derailment in Paulsboro, NJ with Vinyl Chloride Release

GROUP	3
EXHIBIT	
H	

Agency / Organization

Gloucester County

Title

Gloucester Cnty CBRNE

Incident Cmd 214 Activity Logs

ACTIVITY LOG (ICS 214)

1. Incident Name: PAULSBORO TRAIN DEPARTMENT 2. Operational Period: Date From: 11/30/12 Date To: 11/30/12
 Time From: 0730 Time To: 2200

3. Name: CAPT. JAMES LEE 4. ICS Position: HAZMAT TECHNICIAN 5. Home Agency (and Unit): WASH. TWP. FIRE DEPT

6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)
JAMES LEE	HAZMAT TECHNICIAN	WASH. TWP. F.D.
JOSEPH SCHMIDT	HAZMAT TECHNICIAN	WASH. TWP. F.D.
RICHARD DOWNELLY	HAZMAT TECHNICIAN	WASH. TWP. F.D.
LEE SUNEK	HAZMAT TECHNICIAN	WASH. TWP. F.D.
ERIK WOLF	HAZMAT TECHNICIAN	WASH. TWP. F.D.

7. Activity Log:

Date/Time	Notable Activities
11/30/12 0730	RESPONDED TO WASH. TWP. F.D. HEADQUARTERS FOR EQUIPMENT
0745	ENROUTE TO GLOW. CO. FIRE ACADEMY
0800	GLOW CO. FIRE ACADEMY FOR BRIEFING / MEDICAL CLEARANCE
0830	ARRIVED AT STAGING (AMES PARKING LOT)
0845	CBRNE 1 ARRIVED. - EQUIPMENT CHECKED
0900	ASSISTED DECON WITH ASSESSING 18 WORKERS
0930	ASSISTED WITH DECON (6 WORKERS TRANSPORTED)
0940	ATTEMPTED TO SET UP CHECK-IN WITH FIELD COMM 2
0945	FF SCHMIDT MOVED FORWARD TO THE INC. SCENE
1010	REMAINDER OF TEAM MOVED TO COMMERCE & JEFFERSON.
1020	AWAITED ORDERS AND STOOD BY
1130	TEAM MEMBERS JOINED FORCES WITH MEMBERS FROM PAULSBORO REFINERY FOR AIR MONITORING (REFINERY METERS WERE USED FOR THIS OPERATION)
1330	CAPT. LEE RELIEVED BY FF SCHMIDT AS TEAM LEADER.
1340	CAPT. LEE RETURNED TO WASH. TWP. FOR INVEST. DUTIES
↓	STOOD BY
1530	AIR MONITORING AROUND SCENE
1630	SET UP WATER WATER CURTAIN ON TANKS
	CONTINUED AIR MONITORING AROUND SCENE
2000	RELIEVED OF DUTIES / RETURNED TO F.M. OFFICE IN CARLSBORO
	BRIEFING
2045	RETURNED TO WASH. TWP. F.D. HQ FOR URINE TESTING

8. Prepared by: Name: JAMES LEE Position/Title: DIST. CAPT. Signature: [Signature] **** PII ****

Panaboro

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name: <i>Mantua Creek</i>	2. Incident Number:	3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input checked="" type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other				4. Start Date/Time: Date: <i>11/30/12</i> Time: <i>0730</i>
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5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:								6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF												
<i>WTFD</i>					<i>1065</i>		<i>1</i>	<i>11-30-12</i> <i>0730</i>	<i>P. Dolso</i>	<i>1</i>		<i>WTFD</i>	<i>11/30/12</i> <i>2200</i>		<i>CBRNE</i>			
<i>WTFD</i>					<i>1072</i>		<i>2</i>	<i>11-30-12</i> <i>0745</i>	<i>J. Lee</i>	<i>4</i>	<i>Schmidt (T) L. Sumek (T) R. Donnell (T)</i>	<i>WTFD</i>	<i>11/30/12</i> <i>2130</i>		<i>CBRNE</i>			
<i>WTFD</i>					<i>1027</i>		<i>3</i>	<i>11-30-12</i> <i>0730</i>	<i>J. Morgan</i>	<i>4</i>	<i>E. Wolf (T) S. Finn Mike Paul</i>	<i>WTFD</i>	<i>11/30/12</i> <i>2130</i>		<i>DECON</i>	<i>1 Additional Tech.</i>		
<i>WTFD</i>					<i>1039</i>		<i>4</i>	<i>11-30-12</i> <i>0730</i>	<i>D. Sumek</i>	<i>2</i>	<i>M. Castagna</i>	<i>WTFD</i>	<i>11/30/12</i> <i>2130</i>		<i>DECON</i>			
<i>WTFD</i>					<i>1071</i>		<i>5</i>	<i>11-30-12</i> <i>0730</i>	<i>A. Anderson</i>	<i>2</i>	<i>H. Deveney</i>	<i>WTFD</i>	<i>11/30/12</i> <i>2130</i>		<i>DECON</i>			
<i>WTFD</i>					<i>1064</i>		<i>6</i>	<i>11-30-12</i> <i>1730</i>	<i>T. D'Onofrio</i>	<i>1</i>		<i>WTFD</i>	<i>11/30/12</i> <i>2130</i>		<i>CBRNE</i>			

ICS 211 17. Prepared by: Name: *Hoffman* Position/Title: _____ Signature: *[Signature]* Date/Time: _____

[Handwritten mark]
** PII **

A	08100 FDID	Washington Township Fire Dept. Fire Department	NJ Stat	11/30/2012 Incident Date	D Station	2012-001077 Incident Number	000 Exposure	NFIRS - 1 Basic
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B Location	Census Tract						
1 - Street Address Type	Number/Milepost	Prefix	COMMERCE Street or Highway	AVE Street Type	Suffix		
Apt/Suite/Room	PAULSBORO City	NJ State	08066- Zip Code	Jefferson Ave Cross Street, Directions or National Grid			

C Incident Type
422 - Chemical spill or leak

E₁ Dates & Times

	Date	Time
Alarm	11/30/2012	07:15
Time Out	11/30/2012	07:20
Arrival	11/30/2012	07:45
Controlled	11/30/2012	
Last Unit	11/30/2012	20:30

E₂ Shift & Alarms

1 Shift	1 Alarms	17 District	M Alarm Box
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D Aid Given or Received

3 - Mutual aid given
Mutual Aid Code

Their State

Their FDID

Their Inc. #

E₃ Special Studies

600
Special Study ID

1
Special Study Value

F Actions Taken

- 42 - HazMat detection, monitoring, sampling, & analysis
- 41 - Identify, analyze hazardous materials
- 46 - Decontaminate persons or equipment

G₁ Resources

Check if Apparatus or Personnel form is used

	Apparatus	Personnel
Suppression	1	4
EMS	0	0
Other	3	10
Personnel Not on Apparatus		0
Total Personnel		14

Includes Aid from Resources

G₂ Est. Dollar Losses & Values

LOSSES:

Property

Contents

PRE-INCIDENT VALUE

Property

Contents

Completed Modules

FIRE-2 HazMat-7

Structure-3 Wildland Fire-8

Civilian Fire Cas.-4 Apparatus-9

Fire Serv. Casualty-5 Personnel-10

EMS-6 Arson-11

H₁ Casualties

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H₂ Detector

H₃ Hazardous Materials Release

0 - Special HazMat actions required or spill >= 55 gal.

Mixed Use Property

J Property Use 921 - Bridge, trestle

K₁ Person/Entity

Conrail (CSX)
Business name (if applicable)

Phone Number

Mr., Ms, Mrs. First Name MI Last Name Suffix

Number Prefix COMMERCE Street or Highway AVE Street Type Suffix

Post Office Box Apt/Suite/Room PAULSBORO City NJ State 08066- Zip Code

08100	Washington Township Fire Dept.	NJ	11/30/2012	D	2012-001077	000	No Activity
FDID	Fire Department	State	Incident Date	Station	Incident Number	Exposure	

NFIRS - 1
Basic - pg 2

K₂ Owner

Conrail (CSX)		Phone Number	
Business name (if applicable)			
Mr., Ms, Mrs.	First Name	MI	Last Name
			Unknown
Number	Prefix	Street or Highway	Street Type
		COMMERCE	AVE
Post Office Box	Apt/Suite/Room	City	State
		PAULSBORO	NJ
			Zip Code
			08066-

L Remarks

For Additional Notes, Please Run the Report Entitled "User Defined and Notes"

Hazmat technicians from District 10 responded as part of Gloucester County CBRNE Team for a bridge collapse with several tank cars derailed and leaking vinyl chloride. DECON 10 also responded shortly after to provide decontamination services. (See 214s for further information)

M Authorization

3-Sumek, Richard	Signature	Chief	DECON Officer	12/04/2012
Officer in Charge		Rank	Assignment	Date
1-Lee, James	Signature	Captain-District	HAZMAT TEAM	12/04/2012
Member Making Report		Rank	Assignment	Date

A	<u>08100</u> FDID	<u>NJ</u> State	<u>11/30/2012</u> Incident Date	<u>D</u> Station	<u>2012-001077</u> Incident Number	<u>000</u> Exposure	No Activity	NFIRS - 7 HazMat
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HazMat Report #1 of 1

B HazMat ID	<u>1086</u> UN Number	<u>21</u> DOT Hazard Classification	<u>75-01-4</u> CAS Registration Number	<u>VINYL CHLORIDE</u> Chemical Name
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C 1 Container Type <u>40 - Mobile container,</u>	D 1 Estimated Amount Released <u>10000</u> Amount Released: by volume or weight	E 1 Physical State When <u>3 - Gas</u> Amount Released: by volume or weight
C 2 Container <u>25000</u> Capacity: by volume or weight	D 2 Units: Released <u>12 - Gallons</u>	E 2 Released Into <u>6 - Water and air</u>
C 3 Units: Capacity <u>12 - Gallons</u>		

F 1 Released From <u>2 - Outside of structure</u>	F 2 Population <u>1 - Urban center -</u>	H HazMat Actions Taken <u>16 - Decontaminate persons or</u> Primary Action Taken (1) <u>11 - Identify, analyze hazardous</u> Additional Action Taken (2) Additional Action Taken (3)
G 1 Area Affected <u>2 - Blocks</u> Quantity	G 3 Estimated People <u>300</u>	If fire or explosion was involved with a release, which occurred
G 2 Area Evacuated <input type="checkbox"/> None <u>2 - Blocks</u> Quantity	G 4 Estimated Buildings <u>100</u>	

J Cause of <u>5 - Cause under</u>	K Factors Contributing to <u>71 - Collision, overturn,</u> Factor Contributing to Release (1) Factor Contributing to Release (2) Factor Contributing to Release (3)	L Factors Affecting Mitigation <u>13 - Released into</u> Factor or impediment (1) <u>14 - Released in residential area</u> Factor or impediment (2) <u>30 - Impediment or delay factors,</u> Factor or impediment (3)
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M Equipment Involved in <input checked="" type="checkbox"/> None Equipment involved in release Brand Model Serial Number Year	N Mobile Property Involved in Release <input type="checkbox"/> None <u>33 - Tank car - rail</u> Mobile Property Type Mobile property make Model Year License Plate Number State DOT Number / ICC Number	O HazMat Disposition <u>6 - Released to</u> P HazMat Civilian Casualties <u>0</u> Deaths <u>18</u> Injuries
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A **NFIRS - 9**
 FDID Fire Department State Incident Date Station Incident Number Exposure Apparatus

B Apparatus or Resource	Dates and Times		Sent <input checked="" type="checkbox"/>	Number of People	Use Apparatus main use at incident	Actions
	Date	Time				
<input type="text" value="1 of 5"/> ID <input type="text" value="1027"/> Type <input type="text" value="N/A"/>	Dispatch <input type="text"/> Arrival <input type="text"/> Clear <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text" value="2 of 5"/> ID <input type="text" value="1029"/> Type <input type="text" value="N/A"/>	Dispatch <input type="text"/> Arrival <input type="text"/> Clear <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text" value="3 of 5"/> ID <input type="text" value="1065"/> Type <input type="text" value="N/A"/>	Dispatch <input type="text"/> Arrival <input type="text"/> Clear <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text" value="4 of 5"/> ID <input type="text" value="1071"/> Type <input type="text" value="N/A"/>	Dispatch <input type="text"/> Arrival <input type="text"/> Clear <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text" value="5 of 5"/> ID <input type="text" value="1072"/> Type <input type="text" value="N/A"/>	Dispatch <input type="text"/> Arrival <input type="text"/> Clear <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

KEY - Type of Apparatus or Resource

Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other	Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other
Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other	Other 91 Mobile command post 92 Chief office car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource
NN None	Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	UU Undetermined

Washington Township Fire District

Incident#: 2012-001077-00

Incident Attendance

Date: 11/30/2012

Address: COMMERCE

Occupant: Unknown

ID#	Last, First	Type	Length	Point	Unit#	Action
1	Anderson, ** PII **	S Blue - Service Award	13.25	1.00	1071	PA-Pack Seat A
1	Sumek, ** PII **	S Blue - Service Award	13.25	1.00	1029	DR-
1	Castagna, ** PII **	S Blue - Service Award	13.25	1.00	1029	PA-Pack Seat A
1	Paul Sr., ** PII **	S Blue - Service Award	13.25	1.00	1027	PA-Pack Seat A
1	Deveney, ** PII **	S Blue - Service Award	13.25	1.00	1071	DR-
1	Dolgos, ** PII **	S Blue - Service Award	13.25	1.00	1065	
1	Finn, ** PII **	S Blue - Service Award	13.25	1.00	1027	PB-Pack Seat B
1	Donnelly, ** PII **	S Blue - Service Award	13.25	1.00	1072	PB-Pack Seat B
1	Donofrio, ** PII **	S Blue - Service Award	13.25	1.00	1065	DR-
1	Sumek, ** PII **	S Blue - Service Award	13.25	1.00	1072	PA-Pack Seat A
1	Lee, ** PII **	S Blue - Service Award	13.25	1.00	1072	AO-Apparatus
1	Wolf, ** PII **	S Blue - Service Award	13.25	1.00	1027	DR-
1	Morgan Jr., ** PII **	S Blue - Service Award	13.25	1.00	1027	AO-Apparatus
1	Schmidt, ** PII **	S Blue - Service Award	13.25	1.00	1072	DR-
Total: 14		Total Hours: 185.5				