



### TRANSPORTATION OF DANGEROUS GOODS INCIDENT REPORT

**PART I: REPORT TYPE**

1. Please check box

- a) Release (RR)
- b) Anticipated release (ARR)      RR/ARR/AIRA date (yyyy-mm-dd): \_\_\_\_\_
- c) Accident or Incident Report – Air (AIRA)      RR/ARR/AIRA date (yyyy-mm-dd): \_\_\_\_\_

As required under the *Transportation of Dangerous Goods Regulations (Part 8)*

**PART II: CONTACT INFORMATION**

2. Information on the person completing this report

- Carrier / Aircraft Operator     Consignor     Consignee     Other

|                               |                            |          |
|-------------------------------|----------------------------|----------|
| First Name                    | Last name                  | Title    |
| Telephone (e.g. 999-999-9999) | Company name               |          |
| Address                       |                            | City     |
|                               |                            | Province |
| Country                       | Postal code (e.g. Z9Z 9Z9) | Email    |

3. Information on the Carrier / Aircraft Operator, Consignor and Consignee

**CARRIER / AIRCRAFT OPERATOR**

|                               |                            |          |
|-------------------------------|----------------------------|----------|
| First Name                    | Last name                  | Title    |
| Telephone (e.g. 999-999-9999) | Company name               |          |
| Address                       |                            | City     |
|                               |                            | Province |
| Country                       | Postal code (e.g. Z9Z 9Z9) | Email    |

**CONSIGNOR**

|                               |                            |          |
|-------------------------------|----------------------------|----------|
| First Name                    | Last name                  | Title    |
| Telephone (e.g. 999-999-9999) | Company name               |          |
| Address                       |                            | City     |
|                               |                            | Province |
| Country                       | Postal code (e.g. Z9Z 9Z9) | Email    |

**CONSIGNEE**

|                               |                            |          |
|-------------------------------|----------------------------|----------|
| First Name                    | Last name                  | Title    |
| Telephone (e.g. 999-999-9999) | Company name               |          |
| Address                       |                            | City     |
|                               |                            | Province |
| Country                       | Postal code (e.g. Z9Z 9Z9) | Email    |

| PART III: INCIDENT INFORMATION  |      |   |                        |
|---|------|---|------------------------|
| 4. Please indicate the date and time of the incident  |      |   |                        |
| Date (yyyy-mm-dd)   |      | Time (24 Hr. System)  |                        |
| 5. Geographic location of the incident  |      |   |                        |
| Address   |      |   |                        |
| GPS Position  | City | Province  | Postal Code (if known) |
| If the incident occurred by rail, please indicate the milepost and subdivision  |      | Origin of consignment   |                        |
| Destination of consignment  |      | If the incident happened on First Nations Territory, please indicate the Territory name |                        |
| 6. Geographic Area (Check only one box)   |      |   |                        |
| <input type="radio"/> <b>Residential Area</b><br>Primarily dwellings <input type="radio"/> <b>Commercial Area</b><br>Business premises <input type="radio"/> <b>Industrial Area</b><br>Manufacturing and production services, storage and warehouse premises  |      |   |                        |
| <input type="radio"/> <b>Agricultural Area</b><br>Used for growing crops or raising livestock <input type="radio"/> <b>Remote Area</b><br>Great distance from heavily populated areas   |      |   |                        |
| 7. Mode of Transport (Check only one box)   |      |   |                        |
| <input type="radio"/> Road <input type="radio"/> Rail <input type="radio"/> Air <input type="radio"/> Marine  |      |   |                        |
| 8. If MARINE was checked on question 7, please indicate the position of the vessel and the next location at which the vessel will be at anchor or alongside a fixed facility  |      |   |                        |
| Position  |      | Next location   |                        |
| 9. Phase of Transport (Check only one box)  |      |   |                        |
| <input type="radio"/> <b>In-Transit</b><br>Consignment moving between origin and destination <input type="radio"/> <b>Loading</b><br>Consignment is being packed or loaded into a means of transport at origin  |      |   |                        |
| <input type="radio"/> <b>Unloading</b><br>Consignment is being unpacked or unloaded from a means of transport at destination <input type="radio"/> <b>Temporary Storage</b><br>Consignment is in short term storage pending transportation  |      |   |                        |
| 10. Type of incident (Check all applicable boxes)   |      |   |                        |
| <input type="checkbox"/> <b>Collision</b><br>Moving vehicles striking with an object, animal, or another vehicle <input type="checkbox"/> <b>Derailment</b><br>Railcar leaving the rail tracks  |      |   |                        |
| <input type="checkbox"/> <b>Ran off road</b><br>Vehicle enters a soft shoulder, ditch or similar area <input type="checkbox"/> <b>Overturn</b><br>Vehicle turning on its side or upside down  |      |   |                        |
| <input type="checkbox"/> <b>Loadshift</b><br>Shifting of the consignment within a vehicle <input type="checkbox"/> <b>Dropped</b><br>Means of containment falling unexpectedly  |      |   |                        |
| <input type="checkbox"/> <b>Struck</b><br>Means of containment striking or being struck by another object or vehicle  |      |   |                        |
| 11. Release Type (Check all applicable boxes)   |      |   |                        |
| <input type="checkbox"/> <b>Spill</b><br>Quick, immediate discharge, emission or escape <input type="checkbox"/> <b>Leak</b><br>Slow, sporadic or continuous discharge, emission or escape  |      |   |                        |
| <input type="checkbox"/> <b>Explosion</b><br>Violent sudden release of energy from means of containment producing shock wave that may produce fragment projection and/or fire ball <input type="checkbox"/> <b>Fire</b><br>Burning substances combined with oxygen to typically produce flame, heat and smoke |      |   |                        |
| <input type="checkbox"/> <b>BLEVE</b><br>Boiling Liquid Expanding Vapour Explosion <input type="checkbox"/> <b>Vapour</b><br>Dispersion in air of particles of a substance that is liquid or solid in its normal state  |      |   |                        |
| <input type="checkbox"/> <b>Venting</b><br>Controlled release of gas into the environment <input type="checkbox"/> <b>Anticipated Release</b><br>Distressed means of containment that is not leaking, venting or otherwise releasing its contents   |      |   |                        |

| 12. Information on the Dangerous Goods |           |               |                    |                                 |   |                          |   |                          |
|--|-----------|---------------|--------------------|---------------------------------|---|--------------------------|---|--------------------------|
| Shipping Name                          | UN Number | Primary Class | Subsidiary Classes | Packing, Risk Group or Category | Total Mass or Volume in MOC Before the Release or Anticipated Release | Units (e.g. kg, L, etc.) | Estimated Mass or Volume Released (if applicable) | Units (e.g. kg, L, etc.) |
|  |           |               |                    |                                 |   |                          |   |                          |
|  |           |               |                    |                                 |   |                          |   |                          |
|  |           |               |                    |                                 |   |                          |   |                          |
|  |           |               |                    |                                 |   |                          |   |                          |

13. Means of Containment (Please describe the type of means of containment containing the dangerous goods, the quantity of each means of containment, the gross mass/capacity and the certification safety marks.)

**NOTE**

- Refer to the Guidance Document for more information on how to fill this section
- Please fill forms from Annex E of the guidebook TP15294

| MOC   | Quantity | Type | Gross Mass/Capacity | Compliance Marks |
|-------|----------|------|---------------------|------------------|
| MOC 1 |          |      |                     |                  |
| MOC 2 |          |      |                     |                  |
| MOC 3 |          |      |                     |                  |

14. Please describe any failure or damage to the means of containment listed in question 13

**NOTE:** See Guidance Document for more information on how to fill this section

| MOC   | Damage Type | Release Location |
|-------|-------------|------------------|
| MOC 1 |             |                  |
| MOC 2 |             |                  |
| MOC 3 |             |                  |

15. Please indicate an estimate of costs associated with the incident, as applicable

**NOTE:** Refer to Guidance Document for more information on how to fill this section

| Material loss of dangerous goods | Damage incurred by the carrier | Property damage | Emergency response cost | Clean-up cost | Total cost |
|----------------------------------|--------------------------------|-----------------|-------------------------|---------------|------------|
|                                  |                                |                 |                         |               |            |

**PART IV: CONSEQUENCES**

16. Consequences of the incident (Check all applicable boxes)

**NOTE:** Refer to Guidance Document for more information on how to fill this section

Human     Property     Environmental

17. Evacuation of People and Buildings / Shelter in place

Was there an evacuation as a result of the incident?     Yes     No    Was there shelter in place as a result of the incident?     Yes     No

If yes, please complete the following table

| Evacuation of People and Buildings / Shelter in place  | Private Residence<br>Includes houses and other buildings used as dwellings e.g. Retirement homes. | Public Buildings<br>Includes libraries, hospitals, churches, government buildings, etc. | Workplace<br>Includes warehouse, facility, etc. | Public (Outside) Areas<br>Includes parks, playgrounds, parking lots, etc. |
|--|---|---|---|---|
| <b>People:</b><br>Please record the estimated number of people evacuated / sheltered in place for each category. |   |   |   |   |
| <b>Building:</b><br>Please record the estimated number of buildings evacuated for each category.                 |   |   |   |   |

Size of Evacuation Area (square meters): \_\_\_\_\_ Duration of Evacuation (hours): \_\_\_\_\_



|  |                               |   |   |
|--|-------------------------------|---|---|
| <b>18. Injuries and human fatality</b>   |                               |   |   |
| Were there any injuries/or deaths as a result of the incident? <input type="radio"/> Yes <input type="radio"/> No    (If yes, please complete the following)   |                               |   |   |
| <b>Minor Injuries</b> <input type="radio"/> Yes <input type="radio"/> No   |                               |   |   |
| <b>Number of injuries requiring first aid treatment at the incident scene</b>  |                               |   |   |
| Number attributed to Dangerous Goods   | Number attributed to incident | <b>Total</b>  |   |
| <b>Moderate Injuries</b> <input type="radio"/> Yes <input type="radio"/> No  |                               |   |   |
| <b>Number of injuries requiring emergency treatment in hospital and released shortly after</b>   |                               |   |   |
| Number attributed to Dangerous Goods   | Number attributed to incident | <b>Total</b>  |   |
| <b>Major Injuries</b> <input type="radio"/> Yes <input type="radio"/> No   |                               |   |   |
| <b>Number of injuries requiring overnight hospitalization</b>  |                               |   |   |
| Number attributed to Dangerous Goods   | Number attributed to incident | <b>Total</b>  |   |
| <b>Deaths</b> <input type="radio"/> Yes <input type="radio"/> No   |                               |   |   |
| <b>Number of deaths</b>  |                               |   |   |
| Number attributed to Dangerous Goods   | Number attributed to incident | <b>Total</b>  |   |
| <b>19. Infrastructure closure and duration</b>   |                               |   |   |
| Was there an infrastructure closure as a result of the incident? <input type="radio"/> Yes    (If yes, please complete the following table) <input type="radio"/> No   |                               |   |   |
| Type   |                               |   | Duration of the closure (in hours)      |
| <input type="checkbox"/> <b>Aerodrome</b> – Area of land, water or other supporting surface used either in whole or in part for arrival and departure, movement or servicing of aircraft includes any building, installations and equipment situated thereon or in connection therewith. |                               |   |   |
| <input type="checkbox"/> <b>Air cargo facility</b> – Facility used to receive or transfer cargo carried or to be carried by an aircraft  |                               |   |   |
| <input type="checkbox"/> <b>Facility</b> – Permanent or temporary building or a portion of a building or equipment used in loading or unloading of dangerous goods   |                               |   |   |
| <input type="checkbox"/> <b>Railway</b> – Tracks used by trains  |                               |   |   |
| <input type="checkbox"/> <b>Roadway</b> – The strip of land over which motor vehicles circulate, such as dirt road, numbered provincial highway or multiple lane freeway   |                               |   |   |
| <input type="checkbox"/> <b>Runway</b> – the strip of ground on a landing field that aircraft use for landing or takeoff   |                               |   |   |
| <input type="checkbox"/> <b>Waterway</b> – Navigable body of water through which a ship or boat can move   |                               |   |   |
| <b>20. Geographic location of closure</b>  |                               |   |   |
| Address  |                               |   |   |
| GPS Position   | City                          | Province  | Postal Code (if known)                  |
| If the incident occurred by Rail, please indicate the milepost and subdivision   |                               | Name of facility, road, main railway or main waterway                                   |   |
| Destination of consignment   |                               | If the incident happened on First Nations Territory, please indicate the Territory name |   |
| <b>21. Was an ERAP required under Part 7 of the <i>Transportation of Dangerous Goods Regulations</i>?</b> <input type="radio"/> Yes <input type="radio"/> No   |                               |   |   |
| If yes, what is the ERAP reference number and the name and address of the place of business of the ERAP holder   |                               |   |   |
| ERAP Reference number  |                               | ERAP holder   |   |
| Address  |                               |   |   |
| City   | Province                      | Postal code   | Telephone of ERAP Holder (999-999-9999) |
| Email  |                               |   |   |

22. Please describe:

- The sequence of events that led to the incident
- The package failure, including the size/location of holes, cracks, etc.
- The actions taken at the time it was discovered
- What was done to mitigate the effects of the release?

Photographs and diagrams should be submitted, as required, for clarification. Estimate the duration of the release, if possible. Please use additional sheets if necessary.

**NOTE:** See Guidance Document for more information on how to fill this section

**PART V: INCIDENT DESCRIPTION – AIR ONLY**

23. Please describe:

- Any serious jeopardy to persons on any aircraft or aircraft itself
- Any damages to property or environment
- The route by which the dangerous goods were to be or have been transported

Aircraft Operator

Air Cargo Facility

Aerodromes