Facility Name: Hiland Ice Cream

EPA Facility Identifier: 1000 0002 7133

Plan Sequence Number: 1000118422

Section 1. Registration Information

Source Identification

Facility Name: Hiland Ice Cream

Parent Company #1 Name: Hiland Dairy Foods Co., LLC

Submission Type: Resubmission
Receipt Date: November 2024

Facility Identification

Facility ID: 1000 0002 7133

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

Facility Location Address

Street 1: 700 East Omaha Avenue

 Street 2:
 N/A

 City:
 Norfolk

 State:
 NE

 ZIP:
 68701

 ZIP4:
 N/A

 County:
 Madison

Facility Latitude and Longitude

Latitude (decimal): 42.017282 Longitude (decimal): -97.397988

Local Emergency Planning Committee and Regulations

LEPC: Madison County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: N/A

Facility Name: Hiland Ice Cream

EPA Facility Identifier: 1000 0002 7133 Plan Sequence Number: 1000118422

Process Chemicals

Program Level: Program Level 3 process
Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

Process NAICS

NAICS Code: 31152

NAICS Description: Ice Cream and Frozen Dessert

Manufacturing

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: April 2019
Time Accident Began (HH:MM): 11:30
NAICS Code of Process Involved: 31152

NAICS Description: Ice Cream and Frozen Dessert

Manufacturing

Release Duration: 000 Hours 01 Minutes

Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

Release Source

 Storage Vessel:
 N/A

 Piping:
 N/A

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: Ice Cream Freezer Barrel

Facility Name: Hiland Ice Cream

EPA Facility Identifier: 1000 0002 7133 Plan Sequence Number: 1000118422

Weather Conditions at the Time of Event

Wind Speed: 15.0
Units: Miles/h
Direction: N
Temperature: 35
Atmospheric Stability Class: D
Precipitation Present: Yes
Unknown Weather Conditions: N/A

On-Site Impacts

Employee or Contractor Deaths:

Public Responder Deaths:

Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

Public Injuries:

On-Site Property Damage (\$):

Known Off-Site Impacts

Deaths: 0
Hospitalizations: 0
Public Deaths: 0
Other Medical Treatments: 0
Evacuated: 0
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Human Error

Contributing Factors

Equipment Failure: N/A Human Error: Yes Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes Process Design Failure: N/A Unsuitable Equipment: N/A **Unusual Weather Condition:** N/A Management Error: N/A Other Contributing Factor: N/A

Off-Site Responders Notified

Off-Site Responders Notified: Notified and Responded

Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A N/A Revised Maintenance: Revised Training: Yes Revised Operating Procedures: Yes New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A **Changed Process:** N/A Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs): 1
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

Facility Name: Hiland Ice Cream
EPA Facility Identifier: 1000 0002 7133

Plan Sequence Number: 1000118422

Section 9. Emergency Response

Written Emergency Response (ER) Plan

Community Plan (Is facility included in written community emergency response plan?):

Yes

Facility Plan (Does facility have its own written emergency response plan?):

N/A

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

N/A

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

N/A

Healthcare (Does facility's ER plan include information on emergency health care?):

N/A

Local Agency

Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):

Norfolk Fire Department

Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):

(402) 844-2050