

Section 1. Registration Information

Source Identification

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|--------------------------------|-------------------------------|
| Facility Name: | Gold Medal Bagel Bakery, Inc. |
| Parent Company #1 Name: | Gold Medal Bakery, Inc. |
| Submission Type: | Corrections |
| Receipt Date: | June 2007 |
| Status: | Deregistered |
| Deregistration Effective Date: | January 2008 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0008 8512 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|---------|
| Facility DUNS: | 1406859 |
|----------------|---------|

Facility Location Address

| | |
|-----------|-------------------|
| Street 1: | 966 Orange Avenue |
| Street 2: | N/A |
| City: | West Haven |
| State: | CT |
| ZIP: | 06516 |
| ZIP4: | N/A |
| County: | New Haven |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 41.283861 |
| Longitude (decimal): | -072.979389 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|-----------------|
| LEPC: | West Haven LEPC |
| OSHA PSM: | Yes |
| EPCRA 302: | Yes |
| CAA Title V: | N/A |

Process Chemicals

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|------------------|-------------------------|
| Program Level: | Program Level 3 process |
| Chemical Name: | Ammonia (anhydrous) |
| CAS Number: | 7664-41-7 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|---------------------|
| NAICS Code: | 311812 |
| NAICS Description: | Commercial Bakeries |

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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|---|-----|
| Community Plan (Is facility included in written community emergency response plan?): | Yes |
| Facility Plan (Does facility have its own written emergency response plan?): | Yes |
| Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?): | Yes |
| Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?): | Yes |
| Healthcare (Does facility's ER plan include information on emergency health care?): | Yes |

Local Agency

| | |
|--|---------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated): | Allintown Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (203) 933-2541 |