

## Section 1. Registration Information

### Source Identification

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Facility Name:	Southern Resin, Inc.
Parent Company #1 Name:	N/A
Submission Type:	Resubmission
Receipt Date:	August 2022

### Facility Identification

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Facility ID:	1000 0016 7204
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	N/A
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### Facility Location Address

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Street 1:	3340 Denton Road
Street 2:	N/A
City:	Thomasville
State:	NC
ZIP:	27360
ZIP4:	N/A
County:	Davidson

### Facility Latitude and Longitude

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Latitude (decimal):	35.825000
Longitude (decimal):	-080.097222

### Local Emergency Planning Committee and Regulations

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LEPC:	Davidson County 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:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Vinyl acetate monomer [Acetic acid ethenyl ester]
CAS Number:	108-05-4
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/Toxic:	Toxic

## Process NAICS

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NAICS Code:	325211
NAICS Description:	Plastics Material and Resin Manufacturing

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	May 2017
Time Accident Began (HH:MM):	06:31
NAICS Code of Process Involved:	325211
NAICS Description:	Plastics Material and Resin Manufacturing
Release Duration:	005 Hours 30 Minutes

## Release Event

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Gas Release:	N/A
Liquid Spill/Evaporation:	Yes
Fire:	N/A
Explosion:	N/A
Uncontrolled/Runaway Reaction:	N/A

## Release Source

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Storage Vessel:	N/A
Piping:	N/A
Process Vessel:	Yes
Transfer Hose:	N/A
Valve:	N/A
Pump:	N/A
Joint:	N/A
Other Release Source:	N/A

## Weather Conditions at the Time of Event

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Wind Speed:	N/A
Units:	N/A
Direction:	N/A
Temperature:	N/A
Atmospheric Stability Class:	N/A
Precipitation Present:	N/A
Unknown Weather Conditions:	Yes

## On-Site Impacts

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Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	0
Public Responder Injuries:	0
Public Injuries:	0
On-Site Property Damage (\$):	150000

## Known Off-Site Impacts

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

## Environmental Damage

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Fish or Animal Kills:	N/A
Tree, Lawn, Shrub, or Crop Damage:	N/A
Water Contamination:	N/A
Soil Contamination:	N/A
Other Environmental Damage:	N/A

## Initiating Event

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Initiating Event:	Equipment Failure
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## Contributing Factors

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Equipment Failure:	N/A
Human Error:	Yes
Improper Procedures:	N/A
Overpressurization:	N/A
Upset Condition:	N/A
By-Pass Condition:	N/A
Maintenance Activity/Inactivity:	N/A
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

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Off-Site Responders Notified:	Notified and Responded
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## Changes Introduced as a Result of the Accident

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

## Chemicals in Accident History

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Quantity Released (lbs):	9175
Percent Weight:	0.4
Chemical Name:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/Toxic:	Toxic

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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

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Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):	Fair Grove Fire Department
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(336) 476-7711