# **Section 1. Registration Information**

#### Source Identification

Facility Name: Davis Supply, Inc.

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: June 2011
Status: Deregistered
Deregistration Effective Date: August 2011

**Facility Identification** 

Facility ID: 1000 0018 1359

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 6012 Pine Hill Road

Street 2: N/A

City: Port Richey

 State:
 FL

 ZIP:
 34668

 ZIP4:
 N/A

 County:
 Pasco

Facility Latitude and Longitude

Latitude (decimal): 28.273056 Longitude (decimal): -82.715

Local Emergency Planning Committee and Regulations

LEPC: District 8 LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

#### **Process Chemicals**

Program Level: Program Level 2 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

## **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: September 2009

Time Accident Began (HH:MM): 22:30
NAICS Code of Process Involved: 42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

Release Duration: 018 Hours 00 Minutes

#### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

#### Release Source

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

EPA Facility Identifier: 1000 0018 1359 Plan Sequence Number: 1000022824

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**

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: Equipment Failure

### **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **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

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: N/A Revised Operating Procedures: N/A 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: Tank defect from Allied, will inspect

tanks in storage daily.

### Chemicals in Accident History

Quantity Released (lbs):150Percent Weight:50Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

# **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):

Port Richey Fire Department

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

(727) 816-1910