Facility Name: PMC Specialties Group, Inc. EPA Facility Identifier: 1000 0013 6783

Plan Sequence Number: 38805

# **Section 1. Registration Information**

### Source Identification

Facility Name: PMC Specialties Group, Inc.

Parent Company #1 Name: PMC, Inc.
Submission Type: Resubmission
Receipt Date: June 2004
Status: Deregistered
Deregistration Effective Date: July 2006

**Facility Identification** 

Facility ID: 1000 0013 6783

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

 Street 1:
 501 Murray Road

 Street 2:
 N/A

 City:
 Cincinnati

 State:
 OH

 ZIP:
 45217

 ZIP4:
 1014

County: Hamilton

Facility Latitude and Longitude

Latitude (decimal): 39.176111 Longitude (decimal): -084.490833

Local Emergency Planning Committee and Regulations

LEPC: Hamilton County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: Yes

Facility Name: PMC Specialties Group, Inc. EPA Facility Identifier: 1000 0013 6783

Plan Sequence Number: 38805

#### **Process Chemicals**

Program Level: Program Level 3 process

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

Program Level: Program Level 3 process
Chemical Name: Sulfur dioxide (anhydrous)

CAS Number: 7446-09-5 Flammable/Toxic: Toxic

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

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

## **Process NAICS**

NAICS Code: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

325199

NAICS Description:

All Other Basic Organic Chemical

Manufacturing

Release Duration: 000 Hours 01 Minutes

#### Release Event

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

Facility Name: PMC Specialties Group, Inc.

EPA Facility Identifier: 1000 0013 6783 Plan Sequence Number: 38805

### Release Source

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

### Weather Conditions at the Time of Event

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown 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:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Equipment Failure

## **Contributing Factors**

**Equipment Failure:** N/A Human Error: N/A Improper Procedures: Yes Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: 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 Yes Revised Maintenance: Revised Training: N/A N/A **Revised Operating Procedures:** New Process Controls: N/A N/A New Mitigation Systems: Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: N/A Other Changes Introduced: N/A

Facility Name: PMC Specialties Group, Inc. EPA Facility Identifier: 1000 0013 6783

Plan Sequence Number: 38805

## Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:100Chemical 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?):

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

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

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

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

Yes

Yes

Yes

Yes

### Local Agency

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

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

City of St. Bernard Fire Department

(513) 242-9555