

## Section 1. Registration Information

### Source Identification

---

Facility Name:	BEI Hawaii - Hilo Main Facility
Parent Company #1 Name:	Phoenix V LLC dba BEI Hawaii
Submission Type:	Resubmission
Receipt Date:	February 2018
Status:	Deregistered
Deregistration Effective Date:	September 2018

### Facility Identification

---

Facility ID:	1000 0021 9925
--------------	----------------

### Dun and Bradstreet Numbers (DUNS)

---

Facility DUNS:	101471600
----------------	-----------

### Facility Location Address

---

Street 1:	430 Kekuanaoa Street
Street 2:	N/A
City:	Hilo
State:	HI
ZIP:	96720
ZIP4:	4319
County:	Hawaii

### Facility Latitude and Longitude

---

Latitude (decimal):	19.711374
Longitude (decimal):	-155.072354

### Local Emergency Planning Committee and Regulations

---

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

## Process Chemicals

---

Program Level:	Program Level 3 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 2016
Time Accident Began (HH:MM):	07:05
NAICS Code of Process Involved:	42469
NAICS Description:	Other Chemical and Allied Products Merchant Wholesalers
Release Duration:	042 Hours 00 Minutes

## Release Event

---

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

## Release Source

---

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

## Weather Conditions at the Time of Event

---

Wind Speed:	5.0
Units:	Miles/h
Direction:	NE
Temperature:	78
Atmospheric Stability Class:	N/A
Precipitation Present:	N/A
Unknown Weather Conditions:	N/A

## On-Site Impacts

---

Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	1
Public Responder Injuries:	0
Public Injuries:	0
On-Site Property Damage (\$):	0

## Known Off-Site Impacts

---

Deaths:	0
Hospitalizations:	0
Public Deaths:	0
Other Medical Treatments:	1
Evacuated:	0
Sheltered-in-Place:	0
Off-Site Property Damage (\$):	0

## Environmental Damage

---

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

---

Initiating Event:	Equipment Failure
-------------------	-------------------

## Contributing Factors

---

Equipment Failure:	Yes
Human Error:	Yes
Improper Procedures:	Yes
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:	Yes
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:	Yes
Revised Maintenance:	N/A
Revised Training:	Yes
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
None:	N/A
Other Changes Introduced:	N/A

## Chemicals in Accident History

---

Quantity Released (lbs):	6
Percent Weight:	100
Chemical Name:	Chlorine
CAS Number:	7782-50-5
Flammable/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?):	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):	Hawaii Fire Department
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(808) 961-8297