EPA Facility Identifier: 1000 0008 4473 Plan Sequence Number: 1000100995

# **Section 1. Registration Information**

#### Source Identification

Facility Name: PVS DX, INC.

Parent Company #1 Name: PVS CHEMICALS, INC.

Submission Type: Resubmission Receipt Date: June 2022

**Facility Identification** 

Facility ID: 1000 0008 4473

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 6530273

**Facility Location Address** 

Street 1: 23500 I-76 FRONTAGE ROAD

Street 2: N/A City: HUDSON State: CO ZIP: 80642 ZIP4: N/A

County: Weld

Facility Latitude and Longitude

Latitude (decimal): 40.093611 Longitude (decimal): -104.607778

Local Emergency Planning Committee and Regulations

LEPC: Weld County LEPC

OSHA PSM: Yes **EPCRA 302:** Yes CAA Title V: N/A

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#### **Process Chemicals**

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

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: May 2022
Time Accident Began (HH:MM): 14:45
NAICS Code of Process Involved: 42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

Release Duration: 000 Hours 05 Minutes

#### Release Event

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

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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: 1.0
Units: Miles/h
Direction: NE
Temperature: 79
Atmospheric Stability Class: B
Precipitation Present: N/A
Unknown Weather Conditions: N/A

#### 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

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#### **Environmental Damage**

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

#### **Initiating Event**

Initiating Event: Human Error

#### Contributing Factors

**Equipment Failure:** N/A Human Error: N/A Improper Procedures: N/A Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: 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: No, not notified

#### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A N/A 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: Yes Other Changes Introduced: N/A

EPA Facility Identifier: 1000 0008 4473 Plan Sequence Number: 1000100995

#### Chemicals in Accident History

Quantity Released (lbs):5Percent 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):

WELD COUNTY HAZMAT

(970) 356-4015