Facility Name: ICI EXPLOSIVES USA INC EPA Facility Identifier: 1000 0014 7307

Plan Sequence Number: 13959

# **Section 1. Registration Information**

### Source Identification

Facility Name: ICI EXPLOSIVES USA INC

Parent Company #1 Name: IMPERIAL CHEMICAL INDUSTRIES

PLC

Submission Type: First Time
Receipt Date: June 1999
Status: Deregistered
Deregistration Effective Date: June 2001

**Facility Identification** 

Facility ID: 1000 0014 7307

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 787972835

**Facility Location Address** 

Street 1: 3078 COUNTY ROAD 180

 Street 2:
 N/A

 City:
 JOPLIN

 State:
 MO

 ZIP:
 64802

 ZIP4:
 0087

 County:
 Jasper

Facility Latitude and Longitude

Latitude (decimal): 37.1
Longitude (decimal): -94.383056

Local Emergency Planning Committee and Regulations

LEPC: Jasper County LEPC

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

Facility Name: ICI EXPLOSIVES USA INC EPA Facility Identifier: 1000 0014 7307

Plan Sequence Number: 13959

### **Process Chemicals**

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: Ammonia (conc 20% or greater)

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

### **Process NAICS**

NAICS Code: 32592

NAICS Description: Explosives Manufacturing

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

32592

NAICS Description: Explosives Manufacturing Release Duration: 000 Hours 30 Minutes

#### Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

### Release Source

Storage Vessel: N/A N/A Piping: Process Vessel: N/A Transfer Hose: Yes Valve: N/A Pump: N/A 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: Human Error

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes Improper Procedures: Yes 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:** Yes Management Error: N/A Other Contributing Factor: N/A

### Off-Site Responders Notified

Off-Site Responders Notified: Unknown

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A N/A Revised Maintenance: **Revised Training:** Yes **Revised Operating Procedures:** Yes 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

Plan Sequence Number: 13959

### Chemicals in Accident History

Quantity Released (lbs): 21
Percent Weight: 20

Chemical Name: Ammonia (conc 20% or greater)

CAS Number: 7664-41-7 Flammable/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

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):

Jasper County LEPC

(417) 624-0820