

Section 1. Registration Information

Source Identification

| | |
|-------------------------|-------------------------------|
| Facility Name: | Front Ave |
| Parent Company #1 Name: | CASCADE COLUMBIA DISTRIBUTION |
| Submission Type: | Resubmission |
| Receipt Date: | November 2022 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0023 9397 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

Facility Location Address

| | |
|-----------|-------------------|
| Street 1: | 5740 NW Front Ave |
| Street 2: | N/A |
| City: | Portland |
| State: | OR |
| ZIP: | 97210 |
| ZIP4: | N/A |
| County: | Multnomah |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 45.56430 |
| Longitude (decimal): | -122.516788 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|-----------|
| LEPC: | Multnomah |
| OSHA PSM: | N/A |
| EPCRA 302: | Yes |
| CAA Title V: | N/A |

Process Chemicals

| | |
|------------------|---|
| Program Level: | Program Level 2 process |
| Chemical Name: | Hydrochloric acid (conc 37% or greater) |
| CAS Number: | 7647-01-0 |
| Flammable/Toxic: | Toxic |

| | |
|------------------|-------------------------------|
| Program Level: | Program Level 2 process |
| Chemical Name: | Ammonia (conc 20% or greater) |
| CAS Number: | 7664-41-7 |
| Flammable/Toxic: | Toxic |

| | |
|------------------|---|
| Program Level: | Program Level 2 process |
| Chemical Name: | Hydrochloric acid (conc 37% or greater) |
| CAS Number: | 7647-01-0 |
| Flammable/Toxic: | Toxic |

| | |
|------------------|-------------------------------|
| Program Level: | Program Level 2 process |
| Chemical Name: | Ammonia (conc 20% or greater) |
| CAS Number: | 7664-41-7 |
| Flammable/Toxic: | Toxic |

| | |
|------------------|---|
| Program Level: | Program Level 2 process |
| Chemical Name: | Hydrochloric acid (conc 37% or greater) |
| CAS Number: | 7647-01-0 |
| Flammable/Toxic: | Toxic |

| | |
|------------------|-------------------------------|
| Program Level: | Program Level 2 process |
| Chemical Name: | Ammonia (conc 20% or greater) |
| CAS Number: | 7664-41-7 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|--|
| NAICS Code: | 42469 |
| NAICS Description: | Other Chemical and Allied Products Merchant Wholesalers |

| | |
|--------------------|---|
| NAICS Code: | 325998 |
| NAICS Description: | All Other Miscellaneous Chemical Product and Preparation Manufacturing |

Section 6. Accident History

Accident History ID: Accident 1

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|---------------------------------|--|
| Date of Accident: | August 2022 |
| Time Accident Began (HH:MM): | 08:25 |
| NAICS Code of Process Involved: | 32599 |
| NAICS Description: | All Other Chemical Product and Preparation Manufacturing |
| Release Duration: | 000 Hours 05 Minutes |

Release Event

| | |
|--------------------------------|-----|
| Gas Release: | N/A |
| 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: | N/A |
| Pump: | N/A |
| Joint: | N/A |
| Other Release Source: | Drum |

Weather Conditions at the Time of Event

| | |
|------------------------------|---------|
| Wind Speed: | 3.6 |
| Units: | Miles/h |
| Direction: | N |
| Temperature: | 62 |
| Atmospheric Stability Class: | F |
| 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: | 0 |
| 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: | 0 |
| Evacuated: | 18 |
| 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: | Human Error |
|-------------------|-------------|

Contributing Factors

| | |
|----------------------------------|-----|
| Equipment Failure: | N/A |
| 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: | N/A |
| Other Contributing Factor: | N/A |

Off-Site Responders Notified

| | |
|-------------------------------|------------------|
| Off-Site Responders Notified: | No, not notified |
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Changes Introduced as a Result of the Accident

| | |
|----------------------------------|---|
| Improved or Upgraded Equipment: | N/A |
| Revised Maintenance: | N/A |
| 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 |
| None: | N/A |
| Other Changes Introduced: | Researching Overfill Protection Devices |

Chemicals in Accident History

| | |
|--------------------------|-------------------------------|
| Quantity Released (lbs): | 15 |
| Percent Weight: | 28 |
| Chemical Name: | Ammonia (conc 20% or greater) |
| CAS Number: | 7664-41-7 |
| Flammable/Toxic: | Toxic |

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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|---|-----|
| 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): | Portland Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (503) 823-3333 |