

## Section 1. Registration Information

### Source Identification

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|                         |  |
|-------------------------|--|
| Facility Name:          | Hawkins Industrial Group - Minneapolis |
| Parent Company #1 Name: | N/A                                    |
| Submission Type:        | Resubmission                           |
| Receipt Date:           | July 2020                              |

### Facility Identification

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|              |                |
|--------------|----------------|
| Facility ID: | 1000 0008 0299 |
|--------------|----------------|

### Dun and Bradstreet Numbers (DUNS)

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

### Facility Location Address

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|           |                           |
|-----------|---------------------------|
| Street 1: | 3100 East Hennepin Avenue |
| Street 2: | N/A                       |
| City:     | Minneapolis               |
| State:    | MN                        |
| ZIP:      | 55413                     |
| ZIP4:     | 2922                      |
| County:   | Hennepin                  |

### Facility Latitude and Longitude

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|                      |             |
|----------------------|-------------|
| Latitude (decimal):  | 44.991235   |
| Longitude (decimal): | -093.209859 |

### Local Emergency Planning Committee and Regulations

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|              |                     |
|--------------|---------------------|
| LEPC:        | Hennepin County RRC |
| OSHA PSM:    | N/A                 |
| EPCRA 302:   | Yes                 |
| CAA Title V: | Yes                 |

## Process Chemicals

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|                  |                               |
|------------------|-------------------------------|
| Program Level:   | Program Level 3 process       |
| Chemical Name:   | Ammonia (conc 20% or greater) |
| CAS Number:      | 7664-41-7                     |
| Flammable/Toxic: | Toxic                         |

## Process NAICS

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

## Section 6. Accident History

### Accident History ID: Accident 1

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|                                 |  |
|---------------------------------|--|
| Date of Accident:               | May 2021   |
| Time Accident Began (HH:MM):    | 13:00  |
| NAICS Code of Process Involved: | 42469  |
| NAICS Description:              | Other Chemical and Allied Products<br>Merchant Wholesalers |
| Release Duration:               | 000 Hours 05 Minutes                                       |

## Release Event

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

## Release Source

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

## Weather Conditions at the Time of Event

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|                              |         |
|------------------------------|---------|
| Wind Speed:                  | 21.0    |
| Units:                       | Miles/h |
| Direction:                   | N/A     |
| Temperature:                 | 63      |
| Atmospheric Stability Class: | F       |
| Precipitation Present:       | N/A     |
| Unknown Weather Conditions:  | N/A     |

## On-Site Impacts

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|                                  |   |
|----------------------------------|---|
| 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

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

## Environmental Damage

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|                                    |     |
|------------------------------------|-----|
| 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

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

## Contributing Factors

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|                                  |                |
|----------------------------------|----------------|
| Equipment Failure:               | N/A            |
| Human Error:                     | N/A            |
| Improper Procedures:             | N/A            |
| 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:       | Vent hood draw |

## Off-Site Responders Notified

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|                               |                  |
|-------------------------------|------------------|
| Off-Site Responders Notified: | No, not notified |
|-------------------------------|------------------|

## Changes Introduced as a Result of the Accident

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|                                  |                        |
|----------------------------------|------------------------|
| Improved or Upgraded Equipment:  | Yes                    |
| 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:        | added barrier curtains |

## Chemicals in Accident History

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|                          |                               |
|--------------------------|-------------------------------|
| Quantity Released (lbs): | 7                             |
| Percent Weight:          | 29.4                          |
| 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

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|  |                             |
|--|-----------------------------|
| Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):                 | Minneapolis Fire Department |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (612) 673-2890              |