EPA Facility Identifier: 1000 0016 5849 Plan Sequence Number: 1000080493

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Trident Seafoods Corporation-Pillar

Mountain Plant

Parent Company #1 Name: Trident Seafoods Corporation

Submission Type: Resubmission
Receipt Date: June 2019
Status: Deregistered
Deregistration Effective Date: September 2023

**Facility Identification** 

Facility ID: 1000 0016 5849

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 63362370

**Facility Location Address** 

Street 1: 521 Shelikof Avenue

 Street 2:
 N/A

 City:
 Kodiak

 State:
 AK

 ZIP:
 99615

 ZIP4:
 N/A

County: Kodiak Island (B)

Facility Latitude and Longitude

Latitude (decimal): 57.785850 Longitude (decimal): -152.417727

Local Emergency Planning Committee and Regulations

LEPC: Kodiak Is. Borough LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Trident Seafoods Corporation-Pillar Mountain Plant

EPA Facility Identifier: 1000 0016 5849 Plan Sequence Number: 1000080493

#### **Process Chemicals**

Program Level: Program Level 3 process
Chemical Name: Ammonia (anhydrous)

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

#### **Process NAICS**

NAICS Code: 31171

NAICS Description: Seafood Product Preparation and

Packaging

# **Section 6. Accident History**

No records found.

# **Section 9. Emergency Response**

### Written Emergency Response (ER) Plan

accidental release?):

Community Plan (Is facility included in Yes written community emergency response plan?):

Facility Plan (Does facility have its own Yes written emergency response plan?):

Response Actions (Does ER plan Yes include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan Yes include procedures for informing the public and local agencies responding to

Healthcare (Does facility's ER plan Yes include information on emergency health care?):

Facility Name: Trident Seafoods Corporation-Pillar Mountain Plant

EPA Facility Identifier: 1000 0016 5849 Plan Sequence Number: 1000080493

### 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):

Kodiak City Fire Dept

(907) 486-8040