EPA Facility Identifier: 1000 0005 1301 Plan Sequence Number: 1000113729

# **Section 1. Registration Information**

### Source Identification

Facility Name:

United States Cold Storage, Minooka
Parent Company #1 Name:

United States Cold Storage, Inc.

Submission Type: Resubmission Receipt Date: May 2024

**Facility Identification** 

Facility ID: 1000 0005 1301

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 67464289

**Facility Location Address** 

Street 1: 601 Twin Rail Drive

 Street 2:
 N/A

 City:
 Minooka

 State:
 IL

 ZIP:
 60447

 ZIP4:
 0489

 County:
 Grundy

Facility Latitude and Longitude

Latitude (decimal): 41.450556 Longitude (decimal): -088.276944

Local Emergency Planning Committee and Regulations

LEPC: Grundy County LEPC

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

EPA Facility Identifier: 1000 0005 1301 Plan Sequence Number: 1000113729

#### **Process Chemicals**

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

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

#### **Process NAICS**

NAICS Code: 49312

NAICS Description: Refrigerated Warehousing and Storage

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: October 2023
Time Accident Began (HH:MM): 13:50
NAICS Code of Process Involved: 49312

NAICS Description: Refrigerated Warehousing and Storage

Release Duration: 125 Hours 00 Minutes

### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/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: Condenser tube

EPA Facility Identifier: 1000 0005 1301 Plan Sequence Number: 1000113729

Woothor	Conditions	at tha "	Time of	Evont
vvealilei	Conditions	at the	i ii iie oi	Eveni

Wind Speed: N/A
Units: N/A
Direction: N/A
Temperature: N/A
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown Weather Conditions: Yes

# **On-Site Impacts**

Employee or Contractor Deaths:

Public Responder Deaths:

Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

Public Responder 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:

**Equipment Failure** 

EPA Facility Identifier: 1000 0005 1301 Plan Sequence Number: 1000113729

### **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **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

# Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes Yes Revised Maintenance: 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 N/A None: Other Changes Introduced: N/A

# Chemicals in Accident History

Quantity Released (lbs): 2300
Percent Weight: 99

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0005 1301 Plan Sequence Number: 1000113729

# **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

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):

Minooka Fire Protection District

Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):

(815) 467-5637