EPA Facility Identifier: 1000 0016 7151 Plan Sequence Number: 1000109456

BEF Foods, Inc.

Bob Evans Farms, Inc.

# **Section 1. Registration Information**

#### Source Identification

Facility Name:
Parent Company #1 Name:

Submission Type: Resubmission Receipt Date: January 2024

**Facility Identification** 

Facility ID: 1000 0016 7151

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 4271300

**Facility Location Address** 

Street 1: 640 Birch Road

 Street 2:
 N/A

 City:
 Xenia

 State:
 OH

 ZIP:
 45385

 ZIP4:
 N/A

 County:
 Greene

Facility Latitude and Longitude

Latitude (decimal): 39.679924 Longitude (decimal): -83.911227

Local Emergency Planning Committee and Regulations

LEPC: Greene County LEPC

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

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#### **Process Chemicals**

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

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

#### **Process NAICS**

NAICS Code: 31161

NAICS Description: Animal Slaughtering and Processing

## **Section 6. Accident History**

#### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

31161

NAICS Description: Animal Slaughtering and Processing

Release Duration: 002 Hours 30 Minutes

#### Release Event

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

#### Release Source

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

EPA Facility Identifier: 1000 0016 7151 Plan Sequence Number: 1000109456

Meather	Conditions	at the	Time of	Event
vveautei	Conditions	at the	i ii ii e Oi	

Wind Speed: 3.0
Units: Miles/h
Direction: S
Temperature: 80
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: N/A

## **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:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

#### **Initiating Event**

Initiating Event:

**Equipment Failure** 

EPA Facility Identifier: 1000 0016 7151 Plan Sequence Number: 1000109456

#### **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: Ammonia contractor

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A 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: Piping replaced, reviewed and trained on mechanical integrity and response.

#### Chemicals in Accident History

Quantity Released (lbs): 634
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0016 7151 Plan Sequence Number: 1000109456

# **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):

Greene County LEPC

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

(937) 562-5962