# **Section 1. Registration Information**

#### Source Identification

Facility Name: John C. Stennis Space Center (SSC)

Parent Company #1 Name: National Aeronautics and Space

Administration

Submission Type: First Time
Receipt Date: June 1999
Status: Deregistered
Deregistration Effective Date: December 2002

**Facility Identification** 

Facility ID: 1000 0001 7064

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: John C. Stennis Space Center

Street 2: Building 1100
City: Stennis Space Cntr

 State:
 MS

 ZIP:
 39529

 ZIP4:
 6000

 County:
 Hancock

Facility Latitude and Longitude

Latitude (decimal): 30.377
Longitude (decimal): -89.60425

Local Emergency Planning Committee and Regulations

LEPC: Bay/Waveland/Hancock County LE

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: Yes

Facility Name: John C. Stennis Space Center (SSC)

EPA Facility Identifier: 1000 0001 7064 Plan Sequence Number: 1398

#### **Process Chemicals**

Program Level: Program Level 1 process

Chemical Name: Hydrogen
CAS Number: 1333-74-0
Flammable/Toxic: Flammable

Program Level: Program Level 1 process

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Chemical Name: Hydrogen
CAS Number: 1333-74-0
Flammable/Toxic: Flammable

#### **Process NAICS**

NAICS Code: 92711

NAICS Description: Space Research and Technology

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: February 1996

Time Accident Began (HH:MM): 10:04
NAICS Code of Process Involved: 92711

NAICS Description: Space Research and Technology

Release Duration: 002 Hours 50 Minutes

#### Release Event

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

#### Release Source

Storage Vessel: N/A Piping: Yes 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

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

#### **On-Site Impacts**

0 Employee or Contractor Deaths: Public Responder Deaths: 0 Public Deaths: 0 Employee or Contractor Injuries: 0 Public Responder Injuries: 0 Public Injuries: 0

On-Site Property Damage (\$): 150000

## **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: 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:

**Equipment Failure** 

#### **Contributing Factors**

**Equipment Failure:** N/A N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: Yes 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: Notified and Responded

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes Yes Revised Maintenance: Revised Training: N/A Revised Operating Procedures: Yes 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):63Percent Weight:100Chemical Name:HydrogenCAS Number:1333-74-0Flammable/Toxic:Flammable

#### Accident History ID: Accident 2

Date of Accident: February 1995

Time Accident Began (HH:MM): 08:37
NAICS Code of Process Involved: 92711

NAICS Description: Space Research and Technology

Release Duration: 004 Hours 30 Minutes

#### Release Event

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

#### Release Source

Storage Vessel: N/A Piping: Yes 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

Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:Yes

#### **On-Site Impacts**

Employee or Contractor Deaths:

Public Responder Deaths:

O
Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

O
Public Injuries:

O
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

**Contributing Factors** 

Yes **Equipment Failure:** Human Error: N/A Improper Procedures: N/A Overpressurization: N/A **Upset Condition:** N/A By-Pass Condition: Yes 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: Notified and Responded

#### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes Revised Maintenance: Yes Revised Training: N/A **Revised Operating Procedures:** Yes **New Process Controls:** N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A N/A Changed Process: Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

## Chemicals in Accident History

Quantity Released (lbs):100Percent Weight:100Chemical Name:HydrogenCAS Number:1333-74-0Flammable/Toxic:Flammable

# **Section 9. Emergency Response**

### Written Emergency Response (ER) Plan

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

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

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

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

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

Yes

Yes

Yes

Yes

Yes

#### 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):

Hancock County ER Commission

(228) 467-9226