EPA Facility Identifier: 1000 0010 2934 Plan Sequence Number: 1000078216

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Agfinity Inc.
Parent Company #1 Name: N/A

Parent Company #1 Name: N/A
Submission Type: Resubmission

Receipt Date: April 2019

**Facility Identification** 

Facility ID: 1000 0010 2934

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 7970650

**Facility Location Address** 

Street 1: 12390 Highway 85

 Street 2:
 N/A

 City:
 Henderson

 State:
 CO

 ZIP:
 80640

 ZIP:
 80640

 ZIP4:
 N/A

 County:
 Adams

Facility Latitude and Longitude

Latitude (decimal): 39.921940 Longitude (decimal): -104.852357

Local Emergency Planning Committee and Regulations

LEPC: Adams County

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

EPA Facility Identifier: 1000 0010 2934 Plan Sequence Number: 1000078216

#### **Process Chemicals**

Program Level: Program Level 2 process
Chemical Name: Ammonia (anhydrous)

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

Program Level: Program Level 2 process
Chemical Name: Ammonia (conc 20% or greater)

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

#### **Process NAICS**

NAICS Code: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

## **Section 6. Accident History**

#### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 01 Minutes

#### Release Event

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

EPA Facility Identifier: 1000 0010 2934 Plan Sequence Number: 1000078216

Dal	0000	Call	roo
Rei	lease	SOU	rce

N/A Storage Vessel: N/A Piping: Process Vessel: N/A Transfer Hose: Yes 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: 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 Injuries:

On-Site Property Damage (\$):

### **Known Off-Site Impacts**

Deaths: 0
Hospitalizations: 0
Public Deaths: 0
Other Medical Treatments: 1
Evacuated: 0
Sheltered-in-Place: 0
Off-Site Property Damage (\$): 0

EPA Facility Identifier: 1000 0010 2934 Plan Sequence Number: 1000078216

#### **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**

**Equipment Failure:** Yes Human Error: N/A Improper Procedures: N/A Overpressurization: Yes **Upset Condition:** N/A Yes By-Pass Condition: 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 N/A Revised Maintenance: Revised Training: N/A **Revised Operating Procedures:** Yes New Process Controls: Yes N/A New Mitigation Systems: Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: N/A Other Changes Introduced: N/A

EPA Facility Identifier: 1000 0010 2934 Plan Sequence Number: 1000078216

Yes

N/A

N/A

#### Chemicals in Accident History

Quantity Released (lbs): 5
Percent Weight: 20

Chemical Name: Ammonia (conc 20% or greater)

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

## **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 N/A

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 N/A

include procedures for informing the public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan include information on emergency

include information on emergency health care?):

#### 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):

BRIGHTON FIRE DEPT.

(303) 659-4101