Facility Name: ULRICH CHEMICAL, INC. EPA Facility Identifier: 1000 0007 2119

Plan Sequence Number: 25269

# **Section 1. Registration Information**

#### Source Identification

Facility Name: ULRICH CHEMICAL, INC.
Parent Company #1 Name: ULRICH CHEMICAL, INC.

Submission Type: Corrections
Receipt Date: July 1999
Status: Deregistered
Deregistration Effective Date: January 2002

**Facility Identification** 

Facility ID: 1000 0007 2119

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 3318 E. PONTIAC STREET

Street 2: N/A

City: FORT WAYNE

 State:
 IN

 ZIP:
 40216

 ZIP4:
 N/A

 County:
 Allen

Facility Latitude and Longitude

Latitude (decimal): 41.061778 Longitude (decimal): 85.10375

Local Emergency Planning Committee and Regulations

LEPC: Allen County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Plan Sequence Number: 25269

#### **Process Chemicals**

Program Level: Program Level 3 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Sulfur dioxide (anhydrous)

CAS Number: 7446-09-5 Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 42269

NAICS Description: Other Chemical and Allied Products

Wholesalers

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: April 1997
Time Accident Began (HH:MM): 16:30
NAICS Code of Process Involved: 42269

NAICS Description: Other Chemical and Allied Products

Wholesalers

Release Duration: 000 Hours 30 Minutes

#### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

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Storage Vessel: Yes N/A Piping: Process Vessel: N/A Transfer Hose: N/A Valve: N/A N/A Pump: 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:

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:

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: Yes Improper Procedures: Yes Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: 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: N/A N/A Revised Maintenance: Revised Training: N/A **Revised Operating Procedures:** N/A **New Process Controls:** N/A N/A New Mitigation Systems: Revised Emergency Response Plan: N/A Changed Process: N/A N/A Reduced Inventory: N/A

Other Changes Introduced: Ulrich personnel notified customer that

valves on returned empty chlorine containers must be properly closed.

Plan Sequence Number: 25269

### Chemicals in Accident History

Quantity Released (lbs): 2
Percent Weight: 100

Chemical Name: Sulfur dioxide (anhydrous)

CAS Number: 7446-09-5 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 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

### 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):

Allen County LEPC

(219) 428-7513