Facility Name: Cold Storage Warehouse EPA Facility Identifier: 1000 0018 1732

Plan Sequence Number: 27697

# **Section 1. Registration Information**

### Source Identification

Facility Name: Cold Storage Warehouse
Parent Company #1 Name: Port of Corpus Christi Authority

Submission Type: First Time
Receipt Date: March 2003
Status: Deregistered
Deregistration Effective Date: May 2013

**Facility Identification** 

Facility ID: 1000 0018 1732

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 701 East Navigation Boulevard

Street 2: N/A

City: Corpus Christi

 State:
 TX

 ZIP:
 78404

 ZIP4:
 N/A

 County:
 Nueces

Facility Latitude and Longitude

Latitude (decimal): 27.814528 Longitude (decimal): 97.397806

Local Emergency Planning Committee and Regulations

LEPC: Nueces County LEPC

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

### **Process Chemicals**

Program Level: Program Level 2 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: June 2000
Time Accident Began (HH:MM): 15:05
NAICS Code of Process Involved: 49312

NAICS Description: Refrigerated Warehousing and Storage

Release Duration: 003 Hours 10 Minutes

### Release Event

Gas Release: N/A
Liquid Spill/Evaporation: N/A
Fire: Yes
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: Yes Pump: N/A Joint: N/A Other Release Source: N/A

Facility Name: Cold Storage Warehouse EPA Facility Identifier: 1000 0018 1732

Plan Sequence Number: 27697

### 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 (\$):

550000

### **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:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Human Error

### **Contributing Factors**

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

Other Contributing Factor: During construction of facility, lit

cigarette caused fire in insulation and damaged the piping, insulation, and

roof system

### Off-Site Responders Notified

Off-Site Responders Notified: Notified and Responded

### Changes Introduced as a Result of the Accident

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

Other Changes Introduced: Designated Smoking Areas

### Chemicals in Accident History

Quantity Released (lbs): 2000
Percent Weight: N/A

Chemical Name: Ammonia (anhydrous)

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?):

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):

City of Corpus Christi - Fire Dept.

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

(000) 000-0911