

Section 1. Registration Information

Source Identification

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|--------------------------------|--|
| Facility Name: | Jacobson Warehouse Company, Inc. - NE Dist Ctr |
| Parent Company #1 Name: | Jacobson Acquisition Co. |
| Submission Type: | Resubmission |
| Receipt Date: | May 2009 |
| Status: | Deregistered |
| Deregistration Effective Date: | April 2011 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0015 2942 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

Facility Location Address

| | |
|-----------|------------------|
| Street 1: | 1 Progress Drive |
| Street 2: | N/A |
| City: | Morrisville |
| State: | PA |
| ZIP: | 19067 |
| ZIP4: | N/A |
| County: | Bucks |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 40.172180 |
| Longitude (decimal): | -074.769500 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|-------------------|
| LEPC: | Bucks County LEPC |
| OSHA PSM: | Yes |
| EPCRA 302: | Yes |
| CAA Title V: | N/A |

Process Chemicals

| | |
|------------------|--|
| Program Level: | Program Level 1 process |
| Chemical Name: | Toluene 2,6-diisocyanate [Benzene, 1,3-diisocyanato-2-methyl-] |
| CAS Number: | 91-08-7 |
| Flammable/Toxic: | Toxic |
| Program Level: | Program Level 1 process |
| Chemical Name: | Toluene 2,4-diisocyanate [Benzene, 2,4-diisocyanato-1-methyl-] |
| CAS Number: | 584-84-9 |
| Flammable/Toxic: | Toxic |
| Program Level: | Program Level 2 process |
| Chemical Name: | Phosphorus oxychloride [Phosphoryl chloride] |
| CAS Number: | 10025-87-3 |
| Flammable/Toxic: | Toxic |

Process NAICS

| | |
|--------------------|---------------------------------|
| NAICS Code: | 49311 |
| NAICS Description: | General Warehousing and Storage |

Section 6. Accident History

No records found.

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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|---|-----|
| 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):

Falls Township Fire Department

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

(215) 949-9000