

## Section 1. Registration Information

### Source Identification

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Facility Name:	Rhodia Inc.
Parent Company #1 Name:	Rhodia Inc.
Submission Type:	First Time
Receipt Date:	June 1999
Status:	Deregistered
Deregistration Effective Date:	September 2003

### Facility Identification

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Facility ID:	1000 0009 0536
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	2959810
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### Facility Location Address

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Street 1:	2000 Michigan Street
Street 2:	N/A
City:	Hammond
State:	IN
ZIP:	46320
ZIP4:	1462
County:	Lake

### Facility Latitude and Longitude

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Latitude (decimal):	41.607778
Longitude (decimal):	-87.477778

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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Program Level:	Program Level 3 process
Chemical Name:	Chloroform [Methane, trichloro-]
CAS Number:	67-66-3
Flammable/Toxic:	Toxic

## Process NAICS

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NAICS Code:	562211
NAICS Description:	Hazardous Waste Treatment and Disposal

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	February 1997
Time Accident Began (HH:MM):	13:19
NAICS Code of Process Involved:	562211
NAICS Description:	Hazardous Waste Treatment and Disposal
Release Duration:	006 Hours 11 Minutes

## Release Event

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

## Release Source

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Storage Vessel:	Yes
Piping:	N/A
Process Vessel:	N/A
Transfer Hose:	N/A
Valve:	N/A
Pump:	N/A
Joint:	N/A
Other Release Source:	Flare

## Weather Conditions at the Time of Event

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Wind Speed:	5.0
Units:	Meters/second
Direction:	NNW
Temperature:	39
Atmospheric Stability Class:	D
Precipitation Present:	Yes
Unknown Weather Conditions:	N/A

## On-Site Impacts

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Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	0
Public Responder Injuries:	0
Public Injuries:	0
On-Site Property Damage (\$):	0

## Known Off-Site Impacts

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Deaths:	0
Hospitalizations:	2
Public Deaths:	0
Other Medical Treatments:	23
Evacuated:	0
Sheltered-in-Place:	2000
Off-Site Property Damage (\$):	0

## Environmental Damage

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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

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Initiating Event:	Human Error
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## Contributing Factors

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Equipment Failure:	N/A
Human Error:	N/A
Improper Procedures:	Yes
Overpressurization:	Yes
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:	Yes
Management Error:	N/A
Other Contributing Factor:	Chemical Reaction

## Off-Site Responders Notified

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Off-Site Responders Notified:	Notified and Responded
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## Changes Introduced as a Result of the Accident

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

## Chemicals in Accident History

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Quantity Released (lbs):	117
Percent Weight:	11.1
Chemical Name:	Chloroform [Methane, trichloro-]
CAS Number:	67-66-3
Flammable/Toxic:	Toxic
Quantity Released (lbs):	1447
Percent Weight:	15
Chemical Name:	Hydrogen chloride (anhydrous) [Hydrochloric acid]
CAS Number:	7647-01-0
Flammable/Toxic:	Toxic

## 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

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Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):	Hammond Fire Department
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(219) 853-6418