# **Section 1. Registration Information**

Source Identification

Facility Name: Coca-Cola North America - Auburndale

Main Street

Parent Company #1 Name: Coca-Cola North America

Submission Type: Resubmission Receipt Date: October 2023

**Facility Identification** 

Facility ID: 1000 0019 4292

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 705 Main Street

Street 2: N/A

City: Auburndale

 State:
 FL

 ZIP:
 33823

 ZIP4:
 4070

 County:
 Polk

Facility Latitude and Longitude

Latitude (decimal): 28.053949 Longitude (decimal): -081.786091

Local Emergency Planning Committee and Regulations

LEPC: District 7 LEPC

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

Facility Name: Coca-Cola North America - Auburndale Main Street

EPA Facility Identifier: 1000 0019 4292 Plan Sequence Number: 1000107132

#### **Process Chemicals**

Program Level: Program Level 3 process Chemical Name: Ammonia (anhydrous)

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

### **Process NAICS**

NAICS Code: 311411

NAICS Description: Frozen Fruit, Juice, and Vegetable

Manufacturing

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:March 2023Time Accident Began (HH:MM):09:55NAICS Code of Process Involved:311411

NAICS Description: Frozen Fruit, Juice, and Vegetable

Manufacturing

Release Duration: 001 Hours 45 Minutes

#### Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

#### Release Source

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

Meather	Conditions	at the 7	Time of	Event
vvealliel	Conditions	aune	i ii iie oi	Eveni

Wind Speed: 11.1
Units: Miles/h
Direction: S
Temperature: 51
Atmospheric Stability Class: B
Precipitation Present: Yes
Unknown Weather Conditions: N/A

## **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: 165
Off-Site Property Damage (\$): 0

## **Environmental Damage**

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Equipment Failure

### **Contributing Factors**

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

Other Contributing Factor: 8" isolation valve malfunction

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

Other Changes Introduced: Installed new isolation valve.

### Chemicals in Accident History

Quantity Released (lbs): 12961 Percent Weight: 100

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?):

N/A

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

N/A

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

N/A

Healthcare (Does facility's ER plan include information on emergency health care?):

N/A

### **Local Agency**

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

Polk County Fire Services

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

(863) 519-7350