# **Section 1. Registration Information**

### Source Identification

Facility Name: Wisconsin Tissue Mills, Inc.
Parent Company #1 Name: Chesapeake Corporation

Submission Type: First Time
Receipt Date: June 1999
Status: Deregistered
Deregistration Effective Date: May 2001

**Facility Identification** 

Facility ID: 1000 0004 7326

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 6107288

**Facility Location Address** 

Street 1: 3rd and Tayco Street

 Street 2:
 N/A

 City:
 Menasha

 State:
 WI

 ZIP:
 54952

 ZIP4:
 N/A

 County:
 Winnebago

Facility Latitude and Longitude

Latitude (decimal): 44.205278 Longitude (decimal): -88.455

Local Emergency Planning Committee and Regulations

LEPC: Winnebago County Emergency Mgt

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: Yes

### **Process Chemicals**

Program Level: Program Level 3 process

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

### **Process NAICS**

NAICS Code: 322121

NAICS Description: Paper (except Newsprint) Mills

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

322121

NAICS Description: Paper (except Newsprint) Mills

Release Duration: 000 Hours 01 Minutes

### Release Event

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

#### Release Source

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

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Equipment Failure

# **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes Process Design Failure: Yes 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: Yes Revised Maintenance: Yes Revised Training: Yes **Revised Operating Procedures:** Yes New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: N/A **Changed Process:** N/A Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

# Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:N/AChemical Name:ChlorineCAS Number:7782-50-5Flammable/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 Menasha Fire Department

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

(920) 751-5125