Facility Name: Eaton Aeroquip Inc.

EPA Facility Identifier: 1000 0005 5138

Plan Sequence Number: 1000009468

November 2009

# **Section 1. Registration Information**

#### Source Identification

**Facility Identification** 

Facility Name: Eaton Aeroquip Inc.
Parent Company #1 Name: Eaton Corporation
Submission Type: Resubmission
Receipt Date: July 2009
Status: Deregistered

Facility ID: 1000 0005 5138

**Dun and Bradstreet Numbers (DUNS)** 

Deregistration Effective Date:

Facility DUNS: 5356498

**Facility Location Address** 

 Street 1:
 1225 West Main Street

 Street 2:
 N/A

 City:
 Van Wert

 State:
 OH

 ZIP:
 45891

 ZIP4:
 0389

ZIP4: 0389 County: Van Wert

Facility Latitude and Longitude

Latitude (decimal): 40.876111 Longitude (decimal): -084.602222

Local Emergency Planning Committee and Regulations

LEPC: Van Wert County LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Eaton Aeroquip Inc.

EPA Facility Identifier: 1000 0005 5138

Plan Sequence Number: 1000009468

#### **Process Chemicals**

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

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

#### **Process NAICS**

NAICS Code: 332912

NAICS Description: Fluid Power Valve and Hose Fitting

Manufacturing

# **Section 6. Accident History**

# Accident History ID: Accident 1

Date of Accident: December 2007

Time Accident Began (HH:MM): 16:28
NAICS Code of Process Involved: 332912

NAICS Description: Fluid Power Valve and Hose Fitting

Manufacturing

Release Duration: 000 Hours 05 Minutes

#### Release Event

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

#### Release Source

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: N/A

Facility Name: Eaton Aeroquip Inc.
EPA Facility Identifier: 1000 0005 5138

Weather Conditions at the Time of Event 3.0 Wind Speed: Units: Miles/h NNE Direction: 34 Temperature: Atmospheric Stability Class: F Precipitation Present: N/A **Unknown Weather Conditions:** N/A **On-Site Impacts** 0 Employee or Contractor Deaths: Public Responder Deaths: 0 Public Deaths: 0 Employee or Contractor Injuries: 1 Public Responder Injuries: Public Injuries: 0 On-Site Property Damage (\$): 0 **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: N/A Tree, Lawn, Shrub, or Crop Damage: N/A Water Contamination: N/A Soil Contamination: N/A Other Environmental Damage: N/A

Human Error

**Initiating Event** 

Initiating Event:

Plan Sequence Number: 1000009468

Facility Name: Eaton Aeroquip Inc.

EPA Facility Identifier: 1000 0005 5138

Plan Sequence Number: 1000009468

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes Improper Procedures: N/A N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes Process Design Failure: N/A 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: N/A Revised Maintenance: Yes Revised Training: Yes Revised Operating Procedures: N/A **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: Revised procedures established for

tank preparation for type of

maintenance activities being done at

the time of incident.

## Chemicals in Accident History

Quantity Released (lbs): 28
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

Facility Name: Eaton Aeroquip Inc. EPA Facility Identifier: 1000 0005 5138

Plan Sequence Number: 1000009468

# **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):

Van Wert County EMA

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

(419) 238-1300