Section 1. Registration Information

Source Identification

Facility Name: Ascend - Decatur Plant

Parent Company #1 Name: Ascend Performance Materials, LLC.

Submission Type: Resubmission Receipt Date: June 2023

Facility Identification

Facility ID: 1000 0008 1092

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 830235474

Facility Location Address

Street 1: 1050 Chemstrand Avenue

 Street 2:
 N/A

 City:
 Decatur

 State:
 AL

 ZIP:
 35601

 ZIP4:
 8900

 County:
 Morgan

Facility Latitude and Longitude

Latitude (decimal): 34.633889 Longitude (decimal): -087.024444

Local Emergency Planning Committee and Regulations

LEPC: Morgan County LEPC

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

Process Chemicals

Program Level: Program Level 3 process
Chemical Name: Propionitrile [Propanenitrile]

CAS Number: 107-12-0 Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Acrylonitrile [2-Propenenitrile]

CAS Number: 107-13-1 Flammable/Toxic: Toxic

Process NAICS

NAICS Code: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: February 2019

Time Accident Began (HH:MM): 18:00
NAICS Code of Process Involved: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

Release Duration: 015 Hours 20 Minutes

Release Event

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

Facility Name: Ascend - Decatur Plant EPA Facility Identifier: 1000 0008 1092

Plan Sequence Number: 1000105362

Release Source

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

Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: NE
Temperature: 53
Atmospheric Stability Class: F
Precipitation Present: N/A
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: 0
Off-Site Property Damage (\$): 0

Environmental Damage

Fish or Animal Kills:

Tree, Lawn, Shrub, or Crop Damage:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

Initiating Event

Initiating Event: Human Error

Contributing Factors

Equipment Failure: N/A Human Error: N/A Improper Procedures: N/A Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: 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: 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 N/A Revised Maintenance: **Revised Training:** Yes **Revised Operating Procedures:** Yes **New Process Controls:** N/A N/A New Mitigation Systems: Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: N/A

Other Changes Introduced: Added auditing process for loading

activities

Chemicals in Accident History

Quantity Released (lbs): 1
Percent Weight: 100

Chemical Name: Propionitrile [Propanenitrile]

CAS Number: 107-12-0 Flammable/Toxic: Toxic

Section 9. Emergency Response

Written Emergency Response (ER) Plan

Community Plan (Is facility included in written community emergency response plan?):

Facility Plan (Does facility have its own written emergency response plan?):

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

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

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

Yes

Yes

Yes

Yes

Local Agency

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

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

Morgan County Emergency Mgt Agency

(256) 351-4622