# **Section 1. Registration Information**

### Source Identification

Facility Name: AK Steel Butler Operations - Stainless

Plant

Parent Company #1 Name:

Submission Type:

Receipt Date:

Status:

Deregistration Effective Date:

AK Steel Inc

Resubmission

June 2002

Deregistered

May 2005

**Facility Identification** 

Facility ID: 1000 0009 8191

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 606072130

**Facility Location Address** 

Street 1: Bantam Avenue

 Street 2:
 N/A

 City:
 Butler

 State:
 PA

 ZIP:
 16001

 ZIP4:
 N/A

 County:
 Butler

Facility Latitude and Longitude

Latitude (decimal): 40.852778 Longitude (decimal): -79.905556

Local Emergency Planning Committee and Regulations

LEPC: Butler County LEPC

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

#### **Process Chemicals**

Program Level: Program Level 2 process

Chemical Name: Hydrogen fluoride/Hydrofluoric acid

(conc 50% or greater) [Hydrofluoric

acid]

CAS Number: 7664-39-3 Flammable/Toxic: Toxic

#### **Process NAICS**

NAICS Code: 331111

NAICS Description: Iron and Steel Mills

# **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident: December 1998

Time Accident Began (HH:MM): 12:30
NAICS Code of Process Involved: 331111

NAICS Description: Iron and Steel Mills
Release Duration: 000 Hours 01 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: Yes Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

Woothor	Conditions	at tha "	Time of	Evont
vvealilei	Conditions	at the	i ii iie oi	Eveni

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: Human Error

#### **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: N/A

#### Chemicals in Accident History

Quantity Released (lbs): 1
Percent Weight: 70

Chemical Name: Hydrogen fluoride/Hydrofluoric acid

(conc 50% or greater) [Hydrofluoric

acid]

CAS Number: 7664-39-3 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?):

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):

**Butler County LEPC** 

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

(724) 284-5211