Facility Name: AGRIFROZEN FOODS - PLANT 3

EPA Facility Identifier: 1000 0011 8552 Plan Sequence Number: 9618

## **Section 1. Registration Information**

#### Source Identification

Facility Name: AGRIFROZEN FOODS - PLANT 3
Parent Company #1 Name: PRO-FAC COOPERATIVE, INC.

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

**Facility Identification** 

Facility ID: 1000 0011 8552

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 101 SOUTH BIRDSEYE AVE

Street 2: N/A

City: WOODBURN

 State:
 OR

 ZIP:
 97071

 ZIP4:
 N/A

 County:
 Marion

Facility Latitude and Longitude

Latitude (decimal): 45.136111 Longitude (decimal): -122.844722

Local Emergency Planning Committee and Regulations

LEPC: STATE OF OREGON

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: AGRIFROZEN FOODS - PLANT 3

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#### **Process Chemicals**

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

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

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

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

#### **Process NAICS**

NAICS Code: 31141

NAICS Description: Frozen Food Manufacturing

# **Section 6. Accident History**

No records found.

# **Section 9. Emergency Response**

### Written Emergency Response (ER) Plan

regulated substance(s)?):

health care?):

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

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

Response Actions (Does ER plan Yes include specific actions to be taken in response to accidental releases of

Public Information (Does ER plan Yes include procedures for informing the

include procedures for informing the public and local agencies responding to

accidental release?):

Healthcare (Does facility's ER plan include information on emergency

Facility Name: AGRIFROZEN FOODS - PLANT 3

EPA Facility Identifier: 1000 0011 8552 Plan Sequence Number: 9618

### 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):

WOODBURN FIRE DEPT

(503) 982-2360