

## Section 1. Registration Information

### Source Identification

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Facility Name:	GlaxoSmithKline Vaccines dba Corixa Corporation
Parent Company #1 Name:	GlaxoSmithKline, LLC
Submission Type:	Resubmission
Receipt Date:	May 2024

### Facility Identification

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Facility ID:	1000 0022 5348
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	876218090
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### Facility Location Address

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Street 1:	553 Old Corvallis Road
Street 2:	N/A
City:	Hamilton
State:	MT
ZIP:	59840
ZIP4:	3607
County:	Ravalli

### Facility Latitude and Longitude

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Latitude (decimal):	46.285229
Longitude (decimal):	-114.146063

### Local Emergency Planning Committee and Regulations

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

## Process Chemicals

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Program Level:	Program Level 1 process
Chemical Name:	Chloroform [Methane, trichloro-]
CAS Number:	67-66-3
Flammable/Toxic:	Toxic

## Process NAICS

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NAICS Code:	325412
NAICS Description:	Pharmaceutical Preparation Manufacturing

## Section 6. Accident History

No records found.

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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

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

Hamilton Fire Department

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

(406) 363-6338