EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

# **Section 1. Registration Information**

Source Identification

Facility Name: SCHWAN'S FOOD

MANUFACTURING, INC.

Parent Company #1 Name: THE SCHWAN FOOD COMPANY

Submission Type: Resubmission Receipt Date: May 2024

Facility Identification

Facility ID: 1000 0012 4812

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 601 MICHIGAN ROAD

Street 2: N/A

City: MARSHALL

 State:
 MN

 ZIP:
 56258

 ZIP4:
 1796

 County:
 Lyon

Facility Latitude and Longitude

Latitude (decimal): 44.466013 Longitude (decimal): -095.790708

Local Emergency Planning Committee and Regulations

LEPC: LYON COUNTY EMERGENCY

**PLANNING** 

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

## **Process Chemicals**

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

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

#### **Process NAICS**

NAICS Code: 31152

NAICS Description: Ice Cream and Frozen Dessert

Manufacturing

NAICS Code: 31141

NAICS Description: Frozen Food Manufacturing

# **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident: May 2023
Time Accident Began (HH:MM): 14:10
NAICS Code of Process Involved: 31141

NAICS Description: Frozen Food Manufacturing Release Duration: 000 Hours 18 Minutes

#### Release Event

Gas Release: N/A
Liquid Spill/Evaporation: Yes
Fire: N/A
Explosion: N/A
Uncontrolled/Runaway Reaction: N/A

## Release Source

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

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

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Wind Speed: N/A
Units: N/A
Direction: N/A
Temperature: N/A
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown 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: Equipment Failure

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

## **Contributing Factors**

**Equipment Failure:** N/A N/A Human Error: Improper Procedures: N/A Yes Overpressurization: **Upset Condition:** Yes By-Pass Condition: N/A 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: Notified Only

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A Revised Maintenance: Revised Training: N/A 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): 322
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

## Accident History ID: Accident 2

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

31152

NAICS Description: Ice Cream and Frozen Dessert

Manufacturing

Release Duration: 100 Hours 00 Minutes

#### Release Event

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

#### Release Source

 Storage Vessel:
 N/A

 Piping:
 N/A

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: Relief Valve on Mix Tank 31

## Weather Conditions at the Time of Event

Wind Speed: N/A
Units: N/A
Direction: N/A
Temperature: N/A
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown Weather Conditions: Yes

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

## **On-Site Impacts**

Employee or Contractor Deaths:

Public Responder Deaths:

O
Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

O
Public Injuries:

O
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

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

## **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: 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: Notified Only

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: Yes N/A Revised Maintenance: Revised Training: N/A Revised Operating Procedures: Yes 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): 1440
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0012 4812 Plan Sequence Number: 1000113324

# **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):

MARSHALL FIRE DEPARTMENT

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

(507) 532-5141