# **Section 1. Registration Information**

#### Source Identification

Facility Name: Montana Sulphur & Chemical Company

Parent Company #1 Name: N/A

Submission Type: Corrections
Receipt Date: August 2004
Status: Deregistered
Deregistration Effective Date: March 2007

**Facility Identification** 

Facility ID: 1000 0014 4355

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 6233456

**Facility Location Address** 

Street 1: 627 ExxonMobil Road

Street 2: N/A

City: NE of Billings

 State:
 MT

 ZIP:
 59101

 ZIP4:
 N/A

County: Yellowstone

Facility Latitude and Longitude

Latitude (decimal): 45.811389 Longitude (decimal): -108.426667

Local Emergency Planning Committee and Regulations

LEPC: Yellowstone County LEPC

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

#### **Process Chemicals**

Program Level: Program Level 3 process

Chemical Name: Hydrogen sulfide CAS Number: 7783-06-4 Flammable/Toxic: Toxic

### **Process NAICS**

NAICS Code: 32512

NAICS Description: Industrial Gas Manufacturing

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: October 2002

Time Accident Began (HH:MM): 07:30
NAICS Code of Process Involved: 32512

NAICS Description: Industrial Gas Manufacturing Release Duration: 000 Hours 01 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: Yes
Process Vessel: N/A
Transfer Hose: N/A
Valve: Yes
Pump: N/A
Joint: Yes

Other Release Source: opened joint after failing to check that

valve was closed

EPA Facility Identifier: 1000 0014 4355

Wind Speed: 5.8
Units: Miles/h
Direction: NNE
Temperature: 22
Atmospheric Stability Class: D
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:

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: N/A Process Design Failure: N/A Unsuitable Equipment: N/A **Unusual Weather Condition:** N/A Management Error: Yes 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 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: 99.8

Chemical Name: Hydrogen sulfide CAS Number: 7783-06-4 Flammable/Toxic: Toxic

# Accident History ID: Accident 2

EPA Facility Identifier: 1000 0014 4355

Date of Accident: April 2001
Time Accident Began (HH:MM): 17:45
NAICS Code of Process Involved: 32512

NAICS Description: Industrial Gas Manufacturing Release Duration: 000 Hours 02 Minutes

#### Release Event

Gas Release: Yes
Liquid Spill/Evaporation: N/A
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:
 N/A

 Pump:
 N/A

 Joint:
 Yes

Other Release Source: leaking gasket on flange

#### Weather Conditions at the Time of Event

Wind Speed: 16.7
Units: Miles/h
Direction: NW
Temperature: 38
Atmospheric Stability Class: D
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 Im	pacts
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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:	N/A
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
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# Contributing Factors

Equipment Failure:	Yes
Human Error:	Yes
Improper Procedures:	N/A
Overpressurization:	N/A
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:	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 New Mitigation Systems: N/A Revised Emergency Response Plan: N/A Changed Process: Yes Reduced Inventory: N/A None: N/A Other Changes Introduced: N/A

### Chemicals in Accident History

plan?):

Quantity Released (lbs): 1

Percent Weight: 99.8

Chemical Name: Hydrogen sulfide 7783-06-4 CAS Number: Flammable/Toxic: Toxic

# **Section 9. Emergency Response**

## Written Emergency Response (ER) Plan

Community Plan (Is facility included in Yes written community emergency response

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):

Yellowstone Disaster and Emergency

(406) 256-2775