

Section 1. Registration Information

Source Identification

| | |
|--------------------------------|----------------------|
| Facility Name: | Praxair - Bagdad, PA |
| Parent Company #1 Name: | Praxair, Inc. |
| Submission Type: | Resubmission |
| Receipt Date: | February 2012 |
| Status: | Deregistered |
| Deregistration Effective Date: | December 2016 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0014 9742 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|-----|
| Facility DUNS: | N/A |
|----------------|-----|

Facility Location Address

| | |
|-----------|----------------|
| Street 1: | 1 Kiski Avenue |
| Street 2: | N/A |
| City: | Leechburg |
| State: | PA |
| ZIP: | 15656 |
| ZIP4: | N/A |
| County: | Armstrong |

Facility Latitude and Longitude

| | |
|----------------------|-------------|
| Latitude (decimal): | 40.650497 |
| Longitude (decimal): | -079.629356 |

Local Emergency Planning Committee and Regulations

| | |
|--------------|-----------------------|
| LEPC: | Armstrong County LEPC |
| OSHA PSM: | Yes |
| EPCRA 302: | N/A |
| CAA Title V: | N/A |

Process Chemicals

| | |
|------------------|-------------------------|
| Program Level: | Program Level 3 process |
| Chemical Name: | Hydrogen |
| CAS Number: | 1333-74-0 |
| Flammable/Toxic: | Flammable |

Process NAICS

| | |
|--------------------|------------------------------|
| NAICS Code: | 32512 |
| NAICS Description: | Industrial Gas Manufacturing |

Section 6. Accident History

No records found.

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): | Adams Township Municipal Fire Dept. |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (724) 845-7200 |