# **Section 1. Registration Information**

### Source Identification

Facility Name: LaRoche Industries Inc. - Gramercy

Facility

Parent Company #1 Name: LaRoche Industries Inc.

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

**Facility Identification** 

Facility ID: 1000 0008 7997

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 8182289

**Facility Location Address** 

Street 1: 1134 Jefferson Highway

 Street 2:
 N/A

 City:
 Gramercy

 State:
 LA

 ZIP:
 70052

 ZIP4:
 5500

 County:
 St. James

Facility Latitude and Longitude

Latitude (decimal): 30.059444 Longitude (decimal): -90.666667

Local Emergency Planning Committee and Regulations

 LEPC:
 N/A

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: LaRoche Industries Inc. - Gramercy Facility

EPA Facility Identifier: 1000 0008 7997 Plan Sequence Number: 7045

#### **Process Chemicals**

Program Level: Program Level 3 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

Program Level: Program Level 3 process

Chemical Name: Hydrogen fluoride/Hydrofluoric acid

(conc 50% or greater) [Hydrofluoric

acid]

CAS Number: 7664-39-3 Flammable/Toxic: Toxic

Program Level: Program Level 3 process

Chemical Name: Chlorine
CAS Number: 7782-50-5
Flammable/Toxic: Toxic

Program Level: Program Level 3 process
Chemical Name: Vinylidene chloride [Ethene,

1,1-dichloro-]

CAS Number: 75-35-4
Flammable/Toxic: Flammable

### **Process NAICS**

NAICS Code: 325181

NAICS Description: Alkalies and Chlorine Manufacturing

NAICS Code: 325199

NAICS Description: All Other Basic Organic Chemical

Manufacturing

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

325181

NAICS Description: Alkalies and Chlorine Manufacturing

Release Duration: 000 Hours 20 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: Yes Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

### Weather Conditions at the Time of Event

Wind Speed: 4.0

Units: Meters/second

Direction:SETemperature:86Atmospheric Stability Class:N/APrecipitation Present:N/AUnknown Weather Conditions:N/A

### **On-Site Impacts**

Employee or Contractor Deaths: 0
Public Responder Deaths: 0
Public Deaths: 0
Employee or Contractor Injuries: 0
Public Responder Injuries: 0
Public Injuries: 0
On-Site Property Damage (\$): 0

# **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:

**Equipment Failure** 

### **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: Improper Procedures: N/A Yes Overpressurization: **Upset Condition:** Yes By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes 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: Took the restricted stripper out of service; upgraded chlorine header

piping

### Chemicals in Accident History

Quantity Released (lbs):12Percent Weight:100Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

# **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):

St. John CAER: St. James LEPC

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

(504) 652-6338