

Section 1. Registration Information

Source Identification

| | |
|--------------------------------|--------------------------------|
| Facility Name: | Diamond Chain Company |
| Parent Company #1 Name: | Amsted Industries Incorporated |
| Submission Type: | Corrections |
| Receipt Date: | February 2000 |
| Status: | Deregistered |
| Deregistration Effective Date: | August 2004 |

Facility Identification

| | |
|--------------|----------------|
| Facility ID: | 1000 0016 5947 |
|--------------|----------------|

Dun and Bradstreet Numbers (DUNS)

| | |
|----------------|---------|
| Facility DUNS: | 6067888 |
|----------------|---------|

Facility Location Address

| | |
|-----------|---------------------|
| Street 1: | P.O. Box 7045 |
| Street 2: | 402 Kentucky Avenue |
| City: | Indianapolis |
| State: | IN |
| ZIP: | 46207 |
| ZIP4: | 7045 |
| County: | Marion |

Facility Latitude and Longitude

| | |
|----------------------|------------|
| Latitude (decimal): | 39.761194 |
| Longitude (decimal): | -86.167806 |

Local Emergency Planning Committee and Regulations

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

Process Chemicals

| | |
|------------------|-------------------------|
| Program Level: | Program Level 2 process |
| Chemical Name: | Propane |
| CAS Number: | 74-98-6 |
| Flammable/Toxic: | Flammable |

Process NAICS

| | |
|--------------------|--|
| NAICS Code: | 333613 |
| NAICS Description: | Mechanical Power Transmission Equipment Manufacturing |

Section 6. Accident History

Accident History ID: Accident 1

| | |
|---------------------------------|--|
| Date of Accident: | March 1997 |
| Time Accident Began (HH:MM): | 07:30 |
| NAICS Code of Process Involved: | 333613 |
| NAICS Description: | Mechanical Power Transmission Equipment Manufacturing |
| Release Duration: | 001 Hours 30 Minutes |

Release Event

| | |
|--------------------------------|-----|
| Gas Release: | Yes |
| Liquid Spill/Evaporation: | N/A |
| Fire: | Yes |
| 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: | N/A |
| Other Release Source: | Vaporizer |

Weather Conditions at the Time of Event

| | |
|------------------------------|---------|
| Wind Speed: | N/A |
| Units: | Miles/h |
| 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: | 0 |
| Public Responder Deaths: | 0 |
| Public Deaths: | 0 |
| Employee or Contractor Injuries: | 0 |
| Public Responder Injuries: | 0 |
| Public Injuries: | 0 |
| On-Site Property Damage (\$): | 24431 |

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: | 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: | Equipment Failure |
|-------------------|-------------------|

Contributing Factors

| | |
|----------------------------------|-----|
| Equipment Failure: | Yes |
| Human Error: | N/A |
| Improper Procedures: | N/A |
| Overpressurization: | N/A |
| 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 and Responded |
|-------------------------------|------------------------|

Changes Introduced as a Result of the Accident

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|----------------------------------|-----|
| Improved or Upgraded Equipment: | N/A |
| Revised Maintenance: | N/A |
| Revised Training: | N/A |
| Revised Operating Procedures: | N/A |
| New Process Controls: | Yes |
| New Mitigation Systems: | N/A |
| Revised Emergency Response Plan: | N/A |
| Changed Process: | N/A |
| Reduced Inventory: | N/A |
| None: | N/A |
| Other Changes Introduced: | N/A |

Chemicals in Accident History

| | |
|--------------------------|-----------|
| Quantity Released (lbs): | 130 |
| Percent Weight: | N/A |
| Chemical Name: | Propane |
| CAS Number: | 74-98-6 |
| Flammable/Toxic: | Flammable |

Section 9. Emergency Response

Written Emergency Response (ER) Plan

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|---|-----|
| 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): | Spill Recovery of Indiana |
| Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated): | (317) 291-3972 |