

Section 1. Registration Information

Source Identification

Facility Name:	Hexion Inc. - Springfield
Parent Company #1 Name:	Hexion LLC
Submission Type:	Resubmission
Receipt Date:	June 2024

Facility Identification

Facility ID:	1000 0004 9645
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Dun and Bradstreet Numbers (DUNS)

Facility DUNS:	9041591
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Facility Location Address

Street 1:	470 SOUTH 2ND STREET
Street 2:	N/A
City:	SPRINGFIELD
State:	OR
ZIP:	97477
ZIP4:	N/A
County:	Lane

Facility Latitude and Longitude

Latitude (decimal):	44.042778
Longitude (decimal):	-123.024167

Local Emergency Planning Committee and Regulations

LEPC:	Oregon Emerg Resp Syst (OERS)
OSHA PSM:	Yes
EPCRA 302:	Yes
CAA Title V:	N/A

Process Chemicals

Program Level:	Program Level 3 process
Chemical Name:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Ammonia (conc 20% or greater)
CAS Number:	7664-41-7
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/Toxic:	Toxic

Process NAICS

NAICS Code:	325199
NAICS Description:	All Other Basic Organic Chemical Manufacturing
NAICS Code:	325211
NAICS Description:	Plastics Material and Resin Manufacturing

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident:	November 2020
Time Accident Began (HH:MM):	13:55
NAICS Code of Process Involved:	325211
NAICS Description:	Plastics Material and Resin Manufacturing
Release Duration:	001 Hours 41 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:	Yes
Transfer Hose:	N/A
Valve:	Yes
Pump:	N/A
Joint:	N/A
Other Release Source:	N/A

Weather Conditions at the Time of Event

Wind Speed:	3.0
Units:	Miles/h
Direction:	N
Temperature:	62
Atmospheric Stability Class:	N/A
Precipitation Present:	N/A
Unknown Weather Conditions:	N/A

On-Site Impacts

Employee or Contractor Deaths:	0
Public Responder Deaths:	0
Public Deaths:	0
Employee or Contractor Injuries:	1
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:	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
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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:	Yes
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
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Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment:	N/A
Revised Maintenance:	N/A
Revised Training:	Yes
Revised Operating Procedures:	Yes
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):	562
Percent Weight:	7.8
Chemical Name:	Formaldehyde (solution)
CAS Number:	50-00-0
Flammable/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):

Springfield Fire Department

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

(541) 747-3104