# **Section 1. Registration Information**

### Source Identification

Facility Name: PLM Operations, LLC.
Parent Company #1 Name: Tropicale Foods, LLC

Submission Type: Resubmission
Receipt Date: June 2024
Status: Deregistered
Deregistration Effective Date: October 2024

**Facility Identification** 

Facility ID: 1000 0023 8227

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 121754314

**Facility Location Address** 

Street 1: 2068 Lapham Dr

 Street 2:
 N/A

 City:
 Modesto

 State:
 CA

 ZIP:
 95354

 ZIP4:
 N/A

 County:
 Stanislaus

Facility Latitude and Longitude

Latitude (decimal): 37.636831 Longitude (decimal): -120.960056

Local Emergency Planning Committee and Regulations

LEPC: Inland Region 4 LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

### **Process Chemicals**

Program Level: Program Level 3 process Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

### **Process NAICS**

NAICS Code: 31152

NAICS Description: Ice Cream and Frozen Dessert

Manufacturing

## **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident:March 2024Time Accident Began (HH:MM):11:20NAICS Code of Process Involved:31152

NAICS Description: Ice Cream and Frozen Dessert

Manufacturing

Release Duration: 004 Hours 10 Minutes

### Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire: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:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: Compressor discharge piping

### Weather Conditions at the Time of Event

Wind Speed: 7.0
Units: Miles/h
Direction: NNW
Temperature: 64
Atmospheric Stability Class: N/A
Precipitation Present: N/A
Unknown Weather Conditions: N/A

### **On-Site Impacts**

Employee or Contractor Deaths:

Public Responder Deaths:

0
Public Deaths:

0
Employee or Contractor Injuries:

7
Public Responder Injuries:

0
Public Injuries:

0
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:

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: Yes Overpressurization: N/A **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 and Responded

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Revised Maintenance: Yes 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: Yes N/A None:

Other Changes Introduced: VERSA system has been shutdown, isolated and the ammonia has been

removed. VERSA system is being

parted out and auctioned.

### Chemicals in Accident History

Quantity Released (lbs): 225
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 Flammable/Toxic: Toxic

Facility Name: PLM Operations, LLC.
EPA Facility Identifier: 1000 0023 8227

# **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?):

N/A

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

N/A

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

N/A

Healthcare (Does facility's ER plan include information on emergency health care?):

N/A

### **Local Agency**

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

Stanislaus Co HazMat Station 4

Plan Sequence Number: 1000113682

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

(209) 572-9554