Facility Name: Farmward Cooperative

EPA Facility Identifier: 1000 0015 7251

Plan Sequence Number: 1000102988

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Farmward Cooperative

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: December 2022

**Facility Identification** 

Facility ID: 1000 0015 7251

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 22963755

**Facility Location Address** 

Street 1: 36609 U.S. State Highway 14

Street 2: N/A

City: SPRINGFIELD

 State:
 MN

 ZIP:
 56087

 ZIP4:
 N/A

 County:
 Brown

Facility Latitude and Longitude

Latitude (decimal): 44.149111 Longitude (decimal): -94.570389

Local Emergency Planning Committee and Regulations

 LEPC:
 N/A

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Farmward Cooperative

EPA Facility Identifier: 1000 0015 7251

Plan Sequence Number: 1000102988

#### **Process Chemicals**

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

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

#### **Process NAICS**

NAICS Code: 11511

NAICS Description: Support Activities for Crop Production

NAICS Code: 42459

NAICS Description: Other Farm Product Raw Material

Merchant Wholesalers

## **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident: April 2016
Time Accident Began (HH:MM): 14:00
NAICS Code of Process Involved: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

Release Duration: 000 Hours 01 Minutes

#### Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/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: Yes Other Release Source: N/A

Wind Speed: N/A
Units: N/A
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:

Public Responder Deaths:

Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

Public Injuries:

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:

Water Contamination:

N/A

Soil Contamination:

Other Environmental Damage:

N/A

#### **Initiating Event**

Initiating Event: Equipment Failure

Facility Name: Farmward Cooperative

EPA Facility Identifier: 1000 0015 7251

Plan Sequence Number: 1000102988

#### **Contributing Factors**

**Equipment Failure:** Yes N/A Human Error: Improper Procedures: N/A N/A Overpressurization: **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 Only

#### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Yes 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: N/A

## Chemicals in Accident History

Quantity Released (lbs): 1
Percent Weight: 20

Chemical Name: Ammonia (anhydrous)

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

Facility Name: Farmward Cooperative
EPA Facility Identifier: 1000 0015 7251

Plan Sequence Number: 1000102988

# **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

Yes

health care?):

## **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):

(507) 723-4211