# **Section 1. Registration Information**

## Source Identification

Facility Name: JCI Jones Chemicals, Inc. -

Jacksonville, FL

Parent Company #1 Name: N/A

Submission Type: Resubmission Receipt Date: June 2024

**Facility Identification** 

Facility ID: 1000 0015 3193

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 2216091

**Facility Location Address** 

Street 1: 1433 Talleyrand Ave.

Street 2: N/A

City: Jacksonville

 State:
 FL

 ZIP:
 32206

 ZIP4:
 N/A

 County:
 Duval

Facility Latitude and Longitude

Latitude (decimal): 30.340942 Longitude (decimal): -081.627208

Local Emergency Planning Committee and Regulations

LEPC: District 4 LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: JCI Jones Chemicals, Inc. - Jacksonville, FL

EPA Facility Identifier: 1000 0015 3193 Plan Sequence Number: 1000114106

#### **Process Chemicals**

Program Level: Program Level 3 process

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

#### **Process NAICS**

NAICS Code: 42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

# **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident: September 2023

Time Accident Began (HH:MM): 08:25
NAICS Code of Process Involved: 42469

NAICS Description: Other Chemical and Allied Products

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:
 Yes

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: Piping connection to railcar

Facility Name: JCI Jones Chemicals, Inc. - Jacksonville, FL

EPA Facility Identifier: 1000 0015 3193 Plan Sequence Number: 1000114106

### Weather Conditions at the Time of Event

Wind Speed: 3.0
Units: Miles/h
Direction: E
Temperature: 82
Atmospheric Stability Class: C
Precipitation Present: N/A
Unknown Weather Conditions: N/A

## **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:

Soil Contamination:

Other Environmental Damage:

N/A

N/A

None

### **Initiating Event**

Initiating Event: Human Error

#### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes 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: Employee misaligned gasket on flange

when connecting piping to railcar.

### Off-Site Responders Notified

Off-Site Responders Notified: None

## Changes Introduced as a Result of the Accident

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

Other Changes Introduced: Additional training provided

### Chemicals in Accident History

### Accident History ID: Accident 2

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

42469

NAICS Description: Other Chemical and Allied Products

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: Yes 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: 5.0
Units: Miles/h
Direction: E
Temperature: 87
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: N/A

On-Site	<b>Impacts</b>
OII OILO	mpacto

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:

Tree, Lawn, Shrub, or Crop Damage:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

None

## **Initiating Event**

Initiating Event:

Human Error

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes 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: None

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A 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: Additional training provided

## Chemicals in Accident History

### Accident History ID: Accident 3

Date of Accident: September 2022

Time Accident Began (HH:MM): 06:25
NAICS Code of Process Involved: 42469

NAICS Description: Other Chemical and Allied Products

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: Yes 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: 6.0
Units: Miles/h
Direction: N
Temperature: 70
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: N/A

On-	Site	Impa	cts

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:

Tree, Lawn, Shrub, or Crop Damage:

N/A

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

None

## **Initiating Event**

Initiating Event:

Human Error

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes 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: None

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A 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: Additional training provided

## Chemicals in Accident History

### Accident History ID: Accident 4

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

42469

NAICS Description: Other Chemical and Allied Products

Merchant Wholesalers

Release Duration: 000 Hours 05 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: Yes 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: 2.0
Units: Miles/h
Direction: SSE
Temperature: 79
Atmospheric Stability Class: B
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: None

## **Initiating Event**

Initiating Event:

**Equipment Failure** 

### **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: No, not notified

## 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 Yes New Mitigation Systems: 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

# **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):

District 4 LEPC

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

(904) 279-0880