EPA Facility Identifier: 1000 0018 0788 Plan Sequence Number: 1000087248

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Cree Inc.
Parent Company #1 Name: N/A

Submission Type: Resubmission Receipt Date: June 2020

**Facility Identification** 

Facility ID: 1000 0018 0788

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 183252501

**Facility Location Address** 

Street 1: 4600 Silicon Drive

 Street 2:
 N/A

 City:
 Durham

 State:
 NC

 ZIP:
 27703

 ZIP4:
 N/A

 County:
 Durham

Facility Latitude and Longitude

Latitude (decimal): 35.900056 Longitude (decimal): -078.840722

Local Emergency Planning Committee and Regulations

LEPC: Durham County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: N/A

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#### **Process Chemicals**

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

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

Program Level: Program Level 3 process

Chemical Name: Hydrogen
CAS Number: 1333-74-0
Flammable/Toxic: Flammable

## **Process NAICS**

NAICS Code: 334413

NAICS Description: Semiconductor and Related Device

Manufacturing

# **Section 6. Accident History**

# Accident History ID: Accident 1

Date of Accident: September 2018

Time Accident Began (HH:MM): 02:23
NAICS Code of Process Involved: 334413

NAICS Description: Semiconductor and Related Device

Manufacturing

Release Duration: 003 Hours 35 Minutes

#### Release Event

Gas Release:YesLiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

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N/A Storage Vessel: N/A Piping: Process Vessel: N/A 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: 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

EPA Facility Identifier: 1000 0018 0788 Plan Sequence Number: 1000087248

## **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 Human Error: Yes Improper Procedures: Yes Overpressurization: N/A **Upset Condition:** N/A N/A By-Pass Condition: Maintenance Activity/Inactivity: N/A Process Design Failure: N/A Unsuitable Equipment: N/A **Unusual Weather Condition:** N/A Management Error: Yes 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 Yes Revised Maintenance: **Revised Training:** Yes **Revised Operating Procedures:** Yes New Process Controls: Yes N/A New Mitigation Systems: Revised Emergency Response Plan: Yes **Changed Process:** N/A N/A Reduced Inventory: N/A Other Changes Introduced: N/A

EPA Facility Identifier: 1000 0018 0788 Plan Sequence Number: 1000087248

# Chemicals in Accident History

Quantity Released (lbs):1104Percent Weight:N/AChemical Name:HydrogenCAS Number:1333-74-0Flammable/Toxic:Flammable

# Accident History ID: Accident 2

Date of Accident: October 2016

Time Accident Began (HH:MM): 14:27
NAICS Code of Process Involved: 334413

NAICS Description: Semiconductor and Related Device

Manufacturing

Release Duration: 002 Hours 00 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: Yes Piping: N/A Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: Gasket

#### Weather Conditions at the Time of Event

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

EPA Facility Identifier: 1000 0018 0788 Plan Sequence Number: 1000087248

## **On-Site Impacts**

Employee or Contractor Deaths:

Public Responder Deaths:

0
Public Deaths:

0
Employee or Contractor Injuries:

0
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:

Water Contamination:

Yes

Soil Contamination:

N/A

Other Environmental Damage: Water curtain/deluge caused EQ basin overflow and storm water discharge

# **Initiating Event**

Initiating Event: Equipment Failure

EPA Facility Identifier: 1000 0018 0788 Plan Sequence Number: 1000087248

## **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: 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: No, not notified

## Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Revised Maintenance: Yes Revised Training: Yes **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: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0018 0788 Plan Sequence Number: 1000087248

# **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):

**Durham County LEPC** 

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

(919) 560-0660