# **Section 1. Registration Information**

## Source Identification

Facility Name: Kraft Heinz Company\_Madison WI

Parent Company #1 Name: Kraft Heinz Company
Submission Type: Resubmission

Receipt Date: June 2014

**Facility Identification** 

Facility ID: 1000 0003 3858

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 6105266

**Facility Location Address** 

 Street 1:
 910 Mayer Avenue

 Street 2:
 PO Box 7188

 City:
 Madison

 State:
 WI

 ZIP:
 53704

 ZIP4:
 N/A

 County:
 Dane

Facility Latitude and Longitude

Latitude (decimal): 43.110556 Longitude (decimal): -089.355556

Local Emergency Planning Committee and Regulations

LEPC: Dane County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: Yes

Facility Name: Kraft Heinz Company\_Madison WI

EPA Facility Identifier: 1000 0003 3858 Plan Sequence Number: 1000043835

#### **Process Chemicals**

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

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

#### **Process NAICS**

NAICS Code: 311612

NAICS Description: Meat Processed from Carcasses

## **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: December 2001

Time Accident Began (HH:MM): 09:35
NAICS Code of Process Involved: 311612

NAICS Description: Meat Processed from Carcasses

Release Duration: 001 Hours 35 Minutes

### Release Event

Gas Release: Yes
Liquid Spill/Evaporation: Yes
Fire: N/A
Explosion: N/A
Uncontrolled/Runaway Reaction: N/A

#### Release Source

N/A Storage Vessel: Piping: N/A Process Vessel: Yes Transfer Hose: N/A Valve: N/A Pump: N/A Joint: N/A Other Release Source: N/A

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Wind Speed: N/A

Units: Meters/second

Direction:N/ATemperature:22Atmospheric Stability Class:N/APrecipitation Present:YesUnknown Weather Conditions:N/A

## **On-Site Impacts**

Employee or Contractor Deaths: 1
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:

Water Contamination:

N/A

Soil Contamination:

N/A

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Human Error

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes Improper Procedures: Yes 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: Notified and Responded

### Changes Introduced as a Result of the Accident

Improved or Upgraded Equipment: N/A Revised Maintenance: Yes Revised Training: Yes Revised Operating Procedures: Yes New Process Controls: N/A New Mitigation Systems: N/A Revised Emergency Response Plan: Yes Changed Process: N/A Reduced Inventory: N/A N/A None: Other Changes Introduced: N/A

### Chemicals in Accident History

Quantity Released (lbs): 395
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

CAS Number: 7664-41-7 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):

Madison Fire Department

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

(608) 266-4420