Facility Name: Olin Chlor-Alkali, Charleston Plant

EPA Facility Identifier: 1000 0007 4439 Plan Sequence Number: 1000100521

# **Section 1. Registration Information**

#### Source Identification

Facility Name: Olin Chlor-Alkali, Charleston Plant

Parent Company #1 Name:

Submission Type:

Resubmission

Receipt Date:

March 2023

**Facility Identification** 

Facility ID: 1000 0007 4439

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: 556284792

**Facility Location Address** 

Street 1: 1186 Old Lower River Rd

 Street 2:
 P. O. Box 248

 City:
 Charleston

 State:
 TN

 ZIP:
 37310

 ZIP4:
 0248

County: Bradley

Facility Latitude and Longitude

Latitude (decimal): 35.308333 Longitude (decimal): -084.782917

Local Emergency Planning Committee and Regulations

LEPC: Bradley County LEPC

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

Facility Name: Olin Chlor-Alkali, Charleston Plant

EPA Facility Identifier: 1000 0007 4439 Plan Sequence Number: 1000100521

#### **Process Chemicals**

Program Level: Program Level 3 process

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

#### **Process NAICS**

NAICS Code: 32518

NAICS Description: Other Basic Inorganic Chemical

Manufacturing

## **Section 6. Accident History**

#### Accident History ID: Accident 1

Date of Accident: October 2020

Time Accident Began (HH:MM): 09:00
NAICS Code of Process Involved: 32518

NAICS Description: Other Basic Inorganic Chemical

Manufacturing

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: Yes Pump: N/A Joint: N/A Other Release Source: N/A

Meather	Conditions	at the	Time of	Event
vveautei	Conditions	at the	i ii ii e Oi	

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: Human Error

#### **Contributing Factors**

**Equipment Failure:** Yes 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: No, not notified

#### 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: Perform Behavioral and RCA Analyses

## Chemicals in Accident History

Quantity Released (lbs):1Percent Weight:100Chemical Name:ChlorineCAS Number:7782-50-5Flammable/Toxic:Toxic

Facility Name: Olin Chlor-Alkali, Charleston Plant

EPA Facility Identifier: 1000 0007 4439 Plan Sequence Number: 1000100521

#### Accident History ID: Accident 2

Date of Accident: February 2016

Time Accident Began (HH:MM): 09:40
NAICS Code of Process Involved: 32518

NAICS Description: Other Basic Inorganic Chemical

Manufacturing

Release Duration: 000 Hours 40 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: N/A

#### Weather Conditions at the Time of Event

Wind Speed: 7.9
Units: Miles/h
Direction: N
Temperature: 39
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:

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:** 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: Yes 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 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):1Percent Weight:100Chemical Name:ChlorineCAS Number:7782-50-5Flammable/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):

**Bradley County EMA** 

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

(423) 728-7289