# **Section 1. Registration Information**

### Source Identification

Facility Name: PHOTOCIRCUITS CORPORATOIN

Parent Company #1 Name: N/A

Submission Type: First Time
Receipt Date: June 1999
Status: Deregistered
Deregistration Effective Date: December 2000

**Facility Identification** 

Facility ID: 1000 0013 2527

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 31 SEA CLIFF AVENUE

Street 2: N/A

City: GLEN COVE

 State:
 NY

 ZIP:
 11542

 ZIP4:
 N/A

 County:
 Nassau

Facility Latitude and Longitude

Latitude (decimal): 40.850028 Longitude (decimal): -73.616722

Local Emergency Planning Committee and Regulations

 LEPC:
 N/A

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 Yes

Facility Name: PHOTOCIRCUITS CORPORATOIN

EPA Facility Identifier: 1000 0013 2527 Plan Sequence Number: 12408

#### **Process Chemicals**

Program Level: Program Level 3 process

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

#### **Process NAICS**

NAICS Code: 334418

NAICS Description: Printed Circuit Assembly (Electronic

Assembly) Manufacturing

# **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident: February 1999

Time Accident Began (HH:MM): 11:00
NAICS Code of Process Involved: 334412

NAICS Description: Bare Printed Circuit Board

Manufacturing

Release Duration: 000 Hours 03 Minutes

#### Release Event

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

#### Release Source

N/A Storage Vessel: 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: N/A

Units: Meters/second

Direction:N/ATemperature:N/AAtmospheric Stability Class:N/APrecipitation Present:N/AUnknown 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:

N/A

Other Environmental Damage:

N/A

### **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:** Yes New Process Controls: Yes 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):2Percent 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):

Glen Cove Fire Department

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

(516) 671-3437