

## Section 1. Registration Information

### Source Identification

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Facility Name:	W. R. Grace & Co.-Conn.
Parent Company #1 Name:	W. R. Grace & Co.-Conn.
Submission Type:	Resubmission
Receipt Date:	March 2021

### Facility Identification

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Facility ID:	1000 0018 3366
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	80361454
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### Facility Location Address

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Street 1:	1421 Kalamazoo Street
Street 2:	N/A
City:	South Haven
State:	MI
ZIP:	49090
ZIP4:	1945
County:	Van Buren

### Facility Latitude and Longitude

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Latitude (decimal):	42.390195
Longitude (decimal):	-86.275679

### Local Emergency Planning Committee and Regulations

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LEPC:	Van Buren County LEPC
OSHA PSM:	Yes
EPCRA 302:	Yes
CAA Title V:	N/A

## Process Chemicals

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Program Level:	Program Level 3 process
Chemical Name:	Isopropylamine [2-Propanamine]
CAS Number:	75-31-0
Flammable/Toxic:	Flammable
Program Level:	Program Level 3 process
Chemical Name:	Isopropylamine [2-Propanamine]
CAS Number:	75-31-0
Flammable/Toxic:	Flammable
Program Level:	Program Level 3 process
Chemical Name:	Methyl chloride [Methane, chloro-]
CAS Number:	74-87-3
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Hydrogen chloride (anhydrous) [Hydrochloric acid]
CAS Number:	7647-01-0
Flammable/Toxic:	Toxic

## Process NAICS

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NAICS Code:	325411
NAICS Description:	Medicinal and Botanical Manufacturing

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	August 2023
Time Accident Began (HH:MM):	17:00
NAICS Code of Process Involved:	32541
NAICS Description:	Pharmaceutical and Medicine Manufacturing
Release Duration:	000 Hours 01 Minutes

## Release Event

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

## Release Source

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Storage Vessel:	Yes
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

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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

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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

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Deaths:	0
Hospitalizations:	0
Public Deaths:	0
Other Medical Treatments:	0
Evacuated:	0
Sheltered-in-Place:	0
Off-Site Property Damage (\$):	0

### Environmental Damage

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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:	N/A

### Initiating Event

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Initiating Event:	Human Error
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### Contributing Factors

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Equipment Failure:	N/A
Human Error:	Yes
Improper Procedures:	N/A
Overpressurization:	N/A
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

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Off-Site Responders Notified:	Local ER for evaluation
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## Changes Introduced as a Result of the Accident

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Improved or Upgraded Equipment:	N/A
Revised Maintenance:	N/A
Revised Training:	Yes
Revised Operating Procedures:	Yes
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:	N/A

## Chemicals in Accident History

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Quantity Released (lbs):	2
Percent Weight:	N/A
Chemical Name:	Isopropylamine [2-Propanamine]
CAS Number:	75-31-0
Flammable/Toxic:	Flammable

## Section 9. Emergency Response

### Written Emergency Response (ER) Plan

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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

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

Emergency Mgt of Van Buren County

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

(269) 657-7786