Section 1. Registration Information

Source Identification

Facility Name: AGC Chemicals Americas, Inc.

Parent Company #1 Name:

Submission Type:

Receipt Date:

September 2006

Status:

Deregistration Effective Date:

December 2007

Facility Identification

Facility ID: 1000 0012 9648

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 122916773

Facility Location Address

Street 1: 229 East 22nd Street

 Street 2:
 N/A

 City:
 Bayonne

 State:
 NJ

 ZIP:
 07002

 ZIP4:
 N/A

 County:
 Hudson

Facility Latitude and Longitude

Latitude (decimal): 40.659444 Longitude (decimal): -074.105833

Local Emergency Planning Committee and Regulations

LEPC: Bayonne City OEM

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

EPA Facility Identifier: 1000 0012 9648 Plan Sequence Number: 46628

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: Tetrafluoroethylene [Ethene,

tetrafluoro-]

CAS Number: 116-14-3 Flammable/Toxic: Flammable

Program Level: Program Level 2 process
Chemical Name: Ammonia (conc 20% or greater)

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

Process NAICS

NAICS Code: 325211

NAICS Description: Plastics Material and Resin

Manufacturing

NAICS Code: 56221

NAICS Description: Waste Treatment and Disposal

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: March 2002
Time Accident Began (HH:MM): 10:15
NAICS Code of Process Involved: 325211

NAICS Description: Plastics Material and Resin

Manufacturing

Release Duration: 000 Hours 01 Minutes

Release Event

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

Facility Name: AGC Chemicals Americas, Inc.

EPA Facility Identifier: 1000 0012 9648 Plan Sequence Number: 46628

Release Source

 Storage Vessel:
 N/A

 Piping:
 N/A

 Process Vessel:
 N/A

 Transfer Hose:
 N/A

 Valve:
 N/A

 Pump:
 N/A

 Joint:
 N/A

Other Release Source: Release was from an instrument tube

connector to the ammonia pressure switch during a maintenance. The amount released was 0.016 lbs which caused a small burn to the technician's

wrist.

Weather Conditions at the Time of Event

Wind Speed: N/A
Units: Miles/h
Direction: N/A
Temperature: N/A
Atmospheric Stability Class: D
Precipitation Present: N/A
Unknown Weather Conditions: Yes

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

EPA Facility Identifier: 1000 0012 9648

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: Human Error

Contributing Factors

Equipment Failure: N/A Human Error: N/A 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: Yes **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 Yes Revised Maintenance: **Revised Training:** Yes **Revised Operating Procedures:** Yes New Process Controls: N/A N/A New Mitigation Systems: Revised Emergency Response Plan: N/A **Changed Process:** N/A N/A Reduced Inventory: N/A 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

Section 9. Emergency Response

Written Emergency Response (ER) Plan

Community Plan (Is facility included in written community emergency response plan?):

Facility Plan (Does facility have its own written emergency response plan?):

Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):

Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):

Healthcare (Does facility's ER plan include information on emergency health care?):

Yes

Yes

Yes

Yes

Local Agency

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

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

Bayonne OEM

(201) 858-5596