

## Section 1. Registration Information

### Source Identification

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Facility Name:	Piramal Critical Care Inc. - Bethlehem Plant
Parent Company #1 Name:	Piramal Healthcare
Submission Type:	Resubmission
Receipt Date:	May 2024

### Facility Identification

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Facility ID:	1000 0005 1819
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### Dun and Bradstreet Numbers (DUNS)

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Facility DUNS:	160044640
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### Facility Location Address

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Street 1:	3950 Schelden Circle
Street 2:	N/A
City:	Bethlehem
State:	PA
ZIP:	18017
ZIP4:	N/A
County:	Northampton

### Facility Latitude and Longitude

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Latitude (decimal):	40.675297
Longitude (decimal):	-75.376891

### Local Emergency Planning Committee and Regulations

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LEPC:	Northampton 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:	Chlorine
CAS Number:	7782-50-5
Flammable/Toxic:	Toxic
Program Level:	Program Level 3 process
Chemical Name:	Hydrogen fluoride/Hydrofluoric acid (conc 50% or greater) [Hydrofluoric acid]
CAS Number:	7664-39-3
Flammable/Toxic:	Toxic

## Process NAICS

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NAICS Code:	32541
NAICS Description:	Pharmaceutical and Medicine Manufacturing

## Section 6. Accident History

### Accident History ID: Accident 1

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Date of Accident:	June 2021
Time Accident Began (HH:MM):	12:00
NAICS Code of Process Involved:	32541
NAICS Description:	Pharmaceutical and Medicine Manufacturing
Release Duration:	000 Hours 05 Minutes

## Release Event

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

## Release Source

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

## Weather Conditions at the Time of Event

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Wind Speed:	4.0
Units:	Miles/h
Direction:	NW
Temperature:	78
Atmospheric Stability Class:	D
Precipitation Present:	N/A
Unknown Weather Conditions:	N/A

## 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:	Yes
Human Error:	N/A
Improper Procedures:	N/A
Overpressurization:	Yes
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:	Notified and Responded
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## Changes Introduced as a Result of the Accident

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Improved or Upgraded Equipment:	Yes
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:	Site has erected a highly hazardous chemical enclosure where all Highly Hazardous Chemicals actively feeding the process will be stored/isolated. The building has multiple interlocks.

## Chemicals in Accident History

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

## 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?):	N/A
Response Actions (Does ER plan include specific actions to be taken in response to accidental releases of regulated substance(s)?):	N/A
Public Information (Does ER plan include procedures for informing the public and local agencies responding to accidental release?):	N/A
Healthcare (Does facility's ER plan include information on emergency health care?):	N/A

### Local Agency

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Agency Name (Name of local agency with which the facility ER plan or response activities are coordinated):	Hanover Township Volunteer Fire Dep
Agency Phone Number (Phone number of local agency with which the facility ER plan or response activities are coordinated):	(610) 867-2103