Facility Name: Lakeside Foods

EPA Facility Identifier: 1000 0023 3213

Plan Sequence Number: 1000094903

# **Section 1. Registration Information**

### Source Identification

Facility Name:

Parent Company #1 Name:

Submission Type:

Receipt Date:

Lakeside Foods

**Facility Identification** 

Facility ID: 1000 0023 3213

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 601 Veterans Dr

Street 2: N/A

City: Reedsburg State: WI

 ZIP:
 53959

 ZIP4:
 N/A

 County:
 Sauk

Facility Latitude and Longitude

Latitude (decimal): 43.526778 Longitude (decimal): -89.978667

Local Emergency Planning Committee and Regulations

LEPC: Sauk County LEPC

OSHA PSM: Yes
EPCRA 302: Yes
CAA Title V: N/A

Facility Name: Lakeside Foods

EPA Facility Identifier: 1000 0023 3213 Plan Sequence Number: 1000094903

### **Process Chemicals**

Program Level: Program Level 3 process
Chemical Name: Ammonia (anhydrous)

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

### **Process NAICS**

NAICS Code: 311411

NAICS Description: Frozen Fruit, Juice, and Vegetable

Manufacturing

# **Section 6. Accident History**

## Accident History ID: Accident 1

Date of Accident:

Time Accident Began (HH:MM):

NAICS Code of Process Involved:

June 2017

16:00

311411

NAICS Description: Frozen Fruit, Juice, and Vegetable

Manufacturing

Release Duration: 000 Hours 02 Minutes

### Release Event

Gas Release:N/ALiquid Spill/Evaporation:YesFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

### Release Source

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

EPA Facility Identifier: 1000 0023 3213 Plan Sequence Number: 1000094903

Woothor	Conditions	at tha "	Time of	Evont
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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**

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:

**Equipment Failure** 

EPA Facility Identifier: 1000 0023 3213 Plan Sequence Number: 1000094903

## **Contributing Factors**

**Equipment Failure:** N/A 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: Notified and Responded

## 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 Yes None: Other Changes Introduced: N/A

## Chemicals in Accident History

Quantity Released (lbs): 27
Percent Weight: 10

Chemical Name: Ammonia (anhydrous)

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

Facility Name: Lakeside Foods

EPA Facility Identifier: 1000 0023 3213 Plan Sequence Number: 1000094903

# **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?):

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**

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

Sauk County LEPC

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

(608) 355-4400