EPA Facility Identifier: 1000 0018 0216 Plan Sequence Number: 1000103319

# **Section 1. Registration Information**

Source Identification

Facility Name: Ray-Carroll County Grain Growers,

Inc., Slater

Parent Company #1 Name: N/A

Submission Type: Resubmission
Receipt Date: November 2022

**Facility Identification** 

Facility ID: 1000 0018 0216

**Dun and Bradstreet Numbers (DUNS)** 

Facility DUNS: N/A

**Facility Location Address** 

Street 1: 29261 N. Highway 240

 Street 2:
 N/A

 City:
 Slater

 State:
 MO

 ZIP:
 65349

 ZIP4:
 N/A

 County:
 Saline

Facility Latitude and Longitude

Latitude (decimal): 39.211160 Longitude (decimal): -093.076408

Local Emergency Planning Committee and Regulations

LEPC: Saline County LEPC

 OSHA PSM:
 N/A

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Ray-Carroll County Grain Growers, Inc., Slater

EPA Facility Identifier: 1000 0018 0216 Plan Sequence Number: 1000103319

### **Process Chemicals**

Program Level: Program Level 2 process Chemical Name: Ammonia (anhydrous)

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

#### **Process NAICS**

NAICS Code: 42491

NAICS Description: Farm Supplies Merchant Wholesalers

# **Section 6. Accident History**

### Accident History ID: Accident 1

Date of Accident: March 2014
Time Accident Began (HH:MM): 10:30
NAICS Code of Process Involved: 11115

NAICS Description: Corn Farming

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

#### Release Source

N/A Storage Vessel: Piping: N/A Process Vessel: N/A Transfer Hose: N/A Valve: N/A Pump: Yes Joint: N/A Other Release Source: N/A Facility Name: Ray-Carroll County Grain Growers, Inc., Slater

EPA Facility Identifier: 1000 0018 0216 Plan Sequence Number: 1000103319

### Weather Conditions at the Time of Event

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: 1
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:

Soil Contamination:

Other Environmental Damage:

N/A

### **Initiating Event**

Initiating Event: Human Error

EPA Facility Identifier: 1000 0018 0216 Plan Sequence Number: 1000103319

### **Contributing Factors**

**Equipment Failure:** N/A Human Error: Yes 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: 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 N/A None:

Other Changes Introduced: Retrained personel in working

procedures

#### Chemicals in Accident History

Quantity Released (lbs): 1
Percent Weight: 100

Chemical Name: Ammonia (anhydrous)

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

EPA Facility Identifier: 1000 0018 0216 Plan Sequence Number: 1000103319

# **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):

Saline County LEPC

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

(660) 886-7777