Section 1. Registration Information

Source Identification

Facility Name: Vons Company, Santa Fe Springs

Distribution

Parent Company #1 Name:

Safeway Company
Submission Type:

Resubmission
June 2014
Status:

Deregistered
Deregistration Effective Date:

April 2018

Facility Identification

Facility ID: 1000 0007 5571

Dun and Bradstreet Numbers (DUNS)

Facility DUNS: 67768515

Facility Location Address

Street 1: 12801 Excelsior Drive

Street 2: N/A

City: Santa Fe Springs

 State:
 CA

 ZIP:
 90670

 ZIP4:
 5413

County: Los Angeles

Facility Latitude and Longitude

Latitude (decimal): 33.897716 Longitude (decimal): -118.061043

Local Emergency Planning Committee and Regulations

LEPC: California Region 1 LEPC

 OSHA PSM:
 Yes

 EPCRA 302:
 Yes

 CAA Title V:
 N/A

Facility Name: Vons Company, Santa Fe Springs Distribution

EPA Facility Identifier: 1000 0007 5571 Plan Sequence Number: 1000044648

Process Chemicals

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

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

Process NAICS

NAICS Code: 49312

NAICS Description: Refrigerated Warehousing and Storage

Section 6. Accident History

Accident History ID: Accident 1

Date of Accident: May 2009
Time Accident Began (HH:MM): 07:25
NAICS Code of Process Involved: 49312

NAICS Description: Refrigerated Warehousing and Storage

Release Duration: 000 Hours 10 Minutes

Release Event

Gas Release:YesLiquid Spill/Evaporation:N/AFire:N/AExplosion:N/AUncontrolled/Runaway Reaction:N/A

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: 1/4" threaded pipe for guage

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vveatner	Conditions	at the lim	ne 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:

O
Public Deaths:

Employee or Contractor Injuries:

Public Responder Injuries:

O
Public Injuries:

O
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: Human Error

Contributing Factors

Equipment Failure: N/A Human Error: Yes Improper Procedures: Yes N/A Overpressurization: **Upset Condition:** N/A By-Pass Condition: N/A Maintenance Activity/Inactivity: Yes 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: 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 N/A None: Other Changes Introduced: N/A

Chemicals in Accident History

Quantity Released (lbs): 3
Percent Weight: 10

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?):

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):

Santa Fe Springs Fire Department

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

(562) 944-9713