



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

RECEIVED
REGIONAL HEARING CLERK
US EPA REGION 5
2008 APR - 2 PM 2: 51

REPLY TO THE ATTENTION OF:

**EXPEDITED SETTLEMENT
AGREEMENT (ESA)**

DOCKET NO: RMP-08-ESA-003

This ESA is issued to: Rowell Chemical Corporation

At: 10100 S. Archer Rd., Willow Springs, Illinois

for violating Section 112(r)(7) of the Clean Air Act.

CAA-05-2008-0013

BDH 2750803A013

This Expedited Settlement Agreement (ESA) is being entered into by the United States Environmental Protection Agency (EPA), Region 5, by its duly delegated official, the Director, Division, and by Respondent pursuant to Section 113(a)(3) and (d) of the Clean Air Act, 42 U.S.C. § 7413(a)(3) and (d), and by 40 C.F.R. § 22.13(b). On November 13, 2007, EPA obtained the concurrence of the U.S. Department of Justice, pursuant to Section 113(d)(1) of the Act, 42 U.S.C. §7413(d)(1), to pursue this administrative enforcement action.

ALLEGED VIOLATIONS

On July 14, 2006, an authorized representative of the EPA conducted a compliance inspection of the subject facility (Respondent) to determine compliance with the Risk Management Plan (RMP) regulations promulgated at 40 C.F.R. Part 68 under Section 112(r) of the Act. EPA found that the Respondent had violated regulations implementing Section 112(r) of the Act by failing to comply with the regulations as noted on the attached RISK MANAGEMENT PLAN INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET (FORM), which is hereby incorporated by reference.

SETTLEMENT

In consideration of Respondent's size of business, its full compliance history, its good faith effort to comply, and other factors as justice may require, and upon consideration of the entire record the parties enter into the ESA in order to settle the violations, described in the attached FORM for the total penalty amount of **\$990.00**.

This settlement is subject to the following terms and conditions:

The Respondent by signing below waives any objections that it may have regarding jurisdiction, neither admits nor denies the specific factual allegations contained in herein and in the FORM, and consents to the assessment of the penalty as stated above. Respondent waives its rights to a hearing afforded by Section 113(d)(2)(A) of the Act, 42 U.S.C §7413(d)(2)(A), and to appeal this ESA. Each party to this action shall bear its own costs and fees, if any. Respondent also certifies, subject to civil and criminal penalties for making a false submission to the United States Government, that the Respondent has corrected the violations listed in the attached FORM and has sent a cashier's check or certified check (payable to the "Treasurer, United States of America") in the amount of **\$990.00** in payment of the full penalty amount to the following address:

U.S. EPA Region 5
PO Box 371531
Pittsburgh, PA 15251-7531

The DOCKET NUMBER OF THIS ESA **must be included on the check**. (The DOCKET NUMBER is located at the top left corner of this ESA.)

This original ESA and a **copy of the check must be sent by certified mail to:**

Silvia Palomo
Chemical Emergency
Preparedness and Prevention Section (SC-6J)
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, Illinois 60604-3590

Upon Respondent's submission of the signed original ESA, EPA will take no further civil action against Respondent for the alleged violations of the Act referenced in the FORM. EPA does not waive any other enforcement action for any other violations of the Clean Air Act or any other statute.

If the signed original ESA **with an attached copy of the check** is not returned to the **EPA Region 5 office** at the above address in correct form by the Respondent within 45 days of the date of Respondent's receipt of it (90 days if an extension is granted), the proposed ESA is withdrawn, without prejudice to EPA's ability to file an enforcement action for the violations identified herein and in the FORM.

This ESA is binding on the parties signing below.

This ESA is effective upon filing with the Regional Hearing Clerk.

FOR RESPONDENT:

Signature: *Lauren A. Walker* Date: 3/13/08
Name (print): Lawrence A. Walker
Title (print): Regulatory Manager

FOR COMPLAINANT:

for *Richard C. Karl* Date: 3/31/08
Richard C. Karl, Director
Superfund Division

I hereby ratify the ESA and incorporate it herein by reference. It is so ORDERED.

Mary A. Gade Date: 4/11/08
Mary A. Gade
Regional Administrator

CAA-05-2008-0013

RECEIVED
REGIONAL HEARING CLERK
US EPA REGION V
2008 APR -2 PM 2:51



U.S. ENVIRONMENTAL PROTECTION AGENCY

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SUMMARY **CAA-05-2008-0013**

REASON FOR INSPECTION: This inspection is for the purpose of determining compliance with the accidental release prevention requirements of Section 112(r)(7) of the Clean Air Act (Act), 42 U.S.C. § 7412(r)(7), and the regulations set forth at 40 C.F.R. Part 68. The scope of this inspection may include, but is not limited to: reviewing and obtaining copies of documents and records; interviews and taking of statements; reviewing chemical storage, handling, processing, and use; taking samples and photographs; and any other inspection activities necessary to determine compliance with the Act.

FACILITY NAME : Rowell Chemical Corporation-Willow Springs Terminal 10100 S. Archer Rd. Willow Springs, IL 60480	<input checked="" type="checkbox"/> PRIVATE # EMPLOYEES : 25	<input type="checkbox"/> GOVERNMENTAL/MUNICIPAL POPULATION SERVED
FACILITY ADDRESS: 10100 S. Archer Rd. Willow Springs, IL 60480		
RESPONSIBLE OFFICIAL, TITLE, PHONE NUMBER John Davies, Terminal Manager (708) 839-1707	EPA FACILITY ID# 1000 0003 8675	
FACILITY REPRESENTATIVE(S), TITLE(S), PHONE NUMBER(S) Larry Walker, Regulatory Manager (708) 839-1708	INSPECTOR NAME(S), TITLE(S), PHONE NUMBER(S) Silvia Palomo (312)353-2172	

INSPECTION FINDINGS

IS FACILITY SUBJECT TO RMP REGULATION (40 CFR 68)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DID FACILITY SUBMIT AN RMP AS PROVIDED IN 68.150 TO 68.185?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DATE RMP FILED WITH EPA: <u>06/18/99</u>	DATE OF LATEST RMP UPDATE: <u>06/18/04</u>	
1) PROCESS/NAICS CODE: <u>55814</u>	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	
REGULATED SUBSTANCE: <u>Chlorine</u>	MAX. QUANTITY IN PROCESS: <u>2,000,000</u> (lbs)	
2) PROCESS/NAICS CODE: <u>55815</u>	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	
REGULATED SUBSTANCE: <u>Sulfur Dioxide</u>	MAX. QUANTITY IN PROCESS: <u>30,000</u> (lbs)	
3) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
4) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
5) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
DID FACILITY CORRECTLY ASSIGN PROGRAM LEVELS TO PROCESSES?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACHED CHECKLIST(S):

PROGRAM LEVEL 1 PROCESS CHECKLIST PROGRAM LEVEL 2 PROCESS CHECKLIST PROGRAM LEVEL 3 PROCESS CHECKLIST

OTHER ATTACHMENTS: _____

INSPECTION SYMBOL KEY: Y - YES, N - NO, N/A - NOT APPLICABLE, S - SATISFACTORY, M - MARGINAL, U - UNSATISFACTORY

U.S. ENVIRONMENTAL PROTECTION AGENCY
RISK MANAGEMENT PROGRAM INSPECTION REPORT

FACILITY NAME AND ADDRESS Rowell Chemical Corporation - Willow Springs Terminal 10100 S. Archer Rd. Willow Springs, IL 60480	INSP. START DATE: 7/14/06	RMP SUBMITTAL DATE: 6/18/04	
	INSPECTION END DATE: 7/14/06		
RESPONSIBLE OFFICIAL: Silvia Palomo	TITLE: Environmental Engineer	PHONE NUMBER (312)353-2172	
FACILITY REPRESENTATIVE(S), Larry Walker John Davies	TITLE(S) Regulatory Manager Terminal Manager	PHONE NUMBER(S) (708)839-1708 (708)839-1707	CONTACTED <input checked="" type="checkbox"/> yes <input type="checkbox"/> no

INSPECTION FINDINGS
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated, X = Not Applicable)

<input checked="" type="checkbox"/> Management Systems	<input checked="" type="checkbox"/> Hazard Assessment	<input checked="" type="checkbox"/> Emergency Response Program	<input checked="" type="checkbox"/> Process Safety
<input checked="" type="checkbox"/> Five Year Accident History	<input checked="" type="checkbox"/> OCA Parameters	<input checked="" type="checkbox"/> Prevention Program	<input checked="" type="checkbox"/> Management of Change
<input checked="" type="checkbox"/> Compliance Audits (3 year)	<input checked="" type="checkbox"/> Alt Release Scenario	<input checked="" type="checkbox"/> Process Hazard Analysis	<input checked="" type="checkbox"/> Training
<input checked="" type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Review and Update	<input checked="" type="checkbox"/> Mechanical Integrity	<input checked="" type="checkbox"/> Incident Investigation
<input checked="" type="checkbox"/> Contractors	<input checked="" type="checkbox"/> Haz Assess. Back Up Does	<input checked="" type="checkbox"/> Hot Work Permit	<input checked="" type="checkbox"/> Employee Participation
<input checked="" type="checkbox"/> Implementation of Program	<input checked="" type="checkbox"/> Offsite Impact Analysis	<input checked="" type="checkbox"/> SOP's	

Section C: Applicability

Program Level	Regulated Substance	LEPC	Attachments
Program 3	Chlorine Sulfur Dioxide	Cook County	

Section D: Process Description (attach additional sheets if necessary)

Rowell Chemicals is engaged in the production sodium hypochlorite (bleach). The facility uses chlorine in the production of bleach and repackages the chlorine for distribution to municipal water treatment plants. The facility also stores sulfur dioxide for distribution to its customers. The chlorine is transported in 90-ton railcars which are delivered by the railroad and stored on the rail yard until they are needed. The chlorine is distributed from the railcar to the bleach manufacturing process and the chlorine packaging operation. The railcar is located outside the building where the bleach manufacturing process and the chlorine operation takes place. The facility operates one continuous feed chlorinator in the bleach manufacturing process. The process utilizes state-of-art electronics and redundant safety backup devices ensure safe operations. The railcars have automated shutoff devices, and they are monitored by surveillance cameras. In addition, chlorine monitors are installed inside the building where the chlorine packaging operation takes place, by the bleach manufacturing process, and by the railcars.

Chlorine and sulfur dioxide are the RMP regulated substances on site that the facility handles and stores. The focus of my inspection was only on the chlorine process.

SECTION E: SUMMARY FINDINGS/COMMENTS (Attach additional sheets if necessary)

Rowell Chemicals employees 25 people, including 5 operators. The operators are in charge of the chlorine process. When the railcars arrive at the facility, the supervisor of the operators is in charge of filling the "receiving checklist". The maximum amount of chlorine on site at any given time is 8 90-ton railcars, or 1,800,000 lbs. The chlorine is used in the bleach manufacturing process and it is also repackaged in 1-Ton cylinders and 150-cylinders. The main costumers are park districts (swimming pools), and wastewater treatment facilities.

When the railcars arrive at the facility, the operators inspect the railcars for leaks and fill out the "Receiving checklist". The information recorded in the checklist includes: date the tank is received, railcar identification number, and dome seal number, DOT inspection information, and data on the safety valve.

Once the railcars are accepted, they are parked at the facility's rail yard. The area is monitored by surveillance cameras. The railcars are moved closed to the process building when needed. The operators move the railcars when they need a full car. The railcar" in use" is parked next to the building where the bleach manufacturing and repackaging operation takes place. Chlorine is used simultaneously for both operations. Connecting piping is run to the chlorinator and the packaging operation. The facility does not perform any maintenance on the railcars, but maintenance is conducted on the chlorine cylinders.

Rowell Chemicals only operates the railcars, the chlorine supplier owns the cars. The chlorine cylinders are hydrotested every 5 years by an independent company. The last test was performed on 2/20/06. The relief valves are replaced every time they are returned by the costumers. The pipe valves are replaced as needed since there are no requirements under DOT or chlorine industry standards.

Overall, the facility has a good RMP program for the use and handling of chlorine. However, the facility needs to obtain copies of the maintenance procedures that the chlorine suppliers follow for the railcars. Also, the facility needs to establish a system to address the findings and recommendations of the process hazard analysis in accordance with §68.67. Rowell needs to develop a written plan of action regarding the employee participation requirements under § 68.83.

Name(s) and Signature(s) of Inspector(s):	Agency/Office/Telephone number	Date
---	--------------------------------	------

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

Date RMP submitted: 6/18/04

Date process(es) came online: 1939

Section A-Management [68.15]

Management system developed and implemented as provided in 40 CFR 68.15? S M U N/A
 Comments:

Has the owner or operator:	
1. Developed a management system to oversee the implementation of the risk management program elements? [68.15(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Assigned a qualified person or position that has the overall responsibility for the development, implementation, and integration of the risk management program elements? [68.15(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Documented other persons responsible for implementing individual requirements of the risk management program and defined the lines of authority through an organization chart or similar document? [68.15(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Section B: Hazard Assessment [68.20-68.42]

Hazard assessment conducted and documented as provided in 40 CFR 68.20-68.42? S M U N/A
 Comments:

Hazard Assessment: Offsite consequence analysis parameters [68.22]

1. Used the following endpoints for offsite consequence analysis for a worst-case scenario: [68.22(a)] <input checked="" type="checkbox"/> a. For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)] <input type="checkbox"/> b. For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)] or <input type="checkbox"/> c. For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m ² for 40 seconds? [68.22(a)(2)(ii)] or <input type="checkbox"/> d. For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Used the following endpoints for offsite consequence analysis for an alternative release scenario: [68.22(a)] <input checked="" type="checkbox"/> a. For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)] <input type="checkbox"/> b. For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)] <input type="checkbox"/> c. For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m ² for 40 seconds? [68.22(a)(2)(ii)] <input type="checkbox"/> d. For flammables: a concentration resulting in a lower flammability limit, as provided in NFPA documents or other generally recognized sources? [68.22(a)(2)(iii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Used appropriate wind speeds and stability classes for the release analysis? [68.22(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Used appropriate ambient temperature and humidity values for the release analysis? [68.22(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Used appropriate values for the height of the release for the release analysis? [68.22(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Used appropriate surface roughness values for the release analysis? [68.22(e)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7. Do tables and models, used for dispersion analysis of toxic substances, appropriately account for dense or neutrally buoyant gases? [68.22(f)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

8. Were liquids, other than gases liquefied by refrigeration only, considered to be released at the highest daily maximum temperature, based on data for the previous three years appropriate for a stationary source, or at process temperature, whichever is higher? [68.22(g)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Hazard Assessment: Worst-case release scenario analysis [68.25]	
9. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated toxic substance from covered processes under worst-case conditions? [68.25(a)(2)(i)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Analyzed and reported in the RMP one worst-case release scenario estimated to create the greatest distance to an endpoint resulting from an accidental release of a regulated flammable substance from covered processes under worst-case conditions? [68.25(a)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
11. Analyzed and reported in the RMP additional worst-case release scenarios for a hazard class if the a worst-case release from another covered process at the stationary source potentially affects public receptors different from those potentially affected by the worst-case release scenario developed under 68.25(a)(2)(i) or 68.25(a)(2)(ii)? [68.25(a)(2)(iii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
12. Has the owner or operator determined the worst-case release quantity to be the greater of the following: [68.25(b)] <input checked="" type="checkbox"/> a. If released from a vessel, the greatest amount held in a single vessel, taking into account administrative controls that limit the maximum quantity? [68.25(b)(1)] 90-ton rail car <input type="checkbox"/> b. If released from a pipe, the greatest amount held in the pipe, taking into account administrative controls that limit the maximum quantity? [68.25(b)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13a. Has the owner or operator for <u>toxic substances</u> that are <u>normally gases at ambient temperature and handled as a gas or liquid under pressure</u> :	
13.a.(1) Assumed the whole quantity in the vessel or pipe would be released as a gas over 10 minutes? [68.25(c)(1)].	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.a.(2) Assumed the release rate to be the total quantity divided by 10, if there are no passive mitigation systems in place? [68.25(c)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.b. Has the owner or operator for <u>toxic gases</u> handled as <u>refrigerated liquids at ambient pressure</u> :	N/A
13.b.(1) Assumed the substance would be released as a gas in 10 minutes, if not contained by passive mitigation systems or if the contained pool would have a depth of 1 cm or less? [68.25(c)(2)(i)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.b.(2) [Optional for owner / operator] Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool, if the released substance would be contained by passive mitigation systems in a pool with a depth greater than 1 cm? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.b.(3) Calculated the volatilization rate at the boiling point of the substance and at the conditions specified in 68.25(d)? [68.25(c)(2)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c. Has the owner or operator for <u>toxic substances</u> that are <u>normally liquids at ambient temperature</u> :	N/A
13.c.(1) Assumed the quantity in the vessel or pipe would be spilled instantaneously to form a liquid pool? [68.25(d)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

13.c.(2) Determined the surface area of the pool by assuming that the liquid spreads to 1 cm deep, if there is no passive mitigation system in place that would serve to contain the spill and limit the surface area, or if passive mitigation is in place, the surface area of the contained liquid shall be used to calculate the volatilization rate? [68.25(d)(1)(i)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(3) Taken into account the actual surface characteristics, if the release would occur onto a surface that is not paved or smooth? [68.25(d)(1)(ii)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(4) Determined the volatilization rate by accounting for the highest daily maximum temperature in the past three years, the temperature of the substance in the vessel, and the concentration of the substance if the liquid spilled is a mixture or solution? [68.25(d)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(5) Determined the rate of release to air from the volatilization rate of the liquid pool? [68.25(d)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.c.(6) Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(d)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.d. Has the owner or operator for <u>flammables</u> :	N/A
13.d.(1) Assumed the quantity in a vessel(s) of flammable gas held as a gas or liquid under pressure or refrigerated gas released to an undiked area vaporizes resulting in a vapor cloud explosion? [68.25(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.d.(2) For refrigerated gas released to a contained area or liquids released below their atmospheric boiling point, assumed the quantity volatilized in 10 minutes results in a vapor cloud? [68.25(f)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.d.(3) Assumed a yield factor of 10% of the available energy is released in the explosion for determining the distance to the explosion endpoint, if the model used is based on TNT-equivalent methods? [68.25(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
14. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.25(g)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
15. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.25(g)] a. What modeling technique did the owner or operator use? [68.25(g)] <u>RMP*COMP</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
16. Ensured that the passive mitigation system, if considered, is capable of withstanding the release event triggering the scenario and will still function as intended? [68.25(h)] No passive mitigation was considered.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
17. Considered also the following factors in selecting the worst-case release scenarios: [68.25(i)] <input type="checkbox"/> a. Smaller quantities handled at higher process temperature or pressure? [68.25(i)(1)] <input type="checkbox"/> b. Proximity to the boundary of the stationary source? [68.25(i)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Hazard Assessment: Alternative release scenario analysis [68.28]	
18. Identified and analyzed at least one alternative release scenario for each regulated toxic substance held in a covered process(es) and at least one alternative release scenario to represent all flammable substances held in covered processes? [68.28(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

19. Selected a scenario: [68.28(b)] <input checked="" type="checkbox"/> a. That is more likely to occur than the worst-case release scenario under 68.25? [68.28(b)(1)(i)] <input type="checkbox"/> b. That will reach an endpoint off-site, unless no such scenario exists? [68.28(b)(1)(ii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
20. Considered release scenarios which included, but are not limited to, the following: [68.28(b)(2)] <input type="checkbox"/> a. Transfer hose releases due to splits or sudden hose uncoupling? [68.28(b)(2)(i)] <input checked="" type="checkbox"/> b. Process piping releases from failures at flanges, joints, welds, valves and valve seals, and drains or bleeds? [68.28(b)(2)(ii)] 4, 510 - lbs. release from transfer hose. The facility assumed a 5 minutes release. <input type="checkbox"/> c. Process vessel or pump releases due to cracks, seal failure, or drain, bleed, or plug failure? [68.28(b)(2)(iii)] <input type="checkbox"/> d. Vessel overfilling and spill, or overpressurization and venting through relief valves or rupture disks? [68.28(b)(2)(iv)] <input type="checkbox"/> e. Shipping container mishandling and breakage or puncturing leading to a spill? [68.28(b)(2)(v)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
21. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.28(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
22. Determined the rate of release to air by using the methodology in the RMP Offsite Consequence Analysis Guidance, any other publicly available techniques that account for the modeling conditions and are recognized by industry as applicable as part of current practices, or proprietary models that account for the modeling conditions may be used provided the owner or operator allows the implementing agency access to the model and describes model features and differences from publicly available models to local emergency planners upon request? [68.28(c)] RMP*Comp	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
23. Ensured that the passive and active mitigation systems, if considered, are capable of withstanding the release event triggering the scenario and will be functional? [68.28(d)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
24. Considered the following factors in selecting the alternative release scenarios: [68.28(e)] <input type="checkbox"/> a. The five-year accident history provided in 68.42? [68.28(e)(1)] <input type="checkbox"/> b. Failure scenarios identified under 68.67? [68.28(e)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Hazard Assessment: Defining off-site impacts–Population [68.30]	
25. Estimated population that would be included in the distance to the endpoint in the RMP based on a circle with the point of release at the center? [68.30(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
26. Identified the presence of institutions, parks and recreational areas, major commercial, office, and industrial buildings in the RMP? [68.30(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
27. Used most recent Census data, or other updated information to estimate the population? [68.30(c)] Landview 6	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
28. Estimated the population to two significant digits? [68.30(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Hazard Assessment: Defining off-site impacts–Environment [68.33]	
29. Identified environmental receptors that would be included in the distance to the endpoint based on a circle with the point of release at the center? [68.33(a)] No environmental receptors within distance to endpoint.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
30. Relied on information provided on local U.S.G.S. maps, or on any data source containing U.S.G.S. data to identify environmental receptors? [Source may have used LandView to obtain information] [68.33(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Hazard Assessment: Review and update [68.36]	
31. Reviewed and updated the off-site consequence analyses at least once every five years? [68.36(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
32. Completed a revised analysis and submit a revised RMP within six months of a change in processes, quantities stored or handled, or any other aspect that might reasonably be expected on increase or decrease the distance to the endpoint by a factor of two or more? [68.36(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

Hazard Assessment: Documentation [68.39]

Has the owner/operator maintained the following records:

33. For worst-case scenarios: a description of the vessel or pipeline and substance selected, assumptions and parameters used, the rationale for selection, and anticipated effect of the administrative controls and passive mitigation on the release quantity and rate? [68.39(a)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
34. For alternative release scenarios: a description of the scenarios identified, assumptions and parameters used, the rationale for the selection of specific scenarios, and anticipated effect of the administrative controls and mitigation on the release quantity and rate? [68.39(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
35. Documentation of estimated quantity released, release rate, and duration of release? [68.39(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
36. Methodology used to determine distance to endpoints? [68.39(d)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
37. Data used to estimate population and environmental receptors potentially affected? [68.39(e)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Hazard Assessment: Five-year accident history [68.42]

38. Has the owner or operator included all accidental releases from covered processes that resulted in deaths, injuries, or significant property damage on site, or known offsite deaths, injuries, evacuations, sheltering in place, property damage, or environmental damage? [68.42(a)] Facility had no accidental releases	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
39. Has the owner or operator reported the following information for each accidental release: [68.42(b)] <input type="checkbox"/> a. Date, time, and approximate duration of the release? [68.42(b)(1)] <input type="checkbox"/> b. Chemical(s) released? [68.42(b)(2)] <input type="checkbox"/> c. Estimated quantity released in pounds and percentage weight in a mixture (toxics)? [68.42(b)(3)] <input type="checkbox"/> d. NAICS code for the process? [68.42(b)(4)] <input type="checkbox"/> e. The type of release event and its source? [68.42(b)(5)] <input type="checkbox"/> f. Weather conditions (if known)? [68.42(b)(6)] <input type="checkbox"/> g. On-site impacts? [68.42(b)(7)] <input type="checkbox"/> h. Known offsite impacts? [68.42(b)(8)] <input type="checkbox"/> i. Initiating event and contributing factors (if known)? [68.42(b)(9)] <input type="checkbox"/> j. Whether offsite responders were notified (if known)? [68.42(b)(10)] <input type="checkbox"/> k. Operational or process changes that resulted from investigation of the release? [68.42(b)(11)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Section C: Prevention Program

Implemented the Program 3 prevention requirements as provided in 40 CFR 68.65 - 68.87? S M U N/A
 Comments:

Prevention Program- Process Safety information [68.65]

1. Has the owner or operator compiled written process safety information, which includes information pertaining to the hazards of the regulated substances used or produced by the process, information pertaining to the technology of the process, and information pertaining to the equipment in the process, before conducting any process hazard analysis required by the rule? [68.65(a)] Does the process safety information contain the following for hazards of the substances: [68.65(b)] MSDS <input checked="" type="checkbox"/> a. Toxicity information? [68.65(b)(1)] <input checked="" type="checkbox"/> b. Permissible exposure limits? [68.65(b)(2)] <input checked="" type="checkbox"/> c. Physical data? [68.65(b)(3)] <input checked="" type="checkbox"/> d. Reactivity data? [68.65(b)(4)] <input checked="" type="checkbox"/> e. Corrosivity data? [68.65(b)(5)] <input checked="" type="checkbox"/> f. Thermal and chemical stability data? [68.65(b)(6)] <input checked="" type="checkbox"/> g. Hazardous effects of inadvertent mixing of materials that could foreseeably occur? [68.65(b)(7)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
---	---

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET

Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

<p>2. Has the owner documented information pertaining to technology of the process? <input checked="" type="checkbox"/> A block flow diagram or simplified process flow diagram? [68.65(c)(1)(i)] <input checked="" type="checkbox"/> Process chemistry? [68.65(c)(1)(ii)] <input checked="" type="checkbox"/> Maximum intended inventory? [68.65(c)(1)(iii)] <input checked="" type="checkbox"/> Safe upper and lower limits for such items as temperatures, pressures, flows, or compositions? [68.65(c)(1)(iv)] <input checked="" type="checkbox"/> An evaluation of the consequences of deviation? [68.65(c)(1)(iv)] <input checked="" type="checkbox"/> Does the process safety information contain the following for the equipment in the process: [68.65(d)(1)] <input checked="" type="checkbox"/> Materials of construction? 68.65(d)(1)(i) <input checked="" type="checkbox"/> Piping and instrumentation diagrams [68.65(d)(1)(ii)] <input checked="" type="checkbox"/> Electrical classification? [68.65(d)(1)(iii)] <input checked="" type="checkbox"/> Relief system design and design basis? [68.65(d)(1)(iv)] <input type="checkbox"/> Ventilation system design? [68.65(d)(1)(v)] <input checked="" type="checkbox"/> Design codes and standards employed? [68.65(d)(1)(vi)] <input type="checkbox"/> Material and energy balances for processes built after June 21, 1999? [68.65(d)(1)(vii)] N/A <input checked="" type="checkbox"/> Safety systems? [68.65(d)(1)(viii)] Shut off valves on railcars and pipe lines.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>3. Has the owner or operator documented that equipment complies with recognized and generally accepted good engineering practices? [68.65(d)(2)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>4. Has the owner or operator determined and documented that existing equipment, designed and constructed in accordance with codes, standards, or practices that are no longer in general use, is designed, maintained, inspected, tested, and operating in a safe manner? [68.65(d)(3)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Prevention Program- Process Hazard Analysis [68.67]</p>	
<p>5. Has the owner or operator performed an initial process hazard analysis (PHA), and has this analysis identified, evaluated, and controlled the hazards involved in the process? [68.67(a)] January 28, 2004</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>6. Has the owner or operator determined and documented the priority order for conducting PHAs, and was it based on an appropriate rationale? [68.67(a)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>7. Has the owner used one or more of the following technologies to conduct process PHA: [68.67(b)] <input type="checkbox"/> What-if? [68.67(b)(1)] <input type="checkbox"/> Checklist? [68.67(b)(2)] <input checked="" type="checkbox"/> What-if/Checklist? [68.67(b)(3)] <input type="checkbox"/> Hazard and Operability Study (HAZOP) [68.67(b)(4)] <input type="checkbox"/> Failure Mode and Effects Analysis (FMEA) [68.67(b)(5)] <input type="checkbox"/> Fault Tree Analysis? [68.67(b)(6)] <input type="checkbox"/> An appropriate equivalent methodology? [68.67(b)(7)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>8. Did the PHA address: <input checked="" type="checkbox"/> The hazards of the process? [68.67(c)(1)] <input checked="" type="checkbox"/> Identification of any incident which had a likely potential for catastrophic consequences? [68.67(c)(2)] <input checked="" type="checkbox"/> Engineering and administrative controls applicable to hazards and interrelationships? [68.67(c)(3)] <input checked="" type="checkbox"/> Consequences of failure of engineering and administrative controls? [68.67(c)(4)] <input checked="" type="checkbox"/> Stationary source siting? [68.67(c)(5)] <input checked="" type="checkbox"/> Human factors? [68.67(c)(6)] <input checked="" type="checkbox"/> An evaluation of a range of the possible safety and health effects of failure of controls? [68.67(c)(7)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>9. Was the PHA performed by a team with expertise in engineering and process operations and did the team include appropriate personnel? [68.67(d)] The team was a leader and the two operators' supervisors.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET

Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

<p>10. Has the owner or operator established a system to promptly address the team's findings and recommendations; assured that the recommendations are resolved in a timely manner and documented; documented what actions are to be taken; completed actions as soon as possible; developed a written schedule of when these actions are to be completed; and communicated the actions to operating, maintenance, and other employees whose work assignments are in the process and who may be affected by the recommendations? [68.67(e)] The facility needs to establish a tracking system to ensure that the recommendations and findings generated from the PHA are addressed in a timely manner.</p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>11. Has the PHA been updated and revalidated by a team every five years after the completion of the initial PHA to assure that the PHA is consistent with the current process? [68.67(f)] The first PHA was done in 2000.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>12. Has the owner or operator retained PHAs and updates or revalidations for each process covered, as well as the resolution of recommendations for the life of the process? [68.67(g)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

Prevention Program- Operating procedures [68.69]

<p>13. Has the owner or operator developed and implemented written operating procedures that provides instructions or steps for conducting activities associated with each covered process consistent with the safety information? [68.69(a)] The operating procedures include: Handling & storage of rail cars; packaging chlorine containers; procedures to disconnect rail car from bleach process and repackaging operation.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>14. Do the procedures address the following: [68.69(a)]</p> <p><input checked="" type="checkbox"/> Steps for each operating phase: [68.69(a)(1)]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial Startup? [68.69(a)(1)(i)] <input type="checkbox"/> Normal operations? [68.69(a)(1)(ii)] <input type="checkbox"/> Temporary operations? [68.69(a)(1)(iii)] <input type="checkbox"/> Emergency shutdown including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner? [68.69(a)(1)(iv)] <input type="checkbox"/> Emergency operations? [68.69(a)(1)(v)] <input type="checkbox"/> Normal shutdown? [68.69(a)(1)(vi)] <input type="checkbox"/> Startup following a turnaround, or after emergency shutdown? [68.69(a)(1)(vii)] <p><input checked="" type="checkbox"/> Operating limits: [68.69(a)(2)]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consequences of deviations [68.69(a)(2)(i)] <input type="checkbox"/> Steps required to correct or avoid deviation? [68.69(a)(2)(ii)] <p><input checked="" type="checkbox"/> Safety and health considerations: [68.69(a)(3)]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Properties of, and physical hazards presented by, the chemicals used in the process [68.69(a)(3)(i)] <input type="checkbox"/> Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment? [68.69(a)(3)(ii)] <input type="checkbox"/> Control measures to be taken if physical contact or airborne exposure occurs? [68.69(a)(3)(iii)] <input type="checkbox"/> Quality control for raw materials and control of hazardous chemical inventory levels? [68.69(a)(3)(iv)] <input type="checkbox"/> Any special or unique hazards? [68.69(a)(3)(v)] <p><input checked="" type="checkbox"/> Safety systems and their functions? [68.69(a)(4)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

<p>15. Are operating procedures readily accessible to employees who are involved in a process? [68.69(b)] Bleach plant where the operators work.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>16. Has the owner or operator certified annually that the operating procedures are current and accurate and that procedures have been reviewed as often as necessary? [68.69(c)] Prior to 2005, the facility did not conduct annual certifications.</p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>17. Has the owner or operator developed and implemented safe work practices to provide for the control of hazards during specific operations, such as lockout/tagout? [68.69(d)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

Prevention Program - Training [68.71]

<p>18. Has each employee involved in operating a process, and each employee before being involved in operating a newly assigned process, been initially trained in an overview of the process and in the operating procedures? [68.71(a)(1)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
--	--

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

19. Did initial training include emphasis on safety and health hazards, emergency operations including shutdown, and safe work practices applicable to the employee's job tasks? [68.71(a)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
20. In lieu of initial training for those employees already involved in operating a process on June 21, 1999, an owner or operator may certify in writing that the employee has the required knowledge, skills, and abilities to safely carry out the duties and responsibilities as specified in the operating procedures [68.71(a)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
21. Has refresher training been provided at least every three years, or more often if necessary, to each employee involved in operating a process to assure that the employee understands and adheres to the current operating procedures of the process? [68.71(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
22. Has owner or operator ascertained and documented in record that each employee involved in operating a process has received and understood the training required?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
23. Does the prepared record contain the identity of the employee, the date of the training, and the means used to verify that the employee understood the training? [68.71(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Prevention Program - Mechanical Integrity [68.73]

24. Has the owner or operator established and implemented written procedures to maintain the on-going integrity of the process equipment listed in 68.73(a)? [68.73(b)] The facility does have procedures in place for the connecting equipment associated with the rail car and the repackaging operation, as well as procedures for the maintenance of the chlorine cylinders. However, the facility does not have the maintenance procedures that the chlorine supplier follows to maintain the integrity of the rail cars.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
25. Has the owner or operator trained each employee involved in maintaining the on-going integrity of process equipment? [68.73(c)] Chlorine cylinders.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
26. Performed inspections and tests on process equipment? [68.73(d)(1)] Chlorine cylinders.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
27. Followed recognized and generally accepted good engineering practices for inspections and testing procedures? [68.73(d)(2)] Chlorine cylinders.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
28. Ensured the frequency of inspections and tests of process equipment is consistent with applicable manufacturers' recommendations, good engineering practices, and prior operating experience? [68.73(d)(3)] Chlorine cylinders.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
29. Documented each inspection and test that had been performed on process equipment, which identifies the date of the inspection or test, the name of the person who performed the inspection or test, the serial number or other identifier of the equipment on which the inspection or test was performed, a description of the inspection or test performed, and the results of the inspection or test? [68.73(d)(4)] Chlorine cylinders.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
30. Corrected deficiencies in equipment that were outside acceptable limits defined by the process safety information before further use or in a safe and timely manner when necessary means were taken to assure safe operation? [68.73(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
31. Assured that equipment as it was fabricated is suitable for the process application for which it will be used in the construction of new plants and equipment? [68.73(f)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
32. Performed appropriate checks and inspections to assure that equipment was installed properly and consistent with design specifications and the manufacturer's instructions? [68.73(f)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
33. Assured that maintenance materials, spare parts and equipment were suitable for the process application for which they would be used? [68.73(f)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Prevention Program - Management Of Change [68.75]

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

<p>34. Has the owner or operator established and implemented written procedures to manage changes to process chemicals, technology, equipment, and procedures, and changes to stationary sources that affect a covered process? [68.75(a)] The facility does have procedures in place to manage changes to the process. The last management of change took place in 2003, when the facility installed an automatic shut off valve on the piping where the chlorine is distributed to the bleach operation and the repackaging operation.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>35. Do procedures assure that the following considerations are addressed prior to any change: [68.75(b)] <input type="checkbox"/> The technical basis for the proposed change? [68.75(b)(1)] <input type="checkbox"/> Impact of change on safety and health? [68.75(b)(2)] <input type="checkbox"/> Modifications to operating procedures? [68.75(b)(3)] <input type="checkbox"/> Necessary time period for the change? [68.75(b)(4)] <input type="checkbox"/> Authorization requirements for the proposed change? [68.75(b)(5)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>36. Were employees, involved in operating a process and maintenance, and contract employees, whose job tasks would be affected by a change in the process, informed of, and trained in, the change prior to start-up of the process or affected parts of the process? [68.75(c)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>37. If a change resulted in a change in the process safety information, was such information updated accordingly? [68.75(d)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>38. If a change resulted in a change in the operating procedures or practices, had such procedures or practices been updated accordingly? [68.75(e)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Prevention Program - Pre-startup Safety Review [68.77]</p>	
<p>39. Did the pre-startup safety review confirm that prior to the introduction of a regulated substance to a process: [68.77(b)] <input type="checkbox"/> Construction and equipment was in accordance with design specifications? [68.77(b)(1)] <input type="checkbox"/> Safety, operating, maintenance, and emergency procedures were in place and were adequate? [68.77(b)(2)] <input type="checkbox"/> For new stationary sources, a process hazard analysis had been performed and recommendations had been resolved or implemented before startup? [68.77(b)(3)] <input type="checkbox"/> Modified stationary sources meet the requirements contained in management of change? [68.77(b)(3)] <input type="checkbox"/> Training of each employee involved in operating a process had been completed? [68.77(b)(4)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Prevention Program - Compliance audits [68.79]</p>	
<p>1. Has the owner or operator certified that the stationary source has evaluated compliance with the provisions of the prevention program at least every three years to verify that the developed procedures and practices are adequate and being followed? [68.79(a)] The last compliance audit was conducted on June 30, 2006. The first audit was conducted on November 4, 2003.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>2. Has the audit been conducted by at least one person knowledgeable in the process? [68.79(b)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>3. Are the audit findings documented in a report? [68.79(c)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>4. Has the owner or operator promptly determined and documented an appropriate response to each of the findings of the audit and documented that deficiencies had been corrected? [68.79(d)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>5. Has the owner or operator retained the two most recent compliance reports? [68.79(e)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Prevention Program - Incident investigation [68.81]</p>	
<p>1. Has the owner or operator investigated each incident which resulted in, or could reasonably have resulted in a catastrophic release of a regulated substance? [68.81(a)] The facility had no incidents.</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>2. Were all incident investigations initiated not later than 48 hours following the incident? [68.81(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET

Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

3. Was an accident investigation team established and did it consist of at least one person knowledgeable in the process involved, including a contract employee if the incident involved work of a contractor, and other persons with appropriate knowledge and experience to thoroughly investigate and analyze the incident? [68.81(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Was a report prepared at the conclusion of every investigation?[68.81(d)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Does every report include: [68.81(d)] <input type="checkbox"/> Date of incident? [68.81(d)(1)] <input type="checkbox"/> Date investigation began? [68.81(d)(2)] <input type="checkbox"/> A description of the incident? [68.81(d)(3)] <input type="checkbox"/> The factors that contributed to the incident? [68.81(d)(4)] <input type="checkbox"/> Any recommendations resulting from the investigation? [68.81(d)(5)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Has the owner or operator established a system to address and resolve the report findings and recommendations, and are the resolutions and corrective actions documented? [68.81(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7. Was the report reviewed with all affected personnel whose job tasks are relevant to the incident findings including contract employees where applicable? [68.81(f)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Has the owner or operator retained the incident investigation reports for five years? [68.81(g)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Section D - Employee Participation [68.83]	
1. Has the owner or operator developed a written plan of action regarding the implementation of the employee participation required by this section?[68.83(a)]	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
2. Has the owner or operator consulted with employees and their representatives on the conduct and development of process hazards analyses and on the development of the other elements of process safety management in chemical accident prevention provisions? [68.83(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Has the owner or operator provided to employees and their representatives access to process hazards analyses and to all other information required to be developed under the chemical accident prevention rule? [68.83(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Section E - Hot Work Permit [68.85]	
1. Has the owner or operator issued a hot work permit for each hot work operation conducted on or near a covered process? [68.85(a)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
2. Does the permit document that the fire prevention and protection requirements in 29CFR 1910.252(a) have been implemented prior to beginning the hot work operations? [68.85(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Does the permit indicate the date(s) authorized for hot work and the object(s) upon which hot work is to be performed? [68.85(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Are the permits being kept on file until completion of the hot work operations? [68.85(b)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Section F - Contractors [68.87]	
1. Has the owner or operator obtained and evaluated information regarding the contract owner or operator's safety performance and programs when selecting a contractor? [68.87(b)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Informed contract owner or operator of the known potential fire, explosion, or toxic release hazards related to the contractor's work and the process? [68.87(b)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Explained to the contract owner or operator the applicable provisions of the emergency response or the emergency action program? [68.87(b)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Developed and implemented safe work practices consistent with §68.69(d), to control the entrance, presence, and exit of the contract owner or operator and contract employees in the covered process areas? [68.87(b)(4)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

RISK MANAGEMENT PROGRAM INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET
Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

Section G - Emergency Response [68.90 - 68.95]

Developed and implemented an emergency response program as provided in 40 CFR 68.90-68.95? S M U N/A
 Comments:

1. Is the facility designated as a "first responder" in case of an accidental release of regulated substances?"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
1.a. If the facility is not a first responder:	
1.a.(1) For stationary sources with any regulated substances held in a process above threshold quantities, is the source included in the community emergency response plan developed under 42 U.S.C. 11003? [68.90(b)(1)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
1.a.(2) For stationary sources with only regulated flammable substances held in a process above threshold quantities, has the owner or operator coordinated response actions with the local fire department? [68.90(b)(2)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
1.a.(3) Are appropriate mechanisms in place to notify emergency responders when there is need for a response? [68.90(b)(3)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. An emergency response plan which is maintained at the stationary source and contains the following? [68.95(a)(1)] <input type="checkbox"/> a. Procedures for informing the public and local emergency response agencies about accidental releases? [68.95(a)(1)(i)] <input type="checkbox"/> b. Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures? [68.95(a)(1)(ii)] <input type="checkbox"/> c. Procedures and measures for emergency response after an accidental release of a regulated substance? [68.95(a)(1)(iii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Procedures for the use of emergency response equipment and for its inspection, testing, and maintenance? [68.95(a)(2)] Part of the maintenance schedule. Larry is responsible for tracking this information and making any changes to the schedule.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Training for all employees in relevant procedures? [68.95(a)(3)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Procedures to review and update, as appropriate, the emergency response plan to reflect changes at the stationary source and ensure that employees are informed of changes? [68.95(a)(4)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Did the owner or operator use a written plan that complies with other Federal contingency plan regulations or is consistent with the approach in the National Response Team's Integrated Contingency Plan Guidance ("One Plan")? If so, does the plan include the elements provided in paragraph (a) of 68.95, and also complies with paragraph (c) of 68.95? [68.95(b)]	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
7. Has the emergency response plan been coordinated with the community emergency response plan developed under EPCRA? [68.95(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Section G - Risk Management Plan [68.190 - 68.195]

1. Has the owner or operator reviewed and updated the RMP and submitted it to EPA [68.190(a)]? Reason for update. <input checked="" type="checkbox"/> Five-year update. [68.190(b)(1)] 6/18/04 <input type="checkbox"/> Within three years of a newly regulated substance listing. [68.190(b)(2)] <input type="checkbox"/> At the time a newly regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(3)] <input type="checkbox"/> At the time a regulated substance is first present in an already regulated process above threshold quantities. [68.190(b)(4)] <input type="checkbox"/> Within six months of a change requiring revised PHA or hazard analysis. [68.190(b)(5)] <input type="checkbox"/> Within six months of a change requiring a revised OCA as provided in 68.36. [68.190(b)(6)] <input type="checkbox"/> Within six months of a change that alters the Program level that applies to any covered process. [68.190(b)(7)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
--	---

Program Level 3 Process Checklist

Facility Name: Rowell Chemical Corporation - Willow Springs Terminal

<p>2. If the owner or operator experienced an accidental release that met the five-year accident history reporting criteria (as described at 68.42) subsequent to April 9, 2004, did the owner or operator submit the information required at 68.168, 68.170(j) and 68.175(l) within six months of the release or by the time the RMP was updated as required at 68.190, whichever was earlier. [68.195(a)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>3. If the emergency contact information required at 68.160(b)(6) has changed since June 21, 2004, did the owner or operator submit corrected information within thirty days of the change? [68.195(b)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>