



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

MEMORANDUM

REPLY TO THE ATTENTION OF:
SC-6J

To: Regional Hearing Clerk (RHC)
From: Chemical Emergency Preparedness and Prevention Section
Regarding: Filing of Attachment to Expedited Settlement Agreement (ESA)
Sysco Food Service of Grand Rapids, LLC
Docket No. CAA-05-2007-0009
BD No. 2750703A012

Date: July 19, 2007

The Chemical Emergency Preparedness and Prevention Section (CEPPS), U. S. EPA, Region 5, filed an ESA on June 14, 2007, in the name of Sysco Food Service of Grand Rapids, LLC, 3700 Sysco Court, Grand Rapids, Michigan, 49512, in settlement of certain violations of Section 112(r) of the Clean Air Act. The ESA states that the specific violations resolved by the ESA are "noted on the attached RISK MANAGEMENT PLAN INSPECTION FINDINGS, ALLEGED VIOLATIONS AND PROPOSED PENALTY SHEET (FORM)." That Form was not attached to the ESA at the time the ESA was filed with the RHC. By this Memorandum, CEPPS is hereby filing with the RHC the Form that should have been attached to the ESA at the time the ESA was filed with the RHC. This filing does not change any substantive matter in relation to the settlement of these violations, but simply serves to provide a document that was incorporated by reference into the ESA and listed as an attachment.



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REPLY TO THE ATTENTION OF

SC-6J

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jim Brown
Safety Manager
Sysco Food Service of Grand Rapids, LLC
3700 Sysco Court
Grand Rapids, MI 49512

RE: Complaint and Expedited Settlement Agreement
ESA Docket No: RMP-06-ESA-011
Docket No. CAA-05-2007-0009

Dear Mr. Brown:

Enclosed please find a copy of the fully executed Expedited RMP Settlement Agreement (ESA). The ESA is binding on U.S. EPA and Respondent. U.S. EPA will take no further action against Respondent for the violations cited in the ESA. The ESA requires no further action on your part.

Please feel free to contact Monika Chrzaszcz at (312) 886-0181 if you have any questions regarding the enclosed document or if you have any other question about the program. Thank you for your assistance in resolving this matter.

Sincerely yours,

A handwritten signature in black ink that reads "Mark J. Horwitz".

Mark J. Horwitz, Chief
Chemical Emergency
Preparedness & Prevention Section

Enclosure(s)



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

REPLY TO THE ATTENTION OF:

**EXPEDITED SETTLEMENT
AGREEMENT (ESA)**

DOCKET NO: RMP-06-ESA-011

This ESA is issued to: Sysco Food Service of Grand Rapids, LLC

At: 3100 Sysco Court, Grand Rapids, Michigan, 49512.

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

CAA-05-2007-0009

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 30, 2006, 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 September 6, 2005, 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 **\$1,620.00**.

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 **\$1,620.00** in payment of the full penalty amount to the following address:

U.S. EPA Region 5
P.O. Box 371531
Pittsburg, 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:**

Monika Chrzaszcz
Office of Chemical Emergency
Preparedness and Prevention (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: *James Brown*

Date: 4-24-07

Name (print): JAMES BROWN

Title (print): Safety manager

Sysco Food Service of Grand Rapids, LLC

FOR COMPLAINANT:

Richard C. Karl

Date: 6-5-07

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: 6/7/2007

Mary A. Gade,
Regional Administrator

3044: 2750703A012

CAA-05-2007-0009



U.S. ENVIRONMENTAL PROTECTION AGENCY

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

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 Sysco Food Service of Grand Rapids, LLC	<input checked="" type="checkbox"/> PRIVATE 477 EMPLOYEES	<input type="checkbox"/> GOVERNMENTAL/MUNICIPAL POPULATION SERVED
FACILITY ADDRESS 3700 Sysco Court Grand Rapids, MI 49512	INSPECTION START DATE AND TIME: 09/06/2005, 12:00pm INSPECTION END DATE AND TIME: 09/06/2005, 4:00pm	
RESPONSIBLE OFFICIAL, TITLE, PHONE NUMBER Monika Chrzaszcz, Environmental Engineer, (312) 886-0181	EPA FACILITY ID# 1000 0009 4872	
FACILITY REPRESENTATIVE(S), TITLE(S), PHONE NUMBER(S) Jim Brown, Safety Manager, (616)949-3700 Jim Ellis, Refrigeration Engineer, (616)949-3700	INSPECTOR NAME(S), TITLE(S), PHONE NUMBER(S) Monika Chrzaszcz, Environmental Engineer, (312) 886-0181	
FACILITY REPRESENTATIVE, SIGNATURE _____ DATE _____	INSPECTOR SIGNATURE <i>Monika Chrzaszcz</i> DATE <i>3/2/2006</i>	

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? RMP FILED WITH EPA: 06/18/1999	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DATE OF LATEST RMP UPDATE: 06/17/2004		
1) PROCESS/NAICS CODE: 9697 REGULATED SUBSTANCE: Ammonia (anhydrous)	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	MAX. QUANTITY IN PROCESS: 18,000 (lbs)
2) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	MAX. QUANTITY IN PROCESS: _____ (lbs)
3) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	MAX. QUANTITY IN PROCESS: _____ (lbs)
4) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	MAX. QUANTITY IN PROCESS: _____ (lbs)
5) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	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

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

Program Level 3 Process Checklist

Facility Name: Sysco Food Services of Grand Rapids, LLC, 3700 Sysco Court SE, Grand Rapids, MI

Date RMP submitted: Initial:6/18/1999, Correction: 4/25/2002, Update: 6/17/2004

Date process(es) came online: 1974

All comments and suggestions are in bold and italicized.

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)]

Y N 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)]

Y N N/A

James Brown has been assigned overall responsibility for the development, implementation, and integration of the risk management program elements.

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)]

Y N N/A

At the time of the inspection this information was not available, but was sent via email on 10/27/2005.

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)]

Y N N/A

a. For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]

b. For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]

or

c. For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m² for 40 seconds? [68.22(a)(2)(ii)]

or

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)]

2. Used the following endpoints for offsite consequence analysis for an alternative release scenario: [68.22(a)]

Y N N/A

a. For toxics: the endpoints provided in Appendix A of 40 CFR Part 68? [68.22(a)(1)]

b. For flammables: an explosion resulting in an overpressure of 1 psi? [68.22(a)(2)(i)]

c. For flammables: a fire resulting in a radiant heat/exposure of 5 kw/m² for 40 seconds? [68.22(a)(2)(ii)]

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)]

3. Used appropriate wind speeds and stability classes for the release analysis? [68.22(b)]

Y N N/A

4. Used appropriate ambient temperature and humidity values for the release analysis? [68.22(c)]

Y N N/A

Used appropriate values for the height of the release for the release analysis? [68.22(d)]

Y N N/A

6. Used appropriate surface roughness values for the release analysis? [68.22(e)]

Y N N/A

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

Program Level 3 Process Checklist

Facility Name: Sysco Food Services of Grand Rapids, LLC, 3700 Sysco Court SE, Grand Rapids, MI

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
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)] <i>The worst-case release scenario was estimated using the High Pressure receiver filled at 80% capacity, or 15,000 lbs, for 10 minutes, or a release rate of 1,500 lbs./min.</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)] <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</u> at <u>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</u> at <u>ambient pressure</u> :	
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A
13.c. Has the owner or operator for <u>toxic substances</u> that are <u>normally liquids</u> at <u>ambient temperature</u> :	
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
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	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

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

Program Level 3 Process Checklist

Facility Name: Sysco Food Services of Grand Rapids, LLC, 3700 Sysco Court SE, Grand Rapids, MI

	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)]	
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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A
13.d.	Has the owner or operator for <u>flammables</u> :	
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 checked="" 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 checked="" 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 checked="" 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)] RMP Comp was used for analysis.	<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)]	<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)] The alternative release scenario was based off of a relief valve failure, releasing 1,400 lbs over 20	<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: Sysco Food Services of Grand Rapids, LLC, 3700 Sysco Court SE, Grand Rapids, MI

minutes.	
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 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)] <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 checked="" 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)]	<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 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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)]	<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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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

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

Program Level 3 Process Checklist

Facility Name: <u>Sysco Food Services of Grand Rapids, LLC, 3700 Sysco Court SE, Grand Rapids, MI</u>	
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 checked="" type="checkbox"/> N/A
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)] According to the owner or operator at the time of the inspection, it was stated that there have been no accidental releases from the covered process.	<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 checked="" type="checkbox"/> N/A
Section C: Prevention Program	
Implemented the Program 3 prevention requirements as provided in 40 CFR 68.65 - 68.87? Comments:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
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)] were reviewed, LaRoche Industries, date 9/16/2002. Does the process safety information contain the following for hazards of the substances: [68.65(b)] <input checked="" type="checkbox"/> a. Toxicity information? [68.65(b)(1)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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<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)]	
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)]-NA <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 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 checked="" 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 checked="" type="checkbox"/> Material and energy balances for processes built after June 21, 1999? [68.65(d)(1)(vii)] <input checked="" type="checkbox"/> Safety systems? [68.65(d)(1)(viii)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Has the owner or operator documented that equipment complies with recognized and generally accepted good engineering practices? [68.65(d)(2)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Prevention Program- Process Hazard Analysis [68.67]	
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)] An initial PHA was conducted in 2001, in December of 2004 another PHA was conducted due to the addition of the new engine room. This PHA was still being addressed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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<p>8. An evaluation of a range of the possible safety and health effects of failure of controls? [68.67(c)(7)]</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)] An operator trainee, refrigeration manager, maintenance leader, and contractor (Phillip Refrigeration Consultants) were all part of the PHA team.</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<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 PHA team's findings and recommendations were not all addressed.</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)]</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>
<p>Prevention Program- Operating procedures [68.69]</p>	
<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)]</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)] <u>Operating procedures for each operating phase: [68.69(a)(1)]</u> <input type="checkbox"/> Initial Startup? [68.69(a)(1)(i)] <input checked="" type="checkbox"/> Normal operations? [68.69(a)(1)(ii)] <input type="checkbox"/> Temporary operations? [68.69(a)(1)(iii)] Temporary operating procedures were not available at the time of the inspection. <input checked="" 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)] The owner or operator should clearly assign responsibility of emergency shutdown procedures to operators. <input checked="" type="checkbox"/> Emergency operations? [68.69(a)(1)(v)] <input checked="" type="checkbox"/> Normal shutdown? [68.69(a)(1)(vi)] <input checked="" type="checkbox"/> Startup following a turnaround, or after emergency shutdown? [68.69(a)(1)(vii)] <input checked="" type="checkbox"/> <u>Operating limits: [68.68(a)(2)]</u> <input checked="" type="checkbox"/> Consequences of deviations [68.69(a)(2)(i)] <input checked="" type="checkbox"/> Steps required to correct or avoid deviation? [68.69(a)(2)(ii)] <input checked="" type="checkbox"/> <u>Safety and health considerations: [68.69(a)(3)]</u> <input checked="" type="checkbox"/> Properties of, and physical hazards presented by, the chemicals used in the process [68.69(a)(3)(i)] <input checked="" type="checkbox"/> Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment? [68.69(a)(3)(ii)] <input checked="" type="checkbox"/> Control measures to be taken if physical contact or airborne exposure occurs? [68.69(a)(3)(iii)] <input checked="" type="checkbox"/> Quality control for raw materials and control of hazardous chemical inventory levels? [68.69(a)(3)(iv)] <input checked="" type="checkbox"/> Any special or unique hazards? [68.69(a)(3)(v)] <input checked="" type="checkbox"/> <u>Safety systems and their functions? [68.69(a)(4)]</u></p>	<p><input type="checkbox"/> Y <input checked="" 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)]</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)]</p>	<p><input checked="" type="checkbox"/> Y <input 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</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>

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hazards during specific operations, such as lockout/tagout? [68.69(d)]	
Prevention Program - Training [68.71]	
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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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)] A certification dated 2002 was signed off.	<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 owner or operator stated that the facility uses a computer based system that generates work orders for specific inspections and tests to be performed on process equipment. The owner or operator must make sure that a schedule of maintenance, inspections, and tests performed on process equipment is available at all times. This schedule can be generated from the computer program used to generate work orders.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
25. Has the owner or operator trained each employee involved in maintaining the on-going integrity of process equipment? [68.73(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
26. Performed inspections and tests on process equipment? [68.73(d)(1)]	<input checked="" 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)]	<input checked="" 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)]	<input checked="" 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)]	<input checked="" 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	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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31. Inspected in the construction of new plants and equipment? [68.73(f)(1)]	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Prevention Program - Management Of Change [68.75]	
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)] <i>The Management of Change elements were not reviewed at the time of the inspection.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
37. If a change resulted in a change in the process safety information, was such information updated accordingly? [68.75(d)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Prevention Program - Pre-startup Safety Review [68.77]	
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Prevention Program - Compliance audits [68.79]	
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)] <i>An initial compliance audit was conducted in 2002. Another audit was completed in 2005. The facility must make sure that compliance audits are completed at least every three years, or as needed.</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Has the audit been conducted by at least one person knowledgeable in the process? [68.79(b)] <i>The audit was conducted by a contractor and a refrigeration engineer.</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Were the audit findings documented in a report? [68.79(c)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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5. Has the owner or operator retained the two most recent compliance reports? [68.79(e)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Prevention Program - Incident investigation [68.81]	
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)] <i>The owner or operator stated that the facility had an incident on 7/3/2003, but did not have any documentation on that incident. The owner or operator did document an incident on 2/4/2004. This incident resulted in a release of 69 lbs. of ammonia from a relief valve leak/ failure. The facility must make sure that all incidences are documented and investigated accordingly.</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
2. Were all incident investigations initiated not later than 48 hours following the incident? [68.81(b)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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 checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Does every report include: [68.81(d)] <input checked="" type="checkbox"/> Date of incident? [68.81(d)(1)] <input type="checkbox"/> Date investigation began? [68.81(d)(2)] <i>The date the investigation began was not included on the investigation report.</i> <input checked="" type="checkbox"/> A description of the incident? [68.81(d)(3)] <input checked="" type="checkbox"/> The factors that contributed to the incident? [68.81(d)(4)] <input checked="" type="checkbox"/> Any recommendations resulting from the investigation? [68.81(d)(5)]	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Y <input 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 checked="" 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 checked="" 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)] <i>Hot work permits dated 7/31/2002-piping, 7/30/2001-piping, 11/6/2003-new engine room, 4/21/2004-freezer, and 6/7/2004-freezer rack repair were reviewed. The owner or operator must make sure that all hot work permits are signed off, permit dated 6/7/2004 was not signed. Maintenance staff signs off on hot work permits.</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Does the permit document that the fire prevention and protection requirements in 29CFR	

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<p>§10.252(a) have been implemented prior to beginning the hot work operations? [68.85(b)]</p> <p>A checklist is on the permit that must be completed.</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>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)]</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>4. Are the permits being kept on file until completion of the hot work operations? [68.85(b)]</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>Section F - Contractors [68.87]</p>	
<p>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)]</p> <p>A contractors manual was reviewed at the time of the inspection and includes contractor qual. Questionnaire, information, ratings, accident history, acknowledgments, training, orientation, and checklists. In addition, contractors must sign a Contractor Ammonia Awareness Training cert.</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>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)]</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>3. Explained to the contract owner or operator the applicable provisions of the emergency response or the emergency action program? [68.87(b)(3)]</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>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)]</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>Section G - Emergency Response [68.90 - 68.95]</p>	
<p>Developed and implemented an emergency response program as provided in 40 CFR 68.90-68.95? <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A</p> <p>Comments: The owner or operator stated that 16 people are currently HAZMAT trained at the facility, and most recently had refresher training in May 2005. Phillips Ref. Consultants conduct refresher training at the facility, administer a written test, and conduct fit testing for all HAZMAT certified individuals. In addition, monthly meetings are held to discuss such issues as ER training, Nextel emergency 101, test drills, CPR, engine room updates, refreshers, fire extinguisher training, walk thru, pipes and valves, and emergency procedures.</p>	
<p>1. Is the facility designated as a "first responder" in case of an accidental release of regulated substances"</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<p>1.a. If the facility is not a first responder:</p>	
<p>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)]</p>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<p>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)]</p>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<p>1.a.(3) Are appropriate mechanisms in place to notify emergency responders when there is need for a response? [68.90(b)(3)]</p>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<p>2. An emergency response plan which is maintained at the stationary source and contains the following? [68.95(a)(1)]</p> <p><input checked="" type="checkbox"/> a. Procedures for informing the public and local emergency response agencies about accidental releases? [68.95(a)(1)(i)]</p> <p> b. Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures? [68.95(a)(1)(ii)]</p> <p><input checked="" type="checkbox"/> c. Procedures and measures for emergency response after an accidental release of a regulated</p>	<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: Sysco Food Services of Grand Rapids, LLC, 3700 Sysco Court SE, Grand Rapids, MI

substance? [68.95(a)(1)(iii)]	
3. Procedures for the use of emergency response equipment and for its inspection, testing, and maintenance? [68.95(a)(2)] The owner or operator keeps a log of emergency response equipment in inspections, testing, and maintenance of equipment.	<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)] Certifications dated 7/2002, 5/2003, 8/2003, 10/2005, and 5/2004 were reviewed. Procedures did not reflect the correct employees; some specified were no longer at the company. The procedures must be updated accordingly.	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> N <input checked="" 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 H - 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 type="checkbox"/> Five-year update. [68.190(b)(1)] <input type="checkbox"/> Within three years of a newly regulated substance listing. [68.190(b)(2)] <input type="checkbox"/> At the time a new 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 a new process above threshold quantities. [68.190(b)(4)] <input checked="" type="checkbox"/> Within six months of a change requiring revised PHA or hazard review. [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
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A