



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

REPLY TO THE ATTENTION OF:

SC-6J

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Glenn M. Chinavare
Director of Public Services
City of Jackson WTP
521 Water Street
Jackson, Michigan 49203

RE: Complaint and Expedited Settlement Agreement
ESA Docket No: RMP-07-ESA-015
Docket No. **CAA-05-2008-0007**

BD# 2750803A005

Dear Mr. Chinavare:

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,

Silvia Paloma for
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-07-ESA-015

BD#: 2750803A005

This ESA is issued to: City of Jackson Water Treatment Plant

At: 740 E. Mansion St., Jackson, Michigan, 49203

CAA-05-2008-0007

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

RECEIVED
 REGIONAL HEARING CLERK
 U.S. EPA REGION V
 2008 FEB 22 PM 2:25

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 April 12, 2007 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 **\$3,562.50**

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 **\$3,562.50** payment of the full penalty amount to the following address:

US Environmental Protection Agency
 Fines and Penalties
 Cincinnati Finance Center
 PO Box 979077
 St. Louis, MO 63197-9000

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
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.

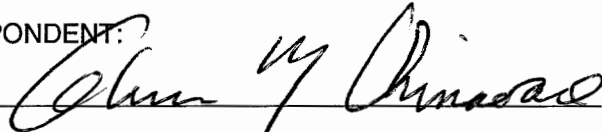
If the signed original ESA **with an attached copy of the check** is not returned to the **EPA Region 5 office** at the above address in correct form by the Respondent within 45 days of the date of Respondent's receipt of it (90 days if an extension is granted), the proposed ESA is withdrawn, without 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:



Date:

12-27-2007

Name (print):

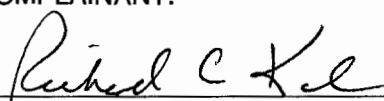
GLENN M. CHINAVARE

Title (print):

DIRECTOR, PUBLIC SERVICES

City of Jackson Water Treatment Plant

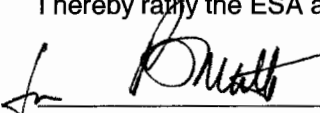
FOR COMPLAINANT:


Richard C. Karl, Director
Superfund Division

Date:

2-20-08

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


Mary A. Gade,
Regional Administrator

Date:

2-22-08

CAA-05-2008-0007



U.S. ENVIRONMENTAL PROTECTION AGENCY

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

CAA-05-2008-0007

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 City of Jackson Water Treatment Plant	<input type="checkbox"/> PRIVATE # EMPLOYEES 10	<input checked="" type="checkbox"/> GOVERNMENTAL/MUNICIPAL POPULATION SERVED: approximately 50,000
FACILITY ADDRESS 740 E. Mansion St. Jackson, MI 49203	INSPECTION START DATE AND TIME: 04/11/2007, 8:00am INSPECTION END DATE AND TIME: 04/12/2007, 4:00pm	
RESPONSIBLE OFFICIAL, TITLE, PHONE NUMBER Monika Chrzaszcz, Environmental Engineer, (312) 886-0181	EPA FACILITY ID# 1000 0015 3344	
FACILITY REPRESENTATIVE(S), TITLE(S), PHONE NUMBER(S) Paul Huson, Supervisor, (517) 788-4073 Robert Koehn, Assistant Supervisor, (517) 788-4073	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 9/19/2007

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: 06/30/1999	DATE OF LATEST RMP UPDATE: 09/30/2002	
1) PROCESS/NAICS CODE: 22131 Water Supply and Irrigation Systems REGULATED SUBSTANCE: Chlorine	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	MAX. QUANTITY IN PROCESS: 14,000 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: _____
3) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	MAX. QUANTITY IN PROCESS: _____
4) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	MAX. QUANTITY IN PROCESS: _____
5) PROCESS/NAICS CODE: _____ REGULATED SUBSTANCE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	MAX. QUANTITY IN PROCESS: _____
DID FACILITY CORRECTLY ASSIGN PROGRAM LEVELS TO PROCESSES?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
ATTACHED CHECKLIST(S): <input type="checkbox"/> PROGRAM LEVEL 1 PROCESS CHECKLIST <input type="checkbox"/> PROGRAM LEVEL 2 PROCESS CHECKLIST <input checked="" type="checkbox"/> PROGRAM LEVEL 3 PROCESS CHECKLIST		
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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

Date RMP submitted: <u>6/30/1999, 8/2/2002, 9/30/2002</u>		Date process(es) came online: <u>1976</u>
Section A-Management [68.15]		
Management system developed and implemented as provided in 40 CFR 68.15? Comments:		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
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)] <i>Robert Koehn has been assigned overall responsibility for the development, implementation, and integration of the risk management program elements.</i>		<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? Comments:		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> N/A
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

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All Comments and Suggestions are in bold and italicized.

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)] <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 checked="" 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 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 checked="" type="checkbox"/> N/A
13.c.(3) Taken into account the actual surface characteristics, if the release would occur onto a	<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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

surface that is not paved or smooth? [68.25(d)(1)(ii)]	
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)] <i>RMP Planner 2.0. Last reviewed 3/5/2002.</i>	<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)]	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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

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

Program Level 3 Process Checklist

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Comments and Suggestions are in bold and italicized.

<p>20. Considered release scenarios which included, but are not limited to, the following: [68.28(b)(2)]</p> <p><input type="checkbox"/> a. Transfer hose releases due to splits or sudden hose uncoupling? [68.28(b)(2)(i)]</p> <p><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)]</p> <p><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)]</p> <p><input type="checkbox"/> d. Vessel overfilling and spill, or overpressurization and venting through relief valves or rupture disks? [68.28(b)(2)(iv)]</p> <p><input type="checkbox"/> e. Shipping container mishandling and breakage or puncturing leading to a spill? [68.28(b)(2)(v)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>21. Used the parameters defined in 68.22 to determine distance to the endpoints? [68.28(c)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>24. Considered the following factors in selecting the alternative release scenarios: [68.28(e)]</p> <p><input type="checkbox"/> a. The five-year accident history provided in 68.42? [68.28(e)(1)]</p> <p><input type="checkbox"/> b. Failure scenarios identified under 68.67? [68.28(e)(2)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Hazard Assessment: Defining off-site impacts–Population [68.30]</p>	
<p>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)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>26. Identified the presence of institutions, parks and recreational areas, major commercial, office, and industrial buildings in the RMP? [68.30(b)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>27. Used most recent Census data, or other updated information to estimate the population? [68.30(c)]</p> <p><i>It is unknown as to what Census data was used, the census information was not dated.</i></p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>28. Estimated the population to two significant digits? [68.30(d)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Hazard Assessment: Defining off-site impacts–Environment [68.33]</p>	
<p>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)]</p> <p><i>The owner or operator did identify environmental receptors.</i></p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p> <p><i>The owner or operator stated that he drove around the area and identified environmental receptors. The owner or operator did not rely 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.</i></p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Hazard Assessment: Review and update [68.36]</p>	
<p>31. Reviewed and updated the off-site consequence analyses at least once every five years? [68.36(a)]</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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

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 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)] <i>The owner or operator stated that there have been no accidents at the facility in the past five years.</i>	<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)] 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"/> b. Permissible exposure limits? [68.65(b)(2)]	<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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

<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)] <i>Reviewed Oxy Chem MSDS dated March 17, 2006.</i>	
<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 type="checkbox"/> An evaluation of the consequences of deviation? [68.65(c)(1)(iv)]</p> <p><i>The owner or operator did not maintain documentation on an evaluation of the consequences of deviation.</i></p> <p><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 type="checkbox"/> Relief system design and design basis? [68.65(d)(1)(iv)]</p> <p><i>The owner or operator must maintain documentation on the design basis of the relief system.</i></p> <p><input type="checkbox"/> Ventilation system design? [68.65(d)(1)(v)]</p> <p><i>Did not review.</i></p> <p><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)]- NA <input type="checkbox"/> Safety systems? [68.65(d)(1)(viii)]</p> <p><i>Did not review.</i></p>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
<p>3. Has the owner or operator documented that equipment complies with recognized and generally accepted good engineering practices? [68.65(d)(2)]</p>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<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>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<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)]</p> <p><i>At the time of the inspection, the owner or operator stated that he believed that a PHA was initially conducted, but there is no record of such PHA. A PHA dated 3/5/2002 was available at the time of the inspection, but this PHA is inadequate and does not analyze, identify, evaluate, and control hazards involved in the process.</i></p>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
<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>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<p>7. Has the owner used one or more of the following technologies to conduct process PHA: [68.67(b)]</p> <input checked="" type="checkbox"/> What-if? [68.67(b)(1)] <input type="checkbox"/> Checklist? [68.67(b)(2)] <input type="checkbox"/> What-if/Checklist? [68.67(b)(3)] <input checked="" 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 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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

Comments and Suggestions are in bold and italicized.

<input type="checkbox"/> An appropriate equivalent methodology? [68.67(b)(7)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Did the PHA address: <input checked="" type="checkbox"/> The hazards of the process? [68.67(c)(1)] <input type="checkbox"/> Identification of any incident which had a likely potential for catastrophic consequences? [68.67(c)(2)] <input type="checkbox"/> Engineering and administrative controls applicable to hazards and interrelationships? [68.67(c)(3)] <input type="checkbox"/> Consequences of failure of engineering and administrative controls? [68.67(c)(4)] <input type="checkbox"/> Stationary source siting? [68.67(c)(5)] <input type="checkbox"/> Human factors? [68.67(c)(6)] <input type="checkbox"/> An evaluation of a range of the possible safety and health effects of failure of controls? [68.67(c)(7)]	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
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)] <i>The PHA does not identify who completed the PHA, so unable to identify the qualifications of PHA team members. The PHA should document who participated on the PHA team.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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)] <i>The PHA conducted did not identify any findings or recommendations.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
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)] <i>A PHA update and revalidation should have been conducted by 3/5/2007.</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Prevention Program- Operating procedures [68.69]	
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)] <i>At the time of the inspection, several operating procedures were reviewed. These procedures included Chlorinator start up procedures, startup and shutdown procedures for regulators, and a form entitled IV. Operating Procedures that are supposed to reflect the operating procedures to be followed for normal and emergency startup, normal operations, and normal or emergency shutdown. In the normal or emergency startup procedures the owner or operator references manufacturers' instructions. There is no indication as to where these instructions are located, how employees are to access these instructions, not whether or not the facility has these instructions on site. In the case of normal operations, the facility again references manufacturers' recommendations after start-up, specifying a feed rate for chlorine gas at approximately 150-500 lbs. /day. Again, there is no indication as to where employees can access these manufacturers recommendations, how to access these recommendations, and as to whether or not the facility has these recommendations on site. For normal or emergency shutdown procedures, the facility again references manufacturers' service manuals and lists a brief shutdown procedure. The procedure should accurately detail the steps employees are to take to shutdown the process in either a normal or emergency condition. The owner or operator must make sure that the operating procedures accurately provide clear, detailed instructions or steps for conducting activities associated with each covered process. If an owner or operator chooses to use manufacturers procedures, they must make sure these procedures are tailored to the specific facility and the owner or operator needs to make sure that these procedures are available and that employees know where they are available. In addition, the owner or operator must make sure that they have procedures that address operating limits, safety</i>	<input type="checkbox"/> Y <input checked="" 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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

<p><i>and health considerations, and safety systems and their functions.</i></p>	
<p>14. Do the procedures address the following: [68.69(a)]</p> <p><input type="checkbox"/> <u>Steps for each operating phase:</u> [68.69(a)(1)]</p> <p><input checked="" type="checkbox"/> Initial Startup? [68.69(a)(1)(i)]</p> <p><input checked="" type="checkbox"/> Normal operations? [68.69(a)(1)(ii)]</p> <p><input type="checkbox"/> Temporary operations? [68.69(a)(1)(iii)]- <i>NA</i></p> <p><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)]</p> <p><input type="checkbox"/> Emergency operations? [68.69(a)(1)(v)]</p> <p><input type="checkbox"/> Normal shutdown? [68.69(a)(1)(vi)]</p> <p><input type="checkbox"/> Startup following a turnaround, or after emergency shutdown? [68.69(a)(1)(vii)]</p> <p><input type="checkbox"/> <u>Operating limits:</u> [68.69(a)(2)]</p> <p><input type="checkbox"/> Consequences of deviations [68.69(a)(2)(i)]</p> <p><input type="checkbox"/> Steps required to correct or avoid deviation?[68.69(a)(2)(ii)]</p> <p><input type="checkbox"/> <u>Safety and health considerations:</u> [68.69(a)(3)]</p> <p><input type="checkbox"/> Properties of, and physical hazards presented by, the chemicals used in the process[68.69(a)(3)(i)]</p> <p><input type="checkbox"/> Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment? [68.69(a)(3)(ii)]</p> <p><input type="checkbox"/> Control measures to be taken if physical contact or airborne exposure occurs? [68.69(a)(3)(iii)]</p> <p><input type="checkbox"/> Quality control for raw materials and control of hazardous chemical inventory levels? [68.69(a)(3)(iv)]</p> <p><input type="checkbox"/> Any special or unique hazards? [68.69(a)(3)(v)]</p> <p><input type="checkbox"/> <u>Safety systems and their functions?</u> [68.69(a)(4)]</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><i>The operating procedures that were available, were not certified annually.</i></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>
<p>Prevention Program - Training [68.71]</p>	
<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><i>The owner or operator stated that new employees participate in on the job training for at least 6 weeks. This includes a walk through of the Chlorine Training Manual and hands on work on operating the process and maintaining process equipment.</i></p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p> <p><i>The owner or operator stated that employees must review the Chlorine training manual and watch applicable movies from the Chlorine Institute and then take applicable exams. The</i></p>	<p><input type="checkbox"/> Y <input checked="" 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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

<p><i>owner or operator must make sure that operating procedures are included in refresher training. Seeing that the owner or operator does not have appropriate operating procedures in place, it is difficult to train on these procedures when they are not available. These include all applicable operating procedures to the covered process. Several training records were reviewed at the time of the inspection. RMP training records were reviewed for years 2001, 2002, 2003/2004, and 2005. In addition PSM training records were reviewed for 1997 and 2001.</i></p>	
<p>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?]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p> <p><i>Some reviewed training documents do not specify the date on which training was conducted.</i></p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Prevention Program - Mechanical Integrity [68.73]</p>	
<p>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)]</p> <p><i>The owner or operator did have some written procedures to maintain the ongoing integrity of the process equipment. The owner or operator did state that inspections and tests are conducted on process equipment. These inspections and tests were reviewed during the inspection. The owner or operator stated that monthly inspections are conducted on chlorine tanks. In addition, it was noted that monthly PM's are conducted on scrubbers, in which checklists/forms must be completed. Chlorinator room daily checklists are completed. During the inspection, records from 1998-2006 were reviewed. There were no records available for 2007, June 2004, April 2006, May 2001, January 2000, February 2000 and November 2000. The facility must make sure that if their procedure is to conduct chlorine room daily checks, that the forms be completed daily and kept on file. In addition, the owner or operator stated that PM weekly checklists are completed. Random records were reviewed from 2007, 2006, 2001, 2000, and 1999. Some of the records on file lacked dates of inspections. The owner or operator stated that the hoist/crane is on a yearly PM, as required by MIOSHA. Monthly PM's that check valves, unit for vacuum leaks, slight glasses, tubes and fittings for leaks, and safety equipment were reviewed. Records were reviewed from 2001-2004 and some of 2006. Records were missing from 3/2004, 6/2004, 7/2004, 11/2004, 2/2003, 5/2003, 6/2003, 7/2003, 2/2002, 7/2002, 5/2001, 7/2001, 10/2001, 12/2001. Monthly Operation Logs were also reviewed for years 2001, 2002, 2006, and 2007. There were several missing and undated monthly operation logs. Monthly scrubber inspections logs were reviewed for 2002 and 2006, and again there were several records missing and several more that were not dated, so unsure as to when exactly inspections were conducted. The owner or operator must make sure that they follow written procedures accordingly and that each piece of process equipment is identified and details when it is to be inspected/tested. In addition, the owner or operator must maintain the inspection/test records of each piece of process equipment.</i></p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>25. Has the owner or operator trained each employee involved in maintaining the on-going integrity of process equipment? [68.73(c)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>26. Performed inspections and tests on process equipment? [68.73(d)(1)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>27. Followed recognized and generally accepted good engineering practices for inspections and testing procedures? [68.73(d)(2)]</p> <p><i>The facility does perform many inspections and tests on process equipment. They do not have complete procedures in place to follow. Overall the facility does follow acceptable good engineering practices for inspections and tests.</i></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: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

<p>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)] <i>See #27 above.</i></p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)] Several inspection and test records do not include the dates on which inspections or test were performed.</p>	<p><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p>	<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>
<p>Prevention Program - Management Of Change [68.75]</p>	
<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)] <i>At the time of the inspection, the owner or operator stated that there has not been a need for MOC's.</i></p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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)] <i>Did not review.</i> <input type="checkbox"/> Construction and equipment was in accordance with design specifications? [68.77(b)(1)]</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>

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

Program Level 3 Process Checklist

Facility Name: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

All Comments and Suggestions are in bold and italicized.

<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)]	
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>At the time of the inspection, the owner or operator stated that they believed a compliance audit was completed in 2002. In addition, it was noted that PSM Audits were completed in 1998, 2002, and 2007. There was no documentation available regarding any audits being conducted.</i>	<input type="checkbox"/> Y <input checked="" 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)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
3. Are the audit findings documented in a report? [68.79(c)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
5. Has the owner or operator retained the two most recent compliance reports? [68.79(e)]	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>Reviewed incidents dated 12/07/2006 and 07/24/1999.</i>	<input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Date investigation began? [68.81(d)(2)] <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]	

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

Program Level 3 Process Checklist

Facility Name: City of Jackson Water Treatment Plant, 740 E. Mansion St., Jackson, MI 49203

Comments and Suggestions are in bold and italicized.

<p>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)]</p> <p><i>Did not review at time of inspection.</i></p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>Section E - Hot Work Permit [68.85]</p>	
<p>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)]</p> <p><i>Hot work procedures were reviewed. The owner or operator stated that hot work has not been conducted on process equipment; therefore, unable to evaluate the Hot Work Permit Program.</i></p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>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)]</p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<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>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<p>4. Are the permits being kept on file until completion of the hot work operations? [68.85(b)]</p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<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><i>The owner or operator stated that the only time the facility has contractors on site are when capitol improvements are made to the facility. The City of Jackson's purchasing department is responsible for selecting contractors and going through the facilities rigorous bidding process prior to being selected.</i></p>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<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>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<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>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<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>	<p align="right"><input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A</p>
<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: <i>The facility is not designated as a first responder. They follow a Hazardous Material & Disaster Plan. The Jackson fire department is designated as the first responder. According to the owner or operator, yearly fit testing is not conducted on site; universal masks are used if needed. Fit testing that is completed is done so through the fire department.</i></p>	
<p>1. Is the facility designated as a "first responder" in case of an accidental release of regulated substances"</p>	<p align="right"><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A</p>

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

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All Comments and Suggestions are in bold and italicized.

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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> a. Procedures for informing the public and local emergency response agencies about accidental releases? [68.95(a)(1)(i)] <input checked="" type="checkbox"/> b. Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures? [68.95(a)(1)(ii)] <input checked="" 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)] <i>The facility does have some emergency equipment on site. According to the owner or operator, SCBA's are inspected monthly. Records for SCBA's with serial numbers 79078010003 and 19078010002 and T75132 were reviewed. Records show that in 2004, there were several months in which monthly inspections were not conducted. In addition, in 8/2005 SCBA monthly inspections were conducted. Since then all monthly inspections have been conducted and documented. The owner or operator does not have procedures in place for the use or emergency response equipment and for its inspection, testing, and maintenance. Hydrostatic testing records were also reviewed. Tank T75142 was inspected in 1/2003 and 6/2003; tank T75132 was inspected in 9/2005, tank T163228 was inspected in 4/2006, tank T163249 was inspected in 4/2006, tank T163208 was inspected in 10/2005.</i>	<input type="checkbox"/> Y <input checked="" 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 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 checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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<input type="checkbox"/> At the time a regulated substance is first present in a new process above threshold quantities. [68.190(b)(4)] <input 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)]	
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