

Region 6 - Enforcement & Compliance Assurance Division
INSPECTION REPORT

Inspection Date(s):	December 8-11, 2025	
Media Program:	Air	
Regulatory Program(s)	Clean Air Act (CAA) § 112(r) and 40 Code of Federal Regulations (C.F.R.) Part 68 Chemical Accident Risk Management Plan (RMP)	
Company Name:	Hexion Intermediate Holdings 2, Inc./Valentra, LLC	
Facility Name:	Hexion, Inc. Geismar Facility/ Valentra Industrials, LLC	
Facility Physical Location:	4338 Hwy 73	
(city, state, zip code)	Geismar, Louisiana 70734	
Mailing address:	P.O. Box 232	
(city, state, zip code)	Geismar, Louisiana 70734	
County/Parish:	Ascension Parish	
Facility Phone Number	225-744-2000	
Facility Contact:	Steve Hoffpauir	Manufacturing Director
	steve.hoffpauir@hexion.com	
FRS Number:	110070257264	
Identification/Permit Number:	Title V 2019-V14 & 2631-V8	
Media Identifier Number:	RMP 1000 0016 8016	
NAICS:	325199 All other basic organic chemical manufacturing	
SIC:		
Personnel participating in inspection:		
Michael "Patrick" Spillman	EPA Region 6 ECDAC	RMP Inspector
Kristen Latiolais	EPA Region 6 ECDAC	RMP Inspector
Steve Hoffpauir	Valentra	Manufacturing Director
Daniele Martinez	Valentra	EHS Manager
Darryl Sons	Hexion	Regional PSM Engineer
Jeff Hamilton	Hexion	PSM Engineering Lead
Andrea Perez	Hexion	Senior Environmental Leader
Timothy Deroche	Valentra	Operations Leader
Michelle Anderson	Valentra	PSM/MI Leader
Jeanine Ismail	Valentra	Engineer
Matthew Murray	Hexion	Regional EHS Leader
EPA Lead Inspector Signature/Date		
	Michael "Patrick" Spillman	Date
Supervisor Signature/Date		
	Kayla Buchanan	Date

Section I – INTRODUCTION

PURPOSE OF THE INSPECTION

United States Environmental Protection Agency (“EPA”) Region 6, inspectors Patrick Spillman (“I”) and Kristen Latiolais arrived at the Hexion, Inc/Valentra, LLC- Geismar Facility (“The Facility” or “Hexion”), operated by Valentra Industrials, LLC in Geismar, Louisiana at 8:00 AM on December 8, 2025, for an announced inspection. EPA inspectors met with Steve Hoffpauir (Manufacturing Director) and his Environmental and Process Safety Team at the opening conference. I presented my credentials to Steve Hoffpauir and his team and informed them that this was an EPA inspection to evaluate compliance with the requirements of the Chemical Accident Prevention Provisions of Title 40 of the Code of Federal Regulations (“C.F.R.”) Part 68 under Clean Air Act (“CAA”) § 112(r). An owner or operator of a stationary source that has more than a threshold quantity of a regulated substance in a process, as determined under 40 C.F.R. § 68.115, shall comply with the requirements of the CFR Part 68. Employee representatives were invited to participate in the inspection. The facility does not have union representation.

FACILITY DESCRIPTION

Hexion, Inc., sold the Facility to Valentra, LLC (or Valentra Industrials, LLC) in an arms-length asset sale. As of December 3, 2025, Valentra, LLC owns and operates the facility in Geismar, Louisiana. The facility was in the process of transferring ownership the week prior to the inspection. The facility consists of five process units and operates 24 hours a day, 365 days a year and currently has 60 full-time employees on site. The Facility produces a range of products including, but not limited to, Formaldehyde, Formaldehyde Solutions, Urea-Formaldehyde Concentrate (UFC) and Methaform (MAF).

PROCESS DESCRIPTION

The Facility consists of five formaldehyde production units, a methanol tank farm, and loading/unloading operations for formaldehyde and methanol. Formaldehyde units G1/G3/G6 are referred to as Plant 076, Methanol Tank Farm is referred to as Plant 074 and Formaldehyde units G4/G5 are referred to as Plant 075. The facility is planning to install a new Formaldehyde unit, G7, within the existing boundaries of Plant 076 which will produce formaldehyde solutions using the MO process.

Plant 076

Unit G1 produces formaldehyde/water solutions and Methaform (MAF) products (formaldehyde/methanol/water solutions) by the Karl Fischer process developed by Borden Chemical using a silver catalyst. The raw material, methanol, is mixed with air and fed to the silver catalyst reactor. Methanol is fed at a rate of 420 lbs per minute. The reactor off-gases vent to the Absorber (EQT084) and then to the fire-zone of the Tail Gas Incinerator (EQT049/EIQ 2001-4) to control carbon monoxide (CO), volatile organic compound (VOC), and toxic/hazardous air pollutant emissions.

Unit G3 & G6 produce 50% formaldehyde/water solution products using the metal-oxide catalyst oxidation process (MO process). The raw material feed rate is limited to 50% capacity, specifically 140 lbs. per minute methanol. Methanol is mixed with air over metal oxide reactor beds to produce formaldehyde/water solution products.

The proposed G7 unit will produce formaldehyde solutions using the MO process. Methanol and air will be fed over MO reactor beds at a rate of 360 lbs. per minute. Process off gases from the reactors will be routed to an absorber column and then to a new catalytic oxidizer to control emissions of carbon monoxide (CO) and volatile organic compounds (VOCs). The absorber column, 2 reactors, and associated process equipment will be relocated from a Hexion facility located in Montenegro, Brazil.

Plant 075

Unit G4 produces formaldehyde and Urea-Formaldehyde Concentrate (UFC). Unit G5 produces formaldehyde only. Formaldehyde is produced by gas phase oxidation of methanol and oxygen (air) over a mixed oxide catalyst in a closed, exothermic process. The gaseous formaldehyde stream passes over an absorber column and is absorbed into water, forming Formalin, a 50% formaldehyde solution. In the UFC process, a 50% urea solution (urea in water) passes over the absorber column to produce UFC. Urea is purchased in bulk solid form, transported to the site via trucks, and pneumatically offloaded into a tank of water. Fumes from the pneumatic transfer of material into the mix tank vent through a wet cyclone scrubber to remove particulate urea from the exhaust air stream prior to venting to the atmosphere. All of G4 production capacity may be used to produce UFC.

On occasion, at the beginning and end of the UFC run, there may be some material slightly out of specification (i.e., too weak or too strong). This generally occurs when lining out the unit for UFC production. During this time, the UFC material may not meet specific customer specifications such that it cannot be sold to customers. Therefore, small quantities of off spec UFC material are reworked/fed into the bottom of the column during UFC production. The raw material (methanol) feed rate is adjusted accordingly, to a maximum of 250 lbs./minute. In addition, the air /oxygen feed rate is reduced.

Plant 074

Methanol, the raw material, is received by barge, railcar or pipeline and is stored in six (6) vertical fixed-roof storage tanks located in the Methanol Tank Farm. The methanol storage tanks are maintained under a nitrogen blanket and vent to the Methanol Storage Tank Scrubber (EQT 0120). Formaldehyde solutions are stored in vertical fixed-roof tanks that vent to the Formaldehyde Storage Tank Scrubber (EQT 0121). Formaldehyde solutions are produced at each of the five formaldehyde plants using the metal-oxide catalyst oxidation process (MO Process).

Section II - OBSERVATIONS

The documentation review began onsite with the Hexion/Valentra personnel as listed on the sign in sheets, **see Appendix 1.**

This inspection was a partial compliance evaluation conducted to determine compliance with the Clean Air Act (CAA) Risk Management Plan (RMP) regulations. A file review in LADEQ's EDMS was conducted before the on-site compliance inspection to determine compliance history. A review of the air permit conditions was conducted prior to the facility inspection.

Federal and State inspectors conducted a walk-through of the facility, accompanied by facility representatives, to observe the facility process equipment, overall operations and major emission sources at the facility. Operators from the 074/075/076 units assisted during the facility tour. The facility was in operation at the time of inspection.

On January 14, 2025, an LDEQ inspector was exposed to formaldehyde which was released from a Hexion process. The LDEQ inspector received offsite medical treatment due to the exposure. On April 15, 2025, EPA sent the facility informal questions regarding this incident. This kicked off the agency's initial review of the facility's compliance with the RMP regulations. The facility reported this incident under their accident history on their most recent RMP submission.

40 C.F.R. Part 68 – CHEMICAL ACCIDENT PREVENTION PROVISION

Subpart A – General

40 C.F.R. § 68.10 Applicability- The Facility is a stationary source that has more than a threshold quantity of regulated substances in their process. The facility is subject to the Occupational Safety and Health Administration's (OSHA) Process Safety Management (PSM) Standard (29 C.F.R. § 1910.119) and is therefore an RMP Program 3 facility.

40 C.F.R. § 68.12 General requirements – The Facility submitted their most recent 5-year Risk Management Plan submission on April 30, 2021, with a voluntary update on December 5, 2025. The Risk Management Plan listed Formaldehyde Solutions as the chemical present in processes in amounts greater than the threshold quantity, prescribed in the standard, and therefore classified as RMP Program 3 regulated substances by rule.

40 C.F.R. § 68.15 Management – The Facility developed a management system to oversee the implementation of the RMP Program elements. The Facility provided an organizational chart that outlined the positions for the implementation of the individual elements of the RMP.

Subpart B – Hazard Assessment

40 C.F.R. § 68.20 Applicability – The owner or operator of a stationary source subject to this part shall prepare a worst-case release scenario analysis as provided in § 68.25 of this part and complete the five-year accident history as provided in § 68.42. The Facility provided the worst-case scenario analysis and a five-year accident history in the RMP.

40 C.F.R. § 68.25 Worst-case release scenario analysis – EPA reviewed the Offsite Consequence Analysis - Worst Case scenarios for Formaldehyde Solutions held in a covered process. The facility utilizes a Formaldehyde Accidental Release Model designed by Trinity, a third-party environmental contractor, to determine appropriate Distance to Endpoints (DTE) as required by the standard. The Facility analyzed and reported a worst-case scenario for the chemicals in the RMP.

40 C.F.R. § 68.28(a) Alternative Worst-case Release Scenario Analysis – EPA reviewed the Offsite Consequence Analysis- Alternative release scenario for Formaldehyde Solutions held in a covered process. The Facility analyzed and reported an alternative release scenario for all the chemicals listed in the RMP.

40 C.F.R. § 68.30 Defining offsite impacts-population – The Facility used the most current census bureau population data available in April 2021 at the time of the RMP update.

40 C.F.R. § 68.33 Defining offsite impacts-environment –EPA reviewed the Offsite Consequence Analysis document with associated Marplot maps. The Facility identified environmental receptors within a distance to endpoint, as required by § 68.22.

40 C.F.R. § 68.36 Review and update – The Facility submitted their offsite consequence analysis with its RMP submission on April 30, 2021, and voluntary update on December 5, 2025. The next 5-year offsite consequence analysis submission is due on April 30, 2026.

40 C.F.R. § 68.39 Documentation – The Facility operates five (5) RMP Program level 3 processes subject to this subpart and are required to prepare a worst-case release scenario analysis and complete the five-year accident history. The Facility provided hazard assessment information for the worst case and alternative case scenarios. This information includes the worst case and alternative case scenarios for Formaldehyde Solutions.

40 C.F.R. § 68.42 Five-year accident history – The Facility reported one accidental release in their RMP submission on January 14, 2025.

Subpart D – Program 3 Prevention Program

40 C.F.R. § 68.65 Process safety information (PSI) – The Facility maintains a variety of technical documents used to maintain safe operation of the processes. These documents address chemical properties and associated hazards, limits for key process parameters and specific chemical inventories, and equipment design basis/configuration information. Departments within the facility are assigned responsibility for maintaining and updating process safety information. Chemical-specific information, including exposure hazards and emergency response/exposure treatment considerations, is provided in safety data sheets (SDSs). In addition, the facility has documented safety-related limits for specific process parameters (e.g., temperature, level, composition) in the operation manuals. The Facility ensures that the process is maintained within these limits by using process controls and monitoring

instruments, operating procedures, and protective instrument systems (e.g., automated shutdown systems). The Facility also maintains numerous technical documents that provide information about the design and construction of process equipment.

While reviewing the P&IDs, the Facility noted that not all car sealed valves are currently shown; however, per a new corporate standard, they are being tracked in a separate list that will be used to update the P&IDs, **see Appendix 2 [AOC 1 - 68.65(a) & (d)(1)(ii)]**.

The Facility failed to keep relief system design documentation updated and accurate after changes to the relief design were made due to recommendations by CDI Engineering Solutions (CDI). CDI is third-party reviewer of relief device design calculation and determines compliance with the applicable standards (ASME, API 520 Part I & II). Updates to relief system design documentation are a requirement per API 520 Part I, 4.7.2.4, Provision of a Record of the Current Relief System which states, “at the completion of plant modifications, the documentation should be updated to reflect “as-built” conditions including any changes in process conditions. The documentation should be incorporated into the existing documentation system” **[AOC 2 - 68.65(d)(1)(iv)]**.

Project Number	Device Tag Number	Drawing Number (P&ID)	Document Date	Changes/Recommendations
B15.G045840.CT00	PSV-T9005-1	076-D-PL1-0013	09/03/15	Set Vacuum changed from 5 psi to 2.5 psi. Change is reflected in P&ID, but relief system design documentation has not been revised.
B15.G044540.CT00	PRV-DS1C	075-D-PL4-1000	5/21/2015	Incorrect “Item (Device) Tag Number” (PRV DS2C). Should be updated to PRV DS1C.
B15.G044540.CT00	PRV-DS2C	075-D-PL5-1030	5/21/2025	Incorrect “Line or Vessel Number” (Heat exchanger HX-7 tube side). Should be updated to “Heat exchanger HX-17 tube side”
B15.G045840.CT00	PSV-TK9205		10/30/15	Pressure/vacuum set recommended to be changed to 1/0.5 oz/in ² .
B15.G045840.CT00	PSV-TK9206		09/03/2015	Emergency vent identified as inadequately sized for tank.
B15.G045840.CT00	PSV-TK9207		10/30/2015	Pressure/vacuum set recommended to be changed to 1/0.5 oz/in ²
B15.G045840.CT00	PSV-TK9208-1		9/3/2015	Set pressure recommended to be changed to 2 oz/in ² , and vent was identified as inadequately sized.
B15.G045840.CT00	PSV-TK9209-1		9/3/2015	Set pressure recommended to be changed to 2 oz/in ² , and vent was identified as inadequately sized.
B15.G045840.CT00	PSV-TK9201A-1	076-D-PL1-0014-1	8/24/2015	Conservation vent model listed does not support overpressure events and is a vacuum only vent (Groth 1300A). P&ID

				shows a vacuum and set pressure, but model number is unknown.
B15.G045840.CT00	PSV-TK9201B-1	076-D-PL1-0014-2	8/26/2015	Conservation vent model listed does not support overpressure events and is a vacuum only vent (Groth 1300A).
B15.G045840.CT00	PSV-TK9201C-1		8/27/2015	Conservation vent model listed does not support overpressure events and is a vacuum only vent (Groth 1300A).
B15.G045840.CT00	PSV-TK9201D-1		9/1/2015	Relief design document lists a conservation vent without flame arrestor and identifies current vent with flame arrestor as inadequate.

During the Inspection, EPA reviewed relief system design and design basis documentation provided by the Facility, which was completed by a 3rd party (CDI), and identified several PRVs with that did not conform to the ASME and API standards. PRVs DS1A & B, and DS2A & B were identified by the 3rd party contractor as having an inlet pressure loss percentage above the 3% requirement (API 520 II 7.3.4 PRV Inlet Pressure Loss Criteria). The Facility claimed the PRVs were exempt from the standard based on an engineering analysis (API 520 II 7.3.6 Engineering Analysis) performed by the Facility and the review of relief valves operational history. The Facility provided testing and inspection documentation for pressure relief valves DS1A & B, and DS2A & B, but the documentation only included one repair/inspection work order form for each PRV. The documentation provided to EPA was insufficient for determining valve chatter from operational history. The engineering analysis was completed to determine if the sum of the inlet pressure loss and backpressure was equal to or less than the sum of the set overpressure and blowdown pressure (API 520 II, 7.3.6 (d) Perform a Force Balance Assessment (2)(i) Conventional Valves). The calculations provided by the Facility showed the valves passed the force balance assessment, however, when the numbers used in the force balance analysis were compared to the relief device design documentation (completed by CDI), several discrepancies were identified. The inlet pressure drop was calculated at 8% when the relief device design documents showed the inlet pressure loss percentage to be above 10% for DS1A/B and above 8% for DS2A/B. The set blowdown pressure was also calculated at 7% (3.5 psi) instead of 10% (5 psi) as described in the Facility's engineering analysis. In the Facility's exemption request, the justification for exemption states that the rated flow was calculated based on the relief load scenario (loss of cooling) but used the existing protection (emergency shutdown SIS controls) in place, the hazards of performing the work, and the cost for the work to be performed to justify keeping the relief design the same. There was no mention of the results of the engineering analysis, or PRV relief history included in the Facility's exemption request. API 520 Part II, section 7.2.7 discusses oversize PRVs and mentions that credit is not allowed for control system responses that would reduce the relief load. **[AOC 3- 68.65(d)(2)].**

During the facility walkthrough, the inspection team identified refinery process equipment and piping associated with Unit 076 & 074 covered process areas that were not labeled, or color coded to indicate

contents, direction of flow and potential hazards, per ASME standard A13.1(2023). As a result, this equipment does not conform with RAGAGEP pursuant to 40 CFR §68.65(d)(2) **[AOC 3 - 68.65(d)(2)]**.

40 C.F.R. § 68.67 Process hazard analysis (PHA) – The Facility has a program to ensure that hazards associated with the various processes are identified and controlled. Within this program, the covered process is systematically examined to identify hazards and ensure that adequate controls are in place to manage those hazards. The Facility primarily uses the Checklist and HAZOP techniques to perform these evaluations and PHA's are performed per unit (G1, G4/G5, G6). These analyses are conducted using a team who has operating, maintenance, experience, and engineering expertise. This team identifies and evaluates hazards of the process as well as recommends accident prevention and/or mitigation measures when the team believes such measures are necessary.

On April 15, 2025, EPA sent The Facility informal questions to answer regarding an incident that occurred at the facility on January 14, 2025, also reported on the most recent RMP submission. The incident involved a Formaldehyde release due to equipment failure and as a result, exposed one LDEQ inspector who received offsite treatment. Based on the response given by the facility, it was determined that the release scenario that led to the incident was not considered within the 2024 G1 Unit PHA **[AOC 4 - 68.67(c)(1)]**. This was also identified in the LDEQ report dated 5/1/2025.

Various PHA's were not revalidated every five years as required by this part. The Geismar G1 AgFM PHA revalidation was performed in October 2018. To be in compliance with this part, the next PHA should have been performed by October 2023. The Geismar G1 AgFM PHA was not performed until January 30-February 1, 2024, or approximately three months late. The Geismar G4-G5 PHA Revalidation was performed in March 2019. To be in compliance with this part, the next PHA should have been performed by March 2024. The Geismar MO Plants G4-G5 PHA Revalidation was not performed until June 2024, or approximately three months late. The Geismar G6 and L1 MO FM ISBL PHA was performed in October 2015. To be in compliance with this part, the next PHA should have been performed by October 2020. The Geismar G6 HCHO PHA was not performed until January 2021, or approximately three months late **[AOC 5- 68.67(f)]**.

40 C.F.R. § 68.69 Operating procedures – The Facility maintains written procedures that address various modes of process operations, such as unit startup, normal operations, temporary operations, emergency shutdown, normal shutdown, and initial startup of a new process. A section of the operating manual contains safe operating conditions and limits for each production area as required which is consistent to process safety information. These procedures can be used as a reference by experienced operators and provide a basis for consistent training of new operators. In addition, the facility's operating procedures provide guidance on responding to events in which safe operating limits have been exceeded.

EPA reviewed several operating procedures which included: initial startup, normal operations, temporary, emergency shutdown, emergency operations, normal shutdown, startup following a turnaround and hot work. The following was identified:

The facility AAANZ GMS-G11- Incident Management policy states that all incidents and near misses shall be evaluated to determine the appropriate classification (type and level) according to the Hexion Incident Classification Matrix. During a review of the RMP incidents and the facility AAANZ GMS-G11- Incident Management policy, EPA noted incidents that were either not assigned a classification (type and level) or not assigned the appropriate classification according to the Attachment 1- Hexion Incident Classification Matrix **[AOC 7- 68.69(a)(3)]**.

ID	Date	Level	Comments
146	5/1/2023	Not assigned	
158	5/8/2024	Level C	RCI says Level D
No ID	1/14/2025	Not assigned	RMP reportable event

During the facility tour, The Facility noted that emergency procedures, located on the internal share drive, could only be accessible in control rooms for 30 minutes after backup power is achieved. The Facility back up power is only capable of powering the hard drive for 30 minutes until complete shutdown. The facility has since printed hard copies of operating procedures and made them readily accessible to employees who work in or maintain a process **[AOC 8 - 68.69(b)]**.

EPA requested the last 5 annual certifications of the review of the operating procedures to ensure that they are current and accurate. The facility was unable to provide the annual certification for 2023 **[AOC 9 - 68.69(c)]**.

40 C.F.R. § 68.71 Training – The Facility implemented a training program for all employees involved in operating a process. All operations employees receive basic training in the facility operations. After operators demonstrate (e.g., through tests, skills demonstration) having adequate knowledge to perform the duties and tasks in a safe manner on their own, they can work independently. In addition, all operators periodically receive refresher training on the operating procedures to ensure that their skills and knowledge are maintained at an acceptable level.

40 C.F.R. § 68.73 Mechanical integrity (MI) – The Facility uses established practices and procedures to maintain pressure vessels, piping systems, relief and vent systems, controls, pumps and compressors, and emergency shutdown systems in a safe operating condition. The Facility implements a hybrid mechanical integrity program which utilizes Risk Based Investigations (RBI) and API recommended, time-based inspection and testing intervals for designated process equipment. The basic aspects of this program include developing written procedures, performing and documenting inspections and tests, correcting identified deficiencies, and applying quality assurance measures. Inspections and tests are completed to evaluate if the equipment is functioning as compared to that intended, and to verify that equipment is within acceptable limits (e.g., adequate wall thickness for pressure vessels). If a deficiency is identified, the deficiency is corrected before placing the equipment back into service (if possible), or a plant assessment team will review the use of the equipment and determine what actions are necessary to ensure the safe operation of the equipment.

During the inspection, EPA reviewed the Facility's RBI Policy, and the "Mitigation Plan Summary" testing and inspection schedule spreadsheet and identified equipment which was overdue or completed past the due date for inspection and testing. At the time of inspection, each listed piece of equipment is overdue for inspection; The following equipment and their associated asset number, equipment ID, inspection type, inspection priority (frequency), last inspection date, and due dates are listed below [AOC 10- 68.73(b)]:

Asset Number / Equipment ID	Inspection Type	RBI - Insp. Priority	Inspection Frequency	Prior Insp. Date	Due Date	Past-Due Insp. Completion Date
10185202 / V4004	CUI Insp.	8	10-year interval	12/1/2015	11/28/2025	
10185202 / V4004	VI-Ext	8	10-year interval	12/1/2015	11/28/2025	
10120269 / TK1906F	UT	8	10-year interval	6/4/2005	6/2/2015	7/19/2021
10119489 / GE-HX6	CUI Insp.	9	10-year interval	6/1/1999	5/29/2009	
10119489 / GE-HX6	VI-Ext	9	10-year interval	4/16/2014	4/13/2024	
10119489 / GE-HX6	UT	19	10-year interval	6/1/2001	5/28/2021	
10185282 / C5002	MT or PT	10	10-year interval	12/1/2015	11/28/2025	
10185282 / C5002	UT	10	10-year interval	12/1/2015	11/28/2025	
10185282 / C5002	VI-Ext	10	10-year interval	12/1/2015	11/28/2025	
10119820 / GE-T60	UT	10	10-year interval	10/2/2013	10/1/2023	9/29/2025
10119820 / GE-T60	VI-Ext	10	10-year interval	10/2/2013	10/1/2023	9/29/2025
10185166 / H3204	MT or PT	10	10-year interval	12/1/2015	11/28/2025	
10117140 / E-9006C	UT	1	5-year interval	9/6/2017	9/6/2022	4/23/2025
10120270 / TK1908	UT	15	15-year interval	11/22/2010	11/18/2025	
10120270 / TK1908	VI-Ext	15	10-year interval	11/22/2010	11/19/2025	

10118648 / TK-9001	UT	15	15-year interval	6/1/1976	5/29/1991, 5/29/2016	
10118648 / TK-9001	VI-Ext	15	10-year interval	6/1/1976	5/29/1991, 5/29/2016	
10119819 / GE-T55	UT	18	15-year interval	6/1/2001	5/28/2019	
10119819 / GE-T55	VI-Ext	18	10-year interval	6/1/2001	5/28/2019	
10119479 / GE-HX16	VI-Ext	19	10-year interval	6/1/2001	5/28/2020	
10119480 / GE-HX17	VI-Ext	19	10-year interval	6/1/2001	5/28/2020	

EPA also identified the MOC Request ID, 19449, which was submitted on May 28, 2025, to make modifications to the G4 B1 Blower Relay alarm. The Facility provided functional loop testing documentation for the G4 unit which was completed on May 20, 2025. The Facility failed to implement their “Control & Monitoring Device Inspection Plan” procedures and perform a functional test after the modifications to the G4 Blower Relay alarm were completed **[AOC 10 – 68.73(b)]**.

The training records for maintenance personnel and operators were reviewed. EPA identified that I&E technicians had not received any training prior to January 2025 on procedures applicable to their job tasks, which was also identified in the January 2025 inspection by LDEQ. The facility trained all I&E maintenance personnel on procedures applicable to their job tasks by the end of January 2025. EPA also identified two operators whose refresher training was late **[AOC 11- 68.73(c)]**.

On April 15, 2025, EPA sent The Facility informal questions to answer regarding an incident that occurred at the facility on January 14, 2025, also reported on the most recent RMP submission. The incident involved a Formaldehyde release due to equipment failure and as a result, exposed one LDEQ inspector who received offsite treatment. Based on the response given by the facility, the facility’s steam control valve did not have any inspection, testing, or preventive maintenance tasks associated with this piece of equipment and therefore had not been inspected and tested. This was also identified in the LDEQ report dated 5/1/2025 **[AOC 12- 68.73(d)(1)]**.

Additionally, the Facility failed to provide SIS calibration and testing records for unit G1, and only provided functional loop testing for units G4, G5, and G6 **[AOC 12 – 68.73(d)(1)]**.

During the inspection, EPA reviewed Ultrasonic Thickness Testing (UTT) measurements for pipping circuits and identified the following circuits below to have measurements below the required thickness. Additionally, The Facility failed to provide or complete additional testing to monitor and verify the structural integrity of the deficient circuits and the data collected during the UTT per API standards (API 574, 8.4 Inspection Scope & API 570, 6.5.5 Review and Verification of Thickness Data Accuracy) **[AOC 13- 68.73(d)(3)]**.

Circuit ID	CML #	Orientation	Thickness Measurement	Minimum Thickness
076-CL3-SS-2048	1. CML 8	1. 0 degrees	1. 0.077	1. 0.080
076-CL3-SS-2019	1. CML 1	1. 0 degrees	1. 0.078	1. 0.090
076-CL3-SS-2011	1. CML 2 2. CML 4	1. 0 degrees 2. 0 degrees	1. 0.079 2. 0.080	1. 0.080 2. 0.080

Circuit ID	CML #	Orientation	Nominal Thickness	Current Thickness
076-CL3-SS-3013	1. CML 1	1. 0 degrees	1. 0.104	1. 0.110
075-CL3-SS-2001	1. CML 1 2. CML 2 3. CML 3	1. 0 degrees 2. 0 degrees 3. 0 degrees	1. 0.120 2. 0.120 3. 0.120	1. 0.170 2. 0.148 3. 0.158
075-CL3-SS-2006	1. CML 2	1. 90 degrees	1. 0.120	1. 0.237
075-CL3-SS-2007	1. CML 1	1. 0, 90, and 180 degrees	1. 0.109	1. 0.132, 0.151, and 0.136

The Facility provided SIS functional loop testing for unit G4, G5, and G6's SIS1 (Recycle Blower Failure), SIS2 (Fresh Air Blower Failure), SIS3 (Pad Pressure High High), but the work orders provided did not show the results for each piece of SIS equipment (limit switches, transmitters, etc.). The work orders only included checkmarks for each of the steps involved in the functional loop test, and not for each piece of equipment [AOC 14- 68.73(d)(4)].

EPA also identified that the preliminary root cause analysis for the incident involving LDEQ on January 14, 2025 also revealed that Day Tank TK-9002 PRV was not equipped with a means of notifying operators that pressure relief occurred [AOC 15- 68.73(e)].

40 C.F.R. § 68.75 Management of change (MOC) – The Facility has a comprehensive system to manage changes to processes. This system requires that changes to items such as process equipment, chemicals, technology (including process operating conditions), procedures, and other facility changes be properly reviewed and authorized before being implemented. Changes are reviewed to ensure that adequate controls are in place to manage any new hazards and verify that existing controls have not been compromised by the change. Affected chemical hazard information, process technology information, and equipment information, as well as procedures are updated to incorporate these changes.

During the inspection, EPA reviewed MOC requests with the Facility and identified a temporary change that had been made permanent without proper documentation. Request ID, 19449, was submitted to make modifications to the G4 B1 Blower Relay alarm and was initially entered into the program as a "Emergency-Temporary" change. The Facility's MOC procedures define temporary changes as "a change where approval for the temporary change is made on the basis that the change will expire, be removed or reversed on, or before, a specific future date". The targeted completion/expiration date was listed as 6/6/2025, but the temporary-emergency change was still "In-progress" and marked past due at the time of the inspection. The Facility did not provide any additional MOC submittal which requested approval

for the modifications made to the blower relay alarm to stay permanent, nor did the Facility's procedures detail how to handle temporary changes that become permanent [AOC 16 - 68.75(a)].

EPA reviewed several MOCs with the Facility and identified a temporary request (Request ID 18939) to install a clamp on the BASF pump suction line. The Facility MOC program automatically sets the expiration date of the MOC to one year after the installation date of the equipment. The clamp list provided in .pdf format, listed December 31, 2025, as the BASF pump suction line clamp's installation date. EPA inspected the BASF line on December 10, 2025, and found that the clamp was installed on the line. Assuming the expiration date entered in the MOC program on GenSuite was automatically set to one year, the installation date was suspected to have been installed in 2024 not 2025. The MOC request was initiated on January 14, 2025, which indicates that the clamp was installed on the line before the MOC Request ID was submitted and approved [AOC 17- 68.75(b)(5)].

Additionally, EPA identified during the inspection, an emergency-permanent MOC request to add a limit switch to the G1 nitrogen purge valve (Request ID 19878). The MOC tracker showed that the change was approved and implemented, but the Facility had not reviewed and updated the maintenance procedures to ensure that the necessary employees were informed and trained prior to the unit start-up [AOC 18- 68.75(c)].

40 C.F.R. § 68.77 Pre-startup safety review (PSSR) – The Facility's personnel conduct a PSSR for any new facility or facility modification that requires a change in the process safety information (not required for replacement in kind). The review ensures that safety features, procedures, personnel, and the equipment are appropriately prepared for startup prior to placing the equipment into service. This review provides one additional check to make sure construction is in accordance with the design specifications and that all supporting systems are operationally ready. A review involves field verification of the construction and serves as a quality assurance function.

EPA reviewed The Facility's written PSSR procedures, as well as various PSSRs completed by the facility within the past 5 years.

40 C.F.R. § 68.79 Compliance Audits – To ensure that the accident prevention program is functioning properly, The Facility periodically conducts audits to confirm that the procedures and practices required by the accident prevention program are being implemented. Compliance audits are conducted at least every three years and conducted by at least one person knowledgeable in the process.

EPA reviewed the compliance audit findings from 2022 and determined that The Facility failed to promptly determine and document an appropriate response to each of the findings and document that deficiencies have been corrected. The responses were often vague and misleading. EPA observed responses such as "See picture to verify closure" and "Will call at a later date". These responses do not verify closure and are not an appropriate response to the findings [AOC 19- 68.79(d)].

40 C.F.R. § 68.81 Incident investigation – The Facility is required to investigate each incident which resulted in, or could reasonably have resulted in, a catastrophic release of a regulated substance. The

Facility has an incident investigation procedure that requires investigation for an employee injury/accident, equipment failure, loss of product containment, fire, explosion, and in some cases, near misses. The facility uses GenSuite for all incident investigation reports to document and track detailed information about the incident. Appropriate investigation team members are determined based on the nature of the incident, such as a person knowledgeable in the process or a contract employee if the incident involved a contractor. The Facility uses a root cause investigation methodology to identify probable causes, corrective actions or recommendations, and lessons learned. Recommendations are tracked in Gensuite and may lead to development of action items in other systems, such as MOCs, training assignments, SOP modifications, and generated Work Orders.

EPA reviewed incident investigations from 2021 to 2025 and identified that the Facility failed to document an investigation start date for the following incident **[AOC 20- 68.81(d)(2)]**:

Unit	ID	Event Date
G1	146	5/1/2023

40 C.F.R. § 68.83 Employee participation – Employees participate on PHA teams and have access to all HAZOP and PHA Checklist information and recommendations. Operation manuals are developed, updated, and reviewed by Operations personnel. Safety meetings are held regularly for Operations, Maintenance, Administration, and Contract personnel. Selected topics for the safety meetings are relevant to respective personnel assigned duties, and general and specific information is provided informally to enhance employee participation in facility-wide safety performance. The Facility provided EPA with their written employee participation plan.

During the inspection, EPA identified that PHA’s are added to the shared site for upper management access but are not made readily accessible to all employees **[AOC 21- 68.83(f)]**. The facility has since placed the PHA’s on the internal share site, which all employees can access.

40 C.F.R. § 68.85 Hot Work Permit – The Facility’s hot work procedure requires that detailed permitting takes place before, during, and after any job that has the potential to provide a source of ignition. The permit is followed through to completion of the work, and those permits are maintained by the EHS Department. The facility implements other work permits as necessary to ensure safe work conditions are communicated to maintenance and contract personnel. EPA reviewed hot work permits and the corresponding hot work policy. The facility has developed and implemented a hot work safety procedure for any work that involves burning, welding, brazing, soldering, grinding and creating sparks in areas where flammable liquids or gases may be present. This procedure is applicable to all employees and contractors, and it outlines the responsibilities of the operations worker, supervisors, fire watch, and superintendents. The procedure delineates the different types of hot work permits, pre-requisites and procedures for conducting hot work, and duties of the fire watch which align with the fire prevention and protection requirements in 29 CFR 1910.252(a).

EPA selected random hot work permits for review during 2025. The Facility failed to implement the “GMS-S05 Hot Work Standard” when EPA identified several hot work permits issued with missing

information required by the facility's internal standard. Missing information included atmospheric monitoring results, fire watch in/out times not recorded, supervisor signature and the type of hot work section. Permits identified with deficiencies include but limited to permit numbers 69415, 62615, 69413, 53867 & 53866 [AOC 6 - 68.69(a)].

EPA reviewed hot work permits since January 2025 that required fire prevention and protection requirements in 29 CFR 1910.252(b). The Facility failed to include the time in which the fire watch remains on site or the name of the individual performing fire watch activities on the hot work permits, to ensure there is a fire watch who remains on site for a half hour after the hot work is completed. Permits identified as needing a fire watch and missing a name and time signed out included but not limited to 69415, 62615, 69413 in the month of October [AOC 22- 68.85(b) & 68.69(a)].

40 C.F.R. § 68.87 Contractors – The Facility uses contractors to supplement its workforce as needed. The facility has procedures in place to ensure that contractors perform their work in a safe manner and are aware of the procedures to take during an emergency. This is accomplished by providing contractors with a process overview, information about safety and health hazards, emergency response plan requirements, and safe work practices. The Facility utilizes a third-party contractor to manage contractor qualification, who are required to go through a screening process, meeting the training credential qualifications outlined by the facility and receive a grade prior to selection. The Facility reports any contractor performance issues to the third-party contractor. The Facility performs an evaluation of contractors annually through their internal PO system and the third-party contractor.

Subpart E – Emergency Response

40 C.F.R. § 68.90 Applicability – The Facility is not a responding stationary source in case of an accidental release of a regulated substance and relies on the Community Awareness Emergency Response (CAER) system and local dispatchers.

40 C.F.R. § 68.93 Emergency response coordination activities – The Facility coordinates response needs with local emergency planning and response organizations. The Facility is a member of the Community Awareness Emergency Response (CAER) system, that also provides aid to other local facilities. Meetings with CAER (LEPC) and the parish Hazmat response team are coordinated (more often than) on an annual basis as required by 40 C.F.R. § 68.93(a).

40 C.F.R. § 68.95 Emergency Response Program – The Facility maintains a written Emergency Response Plan (ERP), which aims to protect employees, public health, and the environment. The purpose of the ERP is to minimize potential adverse impacts on the facility and surrounding areas during an emergency situation. The plan consists of procedures for responding to emergencies such as fires, explosions, hazardous gas or liquid releases, natural disasters, and terrorist threats. The plan addresses all aspects of emergency response including coordination with mutual aid organizations, timely notification of authorities, maintenance of proper documentation, and guidelines for compliance with applicable government regulations. Since the facility is a non-responding stationary source, they need not comply with § 68.95 of this part.

Subpart G – Risk Management Plan

40 C.F.R. § 68.150 Submission – The Facility submitted their 5-year update to their RMP on April 30, 2021, and a voluntary update on March 11, 2025, under the Hexion, Inc. name. The Facility submitted another voluntary update on December 5, 2025, to reflect the name change to Valentra Industrials, LLC. The re-submission was within the 5-year timeframe as required by 40 C.F.R. § 68.150.

40 C.F.R. § 68.160 Registration – The Facility included in their RMP all regulated substances present at the site above their designate threshold quantity as required by 40 C.F.R. § 68.160.

40 C.F.R. § 68.190 Updates – The Facility’s RMP submittal was on April 30, 2021, and the previous submittal for this facility was on May 2, 2017.

Section III – AREAS OF CONCERN

AOC 1- 40 C.F.R. § 68.65(a) & (d)(1)(ii) Process Safety Information

(a) The owner or operator shall complete a compilation of written process safety information before conducting any process hazard analysis required by this part and shall keep process safety information up to date. The compilation of written process safety information is to enable the owner or operator and the employees involved in operating the process to identify and understand the hazards posed by those processes involving regulated substances. This process safety information shall include 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.

(d) Information pertaining to the equipment in the process. (1) Information pertaining to the equipment in the process shall include: (ii) Piping and instrument diagrams (P&ID's);

The Facility failed to keep P&ID’s and its relief system design and design basis up to date for their process equipment as required under this part.

The Facility failed to include car seal open (CSO) marking for valves on their P&IDs as required per § 68.65(a) & (d)(1)(ii).

AOC 2- 40 C.F.R. § 68.65(d)(1)(iv) Process Safety Information

(a) The owner or operator shall complete a compilation of written process safety information before conducting any process hazard analysis required by this part and shall keep process safety information up to date. The compilation of written process safety information is to enable the owner or operator and the employees involved in operating the process to identify and understand the hazards posed by those processes involving regulated substances. This process safety information shall include 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. (d) Information pertaining to the equipment in the process. (1) Information pertaining to the equipment in the process shall include: (iv) Relief system design and design basis

The Facility failed to update and document process safety information changes and revisions to their relief system design records.

AOC 3- 40 C.F.R. § 68.65(d)(2) Process Safety Information

The owner or operator shall ensure and document that the process is designed and maintained in compliance with recognized and generally accepted good engineering practices.

The Facility failed to ensure that the relief devices installed at their facility conform to the applicable recognized and generally accepted good engineering practices (API 520 Part II, section 7.3.4 PRV Inlet Pressure Loss Criteria, and 7.3.6 Engineering Analysis).

The Facility failed to ensure that the process equipment and piping were labeled, or color coded to indicate contents, direction of flow, and potential hazards, per ASME standard A13.1(2023).

AOC 4- 40 C.F.R. § 68.67(c)(1) - Process Hazard Analysis

The Process Hazard Analysis shall address: (1) The hazards of the process

The Facility failed to address the hazards of the process in the 2024 PHA for the G1 Unit.

AOC 5- 40 C.F.R. § 68.67(f) - Process Hazard Analysis

At least every five (5) years after the completion of the initial process hazard analysis, the process hazard analysis shall be updated and revalidated by a team meeting the requirements in paragraph (d) of this section, to assure that the process hazard analysis is consistent with the current process. Updated and revalidated process hazard analyses completed to comply with 29 CFR 1910.119(e) are acceptable to meet the requirements of this paragraph.

The facility failed to update and revalidate the PHA every five years after the completion of the initial PHA to assure that the PHA is consistent with the current process.

AOC 6 - 40 C.F.R. § 68.69(a) Operating Procedures

The owner or operator shall develop and implement written operating procedures that provide clear instructions for safely conducting activities involved in each covered process consistent with the process safety information and shall address at least the following elements

The Facility failed to implement the "GMS-S05 Hot Work Standard" when completing issued hot work permits and did not record information required by the facility's internal standard.

AOC 7 - 40 C.F.R. § 68.69(a)(3)- Operating Procedures

(a) The owner or operator shall develop and implement written operating procedures that provide clear instructions for safely conducting activities involved in each covered process consistent with the process safety information and shall address at least the following elements. (3) Safety and health considerations:

The Facility failed to implement their “AAANZ GMS-G11- Incident Management” policy and determine the appropriate classification (type and level), according to the “Hexion Incident Classification Matrix”, for all incidents and near misses that occurred onsite.

AOC 8 - 40 C.F.R. § 68.69(b) Operating Procedures

Operating procedures shall be readily accessible to employees who work in or maintain a process

The Facility failed to have operating procedures readily available to employees who work in or maintain a process.

AOC 9 - 40 C.F.R. § 68.69(c)- Operating Procedures

(c) The operating procedures shall be reviewed as often as necessary to assure that they reflect current operating practice, including changes that result from changes in process chemicals, technology, and equipment, and changes to stationary sources. The owner or operator shall certify annually that these operating procedures are current and accurate.

The Facility failed to certify that the operating procedures are current and accurate for 2023.

AOC 10 - 40 C.F.R. § 68.73(d) Mechanical Integrity

(d) Written procedures. The owner or operator shall establish and implement written procedures to maintain the on-going integrity of process equipment.

The Facility failed to implement their “Control & Monitoring Device Inspection Plan” procedures and perform a functional test after the modifications to the G4 Blower Relay alarm were complete.

The Facility failed to perform testing and inspections on process equipment according to the testing frequency set by the Facility’s RBI program as required per API 580 and the Facility’s RBI policy.

AOC 11 - 40 C.F.R. § 68.73(c) Mechanical Integrity

(c) Training for process maintenance activities. The owner or operator shall train each employee involved in maintaining the on-going integrity of process equipment in an overview of that process and its hazards and in the procedures applicable to the employee's job tasks to assure that the employee can perform the job tasks in a safe manner.

The Facility failed to train each employee involved in maintaining the on-going integrity of process equipment in an overview of that process and its hazards and in the procedures applicable to the employee's job tasks to assure that the employee can perform the job tasks in a safe manner.

AOC 12 - 40 C.F.R. § 68.73(d)(1) Mechanical Integrity

(d) Inspection and testing. (1) Inspections and tests shall be performed on process equipment.

The Facility failed to perform inspection and testing on process equipment.

AOC 13 - 40 C.F.R. § 68.73(d)(3) Mechanical Integrity

Inspection and testing. The frequency of inspections and tests of process equipment shall be consistent with applicable manufacturers' recommendations and good engineering practices, and more frequently if determined to be necessary by prior operating experience

The Facility failed to complete additional UT tests (thickness measurements) on piping circuits which had previous measurements below the set minimum thickness and/or showed anomalies in the thickness measurements when compared to previous testing (increase in pipping thickness) per API standards (API 574, 8.4 Inspection Scope & API 570, 6.5.5 Review and Verification of Thickness Data Accuracy).

AOC 14 - 40 C.F.R. § 68.73(d)(4) Mechanical Integrity

(d) Inspection and testing. (4) The owner or operator shall document each inspection and test that has been performed on process equipment. The documentation shall identify 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.

The Facility failed to provide results for each piece of equipment involved in the SIS functional loop testing for units G4, G5, and G6.

AOC 15 - 40 C.F.R. § 68.73(e) Mechanical Integrity

(e) Equipment deficiencies. The owner or operator shall correct deficiencies in equipment that are outside acceptable limits (defined by the process safety information in § 68.65) before further use or in a safe and timely manner when necessary means are taken to assure safe operation

The Facility failed to correct deficiencies in equipment that are outside acceptable limits (defined by the process safety information in § 68.65) before further use or in a safe and timely manner when necessary means are taken to assure safe operation.

AOC 16 - 40 C.F.R. §68.75(a)- Management of Change

(a) The owner or operator shall establish and implement written procedures to manage changes (except for “replacements in kind”) to process chemicals, technology, equipment, and procedures; and, changes to stationary sources that affect a covered process.

The Facility failed to establish procedures for MOC items which started out as temporary changes and were later determined to be kept as permanent changes.

AOC 17 - 40 C.F.R. § 68.75(b)(5) Management of Change

The procedures shall assure that the following considerations are addressed prior to any change: (5) Authorization requirements for the proposed change.

The Facility failed to authorize MOC requests prior to initiating changes to process equipment in their MOC tracking program on GenSuite.

AOC 18 - 40 C.F.R. § 68.75(c) Management of Change

(c) Employees involved in operating a process and maintenance and contract employees whose job tasks will be affected by a change in the process shall be informed of, and trained in, the change prior to start-up of the process or affected part of the process.

The Facility failed to inform and train employees whose job duties were affected by changes to process equipment before those changes were implemented.

AOC 19 - 40 C.F.R. § 68.79(d) Compliance Audits

The owner or operator shall promptly determine and document an appropriate response to each of the findings of the compliance audit, and document that deficiencies have been corrected

The Facility failed to document an appropriate response to each of the compliance audit findings in 2022.

AOC 20 - 40 C.F.R. § 68.81(d)(2)- Incident Investigation

(b) A report shall be prepared at the conclusion of the investigation which includes at a minimum: (2) Date investigation began.

The Facility failed to record a start date for their incident investigation as required under 40 C.F.R. § 68.81(d)(2).

AOC 21 - 40 C.F.R. § 68.83(f) Employee Participation

The owner or operator shall provide to employees and their representatives access to process hazard analyses and to all other information required to be developed under this part.

The facility failed to make PHA's accessible to all employees.

AOC 22 - 40 C.F.R. § 68.85(b) & 68.69(a) Hot Work Permit & Operating Procedures

The permit shall document that the fire prevention and protection requirements in [29 CFR 1910.252\(a\)](#) have been implemented prior to beginning the hot work operations; it shall indicate the date(s) authorized for hot work; and identify the object on which hot work is to be performed.

29 CFR 1910.252(a)(iii)(B) A fire watch shall be maintained for at least a half hour after completion of welding or cutting operations to detect and extinguish possible smoldering fires.

The facility Hot Work Standard section 5.5.14.2 states “A fire watch shall be maintained for at least 30 minutes after hot work is completed for all high energy Hot Work”

The Facility failed to document that a fire watch remained on site for 30 minutes after the hot work was completed.

Section IV – FOLLOW UP

EPA received documentation from the Facility on several dates from December 9, 2025 – January 6, 2026.

Section V – LIST OF APPENDICES

All Appendices are classified as Confidential Business Information (CBI) or Sensitive Appendices and are not included in the online published inspection report. CBI Appendices include documents that are claimed CBI by the facility. Sensitive Appendices may include appendices that will not be posted but are not explicitly CBI. These could include Personally Identifiable Information (PII) or Homeland Security sensitive information.

Appendix 1 – Opening and closing conference sign-in sheets

Appendix 2 – Car Seal Inventory list