

Region 6 - Enforcement & Compliance Assurance Division
INSPECTION REPORT

Inspection Date(s):	February 9-11, 2026	
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:	PVS Chemicals, Inc.	
Facility Name:	PVS DX, Inc.	
Facility Physical Location:	620 West 10 th Street	
(city, state, zip code)	Reserve, Louisiana 70084	
Mailing address:	10900 Harper Avenue	
(city, state, zip code)	Detroit, Michigan 48213	
County/Parish:	St. John the Baptist	
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Facility Contact:	Ellen Beverly	EHS Specialist
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FRS Number:	110000448891	
Identification/Permit Number:	1000 0008 4543/ Air Permit 2580-00025-02	
Media Identifier Number:	RMP 1000101006	
NAICS:	42469 Other chemical and allied products merchant wholesalers	
SIC:		
Personnel participating in inspection:		
Kristen Latiolais	EPA Region 6 ECDAC	RMP Inspector
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EPA Lead Inspector Signature/Date		
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Section I – INTRODUCTION

PURPOSE OF THE INSPECTION

United States Environmental Protection Agency (“EPA”) Region 6, inspector Kristen Latiolais (“I”) arrived at the PVS DX, Inc. Facility (“PVS, The Facility”), operated by PVS Chemicals, Inc. in Reserve, Louisiana at 8:00 AM on February 9, 2026, for an announced inspection. EPA and Louisiana Department of Environmental Quality (“LDEQ”) inspectors met with Ellen Beverly (EHS Specialist) and Jason Wisdom (Process Safety & Emergency Response Manager) at the opening conference. I presented my credentials to Ellen Beverly and Jason Wisdom 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

PVS DX, Inc., formally known as DPC Enterprises, LP, owns and operates the bleach manufacturing, chemical repackaging and distribution facility in Reserve, Louisiana. The change of ownership occurred in January of 2024. The facility consists of one covered process and operates 8 hours a day, on various days throughout the year and currently has 15 employees on site. The regulated substances, as defined by 40 CFR §68.115, which are present at the facility in more than a threshold quantity are Chlorine and Sulfur Dioxide.

PROCESS DESCRIPTION

The facility is a bleach manufacturing, chemical repackaging and distribution facility with activities that consist of repackaging chlorine and sulfur dioxide from railcars into 150-pound cylinders, ton containers and tank trucks and the production of sodium bisulfite and sodium hypochlorite. The facility provides bulk storage of propylene glycol, sodium hydroxide, sodium hypochlorite and occasionally anhydrous ammonia. The facility also distributes water treatment and industrial chemicals.

Section II – OBSERVATIONS

The documentation review began onsite with the PVS personnel listed on the sign in sheets, **see Appendix 1.**

This inspection was a routine partial compliance evaluation conducted to determine compliance with the Clean Air Act (CAA) Risk Management Plan (RMP) regulations. A file review in LDEQ’s Electronic Document Management System (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 Powell Unit and Loading Station assisted during the facility tour. The facility was in operation at the time of inspection.

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

Subpart A – General

40 C.F.R. § 68.10 Applicability- PVS 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 classified as an RMP Program 3 facility.

40 C.F.R. § 68.12 General requirements – PVS submitted their most recent 5-year Risk Management Plan submission on May 20, 2022, with a voluntary update on January 21, 2025. The Risk Management Plan listed the following chemicals as 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: Chlorine and Sulfur Dioxide.

40 C.F.R. § 68.15 Management – PVS developed a management system to oversee the implementation of the RMP Program elements. PVS 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. PVS provided the worst-case scenario analysis and a five-year accident history in the RMP.

40 C.F.R. § 68.25 Worse-case release scenario analysis – EPA reviewed the Offsite Consequence Analysis- Worst Case scenario for Chlorine held in a covered process. PVS analyzed and reported a worse-case scenario for this chemical in the RMP.

40 C.F.R. § 68.28(a) Alternative Worse-case Release Scenario Analysis – EPA reviewed the Offsite Consequence Analysis- Alternative release scenario for Chlorine and Sulfur Dioxide held in a covered process. PVS 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 – PVS used the most current census bureau population data available in May of 2022 at the time of the RMP update.

While reviewing the facility's offsite consequence analysis, EPA observed that the Sherman R. Walker Correctional Center and the Nelson Coleman Correctional Center were not identified as being affected by the Worst-Case Scenario. Both facilities are located inside the 14-mile radius of the distance to endpoint [AOC 1- 68.30(b)].

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

40 C.F.R. § 68.36 Review and update – PVS submitted their offsite consequence analysis with its RMP submission on May 20, 2022, and voluntary update on January 21, 2025. The next 5-year offsite consequence analysis submission is due on May 20, 2027.

40 C.F.R. § 68.39 Documentation – PVS operates one (1) RMP Program level 3 process subject to this subpart and is required to prepare a worst-case release scenario analysis and complete the five-year accident history. PVS provided hazard assessment information for the worst case and alternative case scenarios.

40 C.F.R. § 68.42 Five-year accident history – PVS did not report any accidental releases in their RMP submission on May 20, 2022.

Subpart D – Program 3 Prevention Program

40 C.F.R. § 68.65 Process safety information (PSI) – PVS 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. The Process Safety Department within the company is 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. PVS 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). PVS also maintains numerous technical documents that provide information about the design and construction of process equipment.

While reviewing the 2016 and 2021 Process Hazard Analysis and associated documentation, EPA identified that PVS failed to perform a stationary source facility siting study in accordance with API 752

to include the placement of processes, equipment and buildings within the facility, hazards posed by proximate stationary sources, and accident release consequences posed by proximity to the public and public receptors. Additionally, the facility should identify buildings that are suitable shelter-in-place/safe haven locations in the event of an accidental release of lethally toxic chemicals. Given the maximum intended inventory and distance to endpoint resulting from an accidental release of Chlorine affecting approximately a 14-mile radius, the facility would need to determine a suitable shelter-in-place/safe haven location [AOC 2- 68.65(d)(2)].

40 C.F.R. § 68.67 Process hazard analysis (PHA) – PVS 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. PVS primarily uses HAZOP and Checklist techniques to perform these evaluations. 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.

The process hazard analysis was not appropriate for the complexity of the process and the analysis failed to identify, evaluate, and control the hazards involved in the accidental atmospheric release of toxic chemicals such as chlorine for the following instances: [AOC 3- 68.67(a) & c(5)].

1. PVS failed to identify, designate and evaluate the hazards of the designated buildings that are suitable shelter-in place (SIP)/safe haven locations in the event of an accidental release of lethally toxic chemicals. The emergency action and response plan includes muster stations but does not identify shelter-in-place buildings. Given the maximum intended inventory of chlorine on site, the distance to endpoint is approximately a 14-mile radius. A shelter-in-place building should be available in the event of an accidental release and should be evaluated as part of the facility siting portion of the process hazard analysis.
2. The June 2016 and 2021 process hazard analysis revalidations do not appropriately address stationary source facility siting. The process hazard analysis checklists included a facility siting section that was relevant to a facility with flammable chemicals. This does not appropriately identify, evaluate and control the potential hazards related to a Chlorine storage facility that stores toxic chemicals.
3. The June 2016 and 2021 process hazard analysis revalidations did not accurately control the hazards of the process as they accounted for safeguards in which the facility failed to properly maintain. Deficiencies identified with monthly pad air inspections and annual replacement of hoses demonstrate the disability for safeguards provided in the PHA to protect from harm or damage with an appropriate measure.

When reviewing documentation corresponding to the June 1, 2021 PHA, PVS failed to establish a system to ensure that the recommendations are resolved in a timely manner. According to the facility's PHA policy, tasks generated from the PHA's must be resolved within 12 months. The task of considering installing a switch had a scheduled date of 7/15/2022 and a closure date of 10/27/2022. The closure status stated a review was conducted and management decided not to add the switch, which did not explain the need to exceed the 12-month period [AOC 4- 68.67(e)].

40 C.F.R. § 68.69 Operating procedures – PVS 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. Procedures are maintained current by revising them as necessary and certified on an annual basis to reflect changes made to the process. During the facility tour two operators were interviewed on their knowledge of the process, location of emergency operating procedures, emergency response equipment and access to PHA's. Both operators stated they had limited or no knowledge of how to access emergency operating procedures and relied heavily on the Emergency Shut Down (ESD) buttons in the event of an emergency.

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

PVS failed to 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 for the following instances **[AOC 5- 68.69(a)]**:

1. PVS provided a list of incidents that resulted in an accidental release and identified the root cause as employees not properly implementing standard operating procedures (SOPs). The following was observed during a review of the root cause analysis provided for each incident:

Incident #	Date	Level	Explanation
02949	3/13/2020	II	Due to a lead washer not being in place per SOP, a leak occurred from the blow down header while switching from vacuum to direct and released chlorine gas, which exposed the packager working in the vicinity.
03385	11/2/2021	II	The blowdown station was not placed on vacuum per SOP, resulting in a minor release of chlorine vapor when the valve was being pulled for replacement.
03422	12/29/2021	I	A packager was in the process of changing both valves out in a ton container when he was distracted and upon his return, turned the valve the wrong way and released gas from the ton.
90	10/26/2023	Low	A packager released a chlorine vapor that activated the alarm (2-4 ppm) when opening a ton valve without having a vacuum per SOP
162	4/23/2024	Medium	An operator pulled the plug on a container without a vacuum, per SOP, releasing chlorine that set off the emergency shutdown system and initiated an evacuation to the muster station.

122	1/18/2024	Medium	A pipe had fractured on the reactor and a chlorine cloud was observed drifting off site, due to not completing checklists per SOP.
175	5/16/2024	Low	An operator removed a chlorine cylinder from the blowdown station before confirming a vacuum, per SOP, and was exposed to chlorine gas.
264	10/30/2024	Low	A driver that was loading cylinder, failed to confirm the cap was correctly sized and secured per SOP, causing the cap to fall off and the cylinder to roll onto the drivers leg before striking the ground.
347	4/14/2025	Low	Operator A opened the vapor valve on a ton cylinder without a vacuum per SOP, and as Operator B was walking by, exposed Operator B to chlorine gas. Operator B went to the local clinic for further examination by a physician.

2. EPA requested 6 months of testing results for the daily limit switch tests, which are documented on the daily "Fill Sheets" manually by operators during the filling process. This included Batch Scrubber logs and fill logs for one ton and 150-lb. cylinders during daily operations. I observed that operators were not properly filling out the fill sheets completely as an indicator that the scale light was functioning properly was often not acknowledged.
3. PVS also requires the Operations Manager to sign off on the Batch scrubber logs and a supervisor to sign off on the fill sheets, indicating the task was conducted appropriately. I observed the batch scrubber logs were missing the Operations Manager's signature on 12/10/25, 12/12/25 and 12/19/2025 and a fill sheet was missing a supervisor's signature on 2/11/2026.
4. PVS experienced a gas release on 1/13/2023 when a new employee was working with a cylinder that was returned from a customer at the 150-lb. ton station and encountered a loose packing nut, causing a gas release. PVS identified that their SOP does not require the operator to confirm packing nuts are secured prior to processing.

PVS failed to 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 addresses safety and health considerations for the following instances: **[AOC 6-68.69(a)(3)]**:

1. EPA reviewed various operating procedures involved in the covered process provided by the facility and identified the following procedures that failed to address physical contact or airborne exposures and special or unique hazards:
 - o 1.3 Chlorine Scrubber Start-Up Instructions 2/5/25
 - o 1.4.2 Production Instructions w/ Powell Unit 4/3/25

- 1.5 Chlorine Scrubber Shutdown Instructions 2/5/25
 - 1.6 Sodium Hypochlorite (Bleach) Unloading Instructions 8/14/24
 - 1.7 Bulk Loading Flow Meter Instructions 12/8/25
 - 1.9 General Bleach Dilution System Instructions 12/8/25
 - 2.2 50% Sodium Hydroxide Dilution Formula 7/5/22
 - 2.7 Storm Water/Waste Water Operations 7/5/22
2. PVS provided the “Recordkeeping Program” incident procedure that provided a risk matrix for how the facility will determine the appropriate response to each accidental release. According to the policy, a gas release incident is classified as “Low” if it does not activate the alarm. The facility experienced an accidental release on 10/26/2023 that activated the alarm and should have classified the release as a “Medium” according to the facility policy which would have required an additional root cause analysis and efficacy review.

PVS failed to provide updated and readily accessible emergency operating procedures to operators involved in the process. EPA reviewed operating procedures involved in the covered process. PVS provided the binder they provided to operators that included printed copies of the emergency operating procedures. EPA identified procedures 1.6, 1.7 and 1.9 were not the current version of the procedure according to the version history provided by the facility **[AOC 7- 68.69(b) & (c)]**.

EPA also identified the facility failed to review and certify the operating procedures on an annual basis for 2024 and 2025 **[AOC 7- 68.69(b) & (c)]**.

PVS provided a list of incidents that resulted in an accidental release, and based on the root cause analysis provided by PVS, I identified the following incidents as failures to develop and implement written operating procedures that address special or unique hazards **[AOC 8- 68.69(a)(3)(v)]**:

- An incident occurred on 11/2/2021. A vapor was released while a ball valve was removed for replacement. It was discovered that the recycle tank was salted up causing the digital level indicator to not read correctly causing it to overfill with the excess leaving the tank through the vent line to the surge tank and then overflowing. PVS determined that the root cause was that there were no audible or visual alarms concerning the overflow of the surge tank.
- An incident occurred on 1/18/2024. Two individuals were exposed to a vapor cloud which was observed drifting from the reactor area away from the South Gate. The two individuals administered oxygen to mitigate their exposure. PVS determined that the root cause of the incident was that the alarm was not loud enough, limit switches were not tested properly, vacuum valve was left open, and the piping broke from over pressurization.
- An incident occurred on 5/16/2024. An employee was exposed to chlorine gas when he removed a 150-lb. cylinder from the blowdown station before confirming the vacuum and. The root cause identified the employee was new, unsupervised and not following SOP.
- An incident occurred on 10/30/2024 when a driver, who was loading cylinders, grabbed the cap of the cylinder to begin rolling the cylinder onto the trailer and the cap fell off resulting

in the cylinder falling onto his leg before striking the ground creating a bruise. PVS determined that the root cause was that there is a need to confirm caps are the correct size and secured prior to loading.

- An incident occurred on 4/14/2025. An operator was checking a vacuum on a previously connected ton cylinder that was removed from the blowdown station and another operator stepped in the path as the operator opened the vapor valve on the cylinder which did not have a vacuum causing exposure of the employee to the contents of the cylinder. PVS determined that the root cause was that the employee checking the vacuum was performing this task without certification and without direct supervision.

40 C.F.R. § 68.71 Training – PVS 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. As required per 40 C.F.R. 68.71, refresher training is conducted every three years or more often if determined to be necessary.

40 C.F.R. § 68.73 Mechanical integrity (MI) – PVS uses established practices and procedures to maintain piping systems, controls, pumps and compressors, and emergency shutdown systems in a safe operating condition. 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 equipment functioning as compared to that intended, and to verify that equipment is within acceptable limits (e.g., adequate thickness for Class I piping). If a deficiency is identified, the deficiency is corrected before placing the equipment back into service (if possible), or the process safety team will review the use of the equipment and determine what actions are necessary to ensure the safe operation of the equipment.

PVS failed to implement its mechanical integrity program for the following instances: **[AOC 9- 68.73(b)]**:

1. PVS's Mechanical Integrity Program and the Equipment Manufacturer require testing for the proper operation of the Pad Air Safety System monthly. The Pad Air is air that is dried and used to apply pressure to compressed gas railcars to facilitate unloading the liquified gas. EPA requested monthly documentation from 2021-the current date. The facility failed to provide documentation from January 2021 through February 2024, April 2024, August through September 2024 and October through December 2025.
2. PVS's Mechanical Integrity Program also requires hoses to be replaced on an annual basis, which is more stringent than the 2-year requirement by the Chlorine Institute Pamphlet #6. EPA requested documentation of annual replacement of hoses from 2020 to 2025. The facility failed to provide documentation from 2020 through 2022 for all hoses and the replacement of hose 22-501 in 2025.

**Monthly Pad Air System tests and the annual replacement of hoses were considered safeguards in the 2016 and 2021 PHA's.*

PVS failed to ensure that ultrasonic thickness measurements/ non-destructive examinations were performed on metallic piping every five (5) years in accordance with API 570. PVS provided ultrasonic thickness (UT) measurements for various piping segments at the facility from 2008 to current. PVS failed to provide documentation for pipe segment 2CL2I108 for measurements performed prior to 2014. Pipe segment 22CL2I114 had an installation date of 11/1/2013 and PVS failed to provide documentation of measurements taken after 10/9/2018. API 570 requires UT measurements to be taken on Class I piping every 5 years or sooner for piping that contains highly corrosive material [AOC 10- 68.73(d)(2)].

PVS failed to conduct periodic tests in accordance with ANSI/ISA-84 to reveal any dangerous undetected faults that automated diagnostics cannot find. PVS experienced an accidental release on 8/17/2021 while trying to start the Powell unit and the surge tank was overfilled and overflowed. The root cause identified that the recycle tank was “salted up” not allowing the level indicator to read correctly, leading the operator to believe it was empty, when it was full. The facility also did not have audible or visual alarms concerning the overflow of the surge tank to alert the operator of an overflow, in accordance with OSHA 1910.165. [AOC 10- 68.73(d)(2)].

PVS failed to ensure that the frequency of the Gas Detection System tests was consistent with manufacturers' recommendations. PVS utilizes Dräger Technology for the Gas Detection System. Dräger recommends 6-month maintenance interval for performing tests to check signal transmission to the controller, test the alarm relay and fault relay, check the display for proper functioning, servicing the sensor and calibrating the sensor for each detector. EPA requested documentation on Gas Detection System tests from 2020 through 2025. PVS provided documentation that demonstrated that only one out of 10 detectors were tested on an annual basis. PVS also failed to provide documentation of tests performed from 2020 through 2022 [AOC 11- 68.73(d)(3)].

40 C.F.R. § 68.75 Management of change (MOC) – PVS has a 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.

40 C.F.R. § 68.77 Pre-startup safety review (PSSR) – PVS 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 a quality assurance function. EPA reviewed PVS'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, PVS periodically conducts audits to confirm 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.

40 C.F.R. § 68.81 Incident investigation – PVS is required to investigate each incident which resulted in, or could reasonably have resulted in, a catastrophic release of a regulated substance. PVS 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. PVS uses the Safety AMP application for all incident investigation reports to document and track detailed information about the incident. Facility representatives noted that initial incident investigation reports are generated and filed electronically in Safety Amp within 48 hours of the incident and undergo a formal root cause investigation led by Management. 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. PVS uses a root cause investigation methodology for incidents classified as a “medium” or “high” level to identify probable causes, corrective actions or recommendations, and lessons learned. Recommendations are tracked in Safety Amp 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 2020 to 2025 and identified that PVS failed to initiate the following investigations within 48 hours following the incident **[AOC 12- 68.81(b)]**:

Incident #	Date of Incident	Date Initiated
03401	11/15/2021	11/19/2021
03088	8/28/2020	8/31/2020
02966	4/2/2020	4/6/2020

40 C.F.R. § 68.83 Employee participation – PVS employees participate on PHA teams. Operation manuals are developed, updated, and reviewed by Management. Safety meetings are held regularly for Operations, Maintenance, 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. PVS provided EPA with their written employee participation plan.

PVS failed to provide employees with access to the process hazard analyses and to all other information required to be developed under this part. PVS personnel stated PHA documentation was sent to Managers to distribute but could not provide documentation that this was conducted. During the facility

tour two operators were interviewed on their knowledge of the process, location of emergency operating procedures, emergency response equipment and access to PHA's. Both operators stated they have not been given access to the PHA's and relevant information required to develop the PHA [AOC 13-68.83(c)].

40 C.F.R. § 68.85 Hot Work Permit – PVS's hot work procedure requires that 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 Management. 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. PVS 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 PVS employees and contractors, and it outlines the responsibilities of the operations workers, supervisors and fire watch. 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 reviewed hot work permits since February 2025 that required fire prevention and protection requirements in 29 CFR 1910.252(b). EPA identified that even though the permit specifies to record the timeframe the fire watch stopped monitoring, PVS failed to record the time in which the fire watch remained on site 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[AOC 14-68.85(b) & 68.69(a)].

40 C.F.R. § 68.87 Contractors – PVS uses contractors to supplement its workforce as needed. PVS 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. PVS utilizes Safety AMP to alert when the contractor needs to be evaluated for annual requirements. Management personnel manage contractor qualifications, who are required to go through a screening process, meet the training credential qualifications outlined by the facility and receive a grade prior to selection. PVS records any contractor performance issues and performs an evaluation of contractors annually through their internal PO system.

Subpart E – Emergency Response

40 C.F.R. § 68.90 Applicability – PVS is a responding stationary source in case of an accidental release of a regulated substance.

40 C.F.R. § 68.93 Emergency response coordination activities – PVS coordinates response needs with local emergency planning and response organizations. Meetings with St. John the Baptist Parish Local Emergency Planning Committee (LEPC) and the parish Hazmat response team are coordinated on an annual basis as required by 40 C.F.R. § 68.93(a).

40 C.F.R. § 68.95 Emergency Response Program – PVS 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.

EPA reviewed the ERP which included procedures and measures for emergency response after an accidental release of a regulated substance. PVS currently has on site multiple emergency kits, first aid kits, decontamination equipment and various response equipment. PVS also utilizes SCBA's and Level B suits throughout the facility. PVS utilizes an audible horn and PA system and emergency phone communications in the event of an emergency, which is tested weekly. The facility has trained operators and maintenance employees who voluntarily trained in HAZMAT Technician and site-specific emergency response training. Each shift has a selected number of members of the Emergency Response Team so that each shift contains an operational team able to respond to situations. The Emergency Response Plan contains emergency notification procedures and telephone numbers for the local fire district and other agency contacts (e.g. St. John the Baptist Parish Emergency Operations Center).

PVS failed to develop and implement their emergency response program for the following instances
[AOC 15- 68.95(a)]:

1. PVS provided its emergency response program for review. The plan states that a full evacuation drill is held once a quarter to simulate a HAZWOPER response, which will be documented on Appendix Form E and Emergency Response equipment will be inspected during each quarterly drill and documented on Appendix Form D. PVS failed to provide documentation for evacuation drills conducted for 2020 through 2022, Quarter 1 & 2 of 2023, Quarter 3 of 2024 and Quarter 2 of 2025. Documentation of these drills using Appendix Form E was not completed for Quarter 2 of 2024 and Quarters 3 & 4 of 2025. Quarterly inspections of emergency response equipment were also not documented using Appendix Form D for any drills.
2. The emergency response program states a security drill is conducted at least once per year. PVS failed to provide documentation of annual security drills performed.
3. Section 7.0 of the emergency response program also states an ERP plan review will be conducted annually. PVS failed to provide documentation of annual plan reviews.
4. PVS provided training records for ERT team members who participate in emergency response activities. The Hazmat Technician certification is required as a 24-hour initial and 8-hour refresher course on an annual basis thereafter. I identified two operators whose Hazmat Technician training refreshers were taken past the annual due date.

PVS's emergency response program requires monthly SCBA inspections, weekly shower and eyewash station inspections and quarterly equipment inventory checks. PVS provided inspection documentation from 2020 through 2025 and EPA observed the following **[AOC 16- 68.95(a)(2)]**:

- SCBA inspections were not conducted for November of 2024
- Eyewash and Safety Shower weekly inspections:
 - Missing August & October of 2020.
 - Missing March and July of 2021.
 - December of 2021 conducted late.
 - Missing February and May through December of 2023.
 - Missing January through November of 2024.
 - Missing the week of the 3rd and 10th of December 2024.
 - Missing the week of June 16, 2025.
 - Missing the week of August 25, 2025.
 - Missing the week of September 29, 2025.
 - Missing the week of October 13, 2025.
 - Missing the week of November 17, 2025.
- Quarterly inspections of emergency response equipment during quarterly response drills were not conducted.

PVS failed to complete a notification exercise after the deadline of December 19, 2024. PVS has since created a task in its Safety Amp system. This task will require the facility to complete a tabletop exercise every first quarter on an annual basis **[AOC 17- 68.96(a)]**.

Subpart G – Risk Management Plan

40 C.F.R. § 68.150 Submission – PVS submitted their 5-year update to their RMP on May 20, 2022, and a voluntary update on January 21, 2025. 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 – PVS 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 – PVS's RMP submittal was on May 20, 2022, and the previous submittal for this facility was on May 20, 2017, under the previous ownership of DPC Enterprises, L.P.

Section III – AREAS OF CONCERN

AOC 1- 40 C.F.R. § 68.30(b)- Defining offsite impacts- population

(b) Population to be defined. Population shall include residential population. The presence of institutions (schools, hospitals, prisons), parks and recreational areas, and major commercial, office, and industrial buildings shall be noted in the RMP

PVS failed to identify the Sherman R. Walker Correctional Center and the Nelson Coleman Correctional Center as being affected by the worst-case scenario.

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

(d)(2) 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. API 752 Management of Hazards Associated with Location of Process Plant Permanent Buildings- A recommended practice that provides guidance for managing the risks from process- related explosion, fire, and toxic material release hazards to personnel located in on-site buildings. This RP was developed for use at facilities such as those covered by the Occupational Safety and Health Administration (OSHA) process safety management regulation, 29 CFR 1910.119.

PVS failed to perform a stationary source facility siting study in accordance with API 752 to include the placement of processes, equipment and buildings within the facility, and hazards posed by proximate stationary sources, and accident release consequences posed by proximity to the public and public receptors. Additionally, the facility should identify buildings that are suitable shelter-in-place/safe haven locations in the event of an accidental release of lethally toxic chemicals.

AOC 3- 40 C.F.R. §68. 67(a) & c (5)- Process Hazard Analysis

(a) The owner or operator shall perform an initial process hazard analysis (hazard evaluation) on processes covered by this part. The process hazard analysis shall be appropriate to the complexity of the process and shall identify, evaluate, and control the hazards involved in the process. The owner or operator shall determine and document the priority order for conducting process hazard analyses based on a rationale which includes such considerations as extent of the process hazards, number of potentially affected employees, age of the process, and operating history of the process. The process hazard analysis shall be conducted as soon as possible, but not later than June 21, 1999. Process hazards analyses completed to comply with 29 CFR 1910.119(e) are acceptable as initial process hazards analyses. These process hazard analyses shall be updated and revalidated, based on their completion date
(c)(5) The process hazard analysis shall address: Stationary source siting, including the placement of processes, equipment, and buildings within the facility, and hazards posed by proximate stationary sources, and accidental release consequences posed by proximity to the public and public receptors.

PVS failed to ensure that the PHA appropriately addressed the hazards and complexity of the process related to safeguards and stationary source facility siting. Additionally, PVS's process hazard analysis revalidations did not accurately control the hazards of the process as they accounted for safeguards in which the facility failed to properly maintain.

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

(e)The owner or operator shall establish a system to promptly address the team's findings and recommendations; assure that the recommendations are resolved in a timely manner and that the resolution is documented; document what actions are to be taken; complete actions as soon as possible; develop a written schedule of when these actions are to be completed; communicate the actions to operating, maintenance and other employees whose work assignments are in the process and who may be affected by the recommendations or actions.

PVS failed to establish a system to assure that the PHA recommendations are resolved in a timely manner.

AOC 5- 40 C.F.R. §68.69(a)- 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.

PVS failed to 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 for the following instances:

- Seven incidents between 2020 to 2025 were identified with a root cause of “Failure to follow SOP”.
- Daily Fill Sheets were not properly filled out.
- The appropriate signatures were not obtained on Fill Sheets and Batch Scrubber Logs for dates specified in the report.
- The incident on 1/13/2023 stated the root cause was that the SOP did not state to confirm packing nuts are secured prior to processing. The packing nuts are essential to ensuring the safe handling of cylinders for the operators in the process.

AOC 6- 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.

PVS failed to 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 addresses safety and health considerations for the following instances:

- Eight operating procedures reviewed failed to address physical contact or airborne exposure and special or unique hazards
- The accidental release on 10/26/2023

AOC 7- 40 C.F.R. §68.69(b)&(c)- Operating Procedures

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

(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.

PVS failed to provide updated and readily accessible emergency operating procedures to operators involved in the process. PVS also failed to certify annually that the operating procedures are current and accurate for 2024 and 2025.

AOC 8- 40 C.F.R. §68.69(a)(3)(v)- 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 (v) Any special or unique hazards.

PVS failed to develop and implement written operating procedures that address special or unique hazards for incidents on 4/2/2020, 11/2/2021, 1/18/2024, 5/16/2024, 7/10/2024, 10/30/2024 and 4/14/2025.

AOC 9- 40 C.F.R. §68.73(b)- Mechanical Integrity

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

PVS failed to establish and implement written procedures to maintain the on-going integrity of process equipment. Specifically, the facility failed to conduct various monthly pad air safety system tests between 2020 and 2025 and replace hoses on an annual basis as required by the facility's Mechanical Integrity Program.

AOC 10- 40 C.F.R. §68.73(d)(2)- Mechanical Integrity

(d)(2) Inspection and testing. Inspection and testing procedures shall follow recognized and generally accepted good engineering practices.

- API 570 recommended maximum inspection intervals for Class 1 metallic piping should not exceed 5 years.

- ANSI/ISA-84- Standard that requires proof testing at intervals determined by your Safety Integrity Level (SIL) calculations. However, an annual 12 month interval is the most common industry benchmark for many. Periodic tests must be conducted to reveal "dangerous undetected" faults that automated diagnostics cannot find.

PVS failed to ensure that ultrasonic thickness measurements/ non-destructive examinations were taken on metallic piping every five (5) years in accordance with API 570.

PVS failed to conduct periodic tests in accordance with ANSI/ISA-84 to reveal any dangerous undetected faults that automated diagnostics cannot find when the level indicator on the surge tank failed to read correctly causing the overflow of the Powell surge tank during an incident that occurred on 8/17/2021.

AOC 11- 40 C.F.R. §68.73(d)(3)- Mechanical Integrity

(d)(3) 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.

PVS failed to ensure that the frequency of the Gas Detection System tests were consistent with manufacturers' recommendations.

AOC 12- 40 C.F.R. §68.81(b)- Incident Investigation

(b) An incident investigation shall be initiated as promptly as possible, but not later than 48 hours following the incident

PVS failed to initiate an incident investigation within 48 hours following the incident for incidents 03401, 03088 and 02966.

AOC 13- 40 C.F.R. §68.83(c)- Employee Participation

(c) 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

PVS failed to provide employees with access to the process hazard analyses and to all other information required to be developed under this part.

AOC 14- 40 C.F.R. §68.85(b) & 69(a)- Hot Work Permit

(b) 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 "Welding, Cutting and Brazing Program" section 4C2 states "The Fire Watch is responsible for remaining at the post continuously during, and 30 minutes after the Hot Work is completed"***

PVS failed to document the fire watch remained on site for 30 minutes after the hot work is completed.

AOC 15- 40 C.F.R. §68.95(a)- Emergency Response Program

(a) The owner or operator shall develop and implement an emergency response program for the purpose of protecting public health and the environment.

PVS failed to develop and implement an emergency response program when annual security drills with the LEPC, annual emergency response plan reviews and quarterly drills with included inventory checks were not completed as outlined in their Emergency Response Program. PVS also failed to ensure that refresher training was conducted on an annual basis for personnel trained in Hazmat Technician, which is required as a 24 hour initial and 8 hour refresher course on an annual basis thereafter, for two ERT team members.

AOC 16- 40 C.F.R. §68.95(a)(2)- Emergency Response Program

(a) (2) The owner or operator shall develop and implement an emergency response program for the purpose of protecting public health and the environment. Such Program shall include the following elements: Procedures for the use of emergency response equipment and for its inspection, testing, and maintenance;

PVS failed to implement procedures for the use of emergency response equipment and for its inspection, testing and maintenance.

AOC 17- 40 C.F.R. §68.96(a)- Emergency Response Program

(a) Notification exercises. At least once each calendar year, the owner or operator of a stationary source with any Program 2 or Program 3 process shall conduct an exercise of the stationary source's emergency response notification mechanisms required under § 68.90(b)(3) or § 68.95(a)(1)(i), as appropriate, before December 19, 2024, and annually thereafter. Owners or operators of responding stationary sources may perform the notification exercise as part of the tabletop and field exercises required in paragraph (b) of this section. The owner/operator shall maintain a written record of each notification exercise conducted over the last five years.

PVS failed to conduct a notification exercise after December 19, 2024.

CONCLUSION

I conducted a closing conference at the PVS DX, Inc. Reserve, Louisiana Facility at 12:00 PM on February 11, 2026. During the closing conference, I explained the EPA inspection report process. At the time of this closing conference, documents were still under review, so I did not communicate any areas of concern that were identified in this inspection report. Additionally, AOCs 1-17 were determined after the conclusion of the inspection and were not included in the closing conference.

Section IV – FOLLOW UP

EPA received documentation from PVS several dates from February 9 – March 10, 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 – RQ1-03 Sharepoint folder “Hazard Assessment (OCA)”

Appendix 3 – RQ1-06 Sharepoint folder “Process Hazard Analysis (PHA)”

Appendix 4 – RQ1-14 Sharepoint folder “Incidents”

Appendix 5 – RQ1-10H Sharepoint folder “Fill Sheets”

Appendix 6 – RQ1-08 Sharepoint folder “Operating Procedures”

Appendix 7 – RQ1-10F Sharepoint folder “Monthly Pad Air Safety System Records”

Appendix 8 – RQ1-10I Sharepoint folder “Railcar Hoses”

Appendix 9 – RQ1-10G Sharepoint folder “Reserve Thickness Readings”

Appendix 10 – RQ1-10L Sharepoint folder “Gas detection system tests”

Appendix 11 – RQ1-16 Sharepoint folder “Hot Work Permits”

Appendix 12 – RQ1-18 Sharepoint folder “Emergency Response”