

**US EPA REGION 6
CLEAN AIR ACT SECTION 112(r)
INSPECTION REPORT**

Stationary Source	Occidental Chemical Corporation	
Dates of Inspection	October 20-24, 2025	
USEPA Contact	Kristen Latiolais, U.S. EPA Region 6	
Description of Activities	Inspection included the following activities: • Opening conference with facility representatives • On-site document review • Field verification of piping and instrumentation diagrams (P&IDs) and other field observations • Personnel interviews • Closing meeting with facility representatives	
Inspection Participants	Eastern Research Group, Inc. (ERG) • Parker Hendrick • Liam Prendergast U.S. Environmental Protection Agency, Region 6 • Kristen Latiolais Louisiana Department of Environmental Quality (LDEQ) • Christopher Smith • Glen Jenkins	
Facility Participants	Linn Fink, Plant Manager	
	Chris Keran, Director of Process Risk	
	Amy Gay, Chief Principal Risk Engineer	
	Sharon Caughman, Environmental Manager	
	See Attachment 1 for all facility participants	
EPA Lead Inspector Signature/Date		
	Kristen Latiolais, USEPA Region 6	Date
EPA Section Supervisor Signature/Date		
	Kayla Buchanan	Date

STATIONARY SOURCE INFORMATION

USEPA Facility ID #	1000 0009 6601
Most Recent RMP Submission	February 13, 2023
Facility Location	8318 Ashland Road Geismar, Louisiana 70734
Latitude / Longitude	30.187778, -090.981583
Number of Employees	500 employees and 201 contractors.
Description of Surrounding Area	The facility is in an industrial area.

FACILITY/PROCESS DESCRIPTION

The Occidental Chemical Corporation – Geismar Plant (OxyChem or the Facility), located in Geismar, Louisiana, began operations in 1968 as Vulcan Chemicals. In 1968, the operating units were Perchloroethylene (Perc), Carbon-tetrachloride (Carbon-tet), and Ethylene Dichloride (EDC). Between 1968 and 2005, Vulcan Chemical added five additional process units to the Facility: Chloromethanes, diaphragm and membrane chlorine, an expansion to the EDC unit (MCI), and Pentachloropropane (5CP). In June of 2005, OxyChem purchased Vulcan Chemicals. Since OxyChem’s acquisition of the Facility, the Tetrachloropropene (4CPe) unit was constructed in 2017. The Facility employs 444 full-time employees, which includes 147 salaried personnel, 142 operators, and 155 contractor maintenance personnel. The Facility operates 24 hours per day, 7 days per week and follows a four-crew, 12-hour shift schedule for operations personnel. Operations personnel are represented by the local chapter of United Steel Workers Union (620).

The Facility currently operates the following Risk Management Program (RMP) covered processes: PERC/EDC/MCI (RMP Process ID 1000129546), 5CP (RMP Process ID 1000129525), Methanes (RMP Process ID 1000129525), Shipping (RMP Process ID 1000129526), and Chlorine (RMP Process ID 1000129523). The Facility is located approximately 65 miles northwest of New Orleans, LA and is in a primarily industrial area surrounded by heavy industry (e.g., petroleum refineries and other complex chemical manufacturing facilities). The Facility’s products include chlorine, caustic soda, methyl chloride, methylene chloride, chloroform, Carbon-tet, Perc, EDC, and 4CPe. The Facility uses pipelines, railcars, and trucks to bring raw materials to the site as well as send finished products to customers.

The Facility reported five (5) Risk Management Program covered processes in its most RMP submission dated February 13, 2023, summarized in Table 1 below.¹ All of the covered processes are Program Level 3.

¹ Occidental Chemical Corporation – Geismar Plant; *Risk Management Plan Submission*; EPA Facility Identifier 1000 0009 6601; Receipt Date February 13, 2023.

Table 1. Facility RMP Covered Processes

Process ID	Process Name	Program Level	Chemical	Quantity (lb)	Category
1000129523	CHLORINE UNIT	3	Chlorine	7,500,000	Toxic
1000129524	METHANES	3	Chloroform	1,500,000	Toxic
			Methyl Chloride	2,500,000	Toxic
			Chlorine	1,600,000	Toxic
1000129525	5CP	3	Vinyl Chloride	1,400,000	Flammable
1000129526	SHIPPING	3	Vinylidene Chloride	36,000	Flammable
			Vinyl Chloride	3,600,000	Flammable
			Chlorine	18,000,000	Toxic
			Chloroform	33,000,000	Toxic
			Methyl Chloride	3,600,000	Toxic
1000129546	Perc/EDC	3	Ethyl Chloride	47,000	Flammable
			Chloroform	440,000	Toxic
			Hydrogen Chloride (anhydrous)	6,200	Toxic

PURPOSE OF THE INSPECTION

The inspection of the Occidental Chemical Corporation – Geismar Plant occurred from October 20, 2025, through October 24, 2025, and focused on the Facility’s implementation of and compliance with the requirements under the Clean Air Act (CAA) § 112(r) (the Risk Management Program). The inspection further focused on the following RMP-covered processes:

- Methanes [RMP Process ID 1000129524]; and
- Perc/EDC [RMP Process ID 1000129546].

The Methanes covered process was selected as it is a Program Level 3 covered process and is the unit which reacts chlorine and methyl chloride to make chloroform, hydrogen chloride, and methylene chloride which are used in the Perc/EDC unit and/or sold as final products. The Perc/EDC covered process was selected as it is a Program Level 3 covered process and is one of the most complex processes at the Facility where chlorine, propylene, EDC, 5CP, 4CPe, and Heavy chlorinated byproducts, are reacted to make Perchloroethylene, Carbon-tet, and anhydrous hydrogen chloride with free chlorine.

In preparation for the inspection, Kristen Latiolais of U.S. EPA Region 6 sent an electronic notice of inspection (NOI) and request for information (RFI) to Wade Weidman on October 8, 2025. The NOI announced the date of the inspection as the week of October 20, 2025, and requested documentation produced in response to the RFI be delivered by October 15, 2025. The Facility acknowledged receipt of both the NOI and RFI on October 8, 2025. The EPA Inspection Team held a conference call with Facility representatives on October 15, 2025, to discuss the scope and logistics of the inspection. The EPA NOI also informed the Facility of the right of employees

and their representatives to participate in the inspection as provided by CAA § 112(r)(6)(L) and requested that the Facility inform employee representatives of the inspection and extend to them an invitation to participate.

OPENING CONFERENCE

The EPA Inspection Team arrived at the Facility at approximately 8:00 am CST on Monday, October 20, 2025. The opening conference began at approximately 8:10 am CST in a conference room in the Administration building. Inspector Latiolais initiated the opening conference and Inspectors Latiolais, Hendrick, and Prendergast presented credentials. The EPA Inspection Team and Facility representatives gave introductions, and the Facility provided all participants with a safety briefing. Inspector Latiolais explained the purpose and scope of the inspection and proposed the schedule for the inspection and expected activities, which included interviews with personnel, a driving tour of the Facility, walkthroughs of the focus processes, and documentation requests. The opening conference included Facility representatives who also participated throughout the inspection. The Attendance Sheet (see Attachment 1) records all Facility representatives who were either present at the opening conference and/or closing conference or participated in interviews during the inspection.

INSPECTION OVERVIEW

Facility representatives presented an overview of Facility operations and then escorted the EPA Inspection Team on a driving tour of the Facility. Throughout the week, the EPA Inspection Team conducted interviews with Facility personnel to discuss the implementation of and compliance with the requirements under the CAA § 112(r) (the Risk Management Program and the General Duty Clause). The Attendance Sheet (see Attachment 1) tracked all personnel that participated in interviews with the EPA Inspection Team.

The EPA Inspection Team requested additional documentation after each day of the onsite inspection, reviewed the scope of additional documentation requests, and discussed a schedule for the Facility to provide the requested documentation by October 31, 2025. The Facility provided documentation responsive to the onsite document request on a rolling basis and confirmed delivery of all requested documentation on October 31, 2025. The EPA Inspection Team requested additional documentation on November 3, 2025, and received all additionally requested documentation on November 5, 2025.

FIELD OBSERVATIONS

Facility representatives escorted the EPA Inspection Team on a driving tour of the Facility on Monday, October 20, 2025. Facility representatives escorted the EPA Inspection Team on a walkthrough of the Chlorine storage bullets (ST-700A/B), MCI reactor, Perc/EDC Control Room, Hydrochlorination compressor system (CP-541), and the Vinyl Chloride Rail unloading rack and associated storage tank (D-809) on October 21, 2025, from approximately 8:15 am CST to 11:45 am CST. The walkthroughs of covered processes included field verification of piping and instrumentation diagrams (P&IDs) and surveying sites of previous incidents. The walkthrough of the PERC/EDC Control Building included speaking with a console operator for the EDC process.

During the walkthrough of these locations within the covered processes, the EPA Inspection Team took a total of 45 photographs of process equipment. The photographs and photograph log are provided in Attachment 4. Observations made during the walkthroughs include:

- Chlorine Storage Bullet (ST-700A/B) observations:
 - The P&ID of the Chlorine Storage unit indicated that a valve on piping segment 2'-P-7101-109-I, should be Car-sealed open (CSO) (drawing number G-7-1006-D SH. 1, Rev. 40). The EPA Inspection Team observed that the valve was present without a car seal, preventing the unintended closure of the valve (see photograph 12). The Facility presented a photograph of a new car seal that had been placed on the valve before the end of the onsite inspection.
 - The EPA Inspection Team observed insulation damage on two large chlorine storage tanks (ST-700A/B) (see photographs 2, 7, and 15). The presence of insulation failure on two of the bulk chlorine storage tanks is inconsistent with the following recognized and generally accepted Good engineering practices (RAGAGEP):
 - Section 4.3 of Chlorine Institute Pamphlet 5 (2022) states, "Exterior corrosion due to moisture condensation can be a serious problem. Tank design should be such as to minimize the formation and collection of condensation. Particular attention should be paid to the area around the supports and nozzles."
 - Section 4.5 of Chlorine Institute Pamphlet 5 (2022) states, "Tank insulation is not required; however, it may be useful to reduce effects of extremely high or low ambient temperatures. If used, tank insulation should be chlorine-resistant, fire-resistant, and must provide a sufficient moisture barrier to prevent corrosion under the insulation."
- MCI Reactor observations:
 - Inspectors observed the absence of labeling on covered chemical process piping entering the oxygen mixer. With multiple covered chemicals entering the oxygen mixer prior to entering the MCI reactor, there is no clear definition of piping containing hazardous chemicals which is inconsistent with the pipe labeling conventions listed in Section 3 of ASME A13.1 (2015).
- Hydrochlorination compressor system observations:
 - Inspectors observed the Hydrochlorination methyl chloride compression system within the Methanes Unit. Inspectors reviewed the location of incident #18571. At the time of inspection, the unit was not operational and undergoing maintenance. Facility staff identified the connection point for the Pressure Indicating Transmitter (equipment number PIT 541-1) connected to the second

stage suction vessel which was added to the system in response to an action item developed during the incident investigation. The EPA Inspection Team did not observe any potential areas of concern in this area.

- PERC/EDC Control Room observations:
 - Inspectors entered the Perc/EDC control room and spoke with board operator Brad Rose. Inspectors observed that all board operators had access to physical copies of all emergency procedures stored locally within the control room. Additionally, Mr. Rose was knowledgeable of where to access all operating procedures and PHA's located on the Facility's online SharePoint database. However, at the time of the inspection, Facility board operators were unable to demonstrate that they could readily access local copies of the PHA study(s) for due to a national web service outage. The Facility showed the EPA inspection team that they have taken measures to ensure employees are able to access PHA study(s) stored locally on their computers.
- Vinyl Chloride Rail unloading rack and D-809 observations:
 - On piping segments 1 ½"-P-8123-111 and 1 ½"-P-8832-111 on the outlet of PU-814A and PU-814B, Inspectors observed a tee with a reducer, two inline hand valves, and a connection coupling in the field that was not present on the P&ID (drawing number G-8-1017-D SH.2 Rev. 35).

DOCUMENTATION REVIEW

In response to the October 8, 2025, RFI, the Facility provided responsive documentation on October 15, 2025. This inspection report is inclusive of the documentation provided in response to the October 8, 2025, RFI. The EPA Inspection Team requested additional documentation during the inspection on October 21, 2025, October 22, 2025, and October 23, 2025, and reviewed the scope of each documentation request with the Facility while onsite. Additionally, the EPA Inspection Team discussed a schedule for the Facility to provide the requested documentation. The Facility provided documentation responsive to the October 21, 2025, October 22, 2025, and October 23, 2025, document requests on October 31, 2025 and to the November 3, 2025, document request on November 5, 2025. This inspection report incorporates a review of all documentation received.

40 CFR § 68.10 – Applicability

The Facility provided its Maximum Intended Inventory (MII) calculations for all RMP covered chemicals (RQ1-05a.pdf). During the onsite inspection, the Facility indicated that all process vessels and piping are considered when calculating the MII. Additionally, the volume of all covered chemicals within railcars and pipelines to and/or from the Facility are included in MII calculations used to determine the applicability of their processes onsite.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.10 requirements at this time.

40 CFR § 68.15 – Management

The Facility provided *PSM Coordination Responsibilities* (OCC HESP-611(C)) which identifies responsibility for the element or function of the Facility's PSM/RMP program based on position (RQ1-02.pdf). The *PSM Coordination Responsibilities* document includes all applicable program elements required per Part 68 Subpart D. The Facility has designated one position as "Responsible For Direction of Element/Function," and one position as "Responsible For Technical Aspects of Element/Function." These positions are responsible for certifying and/or approving that work has been done, and that the work and actions taken are technically sound and meet the requirements set forth in Part 68 Subpart D, respectively. The Facility indicated that at the time of the inspection, all positions identified in this document are filled and provided a crosswalk between the positions laid out in OCC HESP-611(C) and the names of people who fill these positions (219-RQ1-02B – PSM Responsibility by Individual – OCC HESP 611-C.pdf).

The EPA Inspection Team did not identify any areas of concern per 40 CFR §§ 68.15 requirements at this time.

40 CFR §§ 68.22 to 68.39 – Offsite Consequence Analysis (OCA)

The Facility reported in its February 2023 RMP submission a worst-case release scenario (WCS) for toxic regulated substances, specifically chlorine. The Facility reported four alternative release scenarios (ARs), one for each of the following chemicals: chlorine, methyl chloride, chloroform, and hydrogen chloride (anhydrous). For flammables regulated substances, the Facility reported one WCS and one AR.

The Facility provided its *RMP Documentation* report (RQ1-03.pdf) in response to the EPA Inspection Team's requests for information. Section 1.1 and Appendix C provide additional details on the WCSs and Section 1.2 and Appendix D provides additional details on the ARs. Public receptors were identified using aerial photo images and Google Maps and residential populations were estimated using the Mapping Application for Response, Planning, and Local Operational Tasks (MARPLOT)² software using the U.S. Census Bureau's 2010 Census data.

Chlorine WCS

The Chlorine WCS reported in the February 2023 RMP submission for the Chlorine covered process is described as a release of chlorine gas liquified under pressure. The quantity released is 1,300,000 lbs and release rate is 130,000 lbs/min over 10 minutes. The Facility used EPA's RMP*Comp to determine a worst-case distance to endpoint of 25 miles. The Facility reported an affected residential population of 634,481 and identified schools, hospitals, prison or

² MARPLOT [Mapping Application for Response, Planning, and Local Operational Tasks] Software; U.S. Environmental Protection Agency (EPA); <https://www.epa.gov/cameo/marplot-software>

correctional facilities, recreational areas, major commercial, office or industrial areas, railroads, one airport, a multi-use exposition center, a national or state park, forest, or monument, and an officially designated wildlife sanctuary, preserve, or refuge as receptors.

Appendix C of the *RMP Documentation* report includes a screen capture of the RMP*Comp calculations and screen captures of MARPLOT maps that identify public receptors and the residential population for the chlorine WCS (RQ1-03.pdf). Section 1.1.1 identifies the vessel that contains the largest quantity of chlorine as Chlorine Tank ST-700A and provides a quantity of 1,300,000 lbs of chlorine, which is consistent with the 1,300,000 lbs reported in the RMP to three significant figures.

The EPA Inspection Team reproduced the 25-mile distance to endpoint for a 1,300,000-lb release using RMP*Comp and used the MARPLOT software (using 2010 Census data) to map a 25-mile radius centered at the approximate location of the Facility's Chlorine Storage Tank (ST-700A) and determined a population within the mapped circle of 634,449, which is generally consistent with the population reported in the RMP and the *Risk Management Plan Documentation* to four significant figures.

Flammables WCS

The Facility reported one flammable WCS in the February 2023 RMP submission.

The flammables WCS reported in the February 2023 RMP submission is for the Vinyl Chloride Tank (D-809) and was reported as a vapor cloud explosion of vinyl chloride. The quantity released is 800,000 lbs. The Facility used EPA's RMP*Comp to determine a worst-case distance to endpoint of 0.6 miles. The Facility reported no affected residential population and identified residences and major commercial, office or industrial areas, railroads, and an officially designated wildlife sanctuary, preserve, or refuge, as offsite public and environmental receptors.

Appendix D of the *RMP Documentation* report includes a screen capture of a map showing the circle representing the distance to endpoint for the 0.6-mile flammables WCS (RQ1-03.pdf). Section 1.1.2 identifies vinyl chloride tank D-809 as the largest flammables containing vessel within the covered processes. Section 1.1.2 identifies the vinyl chloride tank (D-809) as containing 800,000 lbs of vinyl chloride, which is consistent with the quantity of 800,000 lbs of vinyl chloride reported in the RMP.

The EPA Inspection Team reproduced the 0.6-mile distance to endpoint for a 800,000-lb release using RMP*Comp and used the MARPLOT software (using 2010 Census data) to map a 0.6-mile radius centered at the approximate location of the Facility's vinyl chloride tank D-809 and determined a population of 0 within the mapped circle, which is consistent with the population reported in the RMP.

Chlorine ARS

The chlorine ARS reported in the February 2023 RMP submission for the Facility was described as a release of chlorine gas from process piping in the Methanes covered process area. The quantity released was 5,000 lb. and release rate was assumed to be 200 lb./min over 25 minutes. The Facility used EPA's RMP*Comp to determine a distance to endpoint of 0.3 miles. The Facility reported no affected residential population and major commercial, office, or industrial areas, railroads, an officially designated wildlife sanctuary, preserve, or refuge as receptors. The Facility did not indicate that any mitigation systems were considered.

The Facility indicated that the chlorine ARS is based on a 2018 release where an expansion bottle ruptured and there was no plug installed downstream. The release duration and release amount were conservative values determined with respect to the 2018 incident. Appendix D includes a screen capture of the RMP*Comp calculations and screen captures of MARPLOT maps that identify public receptors and the residential population for the chlorine ARS.

The EPA Inspection Team reproduced the 0.3-mile distance to endpoint for a 200-lb/min, 25-minute release using RMP*Comp and used the MARPLOT software (using 2010 Census data) to map a 0.3-mile radius centered at the approximate location of the Facility's Methanes Unit and determined a population within the mapped circle of 0, which is consistent with the population reported in the RMP and the *RMP Documentation*.

Chloroform ARS

The chloroform ARS reported in the February 2023 RMP submission for chloroform was described as a release from process piping in the Shipping covered process area. The quantity released was 200 lb. and release rate was assumed to be 10 lb./min over 20 minutes. The Facility used EPA's RMP*Comp to determine a distance to endpoint of 0.1 miles. The Facility reported no affected residential population and identified major commercial, office or industrial areas as receptors. The Facility did not indicate that any mitigation systems were considered.

There was no basis provided for the scenario chosen for the chloroform ARS. Appendix D includes a screen capture of the RMP*Comp calculations and screen captures of MARPLOT maps that identify public receptors and the residential population for the chloroform ARS.

The EPA Inspection Team reproduced the 0.1-mile distance to endpoint for a 10-lb/min, 20-minute release using RMP*Comp and used the MARPLOT software (using 2010 Census data) to map a 0.1-mile radius centered at the approximate location of the Facility's chloroform piping (RQ1-03.pdf), and determined no residential population within the mapped circle, which is consistent with what is reported in the RMP and the *RMP Documentation*.

Methyl Chloride ARS

The methyl chloride ARS reported in the February 2023 RMP submission for the Methanes covered process area was described as a release of methyl chloride from a Pressure Relief Valve

(PRV). The quantity released was 12,000 lbs. and release rate was assumed to be 600 lb./min over 20 minutes. The Facility used EPA's RMP*Comp to determine a distance to endpoint of 0.2 miles. The Facility reported no affected residential population and identified major commercial, office, or industrial areas as receptors. The Facility did not indicate that any mitigation systems were considered.

The Facility described the methyl chloride ARS as based on a 2022 incident which resulted in a release of methyl chloride from a PRV (equipment number PSV-554-1) within the Methanes unit (203-RQ1-048-a – Intellex #18571 – CP-541 RQ Final Report.pdf). Appendix D includes a screen capture of the RMP*Comp calculations and screen captures of MARPLOT maps that identify public receptors and the residential population for the methyl chloride ARS.

The EPA Inspection Team reproduced the 0.2-mile distance to endpoint for a 600-lb/min, 20-minute release using RMP*Comp and used the MARPLOT software (using 2010 Census data) to map a 0.2-mile radius centered at the approximate location of the Facility's methyl chloride PRV and determined no residential population within the mapped circle, which is consistent with what is reported in the RMP and the *RMP Documentation*.

Hydrogen Chloride ARS

The hydrogen chloride ARS reported in the February 2023 RMP submission for the Perc/EDC covered process area was described as a release of anhydrous hydrogen chloride from a leak in process piping. The quantity released was 6,200 lb. and release rate was assumed to be 310 lb./min over 20 minutes. The Facility used EPA's RMP*Comp to determine a distance to endpoint of 0.8 miles. The Facility reported no affected residential population and identified major commercial, office, or industrial areas as receptors. The Facility did not indicate that any mitigation systems were considered.

The Toxic Alternative Release Scenario Table (RQ1-03.pdf) of the *RMP Documentation* report describes the hydrogen chloride ARS as based on a process piping release. Appendix D includes a screen capture of the RMP*Comp calculations and screen captures of MARPLOT maps that identify public receptors and the residential population for the hydrogen chloride ARS.

The EPA Inspection Team reproduced the 0.8-mile distance to endpoint for a 310-lb/min, 20-minute release using RMP*Comp and used the MARPLOT software (using 2010 Census data) to map a 0.8-mile radius centered at the approximate location of the Facility's ammonia piping (per Figure G-4) and determined no residential population within the mapped circle, which is consistent with what is reported in the RMP and the *RMP Documentation*.

Flammables ARS

The flammables ARS reported in the February 2023 RMP submission for the Facility was described as a vapor cloud explosion of vinyl chloride. The quantity released was 180,000 lbs and the endpoint was defined as a 1 psi overpressure. The Facility used EPA's RMP*Comp to determine a distance to endpoint of 0.1 miles. The Facility identified major commercial, office,

or industrial areas, and an officially designated wildlife sanctuary, preserve, or refuge as receptors.

Section 1.2.1 of the *RMP Documentation* report describes the flammables ARS as based on a release of vinyl chloride from a loss of containment of an entire railcar during the vinyl chloride railcar unloading process. For this scenario, a release duration of 10 minutes was assumed of a release of a flammable gas liquefied under pressure. Appendix D includes the calculations following EPA's RMP*Comp and a screen captures of MARPLOT maps that identify public receptors and the residential population (RQ1-03.pdf).

The EPA Inspection Team did not identify any areas of concern per 40 CFR §§ 68.22 to 68.39 requirements at this time.

40 CFR § 68.42 – Five-Year Accident History

The Facility reported no accidents subject to 40 CFR § 68.42 reporting in its February 13, 2023, risk management plan. All incidents reviewed during the inspection did not meet the reporting requirements for the Five-Year Accident History provisions.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.42 requirements.

40 CFR § 68.65 - Process Safety Information (PSI)

The Facility maintains process safety information on their SharePoint site which is accessible by all employees. The PSI contains process flow diagrams, safety data sheets, process chemistry, maximum intended inventory, cause and effect diagrams and consequences of deviation (COD), and design codes and standards employed. The Facility also maintains P&IDs of all equipment as well as documentation of safety systems employed at the facility. The Facility refers to a list of American Petroleum Institute (API) standards and corporate design standards to ensure equipment is made of adequate materials.

During the field walk though, (refer to *Field Observations* section) inspectors observed the presence of moisture beneath chlorine bulk storage tank ST-700A. The presence of moisture or biological growth and external corrosion around supports was also observed in annual inspection reports produced by the Facility for the chlorine bulk storage, ST-700A, from 2019 to 2025 (262-ST-700A Annual Inspection Reports.pdf). Per section 4.3 of Chlorine Institute Pamphlet 5 (2022), Since the presence of moisture and the opportunity for external corrosion was observed by the Facility during the annual external inspections, the Facility failed to maintain the process according to applicable RAGAGEP.

The Facility provided an automatic shutdown function test for the PERC unit which is used to test the functionality of the PERC unit (247-MI-IN-2-001 404_DCS_200 Perc Function Test.pdf). Step Y in this test states, "If FT-202B (Cl₂ to R200A) <500 lb./hr. (10 second delay) then START-UP REACTOR SD and PLC START-UP REACTOR SD R200A are initiated. Bypass: HS-202B-BP (NOTE: Bypass is turned off when FT200B>500 lb./hr. for 2 minutes.)." However, the flow

indicating controller (FIC-202B) does not have an associated interlock to shutdown the system as described in the functional test procedure, listed in the PERC COD table (231-RQ1-05-i Perc COD.pdf). As such, the Facility's PSI for the PERC unit does not accurately describe the safety systems as installed and operated as required pursuant to 40 CFR § 68.65(d)(1)(vii).

The Facility provided interlock narratives for the Perc, EDC, MCI, and methane's unit. These narratives provide a list of control readings that will cause the system to shutdown and the associated control actions that take place to initiate process and equipment shutdowns. The narrative for the EDC unit (EDC interlock narrative.pdf) includes a shutdown condition for less than 60 tpd of HCl feed to RE-101A, RE101B, and RE101C. These flow rates are read by flow controllers FIC-109, FIC-113, and FIC-1000 respectively. However, the COD table for the EDC unit (RQ1-05b EDC COD.pdf) lists the low interlock limit for these flow controllers to be 56.7 tpd. As such, the Facility does not appear to have accurately described the applicable safe upper and lower flow limits for operation of the EDC Unit and has not accurately described the safety systems as installed and operated as required pursuant to 40 CFR § 68.65(c)(1)(iv) and 40 CFR § 68.65(d)(1)(vii), respectively.

The EPA Inspection Team has identified AOCs 1, 2, and 3 at the end of this inspection report for this Subpart D § 68.65 – Process Safety Information provision. For additional details, please refer to the Field Observations section of this inspection report for findings and potential areas of concern identified based on the detailed P&ID walkdown conducted during the inspection.

40 CFR § 68.67 - Process Hazard Analysis (PHA)

The Facility maintains the *Process Hazard Analysis (PHA) Procedure* (PSM-504-01) and (RQ1-6 – PSM-504-01 PHA & LOPA procedure.pdf), that instructs how the Facility conducts PHAs and implements the PHA program at the Geismar Facility. The Facility uses a combination of What-If, Checklist, Hazard and Operability Study (HAZOP), Failure Mode and Effects Analysis (FMEA), and Fault Tree Analysis methodologies depending on the complexity of particular portions of the process. The PHA procedures lists an example of an instance where “the HAZOP technique may be used to study the reactor, but the rest of the unit may be studied using the “What-if” or “What-If”/Checklist method. The PHA “Team Leader” determines the proper method to use and can also determine that a particular portion of the process may be more/less complex, and therefore requires a more/less rigorous review based on the methodology employed.

The Facility completes all PHAs in house where the PHA team consists of a Team Leader, an instrumentation or process controls engineer, a process engineer, and a unit operator. The Team Leader must be formally trained in the PHA methodology(ies) used during the study. The PHA team is only responsible for identifying, assessing, and risk ranking the hazards of the process, but not for engineering final solutions. The Facility completes PHAs for Facility siting and natural hazards at a facility-wide level, encompassing the entire Facility, while each unit specific PHA includes a human factors analysis.

Action items that come out of the Facility's PHAs are tracked through the Action Item Resolution (AIR) database. Each Unit Superintendent is responsible for all action items

associated with deviations given an “A,” “B,” or “C,” risk scenarios. All level “D” or “E” risks are reported directly to the Corporate HES&S Team for tracking and evaluation. Additionally, the level “D” and “E” risk ranked scenarios are evaluated annually by the Corporate HES&S Team to ensure timely resolution (Attachment 3 of PSM-504-01).

The Facility provided the dates that PHAs were conducted at the Facility (RQ1-06- Dates PHAs conducted.pdf). All PHAs completed within the last five years were completed within the required five-year revalidation period.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.42 requirements at this time.

40 CFR § 68.69 – Operating Procedures

The Facility uses a site-level procedure (RQ1-07 PSM-505-01 Operating Information Procedure.pdf) for development, approval, modification, and maintenance of all operating procedures as well as the relevant safe operating limits and associated CODs.

The Subject Matter Coordinators (SMCs) for each unit perform annual reviews to ensure that all changes identified through the Management of Change (MOC) process are reflected in the operating procedures. Additionally, the unit PSM engineer conducts regular three-year audits of all unit operating procedures. The Facility provided records of the last three annual reviews for the PERC, EDC, and Methanes unit.

All personnel access the most current revision of each operating procedure through the Facility’s SharePoint website. “Loss of Utilities” and emergency standard operating procedures (SOPs) are also stored as hard copies in control rooms.

The EPA inspection team reviewed the following operating procedures:

- Startup of:
 - R-200 (314-RQ1-07B-f - 404CR097B - R200 Startup after Emergency Shutdown.pdf)
 - R-101 (310-420CR027E - R-101 Startup.pdf)
 - TW-150 (318-RQ1-07B-f - 420CR202B - T-150 Normal Startup.pdf)
- Normal Operation of:
 - R-200 (315-RQ1-07B-f - 404QR093E - R200 Normal Operation.pdf)
 - R-101 (309-420CR024E - R-101 Normal Operations.pdf)
 - TW-150 (319-RQ1-07B-f - 420CR204C - T-150 Normal Shutdown.pdf)
- Shutdown of:
 - R-200 (316-RQ1-07B-f - 404QR094C - R200 Shutdown.pdf)
 - R-101 (310-420CR027E - R-101 Startup.pdf)
 - TW-150 (320-RQ1-07B-f - 420ER203E - T-150 Normal Operations.pdf)
- Emergency shutdown for R-101 (307-RQ1-07B-e - 404HG001D - Perc LEL Monitoring System.pdf)

- Vinyl Chloride Tank Car Unloading (305-07B-c VnCl Unloading SOP.pdf)
- Verifying Anhydrous HCl is Moisture Free (306-RQ1-07B-d - 420CGE010E - Verifying aHCl is Moisture Free.pdf)
- LEL Monitoring System (307-RQ1-07B-e - 404HG001D - Perc LEL Monitoring System.pdf)

The reviewed operating procedures include a list of reference documents to be used alongside the operating procedures. These documents include a list of required personal protection equipment (PPE) to safely complete the SOP, a safety data sheet (SDS) reference list, and P&IDs, as needed. Within the SOP there are references to COD tables that are relevant to the process unit. The referenced COD tables include safe operating ranges, high and low alarm levels, high and low interlock levels if applicable, and high and low levels that cannot be exceeded.

The shutdown procedures make reference to associated hard-copy shutdown checklists that must be completed along with the steps of the shutdown procedure. The shutdown checklists include the date and time each step was completed, and are each operating step must be initialed as it is completed.

The EPA Inspection Team has identified AOC 4 at the end of this inspection report for this Subpart D § 68.69 – Operating Procedures.

40 CFR § 68.71 – Training

The Facility implements the *Process Technician Training and Qualification* (Procedure Number 514-01) in order to, “properly train Process Technicians to safely perform their assigned tasks in the workplace” (RQ1-08 Process Technician Training and Qualifications.pdf). The training for new operators onsite is parceled out into six levels. Level 1 consists of an introduction to the site, including general, safety, health, and environmental training and lasts approximately 2-10 days. Level 2 is primarily classroom-based training where plant sciences, equipment, and general operations are discussed over the span of approximately 2-10 days. Level 3 focuses on process specific overviews including what the processes do, their inputs/outputs, and includes a thorough plant and unit tour. Level 4 begins the new operator’s unit-specific training, led by an SMC. Level 4 training includes a review of operating procedures, P&IDs, and other unit specific knowledge which lasts between approximately 7-20 working days. Level 5 begins the On-the-Job-Training for new operators where they shadow experienced operators within the unit and complete skills tests. After a roughly 3-month period shadowing experienced operators, new operators are tested through a series of written, oral, and practical exams. Level 6 is the operator’s refresher training, required at least every three years.

To pass Level 1-3 competency tests, “a minimum score of 80%, with 100% understanding must be documented prior to progressing in the training” (RQ1-08 Process Technician Training and Qualification.pdf). For Level 4 and 6 competency tests, the minimum score increases to 90% and the 100% understanding requirement remains. 100% understanding is achieved through review with the test administrator and a signoff on the test, by both the operator and test

administrator, indicating that the missed points were reviewed and that the operator now understands all tested material.

The Facility provided the *PERC Re-Certification Test for Control Technicians*, *PERC Control Tech Recertification Test*, *PERC Re-Certification Test for Equipment Technicians*, and *PERC Equipment Technician Recertification Test* for operator Brad Rose (321-Brad Rose Refresher and Recertification Training.pdf). The Level 6 *PERC Equipment Technician Recertification Test*, was completed by Operator Rose on October 18, 2023, marked with a 96% and was signed off indicating that all incorrect answers were reviewed with the technician. The test was 30 questions with 70 points available. Through review, Operator Rose received 62 of the 70 available points (88%). The Facility's training policy requires a minimum of 90% to pass Level 6 tests. However, Operator Rose was allowed to pass the Level 6 refresher training with an insufficient score. The Facility did not provide justification for why this deviation from internal training policy requirements was allowed.

To maintain proficiency in an assignment, operators are required to work the assignment a minimum of two shifts per six months (a total of four shifts, annually). The operator positions within each unit include positions in the field and on the control board. All new operators start in field positions and can move into a position on the control board as they become available. Board operators are required to maintain proficiency in the field positions and therefore must complete four shifts annually in the respective unit field position.

The EPA Inspection Team has identified AOC 5 at the end of this inspection report for this Subpart D § 68.71 – Training provisions.

40 CFR § 68.73 – Mechanical Integrity

The Facility implements a mechanical integrity (MI) program that covers fixed equipment (e.g., process piping, pressure vessels), rotating equipment (e.g., pumps and compressors), instrumentation, and electrical equipment. The Facility provided multiple procedures that are used to maintain the on-going integrity of process equipment (079-Maintenance & PSM Procedures.pdf). Procedures shared with the EPA Inspection Team include guidance for completing visual inspections and testing of various process components, the quality assurance policy, and equipment specific procedures.

According to the Facility's MI procedures and interviews with Facility personnel conducted during the inspection, the Facility follows American Petroleum Institute (API) 570, *Piping Inspection Code: In-Service Inspection, Rating, Repair, and Alteration of Piping Systems* for setting minimum ultrasonic thickness (UT) testing and visual inspection intervals for piping and API 510, *Pressure Vessel Inspection Code: In-Service Inspection, Rating, Repair, and Alteration* for setting minimum testing frequencies for pressure vessels. Additionally, the Facility's site procedure defines each piece of equipment as a different level of OxyChem Service Classification (OSC). Based on the assigned OSC, the Facility sets inspection scope and frequency of each piece of equipment using the API frequency as a minimum frequency.

The Facility uses Plant Condition Management Software (PCMS) for managing inspection data for pressure vessels, piping, and tanks. Inspection data managed via the Facility's PCMS includes ultrasonic thickness (UT) data which is used to calculate corrosion rate and track inspection due dates. The Facility uses a resident third-party contractor, Turner, to conduct many of the non-destructive examinations (NDE), visual external, and internal inspections for piping and other stationary equipment. Qualified Facility personnel review and determine the appropriate follow-up actions for any findings identified each inspection report.

The Facility transferred to a new Systems, Applications, and Products (SAP)³ software product in June 2025 to manage its preventative maintenance (PM) and predictive maintenance (PdM) tasks for stationary and rotating equipment. SAP is used to generate work orders based on set PM frequencies. These work orders are sent to maintenance managers a week before the PM due date, and maintenance managers then send work orders to individual technicians using Prometheus⁴.

The Facility provided a variance list which included five inspections or PMs that are currently overdue for inspection (086-RQ1-09-04 Equipment variance list.pdf). Each of these variances also included the associated MOC form used to track the overdue tasks. The Facility has a variance procedure (256-MP-012 – Variance procedure.pdf) that is used to generate, approve, track, and implement equipment variance. Technical justification is required to show that implementing a variance will not increase the risk of the process. All approved inspection variances are tracked in Frontline along with other active MOCs at the Facility.

The EPA inspection team reviewed UT testing data for ST-700A, ST-700B, TW-150, and G-2-034. Results of all thickness testing are tracked in PCMS which automatically calculates both short- and long-term corrosion rates. Remaining life is based off the more aggressive of the corrosion rates which leads to determination of a more conservative retirement date. The thickness testing for piping circuit G-2-034 (thickness readings requested.pdf), an OSC-1 circuit list the inspection interval as 120 months (10 years). However, the Facility's site procedure lists that thickness monitoring for OSC-1 piping segments should not exceed 5 years. As such, the Facility has not established and implemented consistent written procedures to maintain the on-going integrity of OSC-1 piping circuits, specifically the G-2-304 piping circuit as required under 40 CFR § 68.73(b).

The Facility provided inspection reports from Vallen, a third-party contracting company, for all emergency response equipment (e.g., sprinkler systems, hydrants, fire hoses, etc.) (2020.pdf, 2021.pdf, 2023.pdf, 2024.pdf, and 2025.pdf). The monthly, quarterly, and/or annual inspection reports for all emergency response equipment include the identification of deficiencies found during inspection. The 2020, 2021, 2023, 2024, 2025 inspection reports identified deficiencies in emergency response equipment including, safety eyewash and shower stations, sprinkler systems, fire hydrants, and SCBAs. The Facility provided documentation indicating the actions

³ SAP; provides enterprise application software products; <https://www.sap.com/index.html>.

⁴ Prometheus; preventative maintenance management system; <https://www.prometheusgroup.com>

taken to resolve the deficiency as well as the completed date (338-OXY Geismar _Master Deficiencies List.pdf). All items were completed within one year of the finding date.

The Facility provided the *Spill & Leak Control Equipment* section of the *Emergency Control Manual* (Procedure Number 609) (609 – Spill & Leak Cntrol (1).pdf). Section 3 of this document indicates that all equipment listed has a recurring inspection frequency that shall not exceed annually. Based on documentation provided, the Facility, or a third-party contractor, did not conduct any inspections on emergency response equipment in 2022. Therefore, the Facility is not conducting inspections in accordance with their own procedures as they only have inspection records for 2020, 2021, 2023, 2024, and 2025 as required under 40 CFR § 68.73(d)(1).

The EPA Inspection Team requested specific inspection records for multiple pressure vessels, piping segments, relief valves, sensors, and load cells. TW-150, a chlorination tower in the EDC unit, had internal inspections completed on 9/27/2011 and 3/14/2023 (272-T-150 Internal Inspection Reports.pdf). Internal inspections for pressure vessels are due every 10 years based on API 510. This internal inspection was completed approximately one and a half years past the 10-year allowable frequency. Additionally, the piping segment from D-205 to T-150 an OSC-1, G-2-034, had external inspections completed on 6/14/2017 (251-G-2-034 API 570 EXTERNAL INSPECTION 06-21-2017.pdf) and 6/21/2022 (252-G-2-034 API 570 EXTERNAL INSPECTION REPORT 6-21-2022.pdf). API 570 and the site procedure set the external inspection at least once every 5 years; as such, this inspection was completed one week past the applicable due date. As such, the Facility has not completed all inspections and tests at the frequencies required in accordance with applicable RAGAGEP and Facility-specific procedures as required under 40 CFR § 68.73(d)(3).

The EPA Inspection Team has identified AOC 6 at the end of this inspection report for this Subpart D § 68.73 – Mechanical Integrity provision.

40 CFR § 68.75 – Management of Change (MOC)

The Facility implements a *Management of Change* and *Pre-Startup Safety Review* procedure (PSM-508-01) (PSM-508_ Management of Change and PSSR Procedure.pdf) that establishes a system for the management of changes to the Facility's procedures, chemicals, equipment, and technology for covered equipment. The procedure describes the types of changes that must be included in the MOC process and defines the roles, responsibilities, and process for implementing changes.

The Facility uses Frontline software to manage changes and track MOC action items. All employees have the ability to propose a change through the Frontline system. The MOC process starts with the MOC initiator listing a description of the change the associated technical basis for the change. The MOC initiator must also include any accompanying documentation as supporting evidence and complete an initial version of the MOC/Pre-Startup Safety Review (PSSR) checklist (10.01 – MOC_PHR Checklist.pdf), which identifies any additional work that must be done in support of completion of the MOC/PSSR including hazard reviews, changes to

PSI, and updates to operating procedures. After these steps are completed and entered to Frontline, the MOC initiator submits for approval where the proposed change is presented to at least the Area Supervisor, Area Superintendent, Process Steward, an Environmental Representative, and the MOC Coordinator. The MOC/PSSR approvals process can also include other personnel if needed, depending on the complexity of the change proposed. During this presentation, the group reviews the technical basis and all items of the MOC/PSSR checklist. If all personnel in the presentation agree with the proposed change, the MOC is approved and the associated project and PSSR can be completed. The PSSR includes all items needed for safe implementation and all items, including identified action items and training, must be completed before startup occurs.

Operators affected by a change in the process are informed of changes through Frontline notification and complete training prior to start-up of the process. Training may be through group discussion, computer-based training, or through completion of field training for larger changes.

The EPA Inspection Team received and reviewed the following MOCs:

- 401 – *Chloromethanes_1309_2025_22* (240-RQ1-10A R-503 (New Reactor 503-D).pdf)
- 231 – *Chlorine_1309_2024_97* (241-RQ1-10A ST-1717D (Cl₂ Bullet) MOC.pdf)
- *R-200 System Rupture Disc PSM Extensions and Extension #2 of R-200 System Rupture Disc PSM* (257-MOC extensions for R200 rupture disc PM.pdf)
- 401 – *Chloromethanes_1309_2024_15* (258-MOC#410 – Chloromethanes_1309_2024_15.pdf)
- 420 – *EDC_1309_2024_27* (259-MOC#420 – EDC_1309_2024_27.pdf)
- 420 – *EDC_1309_2025_1* (260-MOC#420 – EDC_1309_2025_1.pdf)
- 401 – *Chloromethanes_1309_2024_12* (261-MOC#401 – Chloromethanes_1309_2024_12.pdf)
- *PCR # 7310003823* (331-7310003823 IE Procedure updates MI-IN10005 10006 10008 MI-AN-10-003 New E-11 019 and BASF Sa.pdf)
- *PCR # 6640471822* (MOC#664041822 - Install Pressure Indicators and Alarms to DCS on CP-541 and CP-501-B.pdf)

All MOC packages reviewed by the EPA Inspection Team contained the appropriate approvals, had action items completed prior to the due dates, and indicated that all appropriate startup hazard reviews and checklists had been completed. Additionally, whenever changes were also necessary to operating procedures, P&IDs, or other PSI documentation, all modified documents

were attached to the MOC package in the Frontline system to demonstrate that such changes had been implemented.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.75 requirements at this time.

40 CFR § 68.77 – Pre-Startup Safety Review

The PPSR process at the Facility is documented with the associated MOC. Additional checklists are completed to confirm completed revisions to operating procedures and PSI, training, equipment design review, pre-startup actions, and identify post-startup actions.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.77 requirements at this time.

40 CFR § 68.79 – Compliance Audits

The Facility's Compliance Audit process is governed by a corporate procedure, *PSM/RMP Compliance Audits* procedure (HESP-600.05). This procedure applies to all of OxyChem's plants located and operated in the United States which are covered under PSM and/or RMP (242-RA1-12A – HESP-600.05 – Compliance Audits.pdf). The Facility uses a checklist (PSM/RMP Compliance Audit Protocol) with questions paraphrased from the governing regulations to identify findings or improvement opportunities. For each of the findings or improvement opportunities identified over the course of an audit, the procedure requires that comments and supporting evidence be entered into the comments field. Section 3(C) of HESP-600.05 indicates that audits are managed by Corporate HES&S Compliance Assurance, and that group ensures the scheduling of compliance audits for each OxyChem location. After the report is certified by the Facility-level Audit Leader, the report is distributed to the VP HES&S, HES&S Process Risk Director, HES&S Environmental Director, HES&S Legal, Plan Manager, site PSM Coordinator, and site Environmental Manager.

The Facility completed its two most recent compliance audits in February 2021 and January 2024. Both the 2021 and 2024 compliance audits were completed by a team of internal staff and each resulted in 1 finding related to RMP Hazard Assessment & Plan and Mechanical Integrity, respectively (RQ1-12 Compliance Audits.pdf). The finding for both the 2021 and 2024 are listed with the following statement: "Under 29 CFR 1910.119(o)(4) and 40 CFR 68.79(d), the plant must promptly determine and document an appropriate response to the findings in Table 2. In addition, the plant must document that the findings identified and reported herein have been corrected."

The finding from the 2021 compliance audit indicated that the, "emergency contact should be updated." The Facility indicated that the previous emergency contact transferred to one of the other OxyChem plants located in Louisiana and therefore was still able to perform duties as an emergency contact for the Geismar plant. During the audit, the Facility recommended that this contact should be updated to a full-time employee located at the Geismar site. The Facility

remedied this finding by submitting an update to the RMP on March 8, 2021 which included the change to the Facility's emergency contact.

The finding from the 2024 compliance audit indicated, "One of the 15 sampled process safety valves (PSVs) exceeded the recommended inspection frequency by two weeks without an approved site variance. This is a minor finding as it was immediately corrected." The Facility provided the action plan description and a detailed description of actions taken to close the action plan (243-RA1-11A – Action Item Tracking and Documentation 2024 Compliance Audit Finding.pdf). The action plan description states "Determine why the sampled PSVs exceeded the recommended inspection frequency without an approved variance." The actions taken indicate that the Facility has developed a monthly Look Ahead and Variance Report to identify upcoming PMs which, according to the Facility, "has greatly reduced the likelihood of reoccurrence."

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.79 requirements.

40 CFR § 68.81 – Incident Investigation

The Facility's *Incident Reporting and Investigation Procedure* (PSM-511-01) ('RQ1-04A 4.01a PSM 511-01 Incident Investigation.pdf') indicates that an incident report is required for all incidents, defined by the Facility as "an event, occurrence or circumstance meeting one of the HES&E incident categories and associated criteria set forth in HESP-101 Appendices C and E." The categories of incidents provided in Appendix C of HESP-101 ('221-RQ1-04B-b – HESP-101_Appendix C (Incident Investigation Scorecard Matrix).pdf') are as follows:

- Significant Incident;
- Potentially Severe Incident;
- Major Incident; and,
- Important Incident

The EPA Inspection Team requested and reviewed incident investigations for several incidents, including:

- Intelix #1976: June 20, 2020, a release of Carbon Tetrachloride (CCl₄) from the Utilities Vent Recovery Blower (C-7) (201-RQ1-04B-a – Intelix #1976 C-tet to F-1 blower.pdf).
- Intelix #1256: June 30, 2020, a rented poly tank was used for the containment of wash water from cleaning a filter (FL-505) for the Rerun Distillation Drier (AD-501), a valve attached to the base of the tank failed and drained the contents of the vessel, resulting in a reportable quantity (RQ) release of chloroform (32.3 pounds) (202-RQ1-04B-a – Intelix #1256 Poly tank RQ.pdf).

- Intelix #18571: January 10, 2022, PSV 554-1 lifted approximately eight times on the CP-541 Methyl Chloride Compressor in the Methanes Unit, releasing 394 pounds of methyl chloride (203-RQ1-04B-a – Intelix #18571 – CP-541 RQ Final Report.pdf).
- Intelix #39730: October 12, 2022, a leak was discovered on a chloroform transfer line between the Methanes Unit and the Shipping Unit which lasted for approximately eight minutes and resulted in a release of 81 pounds (204-RQ1-04B-a – Intelix #39730 Chloroform Transfer Line RQ Release.pdf).

The June 20, 2020, release of Carbon Tetrachloride occurred from the incorrect connection of process hoses during the rail car unloading process which is meant to send Carbon Tetrachloride to product storage tanks. After connecting the railcar to the process, the operator followed the operating procedure where nitrogen pressure was applied to the railcar, inducing the flow of Carbon Tetrachloride to the vent header rather than the product line. As the Carbon Tetrachloride flowed into the vent header, the Vent Header Knock Out drum (DR-0078) and the Utilities Vent Recovery Knock-Out Pot (DR-42) were filled. The high-level interlock for DR-42 failed to shut the safety shutoff valve, used to prevent the flow of Carbon Tetrachloride into the drum, and in turn, Carbon Tetrachloride backed into the Utilities Vent Recovery Blower and released into secondary containment where most of the released material was recovered. The incident investigation identified that the root cause was the inability of the operator to discern the correct connection hoses and connection points since, at the time of the incident, all connection hoses were the same size, color, and affixed with the same connection point type. Additionally, it was determined that the high-level switch activated during the incident did close safety shutoff valves to the product lines, but did not prevent DR-0078 from filling. This interlock assumes that the product is overfilling a railcar and then begins to overflow into the vent header system where the high-level switch would activate and safety shutoff valve closure would stop flow into the railcar. As the incorrect connection to the railcar occurred, the closure of the safety shutoff valve within the product line did not provide the necessary protection for this scenario. As a follow-up from this incident investigation, the Facility developed 11 action items, including the evaluation, design, and implementation of new logic to close both the vent and product lines safety shutoff valves in the event that any high level and/or liquid is detected in the vent header line. The Facility provided documentation indicating that all 11 action items had been completed (224-RQ1-04B-c – ACTION PLAN 1976.pdf), were tracked through the appropriate MOC procedures, and included necessary training for affected personnel.

The June 30, 2020, loss of containment from the rented poly tank used to hold wash water, occurred from an overnight failure of a 3-inch butterfly valve located at the bottom of the poly tank, allowing the contents to drain into and overflow the secondary containment area resulting in a release to ground of 32.3 pounds of chloroform. The butterfly valve disc had broken off the stem and was discovered at the valve outlet after the vessel had drained. The Facility identified that the root cause of this incident was that during the acceptance of the rental equipment from the vendor, the integrity of the valve, the main point of isolation for containment, had not been verified before use. During the incident investigation process, the Facility identified that the material of construction of the valves was not suitable for use with chlorinated organics. However, following the initial incident investigation the Facility sent the

valve to a CPVC expert who determined the issue stemmed from exposure to flame exposure rather than chemical attack (222-RQ1-04B-c – ACTION PLAN 1256.pdf). Additionally, it was discovered that during the staging process, both of the vendors installed pull plugs were removed while attaching the coupling to the outlet valve, the two pull plugs act as a final barrier against leakage from valves and were not replaced while liquid was present within the tank. The Facility developed 4 action items in response to this incident investigation. Action Item (AI-3) states, “Include training in poly tank reception for appropriate Oxy personnel on acceptance criteria for the rental equipment. Include in this training lessons learned document that can be shared with other OCC locations,” within the documentation provided demonstrating the follow-up and/or closure of action items (222-RQ1-04B-c – ACTION PLAN 1256.pdf). The Facility did not provide documentation that training was completed for all affected personnel, as required as an action item in response to this incident.

The January 10, 2022, release of methyl chloride from a PRV (PSV 544-1) occurred due to a high gas pressure event within the methyl chloride compressor (CP-541). The Facility conducted an incident investigation to determine the cause of this release but was unable to determine the root cause of this incident. Through evaluation of the compressor system, the Facility found that the rider band in the second stage, a sacrificial wear component installed on the piston used to prevent metal-to-metal contact and maintain proper alignment of the piston during operation, had failed. Pieces of this rider band were found in the second stage suction valves, which restricted gas flow from the first stage to the second stage of the compressor and caused an overpressure event that lifted PSV 544-1 at the 100-psig set pressure eight times before the compressors was able to be shutdown. The Facility developed four action items to address deficiencies found during the incident investigation. One of the action items developed was to add a pressure indicator between the first and second stages of the CP-541 an CP-501B compressors, this pressure indicator was identified as in place during the Facility walkthrough on October 21, 2025. Documentation of the closure of all action items was provided (223-RQ1-04B-c – ACTION PLAN 18571.pdf). The closure documentation for action item 4, requiring the review of the final report with all affected personnel, was indicated as complete through an email (page 43 of 223-RQ1-04B-c – ACTION PLAN 18571.pdf) on June 29, 2022, which is past the target completion date determined in the incident investigation report of June 15, 2022, by 14 days.

The October 12, 2022, release of chloroform from process piping between the Methanes unit and the Shipping unit occurred due to a coating failure on the chloroform transfer piping allowing external corrosion which developed into a leak. A 5-year inspection, per API-570 requirements, was last completed on January 27, 2020. This inspection was a visual inspection and resulted in an inspection work order (Work Order 11989613) which requested the replacements of some sections of pipping, adjusting supports, and further inspection of flanges within the inspected area. Both the initial inspection and the Work Order failed to identify the specific area where the leak developed. The Facility developed five action items from the incident investigation, of which, action items #3 and #4 were aimed to change piping inspection protocols at the Facility to ensure that piping is “inspected to the extent necessary to identify any localized defects.” The Facility provided closure documentation for all developed action

items (225-RQ1-04B-c - ACTION PLAN 39730.pdf) indicating all action items were complete and training for affected personnel was conducted.

The EPA Inspection Team has identified AOC 7, at the end of this inspection report for this Subpart D § 68.81 –Incident Investigation provision.

40 CFR § 68.83 – Employee Participation

The Facility maintains an *Employee Participation Procedure* (PSM-502-01) that details how the employee participation requirements of OSHA’s Process Safety Management (PSM) standard and EPA’s Risk Management Program standard are implemented at the Facility (RQ1-13 13.01 PSM-502-01 Employee Participation.pdf). The plan describes how employees are involved with the development and review of all RMP elements.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.10 requirements at this time.

40 CFR § 68.85 – Hot Work Permit

The Facility maintains a *Hot Work Procedure* (Geismar HES&S Procedure No. 302) that sets requirements for the safe execution of work (RQ1-14 Hot work procedures.pdf). Additionally, the Facility maintains an overall procedure governing all safe work practices including Hazardous Energy Isolation (LOTO) (304-Lock, Tag and Try Procedure.pdf), Confined Space, and Hot Work.

Section 3 of the *Hot Work Procedure* provides the procedures for the permitting process including defining what types of work and locations a Hot Work permit is or is not required to be obtained, who is covered under a give permit, when Fire Watch is required, what signatures are needed for the Hot Work permit, and permit expirations. Section 4 identifies the precautions that must be taken by a permit issuer to assure safe work is completed. The requirements for atmospheric testing before, during, and after hot work are described in Section 5. Section 7 indicates the duties for Fire Watch including the length, monitoring requirements, and communication responsibilities. Section 8 of this procedure governs both the initial and refresher training requirements to complete Hot Work at the Facility and encompasses training for both Fire Watch activities and issuing permits.

A fire watch is required for all permitted work that contains welding, burning, or any other operation that could produce an arc. The person completing Fire Watch is instructed to not fight fires beyond the capacity of the on-site fire extinguishing equipment or that they are not capable of doing safely and must be able to summon emergency responders if a fire occurs that they are unable to immediately extinguish. The policy also dictates that during Fire Watch, a given person cannot be assigned other duties that may distract them from their primary duty. The fire watch section of the hot work permit did not include a way to insure that the fire watch was maintained for at least a half hour after completion of hot work where fire watch is required.

The EPA Inspection Team identified AOC 8, at the end of this inspection report for Subpart D § 68.85 – Hot Work Permit.

40 CFR § 68.87 – Contractors

The Facility maintains a *Contractor Management* Procedure (Procedure Number 504), which includes procedures for *Selection of Contractor* (Section 7), *Pre-Job Safety Orientation* (Section 9), and *Performance Evaluation* (Section 14) (RQ1-15 Contractor management procedures.pdf). The Facility defines seven classes of contractors: Types A-1, A-2, B-1, B-2, C-1, C-2, and C-3. Contractors classified as each of these types are defined in Section 2 of the *Contractor Management* Procedure.

Pre-qualification is the initial step taken by OxyChem to evaluate a Contractor and is required for Contractors who have not previously been pre-qualified, and Contractors previously pre-qualified, who have not submitted requalification for any of the previous three calendar years. The pre-qualification requirements apply to all contractors except those designated as type B-2 and C-3. Type B-2 and C-3 contractors are not required to completed the entire pre-qualification process but must meet the insurance requirements, indicate that they have a Substance Abuse Policy and English literacy requirements of the *Contractor Management* Procedure. All subcontractors must be pre-qualified by the prime contractor under the same required criteria described in Section 3 of the procedure.

The qualification and periodic evaluation process of contractors is managed by Avetta, a third-party providing contractor HES&S documentation review per OxyChem's criteria. After review of all qualification documentation, the Contractors status within Avetta will be indicated with a colored flag; green and amber indicate approved for use and red for contractors that are not approved for use unless a wavier is issued. A waiver is used for Contractors approved on a conditional basis. Waivers must be approved by the Safety Manager and/or Plant Manager. Waivers are written for a specific time frame, and the contractor may be required to meet additional requirements as indicated by Section 4.11 within the *Contractor Management* Procedure.

Section 8.2 of the *Contractor Management* Procedure indicates that the Contractors are responsible for ensuring that all employees are trained in the work practices necessary to safely perform their job, known hazards that could be present during the job (fire, explosion, etc.), the applicable sections of the Facility's Emergency Response/Action Plan, and any applicable site specific and/or OxyChem rules, regulations, and procedures. Additionally, this procedure indicates that all contractors are required to document and maintain record of completed training of their employees which is submitted to Avetta. Site specific training is required as part of the Contractor's Pre-Job Activities (Section 8).

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.87 requirements at this time.

40 CFR § 68.95 – Emergency Response

The Facility is a responding facility and has the capability to address emergency situations including fires, chemical releases, and medical emergencies. All unit operators are trained members of the Fire Brigade and First responders. The emergency medical staff, who are an extension of the onsite nurses office, are associated with the Shipping unit. Each unit has approximately 10-15 members per shift. The Facility requires the minimum number of trained staff per unit shift to fulfill the incident command structure (Procedure 603 App B Incident Command Structure.pdf). The Facility is part of a mutual aid agreement with surrounding facilities through the Community Awareness Emergency Response (CAER) Program (16.02b CAER Meetings.pdf).

The Facility maintains one quick attack truck, one foam trailer, and one HAZMAT truck for firefighting and emergency response situations. The quick attack truck can hold 100 gallons of AFFF, 300 pounds of Purple-K, and is equipped with 100-feet of fire hose. The foam trailer actively holds three 280-gallon totes of foam and has the capacity to deliver roughly 2,000 gallons per minute of foam to a response area. The Facility always maintains 15 total totes of foam onsite which can be used by the foam trailer. The foam trailer is also equipped with a “Stinger,” which allows for additional totes to be hooked up without the need to load them directly onto the trailer bed. Other nearby facilities also maintain foam totes which can be supplied through mutual aid if needed. The HAZMAT truck holds four magnetic patches, used for quick response to leaks on piping and vessels, Self Contained Breathing Apparatus (SCBA) gear, fire extinguishers, and engineered pipe clamps for each size of pipeline onsite.

Additionally, the Facility maintains two chlorine emergency response level C kits which can be used to respond to releases on railcars, and one level A kit, used for containment of 150-pound chlorine cylinders. These kits are used for the annual HAZMAT refresher trainings conducted onsite where the facility will simulate a release from either a chlorine railcar or cylinder, don appropriate PPE, and use the appropriate emergency response kit to address the simulated hazard. After annual training is completed, the Facility ensures that all necessary equipment is present in the kits and seals them to prevent tampering. Each of the kits is part of monthly rounds to ensure that the seal remains unbroken.

51 chlorine point detectors are located throughout the Facility and on the perimeter (095-Cl2 monitor plot.pdf and 099-Geismar Cl2 detectors.pdf) to detect a chlorine release onsite. The Facility contracts the maintenance and inspection of fire extinguishers, suppression systems, hoses, monitors, hydrants, pumps, and vehicles; SCBA air cylinder and compressors; and emergency respirators and Level A emergency response suits, located throughout the plant to a third-party contract service (1.16c – 609 Spill & Leak Control Equipment.pdf).

The section titled *ERT Training Requirements* in the facilities *Emergency Control Manual* (Procedure Number 607), indicates the general training requirements for all ERT members as well as fire brigade, HAZWOPER, HAZMAT Incident Investigator, and refresher training specific requirements. Procedure Number 607 also indicated the qualifications needed by the instructor to be considered qualified in the given emergency response area. The Facility enrolls all

members of the fire brigade to the Louisiana State University (LSU) Fire School for initial and annual refresher training (Fire School 2020-2025.pdf). HAZMAT technicians receive initial training and additional refresher training annually which includes both classroom and field aspects (Hazmat Training 2020-2025.pdf). All training records are maintained by the Training Department.

The Facility completes Emergency Response Drills (tabletop or functional) and Emergency Response Exercises on an annual basis. The most recent emergency response drill completed by the Facility with participation from offsite agencies, occurred on November 12, 2024, and simulated a release of vinyl chloride (16.01a Drills 20-205.pdf). The Facility has most recently completed a table top exercise on August 20, 2020, and simulated coordination with outside agencies (i.e. DEQ, State Police, local HAZMAT, etc.) in response to a release from an onsite pipeline.

The Facility meets monthly with the CAER Program and provided documentation of attendance of these meetings (16.02b – CAER Meetings.pdf). The Local Emergency Planning Committee (LEPC) attends these meetings on a quarterly basis. Facility personnel indicated that during the monthly CAER Program meetings, issues that could effect emergency response efforts (expected road closures, new processes/chemicals entering the world of response at any facility, etc.) are discussed with all affected facility representatives who attend. Additionally, emergency response efforts are discussed at these meetings including general site accessibility including optimal entry locations for outside aid when arriving at a facility and which roads should local/state police close to allow for unobstructed access for emergency responders. The Each facility within the universe covered by the CAER Program has a designated radio to provide communication between facilities and conducts weekly roll calls to ensure proper lines of communication are open.

The EPA Inspection Team did not identify any areas of concern per 40 CFR § 68.95 requirements.

40 CFR §§ 68.150 to 68.195 – Risk Management Plan

The Facility submitted risk management plans in 1999, 2002, and 2004, as Vulcan Chemicals and in 2008, 2009, 2013, 2018, 2021, and 2023 under Occidental Chemical Corporation. The Facility submitted its most recent risk management plan on February 13, 2023, which was submitted due to an update of the Emergency Contact.

The *40 CFR § 68.15 – Management* section of this inspection report discusses observations of the Facility's registration information reported in its February 2023 risk management plan.

The *40 CFR §§ 68.22 to 68.39 – Offsite Consequence Analysis (OCA)* section of this inspection report discusses observations of the Facility's offsite consequence analysis information reported in its February 2023 risk management plan.

The *40 CFR § 68.42 – Five-Year Accident History* section of this inspection report discusses observations of the Facility's five-year accident history.

The EPA Inspection Team has not identified any AOCs for this Subpart G §§ 68.150 to 68.195 – Risk Management Plan provision.

CLOSING CONFERENCE

The EPA Inspection Team held a closing conference with Facility representatives at approximately 8:05 am CST on October 24, 2025, in a conference room in the Administration building. Inspector Latiolais initiated the closing conference by summarizing the inspection activities that occurred over the week and thanked the Facility personnel for their time and cooperation. Inspector Latiolais summarized the next steps including a follow-up document request and the estimated timing of the delivery of the inspection report to the Facility within 60 days. Inspector Latiolais identified AOC 1 that was observed by the EPA Inspection Team during their time onsite. Inspector Latiolais and Linn Fink, the Plant Manager, signed the Confidentiality Notice form (see Attachment 2) and the Notice and Opportunity to Comment (see Attachment 3). The Facility made copies of the signed forms for its records, and the EPA Inspection Team retained the originals.

The Attendance Sheet (see Attachment 1) records all Facility personnel present at the closing conference.

AREAS OF CONCERN

1. **Process Safety Information (PSI), 40 CFR § 68.65(c)(1)(iv)** – *Information pertaining to the technology of the process. (1) Information concerning the technology of the process shall include at least the following: (iv) Safe upper and lower limits for such items as temperatures, pressures, flows or compositions;*
 - The Facility provided an automatic shutdown function test for the PERC unit which is to be used to test the functionality of the PERC unit (247-MI-IN-2-001 404_DCS_200 Perc Function Test.pdf). Step Y in this test states “If FT-202B (Cl₂ to R200A) <500 lb/hr (10 second delay) then START-UP REACTOR SD and PLC START-UP REACTOR SD R200A are initiated. Bypass: HS-202B-BP (NOTE: Bypass is turned off when FT200B>500 lb/hr for 2 minutes.)”. However, in the PERC COD table (231-RQ1-05-i Perc COD.pdf) FIC-202B does not indicate a low interlock for shutdown. Therefore, the Facility has not properly documented safe operating limits for all process equipment.
 - The interlock narrative for the Facility’s EDC unit (EDC interlock narrative.pdf) states that a trip is initiated when the HCl flow rate into RE-101A, RE-101B, and RE101C is less than 60tpd. However, the COD table list the low flow interlock for these flow controllers to be 56.7tpd. Therefore, the Facility has not maintained accurate safe operating limits across different process safety documents.
2. **Process Safety Information (PSI), 40 CFR § 68.65(d)(1)(ii)** – *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).*

- During the field verification of equipment noted on P&IDs, the EPA Inspection Team observed inaccuracies in the P&ID of the Chlorine Storage Bullet ST-700A (drawing number G-7-1006-D SH. 1, Rev. 40) and the P&ID of the vinyl chloride unloading pumps (drawing number G-8-1017-D SH.2 Rev. 35). Therefore, the Facility failed to maintain accurate PSI. See the *Field Observations* section for more details.

3. Process Safety Information (PSI), 40 CFR § 68.65(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 (RAGAGEP).*

- The EPA inspection team observed insulation damage on two large chlorine storage tanks (ST-700A/B) (see photographs 2, 7, and 15). The presence of insulation failure on two of the bulk chlorine storage tanks is inconsistent with the following RAGAGEP:
 - i. Section 4.3 of Chlorine Institute Pamphlet 5 (2022) states, “Exterior corrosion due to moisture condensation can be a serious problem. Tank design should be such as to minimize the formation and collection of condensation. Particular attention should be paid to the area around the supports and nozzles.”
 - ii. Section 4.5 of Chlorine Institute Pamphlet 5 (2022) states, “Tank insulation is not required; however, it may be useful to reduce effects of extremely high or low ambient temperatures. If used, tank insulation should be chlorine-resistant, fire-resistant, and must provide a sufficient moisture barrier to prevent corrosion under the insulation.”
- Inspectors observed the absence of labeling on covered chemical process piping entering the oxygen mixer. With multiple covered chemicals entering the oxygen mixer prior to entering the MCI reactor, there is no clear definition of piping containing hazardous chemicals which is inconsistent with the pipe labeling conventions listed in Section 3 of ASME A13.1 (2015).

4. Operating Procedures, 40 CFR § 68.69(a)(1)(iv) – *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. (1) Steps for each operating phase: (iv) Emergency shutdown including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner.*

- As a part of document request 4 sent by EPA on 10/23/2025 the EPA inspection team requested emergency shutdown operating procedures for R-101, R-200,

and TW-150. The facility provided responses to this request on 10/28/2025 via OneDrive. The response included an emergency shutdown procedure for R-101. However, the Facility was unable to produce emergency shutdown procedures applicable to either R-200, or TW-150. As such, the EPA Inspection Team was unable to verify that the Facility had developed all required operating procedures applicable to operation of R-200 or TW-150, specifically for emergency shutdown operations.

5. Training, 40 CFR § 68.71(c) – *The owner or operators shall ascertain that each employee involved in operating a process has received and understood the training required by this paragraph. The owner or operator shall prepare a record which contains the identity of the employee, the date of training, and the means used to verify that the employee understood the training.*

- The Facility provided the *PERC Re-Certification Test for Control Technicians*, *PERC Control Tech Recertification Test*, *PERC Re-Certification Test for Equipment Technicians*, and *PERC Equipment Technician Recertification Test* for operator Brad Rose (321-Brad Rose Refresher and Recertification Training.pdf). The level 6 *PERC Equipment Technician Recertification Test*, was completed by Mr. Rose on October 18, 2023, marked with a 96% and was signed off indicating that all incorrect answers were reviewed with the technician. The test was 30 questions with 70 points available. Through review, Mr. Rose received 62 of the 70 available points (88%). Per the Facility's policy, requiring a minimum of 90% to pass level 6 tests, Mr. Rose was allowed to pass the refresher training with an insufficient score.

6. Mechanical Integrity, 40 CFR § 68.73(d)(3) – *Inspections and testing. (3) 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.*

- TW-150, a chlorination tower in the EDC unit, had an internal inspection completed on 9/27/2011 and 3/14/2023 (272-T-150 Internal Inspection Reports.pdf). Internal inspections for pressure vessels are due every 10 years based on API 510; this internal inspection was completed approximately one and a half years past the 10-year allowable frequency.
 - i. Section 6.5 of API 510 (2022) states, "Unless justified by an RBI assessment, the period between internal or on-stream inspections shall not exceed one-half the remaining life of the vessel or 10 years, whichever is less."
- The piping segment from D-205 to T-150 an OSC-1, G-2-034, had external inspections completed on 6/14/2017 (251-G-2-034 API 570 EXTERNAL INSPECTION 06-21-2017.pdf) and 6/21/2022 (252-G-2-034 API 570 EXTERNAL

INSPECTION REPORT 6-21-2022.pdf). API 570 and the site procedure sets the external inspection at least once every 5 years, this inspection was done one week late.

- i. Table 1 in section 6.3.3 of API 570 (2022) shows the external inspection frequency based on service classes. Piping circuit G-2-034 is a class 1 as it was in chlorine service. Class 1 piping circuits must have external inspections completed every 5 years.
- The thickness testing for piping circuit G-2-034 (thickness readings requested.pdf) an OSC-1 circuit list the inspection interval as 120 months. However, the Facilities site procedure lists that thickness monitoring for OSC-1 piping segments should not exceed 5 years.
- The Facility provided the *Spill & Leak Control Equipment* section of the *Emergency Control Manual* (Procedure Number 609) (609 – Spill & Leak Control (1).pdf) which indicates that all equipment listed has an inspection frequency no longer than annually. The Facility did not provide testing records for 2022. Therefore the Facility, or a third-party contractor on their behalf, is not conducting inspections in accordance with their own procedures as all inspections are required at least annually.

7. Incident Investigation, 40 CFR § 68.81(e) – *The owner or operator shall establish a system to promptly address and resolve the incident report findings and recommendations. Resolutions and corrective actions shall be documented.*

- Documentation showing the closure of all action items was provided for incident #18571. The closure documentation for action item 3, requiring the review of the final report with all affected personnel, was indicated as complete through an email (page 43 of 223-RQ1-04B-c – ACTION PLAN 18571.pdf) on June 29, 2022 which exceeded the target completion date determined in the incident investigation report (June 15, 2022), by 14 days. Therefore, the Facility is not promptly addressing and resolving the incident report findings as required per 40 CFR § 68.81(e).
- The Facility identified 4 action items in response to the incident investigation for incident #1256 (202-RQ1-04B-a – Intelix #1256 Poly tank RQ.pdf). Action Item (AI-3) states, “Include training in poly tank reception for appropriate Oxy Personnel on acceptance criteria for the rental equipment. Include in this training lessons learned document that can be share with other OCC locations.” Within the documentation provided identifying all follow-up and/or closure of the action items for incident #1256, the Facility did not provided documentation that training was provided and/or completed for the affected personnel (222-RQ1-04B-c – ACTION PLAN 1256.pdf).

8. Hot Work, 40 CFR § 68.85(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)(2)(iii)(B) states “A fire watch shall be maintained for at least a half hour after the completion of welding or cutting operations to detect and extinguish possible smoldering fires.” The hot work permits used by the facility failed to document fire prevention and protection requirements are implemented.

LIST OF ATTACHMENTS

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

Attachment 1: Attendance Sheet

Attachment 2: Proprietary Notice

Attachment 3: Signed Notice and Opportunity to Comment

Attachment 4: Photograph Log