Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102

TIER TWO - Emergency and Hazardous Chemical Inventory (General Information) **Received By/Date**

Important: Please read all instructions before completing form **Report period from January 1 to December 31, 2015**

[ ] Check if information below is identical to the information submitted last year

Facility Identification (2a) - Facility Location

Facility Name: **Belfonte Ice Cream Co.** Max No. of Occupants: **50**

Street Address: **1511 Brooklyn Ave** Status: **Manned**

City: **Kansas City** State: **MO** Zip: **64127**

Phone: **816-483-9070** Fax: **816-483-1442**

E-Mail: **dsanders@belfontedairy.com** County: **Jackson**

Mailing Address:

Name: **Belfonte Ice Cream Co.**

Mail Address: **1511 Brooklyn Ave**

City: **Kansas City** State: **MO** Zip: **64127**

RMP Facility ID: Dun & Bradstreet Number:

NAICS Code: **311520** TRI Number:

Latitude: **D: 94 M: 35 S: 33** Longitude: **D: 39 M: 07 S: 23**

Fire Department with Jurisdiction **Kansas City FD**

Are Any Explosive Listed? **No**

Land Owner: **Other**

Subject to Emergency Planning Under Section 302 of EPCRA (40 CFR part 355)? **No**

Subject to Chemical Accident Prevention under Section 112(r) of CAA(40 CFR part 68, Risk Management Program)? **No**

Owner/Operator Information (2b)

Name: **Hiland Dairy Foods**

Mail Address: **1133 E. Kearney**

City: **Springfield** State: **MO** Zip: **65801**

Phone: **417-862-9311** Fax: **417-837-1106**

E-Mail:

Regulatory point of Contact Information (2c)

Name: **Danny Sanders**

Mail Address: **1511 Brooklyn**

City: **Kansas City** State: **MO** Zip: **64127**

Phone: **816-483-9070** Fax: **816-483-1442**

E-Mail:

Emergency Contact Information (2d)

Name: **Henry Belfonte** Title: **General Manager**

Phone: **816-483-9070** 24 hr. Phone: **816-694-9022**

Name : **Derek Graviette** Title: **Production Manager**

Phone : **816-483-9070** 24 hr. Phone: **816-508-9411**

Submission for Reporting Year: ○ Initial ○ Update

Certification ***(Read and sign after completing all sections)***

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Optional Attachments

[ ] I have attached a site plan

[ ] I have attached a list of site coordinate abbreviations

[ ] I have attached a description of dikes and other safeguard measures

Name and official title of owner/operator OR owner/operator's authorized representative

Name Justin Jenkins **Title** OA Manager **Signature**_____ **Date Signed**_____

Missouri Emergency Response Commission - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102

TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: **Belfonte Ice Cream Co.**

City: **Kansas City** State: **MO** Zip: **64127**

Emergency Contact

Name **Henry Belfonte** 24 hr. Phone **816-694-9022**

Chemical Description (3) [ ] Check if info is same as last year.

CAS: **7664-41-7** Trade Secret: ☐

Chemical Name: **Anhydrous Ammonia**

Check all that apply: (☑ Pure ☐ Mix) (☐ Solid ☑ Liquid ☑ Gas) ☑ EHS

EHS Name: **Ammonia Refrigerant**

Physical and Health Hazards (4)

Check all that apply:

- ☑ **Fire**
- ☑ **Sudden Release of Pressure**
- ☑ **Reactivity**
- ☑ **Immediate (Acute)**
- ☐ **Delayed (Chronic)**

Inventory (5)

Max Daily Amount Code: **05**

Avg. Daily Amount Code **05**

No. of Days on Site Per Year: **365**

☐ Optional Report

Storage Codes and Locations (6) (Note: This information is Not Confidential)

	Container	Pressure	Temperature
Code:	C	2	6

Storage Location: **Stored in compressor room**

Chemical Description (3) [ ] Check if info is same as last year.

CAS: **7697-37-2** Trade Secret: ☐

Chemical Name: **Nitric Acid**

Check all that apply: (☐ Pure ☑ Mix) (☐ Solid ☑ Liquid ☐ Gas) ☑ EHS

EHS Name: **AC-55-5 Red, Mandate Plus**

Physical and Health Hazards (4)

Check all that apply:

- ☐ **Fire**
- ☐ **Sudden Release of Pressure**
- ☑ **Reactivity**
- ☑ **Immediate (Acute)**
- ☑ **Delayed (Chronic)**

Inventory (5)

Max Daily Amount Code: **04**

Avg. Daily Amount Code: **04**

No. of Days on Site Per Year: **365**

☐ Optional Report

Storage Codes and Locations (6) (Note: This information is Not Confidential)

	Container	Pressure	Temperature
Code:	E	1	4

Storage Location: **Chemical room with self closing doors on the second story in the middle of the production plant.**

Certification ***(Read and sign after completing all sections)***

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Name and official title of owner/operator OR owner/operator's authorized representative

Name Justin Jenkins **Title** OA Manager **Signature**_____ **Date Signed**_____

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TIER TWO - Emergency and Hazardous Chemical Inventory (Chemical Specifics)

Facility Name: **Belfonte Ice Cream Co.**

City: **Kansas City** State: **MO** Zip: **64127**

Emergency Contact

Name **Henry Belfonte** 24 hr. Phone **816-694-9022**

Chemical Description (3) [ ] Check if info is same as last year.

CAS: **79-21-0** Trade Secret: ☐

Chemical Name: **Perozyacetic Acid**

Check all that apply: (☐ Pure ☑ Mix) (☐ Solid ☑ Liquid ☑ Gas) ☑ EHS

EHS Name: **Vortexx**

Physical and Health Hazards (4)
Check all that apply:

- ☑ **Fire**
- ☐ **Sudden Release of Pressure**
- ☑ **Reactivity**
- ☑ **Immediate (Acute)**
- ☐ **Delayed (Chronic)**

Inventory (5)

Max Daily Amount Code: **04**

Avg. Daily Amount Code **03**

No. of Days on Site Per Year: **365**

☐ Optional Report

Storage Codes and Locations (6) (Note: This information is Not Confidential)

	Container	Pressure	Temperature	
Code:	E	1	4	Storage Location: **Chemical room with self closing doors on the second story in the middle of the production plant.**

Chemical Description (3) [ ] Check if info is same as last year.

CAS: **1310-73-2** Trade Secret: ☐

Chemical Name: **Sodium Hydoxide**

Check all that apply: (☐ Pure ☑ Mix) (☐ Solid ☑ Liquid ☑ Gas) ☑ EHS

EHS Name: **Conquest, Liquid-90, Enforce LP**

Physical and Health Hazards (4)
Check all that apply:

- ☐ **Fire**
- ☐ **Sudden Release of Pressure**
- ☑ **Reactivity**
- ☑ **Immediate (Acute)**
- ☐ **Delayed (Chronic)**

Inventory (5)

Max Daily Amount Code: **06**

Avg. Daily Amount Code: **05**

No. of Days on Site Per Year: **365**

☐ Optional Report

Storage Codes and Locations (6) (Note: This information is Not Confidential)

	Container	Pressure	Temperature	
Code:	E	1	4	Storage Location: **Chemical room with self closing doors on the second story in the middle of the production plant.**

Certification ***(Read and sign after completing all sections)***

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

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Name Justin Jenkins **Title** OA Manager **Signature**_____ **Date Signed**_____

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