Tier II Emergency and Hazardous Chemical Inventory

Facility Name: Airgas USA LLC - Seekonk Facility ID: 4037

Reporting Period From January 1, 2022 to December 31, 2022

| ☑ Annual ☐ Upo | date | ☑ Facility Inf | ormation has cha | inged from t | he last submiss | sion | | | | | | | |
|--|---|----------------|---------------------|--------------|-----------------|--------|-------------------|----------------------------------|---|---------------------------|--------------------------------|----------|--|
| Facility Identification | | | | | | | Owner/Op | perator | Details | | | | |
| Facility ID: Facility Name: Maximum Occupants: | 4037 Airgas USA LLC - Seekonl 2 | | Lat/Long: | | 41.779602/-71.2 | 93174 | Name: Address: | | Airgas USA LLC 259 N. Radnor-Cheste Radnor, PA 19087, Uni | | | | |
| Physical Location: | 2020 Fall River Ave, Seeko 02771 | onk, MA | Nature of Busine | SS: | | | Phone: | | 800-707-8915 | Email: i | nfo@airgas.com | | |
| County: | Bristol County | | NAICS Code: | | 424690 | | Parent Co | ompany | Details | | | | |
| Fire Department: | , | | SIC Code: | | 5169 | | Name: | | | | | | |
| Phone: | 508-336-3973 | | Dun and Brad No | | 620137955 | | Dun and E | Brad No: | | | | | |
| ✓ Manned ☐ Unma | | | EIN ID(Tax Number): | | | | Address: | • | | | Foreille | | |
| Email: | daniel.poirier@airgas.com | | FTE: | | | | Phone: | | | Email: | | | |
| Subject to EPCRA Sec | tion 312 (Annual Inventory) | ? | | | ✓ Yes □ | □ No | Tier II Into | ormatio | n Contact | | | | |
| Subject to Emergency | Planning under Section 302 | of EPCRA (40 | CFR part 355)? | | ☐ Yes 🗹 | ₫ No | Name: Title: | | Vicky Malanowski | | | | |
| Subject to Section 112 | r of Clean Air Act (CAA)? | | | | ☐ Yes ☑ No | | Phone: | Safety Manager : 475-331-3369 | | 24 Hr.Phone: 475-331-3369 | | | |
| RMP Facility ID: | | | | | | | Email: | | victoria.malanowski@a | irgas.com | | | |
| Subject to EPCRA Sec | tion 313 (Toxic Release Inve | entory - TRI)? | | | ☐ Yes 🗹 | ☑ No | | | | | | | |
| TRI Facility ID: | | | | | | | | | | | | | |
| Mailing Address | | | | | | | Facility E | mergen | cy Planning Coordinate | or | | | |
| Company Name: | Airgas USA LLC | | | | | | | | | | | | |
| Attention: | manager | | | | | | Name: | | | | | | |
| Street Address 1: Street Address 2: | 2020 Fall River | | | | | | Title: Phone: | | | 241 | Hr.Phone: | | |
| City: | Seekonk | | State: | MA | | | Email: | | | 24 1 | ni.Filone. | | |
| Zip: | 02771 | | Phone: | 508-336-39 | 73 | | | | | | | | |
| Country: | United States | | | | | | | | | | | | |
| Emergency Contacts | | | | | | | | | | | | | |
| Name | | Title | | | Phone | | | 24 Hr.P | hone | Email | | | |
| Brent LHeureaux | | District Ma | anager | | 774-992-430 | 5 | | 774-992 | 2-4305 | brent.lheur | eaux@airgas.com | | |
| Daniel Poirier | | Branch M | anager | | 508-336-3973 | 3 | | 800-563 | 3-5134 | daniel.porie | er@airgas.com | | |
| | nder penalty of law that I havuals responsible for obtainin | | | | | | | | gh 3, and that based on | my | Optional Attachments Site Plan | | |
| Vicky Malanowski, Safe | · | • | | 2/17/2023 2 | | | 1-3369 | • | Vicky Malanowski | | ☐ Site Coordinate Abbreviation | ons | |
| Name and official title of | of owner/operator or authoriz | zed representa | tive | Date Signed | I | Teleph | one Numbe | er | Signature | | Other Safeguard measures | s | |
| | | | | | | | | | | | Facility Emergency Respon | nse Plan | |
| , | | | | | | | | | | | | | |

Tier II Emergency and Hazardous Chemical Inventory

Facility Name: Airgas USA LLC - Seekonk Facility ID: 4037

Reporting Period From January 1, 2022 to December 31, 2022

| Chem | | Physical Haz | ards | | Health Hazards | | | | |
|---|---------------------------|---------------------|-----------------------|---------------------|--------------------------|--------------------------|-------------------------|-----|--|
| Chemical ID: Check if Chemical Information is | 223214 ☑ | ☐ Combustible of | dust | | ☐ Acute | toxicity (any route | e of exposure) | | |
| changed from the last submissio | | ☐ Corrosive to r | netal | | ☐ Aspira | ation hazard | | | |
| CAS #: Trade Secret: | 7782-44-7 — | ☐ Explosive | | | ☐ Carci | nogenicity | | | |
| Chemical Name: | □ Oxygen | · | ases, aerosols, | liquids, or solids) | ☐ Germ | ☐ Germ cell mutagenicity | | | |
| EHS: Contains | EHS: Exceeds TPQ: | ☑ Gas under pro | essure | | ✓ Haza | rd Not Otherwise (| Classified (HNOC) | | |
| EHS Name: | | ☐ Hazard Not O | therwise Classi | fied (HNOC) | ☐ Repro | oductive toxicity | | | |
| ☑ Pure ☐ Mix ☐ Solid | ☑ Liquid ☑ Gas | ☐ In contact with | n water emits fla | ımmable gas | ☐ Resp | iratory or skin sens | sitization | | |
| Chemical Added On: | | ☐ Organic perox | kide | | ☐ Serio | us eye damage or | eye irritation | | |
| Check if the chemical is below reporting threshold: | | ☑ Oxidizer (liqui | d, solid or gas) | | ☐ Simp | le asphyxiant | | | |
| reporting unconoid. | | ☐ Pyrophoric (lie | quid or solid) | | ☐ Skin | corrosion or irritation | on | | |
| | | ☐ Pyrophoric ga | IS | | ☐ Spec | ific target organ to | xicity (single or repea | ted | |
| | | ☐ Self-heating | | | exposure | e) | | | |
| | | ☐ Self-reactive | | | | | | | |
| | Storage Codes & Location | | | | | | | | |
| Max Daily Amt (lbs): 57931 | | Container Type | Pressure | Temperature | Storage | Description | Max Amt At | | |
| Max Daily Amt Code: 08 | | [A]Above ground | [2]Greater | [7]Cryogenic | Location Outside | | Location(lbs) | | |
| Avg Daily Amt (lbs): 41090 | | tank | than ambient | conditions | Storage Tank | | | | |
| Avg Daily Amt Code: 07 | | | pressure | | - North Side of Building | | | | |
| Max Amt in Largest Container (lb | s): 57000 | [L]Cylinder | [2]Greater | [7]Cryogenic | Inside | | | | |
| No of days onsite: 365 | | | than ambient pressure | conditions | Building Northeast | | | | |
| | | | pressure | | Wall | | | | |
| | | [L]Cylinder | [2]Greater | [4]Ambient | Inside | | | | |
| | | | than ambient pressure | temperature | Building Northeast | | | | |
| | | | procedio | | Wall | | | | |
| | | SHIPM | ENT DETAILS | | | | | | |
| Mode of Shipment: | | n Capacity Per Vess | | | Carrier: | | | | |
| Shipment Frequency Count: Shipment Frequency Period: | n Shipment Quantity e: | | Carrier Addre | | | | | | |
| Physical State In Transit: | Liquid Average | Annual Shipment | 45729 | | Carrier 24 Hr | | | | |
| | Quantity: Routes o | | route 195 | fall river ave | Phone: | | | | |
| | | | | | | | | | |

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| | Chemical Amount Range Code & Description | | | | | |
|----|--|--|--|--|--|--|
| # | Code | Amount Range | | | | |
| 1 | 01 | [01] 0-99 | | | | |
| 2 | 02 | [02] 100-499 | | | | |
| 3 | 03 | [03] 500-999 | | | | |
| 4 | 04 | [04] 1,000-4,999 | | | | |
| 5 | 05 | [05] 5,000-9,999 | | | | |
| 6 | 06 | [06] 10,000-24,999 | | | | |
| 7 | 07 | [07] 25,000-49,999 | | | | |
| 8 | 08 | [08] 50,000-74,999 | | | | |
| 9 | 09 | [09] 75,000-99,999 | | | | |
| 10 | 10 | [10] 100,000-499,999 | | | | |
| 11 | 11 | [11] 500,000-999,999 | | | | |
| 12 | 12 | [12] 1,000,000-9,999,999 | | | | |
| 13 | 13 | [13] 10,000,000- Greater than 10 million | | | | |