INTER-COMPANY MEMO

KOCH INDUSTRIES INC

DATE: October 29, 1991 10:54 am

TO: JWJ, LLG, REF, JRK, CJW, NMC, RWO, JJB, JTC, BKW, BWB, HBN, EWF, JRT, BTJ, JFP, CLP, LTW, SCC, EJP, CWH, JRH, JWL, DRH, GB, JLA, LWD, CGP, DMM, JHS, JAW, DAN, LGS, BJD, MJH ERS

FROM: Larry Schmitz

SUBJECT: Scheduling of Orientations

Due to Refinery expansions there has been a large demand for orientations for both contract and Koch personnel. Future scheduling of such orientations will be handled by myself according to the following procedures:

Orientations of contract personnel will be given to supervisors, contract employees and sub-contract personnel. This will be a change from just providing orientations to the contract supervisor. This will insure that all contract personnel will be adequately orientated according to our Occupational Health & Safety Procedures for Contractors. Also Koch Representatives who have not previously been orientated should attend this scheduled orientation.

Prior notice of at least two days **before** work begins is recommended so that I can coordinate this anticipated large demand. I need this time for scheduling a conference room, number of attendees, and obtaining information pertaining to the work location, type of work to be performed and any possible chemical use (MSDS availability).

Contractors who may be used in emergency situations **must** be orientated prior to any emergency situations. If you could list them for me I would contact them to let them know that we should provide them with an orientation.

Please make copies of the attached form for future scheduling. After filling out form for an orientation please submit to my office. If you have any questions please call me at x4720. Your cooperation to this matter is greatly appreciated.

LJS/krk

cc: Sally Barnes, Darrell Whiteley
Attachment
A102591.DOC

SCHEDULE FOR CONTRACTOR ORIENTATION

Koch Representative:_____

Date contract work begins:_____

Anticipated completion date:_____

In what Unit/s or location/s will work be done:

_____

_____

Convenient date & time for orientation:_____, _____ a.m. p.m.

Number of attendees:_____

Contract Company (Name, address, phone number):

_____

_____

_____

Will contract company be bringing in any type of chemicals? Yes____ No____
If yes, please list and provide MSDS if possible:

_____

_____

_____

Will this contract company be used in an emergency situation: Yes____ No____

Please fully complete form and submit to:

Larry Schmitz, Contractor Safety Coordinator
Occupational Health & Safety Department