
VISTA CHEMICAL COMPANY - ABERDEEN PLANTPROCESS SAFETY MANAGEMENT MANUAL
-----PART E: PROCESS SAFETY TRAINING PLAN
-----APPROVED BY: *RW Seymour*
PLANT MANAGERDATE: 9/16/92

1.0 SCOPE

This plan establishes the Process Safety Training Program for the Aberdeen Plant. This plan is divided into two sections. The first section sets forth the requirements for initial certification of operations personnel. The second section outlines the contents for the long-term Aberdeen Plant process safety training program. Implementation of this plan will fulfill the requirements of the OSHA 29 CFR 1910.119, paragraph (g) (see Attachment A).

2.0 PURPOSE

A key part of the Process Safety Management Program is to ensure that each employee presently involved in a process and each employee newly assigned to a process be trained in an overview of the process and in the operating procedures. This includes training on operating procedures, critical operating limits, and overall safety and health considerations. Employees currently working in a position must demonstrate that they are competent in order to continue in that position without refresher training.

3.0 SECTION I, INITIAL CERTIFICATION

Employees will be certified as competent in the following manner:

- 3.1 Attachment "B", the Employee Training Certification Record, will be completed for each operator.
- 3.2 Department Superintendents are responsible for certification of their employees for operator training.
- 3.3 The Safety Director is responsible for certification on training for safe work permits, VCM safety, respirator

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usage and HAZCOM.

3.4 Procedures for Certification

- 3.4.1 The Safety Director shall send the Employee Training Certification Record to the employee's supervisor. All safety training information (HAZCOM training, VCM Safety, etc.) shall be completed along with the identity of the employee when this form is sent out.
- 3.4.2 The employee's supervisor (or 2nd level supervisor) shall complete the form and review it with the employee. The employee and his/her supervisor shall then sign the form.
- 3.4.3 The form shall be returned to the Safety Director for his review.
- 3.4.4 The Safety Director shall sign (or return if appropriate) the form and file this form in the Training Files.

4.0 PROCESS SAFETY TRAINING PROGRAM

4.1 Initial Training

This training must address (1) each phase of the operating procedure, (2) critical operating limits and equipment, and (3) safety and health considerations. A "needs analysis" shall be performed for each operating position in the plant to determine specific initial training requirements.

4.1.1 Operating Procedure Phases

- Initial Startup
- Normal Operations
- Temporary Operations
- Normal Shutdown

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- Startup Following a Turnaround or After an Emergency Shutdown

4.1.2 Critical Operating Limits and Equipment

- Consequences of Deviation
- Steps Required to Avoid or Correct Deviation
- Safety Systems in Place and Their Functions

4.1.3 Safety and Health Considerations

- Properties and Hazards of the Chemicals Used in the Process
- Precautions Necessary to Prevent Exposure
- Control Measures Necessary if Physical Contact or Airborne Exposure Occurs
- Safety Procedures for Process Line and Equipment Opening
- Control of the Hazardous Chemical Inventory
- Any Unique or Special Hazards
- Emergency Response Procedures

4.2 Refresher and Supplemental Training

Refresher and supplemental training must be provided to each employee at least every three years to assure that the employee understands and is adhering to the current operating procedures of the process. Refresher training on fundamental procedures and knowledge is not required.

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ATTACHMENT "A"

OSHA PROCESS SAFETY MANAGEMENT OF HIGHLY HAZARDOUS CHEMICALS
29 CFR 1910.119(g)

PART G: TRAINING

1.0 Initial Training

- 1.1 Each employee presently involved in a process, and each employee before working in a newly assigned process, shall be trained in an overview of the process and in the operating procedures as specified in paragraph (f). The training shall include emphasis on the specific safety and health hazards, procedures, and safe work practices applicable to the employee's job tasks.
- 1.2 In lieu of initial training, the employee may certify in writing that the employee has the knowledge and skills necessary to safely carry out his duties and responsibilities.

2.0 Refresher and Supplemental Training

Refresher and supplemental training shall be provided to each employee at least every three (3) years to assure that the employee understands and adheres to the current operating procedures of the process. The employer, in consultation with the employees, shall determine the appropriate frequency for refresher training.

3.0 Training Documentation

The employer shall ascertain that each of these employees has received and understood training as required by this paragraph. The employer shall prepare a record which contains the identity of the employee, date of training, and the means used to verify that the employee understood the training.

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: _____

Date: _____

SS# or Clock #: _____

Supervisor: _____

Job Title: _____

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits			
VCM Safety			
Respirator Usage			
HAZCOM			
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee_____
Date_____
Supervisor_____
DateConcur: _____
Safety Director_____
Date

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: MUNN, LARRY B Date: 10-26-92

SS# or Clock #: 416-72-4161

Supervisor: _____

Job Title: MAINTENANCE UTILITY TECHNICIAN

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits			
VCM Safety	4-16-92	<i>J. H. Hines</i>	
Respirator Usage	2-21-92	<i>J. H. Hines</i>	
HAZCOM	4-22-86	<i>J. H. Hines</i>	
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee

Date

Supervisor

Date

Concur: _____
Safety Director

Date

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: MINOR, JERRY A Date: 10-26-92

SS# or Clock #: 416-58-5225

Supervisor: _____

Job Title: MAINTENANCE UTILITY TECHNICIAN

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits	9-2-92	<i>J. Hines</i>	
VCM Safety	4-15-92	<i>J. Hines</i>	
Respirator Usage	2-19-92	<i>J. Hines</i>	
HAZCOM	4-22-92	<i>J. Hines</i>	
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee Date

Supervisor Date

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Safety Director Date

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: CLARK, CHARLES Date: 10-20-92

SS# or Clock #: 405-90-4796

Supervisor: AUTREY, JIMMY B

Job Title: MAINTENANCE SUPERVISOR-UTILITIES

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits	9-1-92	J. [Signature]	
VCM Safety	4-15-92	J. [Signature]	
Respirator Usage	6-8-92	J. [Signature]	
HAZCOM	4-22-86	J. [Signature]	
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee Date

Supervisor Date

Concur: _____
Safety Director Date

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: MCWHARTER, JOHN W Date: 10-26-92

SS# or Clock #: 427-94-4439

Supervisor: _____

Job Title: MAINTENANCE UTILITY TECHNICIAN

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits	9-2-92	J. Hester	
VCM Safety	4-26-92	J. Hester	
Respirator Usage	2-10-92	J. Hester	
HAZCOM	4-30-92	J. Hester	
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee

Date

Supervisor

Date

Concur: _____
Safety Director

Date

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: BREWER, JIMMY L Date: 10-06-92

SS# or Clock #: 407-94-4419

Supervisor: _____

Job Title: MAINTENANCE UTILITY TECHNICIAN

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits	9-1-92	<i>J. Utter</i>	
VCM Safety	4-10-92	<i>J. Utter</i>	
Respirator Usage	2-13-92	<i>J. Utter</i>	
HAZCOM	4-24-92	<i>J. Utter</i>	
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee

Date

Supervisor

Date

Concur: _____
Safety Director

Date

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ATTACHMENT "B"
EMPLOYEE TRAINING CERTIFICATION RECORD

Employee Name: GAHAN, JOE A Date: 10-26-92

SS# or Clock #: 468-52-4358

Supervisor: _____

Job Title: MAINTENANCE UTILITY TECHNICIAN

TRAINING RECEIVED	DATE	VERIFIED BY	REMARKS
Operator Training			
Safe Work Permits	9-1-92	J. Hagan	
VCM Safety	4-13-92	J. Hagan	
Respirator Usage	2-13-92	J. Hagan	
HAZCOM	4-24-92	J. Hagan	
Other (Specify)			

I certify the undersigned employee has received and understood the training as described above:

Employee Date

Supervisor Date

Concur: _____
Safety Director Date

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