

## PSM COMPLIANCE

The focus used on implementing CFR 1910.119 is the protection of our employees, our equipment, our neighbors, and the environment.

Nine Safety Teams have been established from all disciplines in the refinery to assist the overall safety effort and monitor compliance and improve implementation of 1910.119. They are Total Involvement; Safety and Health Rules and Procedures; Emergency Response; New/Altered Equipment Acceptance; Safety and Health Auditing; Safety Motivation and Accountability; Serious Incident Investigation; Contractor; and Process Hazards.

The following is a summary of how we are implementing the various portions of CFR 1910.119 at Koch Refining Company's Corpus Christi refinery, with the responsible party and Safety Team listed in parentheses.

1. **Employee Participation** - A written plan entitled "The Safety and Health Process" has been developed. Employees from different areas of the refinery, and in different levels of those areas, are involved in developing and updating information and making that information available to those who need it. The Refinery Quality System involves all disciplines in the effort to produce consistent high quality products. (The Refinery Manager, Central Safety and Health Council, Total Involvement Team, Safety Motivation and Accountability Team, Quality Coordinator)
2. **Process Safety Information** - Existing information is being verified, corrected, and collected in a central location to facilitate access to it. (Hazard Analysis Coordinator, Design Drafting Supervisor, Process Hazards Team)
3. **Process Hazards Analysis** - A team composed of Koch employees, including a trained Facilitator, Operations representative, Process Engineer, Refinery Engineer, Supervisor, and any other groups required, takes the updated PSI and analyzes the process. (Hazard Analysis Coordinator, Process Hazards Team)
4. **Operating Procedures** - Each Process Control Room has either completed, or is in the process of completing, an Operating Procedures Manual for the area. These manuals include all processes in the unit, whether or not they are covered by the regulation. (Processing Manager)
5. **Training** - Training begins at employment and continues for the duration of one's career. Results of the training classes are documented and retained. Formal and periodic training is given in Process and Procedures. Training is also given on shift. (Training Coordinator, Total Involvement Team)
6. **Contractors** - Contractors are expected to conform to API-RP 2220. The Contractor Safety Coordinator is responsible for auditing performance. (Refinery Engineering Manager, Contractor Team)
7. **Pre-Start-Up Safety Review** - A study is conducted for new units, major revamps, or new processes to make certain those who operate the equipment or perform maintenance work on the equipment are aware of the proper operating or maintenance procedures. Training is done prior to commissioning. (Process Engineering Manager, New/Altered Equipment Acceptance Team, Process Hazards Team)

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8. **Mechanical Integrity** - All equipment is operated and maintained within safe limits. People who maintain equipment are trained to perform testing and inspection. Only acceptable quality replacement parts are used. Frequency of tests or inspections is determined by the manufacturer's recommendation or past history. (Maintenance Manager, New/Altered Equipment Acceptance Team)
9. **Hot Work Permit** - Our Hot Work Permit uses a checklist format to ensure that the affected area is isolated, safe and ready. It further ensures that Safety, Operations, Maintenance, and Contractors are aware of the work being done and any special circumstances regarding it. This permit has been expanded to include "Cold Work" as well. The emphasis being that all work is conducted in the safest possible manner. (Safety and Health Manager, Safety and Health Rules and Procedures Team)
10. **Management of Change** - Any change other than replacement in kind that affects the safety of the process is reviewed by three separate groups for safety, necessity, and advisability before being implemented. PSI is updated when a change is made. (Hazard Analysis Coordinator, Process Hazards Team)
11. **Incident Investigation** - All accidents, near misses, etc., are investigated within 48 hours by a safety team which has been formed for that purpose. Contributing factors are identified and communicated to all affected personnel. (Health and Safety Manager, Serious Incident Investigation Team)
12. **Emergency Planning and Response** - An Incident Command System is being implemented to respond according to any type of emergency. ERT members receive training enabling them to deal with all emergencies likely to occur. In addition, alarm systems are in place and the employees and community are educated in their use. (Emergency Response Coordinator, Emergency Response Team)
13. **Compliance Audit** - There are various internal audits conducted. Different groups routinely perform self-audits to improve performance. Others are brought in periodically for objectivity. An audit team will evaluate and certify compliance with 1910.119 annually. (Refinery Manager, Support Services Manager, Safety and Health Auditing Team)
14. **Trade Secrets** - Any information regarding health, safety, or operation of processes or equipment is made readily available to those who need it. (Refinery Manager, Total Involvement Team)

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### WHY A SAFE WORK PERMIT

1. Required To Have And Document Process Over View 1910.119.
2. Need To Assure Chemical Hazards/MSDS Reviewed 1910.1200.
3. Emergency Procedures And Accountability 1910.38.
4. Reduce Number Of Individual Paper Work Documentation.
5. Easier Method Of Documenting Lockout/Tagout Procedure (OSHA Settlement).
6. Hazards Of Each Job And Process Must Be Reviewed 1910.119, 1910.1200 And OSHA Settlement.
7. Increases Safety Awareness And Compliance.
8. Improve Communication.
9. To Allow Operations To Know Every Job Being Done In Their Area.
10. To Allow Operations And Maintenance To Have A Positive Method Of Reviewing All Safety Preparations For The Work To Be Performed.

## SAFE WORK PERMIT

In Case of Emergency  
Notify Area Process Personnel  
Safety Lead or Call  
Ext. 8596 or 8797

KOCH REFINING COMPANY  
Corpus Christi Refinery

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Time \_\_\_\_ AM  
\_\_\_\_ PM

Names of everyone who will work on this job must sign in on the pink copy of this permit. The Safety Lead is responsible for communicating all elements of the Safe Work Permit to his/her crew.

1. UNIT/Location \_\_\_\_\_ Equipment# \_\_\_\_\_  
W.O./APE# \_\_\_\_\_ Cost Center# \_\_\_\_\_  
Job Description: \_\_\_\_\_

This Permit is only valid for 24 hours. After 24 hours a new permit must be issued. The safe work permit pink copy shall be returned to Safety & Health.

2. Safe Work Permit Checklist:
- |                                                                                  |                              |
|----------------------------------------------------------------------------------|------------------------------|
| (A) Process Overview completed                                                   | Yes _____ No _____ N/A _____ |
| (B) Chemical Hazards Identified and MSDS Reviewed:                               | Yes _____ No _____ N/A _____ |
| (C) Will Energy Control Program Be Required:                                     | Yes _____ No _____ N/A _____ |
| • Equipment Depressured                                                          | Yes _____ No _____ N/A _____ |
| • Equipment Cleared                                                              | Yes _____ No _____ N/A _____ |
| • Energy Source Locked and/or Tagged Out                                         | Yes _____ No _____ N/A _____ |
| • Energy Source Tried                                                            | Yes _____ No _____ N/A _____ |
| • Energy Source Blinded or Isolated                                              | Yes _____ No _____ N/A _____ |
| (D) Help From Other Craft Needed<br>(Electrician, Insulators, Scaffolders, Etc.) | Yes _____ No _____ N/A _____ |
| (E) Emergency Action and Equipment Identified                                    | Yes _____ No _____ N/A _____ |
| (F) Is Eye Wash/Safety Shower Operable                                           | Yes _____ No _____ N/A _____ |
| (G) Hot Work Permit Procedure Followed                                           | Yes _____ No _____ N/A _____ |
| (H) Confined Space Permit Procedure Followed                                     | Yes _____ No _____ N/A _____ |
| (I) Hot Tap Authorization Completed                                              | Yes _____ No _____ N/A _____ |
| (J) Excavation Identification Form Completed                                     | Yes _____ No _____ N/A _____ |
| (K) Critical Lift Authorization Completed                                        | Yes _____ No _____ N/A _____ |
| (L) Safe For Motorized Equipment Entry                                           | Yes _____ No _____ N/A _____ |

If any of the above questions are answered No, the Safety Leads Supervisor must initial.

3. Check Personal Protective Equipment Needed:

|                      |                                                   |                         |
|----------------------|---------------------------------------------------|-------------------------|
| ____ Respirator      | Class of Clothing A _____ B _____ C _____ D _____ |                         |
| ____ Breathing Air   | ____ Ground Fault Interrupter                     | ____ Goggles/Faceshield |
| ____ Fall Protection | ____ Hot Sticks                                   | ____ Hearing Protection |
| ____ Barricades      | ____ Wooden Clothes Pins                          | ____ Insulated Blankets |
|                      |                                                   | ____ Rubber Gloves      |
|                      |                                                   | ____ Flash Coat         |
|                      |                                                   | ____ (Blast Coat)       |

4. Any Other Special Hazards and Precautions: \_\_\_\_\_

Safety Lead: \_\_\_\_\_ Safety Lead (Relief): \_\_\_\_\_

Process Personnel/Owner: \_\_\_\_\_ Process Personnel/Owner (Relief): \_\_\_\_\_

Revalidation:

Process Personnel/Owner: \_\_\_\_\_ Safety Lead: \_\_\_\_\_

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## SAFE WORK MULTI-PERMIT

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accepted By: \_\_\_\_\_ Time From: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 Responsibility Transferred To (Name): \_\_\_\_\_ To: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 Plant Supt. Signature (If Required): \_\_\_\_\_ Co-Signer Signature: \_\_\_\_\_

Complete Section I on all permits. Completion of Section I ONLY indicates that work is controlled by departmental procedures. Completion of Sections II, III and/or IV require an On-Site Inspection.

|                                                                                                        |                                                                                                                                                                                     |                                                                |                          |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------|
| SECTION I<br>GENERAL<br>WORK<br>PERMIT                                                                 | 1. Work Limited to the Following: (Description & Area/Equipment) _____                                                                                                              |                                                                |                          |
|                                                                                                        | 2. The Following Have Been Reviewed with Job Supervisor:                                                                                                                            |                                                                |                          |
|                                                                                                        | A. Safety Shower, Eye Wash - Location & Use                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> N/A      |                          |
|                                                                                                        | B. Emergency alarms, Evacuation, Assembly Point                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> N/A      |                          |
|                                                                                                        | C. Procedure for Safe Job Completion                                                                                                                                                | <input type="checkbox"/> Oral <input type="checkbox"/> Written |                          |
|                                                                                                        | D. Have tools & equip. of outside contractors been inspected                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> N/A      |                          |
|                                                                                                        | E. Have all contract/Dow personnel received Safety Orientation                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> N/A      |                          |
|                                                                                                        | F. Additional Permits Required (Lifting, Hot Tap, etc.)                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> N/A      |                          |
|                                                                                                        | G. Scaffolding in Commence (Ref. E-6)                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> N/A      |                          |
|                                                                                                        | 3. Special Exposure to Protect Against: <input type="checkbox"/> None                                                                                                               |                                                                |                          |
|                                                                                                        | Chemical (name): _____                                                                                                                                                              |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Pressure Extreme <input type="checkbox"/> Falls <input type="checkbox"/> Heat Stress |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Toxic <input type="checkbox"/> Reactive <input type="checkbox"/> Thermal Burn <input type="checkbox"/> Electrical <input type="checkbox"/> Asbestos        |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Skin Contact <input type="checkbox"/> Hot Water/Steam <input type="checkbox"/> Noise                                                                       |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Inert Atmosphere <input type="checkbox"/> Radiation <input type="checkbox"/> Other _____                                                                   |                                                                |                          |
|                                                                                                        | 4. Safety Equipment: (Other than area requirements): <input type="checkbox"/> None                                                                                                  |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Slicker Suit <input type="checkbox"/> Chemical Goggles <input type="checkbox"/> Canister Mask <input type="checkbox"/> Barricades                          |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Chemical Suit <input type="checkbox"/> Face Shield <input type="checkbox"/> Supplied Air <input type="checkbox"/> Flash Suits                              |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Hood <input type="checkbox"/> Air Pack                                                                               |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Harness <input type="checkbox"/> Other: _____                                                                       |                                                                |                          |
|                                                                                                        | <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Ground Fault Circuit Interrupter                                                                               |                                                                |                          |
|                                                                                                        | 5. An On-Site Inspection Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> N/A Initials of Inspector _____                                                           |                                                                |                          |
| SECTION II<br>OPENING<br>LINES<br>OR<br>EQUIPMENT<br>EXCAVATIONS<br>ETC.<br>(See S-301)                | Complete this Section and Section I for Opening Lines Equipment/Excavations.                                                                                                        | Yes                                                            | N/A                      |
|                                                                                                        | 1. Equipment Drained/Depressured                                                                                                                                                    | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 2. Equipment Purged/Cleaned                                                                                                                                                         | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 3. Fuses Removed/Switches open                                                                                                                                                      | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 4. Lock Required (List on Red Tag Master)                                                                                                                                           | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 5. Field Switches Tested                                                                                                                                                            | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 6. Red Tags Attached (Refer S-303) (Master # _____)                                                                                                                                 | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 7. Line Positively Identified/Initialed (Refer S-301)                                                                                                                               | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 8. Adjacent Area Safe (If Limited, Describe Below)                                                                                                                                  | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 9. Area Roped Off                                                                                                                                                                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 10. Blinds/Block & Bleed in place (List blinds on Red Tag Master)                                                                                                                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 11. Excavation Safe to perform (Refer S-301)                                                                                                                                        | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 12. Blue Flag in use on RR Tracks (Refer S-306)                                                                                                                                     | <input type="checkbox"/>                                       | <input type="checkbox"/> |
| SECTION III<br>HOT<br>WORK<br>(See S-301 & S-312)                                                      | Complete this Section and Sections I and II for Hot Work                                                                                                                            | Yes                                                            | No                       |
|                                                                                                        | 1. Safety Observer (Ref. C-1) (Name) _____                                                                                                                                          | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 2. Fire Extinguisher: Type: _____ Size: _____                                                                                                                                       | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 3. Fire Blankets (Location): _____                                                                                                                                                  | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 4. Water Fog (Location): _____                                                                                                                                                      | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 5. Purge (Gas Used): _____                                                                                                                                                          | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 6. Heat Exposure to Gasket, Seals, Liners. (Describe Precautions): _____                                                                                                            | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 7. Other Work in Area which should be Stopped (Describe Below)                                                                                                                      | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 8. Material Present which Emits Vapor when Heated (Describe Below)                                                                                                                  | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 9. Pipe stoppers in Use (Refer Safety Ref. # A-6)                                                                                                                                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 10. Equipment Operating or Contains original Contents<br>(If Yes, Written procedures are required & Plant Supt. must Co-Sign Permit)                                                | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 11. Adjacent Areas Safe (If Limited Describe Below)                                                                                                                                 | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 12. Explosimeter, Oxygen Tests Acceptable                                                                                                                                           | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 13. Ground lead attached to work                                                                                                                                                    | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | (Describe below specific locations where LEL, O <sub>2</sub> tests are to be conducted & Test frequency)                                                                            |                                                                |                          |
| SECTION IV<br>VESSEL<br>ENTRY<br>Excavation<br>(4' or deeper<br>refer to S-301)<br>(See S-301 & S-302) | Complete this Section and Sections I and II for Vessel Entry                                                                                                                        | Yes                                                            | N/A                      |
|                                                                                                        | 1. Radioactive Devices Shielded and Locked                                                                                                                                          | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 2. Procedure and Equipment for Rescue on Job Site                                                                                                                                   | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 3. Ventilation Installed and Grounded                                                                                                                                               | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 4. Safety Observer Provided (Ref. C-1) (Name) _____                                                                                                                                 | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 5. Hazardous Material on Walls or Behind Liners Considered                                                                                                                          | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 6. LEL, O <sub>2</sub> , PPM Accretion (LEL-0% (O <sub>2</sub> - 19.5% +)<br>TLV _____ PPM _____ pH _____ (Enter Actual)                                                            | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 7. Vessels blinded (Donnie Blocks & Bleeds require approval)                                                                                                                        | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 8. Is Vessel entry Trainer available                                                                                                                                                | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | 9. Has Security been notified of rescue Plan                                                                                                                                        | <input type="checkbox"/>                                       | <input type="checkbox"/> |
|                                                                                                        | (Describe below specific locations where LEL, O <sub>2</sub> , and PPM tests are to be conducted & frequency)                                                                       |                                                                |                          |

SPECIAL  
INSTRUCTIONS  
PRECAUTIONS  
LIMITATIONS

Enter Special Instructions, Precautions, Limitations for all Sections (I thru IV)

NSC-91-91

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