

## BP OIL -- TOLEDO REFINERY

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<b>Owner:</b> Joint HSSE Committee	<b>Authorized By:</b> Tom Brungard (signature on file)	<b>Page</b> 1 of 3

### **TOLEDO REFINERY SAFETY ACTION PROGRAM**

**Goal:** *To resolve health and safety issues with the same level of energy used to resolve any other critical business challenges.*

The Toledo Refinery Joint HSSE Committee has developed this program to provide a system for any employee or contractor to report a health or safety concern to their supervisor.

This is to be achieved through a cooperative effort between the employee and their immediate supervisor. It is intended to provide an alternative method of addressing and notifying the HSSE Department and/or the Joint HSSE Committee of unresolved acts or conditions. **It should be used only when normal means of correction, (ie: a verbal or written report generating a work order), have been exhausted.**

Safety Action Program Cards are available in the pods, maintenance areas, at the HSSE Dept. or from the USW HSSE & PSM Representative. The Safety Action Program Card is an 8 ½" x 11" paper with three carbonless copies attached (See Example A).

#### **Employee Responsibility:**

Simply fill in as much information as completely and accurately as you can. The employee and his/her immediate supervisor should then sign and date it. The supervisor keeps the original white paper copy. The employee who generated the Safety Action Card keeps the heavier bond card as their copy. The yellow paper copy is to be forwarded to the HSSE Department. The employee is urged to give the blue copy to the USW HSSE/PSM Representative and/or Joint HSSE Committee representative.

#### **Supervisor Responsibility:**

Sign the original form with the employee. The back of the white paper copy must be completed by the supervisor as to the action to be taken to correct the safety concern. **The completed white copy must be reviewed with the employee and forwarded to the HSSE Department within 7 calendar days.**

**Joint HSSE Committee Responsibility:**

The Joint HSSE Committee will review all Safety Action Cards no later than their next scheduled meeting. Also, at this time, the committee will decide upon the disposition, action, and assignments necessary for any unresolved Safety Actions. The USW HSSE Representative will then report back to the employee who initiated the Safety Action and their supervisor.

It is our goal to promote this program as a way to identify conditions or actions that represent a hazard to refinery employees or equipment.

It is the committee's belief that the proper use of this program will serve to reduce hazards and provide for constant improvement in the working conditions for everyone at the Toledo Refinery.

The Toledo Refinery Joint HSSE Committee

**Revision history**

The following information documents at least the last 3 changes to this document, with all the changes listed for the last 6 months.

<b>Date</b>	<b>Revised By</b>	<b>Changes</b>
10/18/12	<b>Joint HSSE Committee</b>	Changed job title from "Area Safety Team Rep or Area Rep" to "USW HSSE Rep". Changed HSE to HSSE.
1/8/13	<b>Todd Flippin</b>	Added Example A - Safety Action Program Card
7/30/15	<b>Joint HSSE Committee</b>	Added PSM Representative

Example A

Record I.D.: \_\_\_\_\_

**TOLEDO REFINERY SAFETY ACTION PROGRAM**

**GOAL: To resolve safety issues with the highest level of energy.**  
**To be used when other attempts to fix the Safety Issue have not resolved the problem, (i.e., work orders, Superintendent or Supervisory walkdown.)**

**UNSAFE ACT**  **UNSAFE CONDITION**

**UNSAFE ACTS CAUSE 90% OF INDEX INJURIES AT TOLEDO REFINERY**

<b>PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> EYES AND FACE <input type="checkbox"/> EARS <input type="checkbox"/> HEAD <input type="checkbox"/> HANDS AND ARMS	<input type="checkbox"/> FEET AND LEGS <input type="checkbox"/> RESPIRATORY <input type="checkbox"/> TRUNK	<b>POSITIONS OF PEOPLE</b> <input type="checkbox"/> STRIKING AGAINST / STRUCK BY <input type="checkbox"/> CAUGHT BETWEEN <input type="checkbox"/> FALLING <input type="checkbox"/> TEMPERATURE EXTREMES	<input type="checkbox"/> ELECTRIC SHOCK <input type="checkbox"/> INHALING / ASPIRATING / SWALLOWING <input type="checkbox"/> OVEREXERTION
<b>ACTIONS OF PEOPLE</b> <input type="checkbox"/> ADJUSTING PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> CHANGING POSITION	<input type="checkbox"/> STOPPING JOB <input type="checkbox"/> ATTACHING GROUND <input type="checkbox"/> LOCKOUTS	<b>TOOLS AND EQUIPMENT</b> <input type="checkbox"/> RIGHT FOR THE JOB <input type="checkbox"/> USED CORRECTLY <input type="checkbox"/> UNSAFE CONDITION	<input type="checkbox"/> DEFECTIVE (REMOVED AND UPGRADED) <input type="checkbox"/> UNUSUALLY (UNDERSTOOD)

**UNSAFE CONDITION: Is Work Order Required?** Yes  No

**UNSAFE ACT / CONDITION** \_\_\_\_\_

Location \_\_\_\_\_

Action / Condition not safe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate corrective action taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent corrective action to prevent recurrence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Date \_\_\_\_\_

Please investigate the condition, complete corrective action portion and return form to the Safety Department with 7-calendar days.

White copy to your supervisor    Yellow copy to Safety Superintendent    Blue copy to USW HSE Rep.    Card copy to Employee

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