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HEALTH AND SAFETY PROGRAM 205 – BY-PASSING INTERLOCKS AND SAFETIES

1.0 **PURPOSE**

To provide a means of communicating action taken to disable interlocks or bypass safety features including Programmable Logic Controllers (PLC's) and Distributed Control Systems (DCS's) and for guidance in the securing of critical service valves so that expeditious corrective action can be taken to satisfactorily accomplish the work. Routine preventive maintenance is not subject to this procedure unless the P/M carries over to the next shift.

2.0 **SCOPE**

This Program applies to the entire Plaquemine Complex.

3.0 **DEFINITIONS**

- 3.1. **Consequence** A condition that may or does result upon deviating from the operating limits
- 3.2. Critical Service Valve -- Valves which if left in an incorrect operating position would prevent a safety device from operating, (e.g., block valves below pressure safety valves (PSV) and pressure safety devices (PSD), fire protection post indicator valves, sprinkler system valves, or fire water injection valves). Any valves or interlocks identified as a safeguard in a PHA.
- 3.3. **Deviation** Any departure from the set range of operating parameters that may have unintended consequences on the process, personnel, or the environment.
- 3.4. **Equipment Proprietor--**An individual who maintains supervision and authority over operating equipment, machinery, or lines.

4.0 **PROCEDURE**

4.1. No protective devices will be intentionally bypassed or made inoperative without providing adequate alternate protection, continuing communication that the device is bypassed, and approval from authorized supervision. Adequate alternate protection should provide at least the level of protection provided by the original device. This can be done by mechanical means or through administrative controls.

4.1.1. Exceptions



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- 4.1.1.This procedure does not apply to maintenance of protective devices when the equipment that is being protected is down for maintenance and is isolated from all hazardous energy sources.
- 4.1.1.2. This procedure does not apply to routine instrument and analyzer calibrations which occur during the same shift.
- 4.2. In the event that a protective device must be taken out of service, it will be the responsibility of the authorized supervisor to approve its removal from service.
- 4.3. The supervisor authorizing removal from service or bypassing of a protective device will define and implement alternate procedures providing the protection afforded by the device before the device is removed from service. Alternate protective means will be immediately defined and implemented on those devices which were not deliberately removed from service, but discovered to be inoperable. Alternate protection will be maintained on the primary protective device until the device is returned to service.
- 4.4. When operations supervision or someone of higher authority requests to disable any interlocks, by-pass any safety feature, etc., the I&E Technician shall:
 - 4.4.1. Review the consequences of action with the person requesting the action.
 - 4.4.2. Procure a copy of the emergency work order specifically identifying the defeated feature before proceeding with the action.
 - 4.4.3. Transmit the copy of the emergency work order to his immediate supervisor.
 - 4.4.4. Initiate a Form #19 (Appendix A), forward for proper approvals, and complete the portion describing the final disposition of the work.
- 4.5. All sections of Form #19 must be completed including all signatures.

 Designated personnel may sign as appropriate and/or verbal permission obtained via phone, email, or other from the assigned personnel.
 - 4.5.1. Training and/or notifications for affected employees shall be conducted and documented on any active Form 19 prior to the employee performing work in the affected area.



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- 4.6. When the I&E Supervisor receives an emergency work order of nature herein, he shall proceed in consort with operations supervision to take corrective action.
- 4.7. When operations defeats a safety device without the aid of maintenance, the Production Manager or his designee shall be contacted to obtain his/her approval. If the safety device is to remain out of service past the end of the shift, a note shall be entered in the supervisor's logbook indicating the device name, the time the safety device was disabled, and a letter written to the superintendent or manager as a record of the condition. While the equipment is operating without the benefit of the safety interlock, an operator will be assigned to watch the equipment to take corrective action if needed unless not required by the Manufacturing Manager. Tags need not be attached to by-passed features within PLC's or DCS's. Completion of Form #19 will ensure that the by-pass feature is returned to the original condition.
- 4.8. Where necessary, Operations will also initiate Management of Change (MOC) in Enablon for review to bring safe, permanent solutions to completion in order to correct the problem causing the temporary bypass. If a permanent solution to correct the problem causing the temporary bypass will not be completed and the bypass will remain active for longer than 1 month from being initiated, a MOC in Enablon must be generated to cover the bypass. The Form 19 can be closed once the MOC in Enablon is closed/completed and the equipment has returned to normal service.
- 4.9. It is critical for some valves related to process relief, fire safety and other emergency equipment to remain in either the open or closed position. To ensure these valves stay in their appropriate position the following guidelines must be followed:
 - 4.9.1. The Equipment Proprietor must identify all critical service valves within his area of control.
 - 4.9.2. All such valves will be secured in the appropriate position utilizing an appropriate nylon device cable tie of appropriate size (or car seal or equal).
 - 4.9.3. The sealed valves will be inspected on a monthly basis by the equipment proprietor or designee.
 - 4.9.4. This monthly inspection should be documented on an inspection checklist.

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- 4.9.5. The inspection checklist shall include, at a minimum:
 - 4.9.5.1. Description of valve service
 - 4.9.5.2. Equipment number
 - 4.9.5.3. Presence and integrity of seal
 - 4.9.5.4. Correct valve position (open/closed)
- 4.9.6. When seals are removed, form #19 must be initiated to ensure the valve is returned to its correct operating position. Form #19 should document the date and time of removal, reason for removal and person's name who removed the seal. Also, the date and time the valve was returned to the correct position and resealed must be recorded.
- 4.10. All approved Form#19 forms must be reviewed by Board Operator and Shift Supervisor every shift until by-pass has been removed.

5.0 **RECORDS**

Form #19 and the critical service valve inspection checklists must be maintained by the equipment proprietor. Following the two- year retention they may be discarded.

6.0 APPENDICES

APPENDIX A - FORM #19

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Revision History

| Rev | Changes | Approved | Date |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| 10 | Westlake Branding. | H. Garner | 4/27/2018 |
| 11 | Added Safety, Health, and Environment Impacts section to Form Added requirement for all blanks to be completed on Form Added Training Signatures sections to Form Updated Personnel Titles on Form Added MOC requirements to Form Altered Section 4.5 in procedure to require completion of all sections Added Section 4.5.1 in procedure to require training of affected personnel Added to Section 4.8 regarding the closure of Form 19 Added Consequences and Deviation definitions in Section 3 Added PHA critical safeguards to the Critical Service Valve definition in Section 3 | H. Garner | 01/31/20 |
| 12 | Clarified the existing Form 19 & HSP 205 Added specific sections to satisfy MOC requirements such as Technical Basis, Operating Procedure redlines considerations, temporary timeframes, process safety information update considerations, and PSSR considerations. | H. Garner | 6/13/23 |



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APPENDIX A

FORM #19



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TEMPORARY OR EMERGENCY PROCESS ALARM, SAFETY DEVICE AND/OR TRIP DISABLE (Form 19)

| DATE: | TIME: | EMERGENCY WORK ORDER #: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| ESTIMATED | TIME PERIOD OF CHA | NGE: |
| REQUEST: | | |
| | | |
| | | |
| TECHNICAL ETC.): | BASIS/REASON (EX. R | ELIABILITY, MAINTENANCE, MECHANICAL INTEGRITY, |
| | | |
| | | |
| IMPACTS ON | N SAFETY, HEALTH, AN | ND ENVIRONMENT: |
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| | | |
| SAFETY PRE | CAUTIONS ENACTED: | |
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| | | TY INFORMATION (EX. OPERATING PROCEDURE, P&IDS OR |
| CONSEQUEN | ICE OF DEVIAITON)? | |
| CONSEQUEN | ICE OF DEVIAITON)? | TY INFORMATION (EX. OPERATING PROCEDURE, P&IDS OR Y PERFORM A TEMPORARY MOC: |
| CONSEQUEN | ICE OF DEVIAITON)? | |
| IF YES, EXPL | ICE OF DEVIAITON)? AIN & IMMEDIATELY | |
| CONSEQUENTE THE TENT OF THE TE | CE OF DEVIAITON)? AIN & IMMEDIATELY BY: | PERFORM A TEMPORARY MOC: |
| REQUESTED AP | DEVIAITON)? LAIN & IMMEDIATELY DBY: | |
| REQUESTED AP PRODUCTION | DECE OF DEVIAITON)? LAIN & IMMEDIATELY BY: PROVALS N MANAGER: | PERFORM A TEMPORARY MOC: |
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| REQUESTED AP PRODUCTION | DECE OF DEVIAITON)? LAIN & IMMEDIATELY BY: PROVALS N MANAGER: | PERFORM A TEMPORARY MOC: |
| REQUESTED AP PRODUCTION | CE OF DEVIAITON)? LAIN & IMMEDIATELY BY: PPROVALS N MANAGER: N SUPERINTENDENT: ICE VALIDATOR: | PERFORM A TEMPORARY MOC: |



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| DEVICE RETURNED TO ORIGINAL? | | ES | NO (If No, Explain Below) (MOC Required after 30 Days) | |
|------------------------------|----------------|--------|-----------------------------------------------------------|--|
| | · | | - | |
| | | | | |
| DATE: | TIME: | SIGN | NATURE: | |
| FINAL DISPOSITION: | | | | |
| SHIFT SUPERVISOR: | | | | |
| | | | | |
| TRAINING/NOT | TIFICATION SIG | SNATUR | RES FOR AFFECTED PERSONNEL: | |
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All sections of Form #19 must be completed including all signatures. Designated personnel may sign as appropriate and/or verbal permission obtained via phone, email, or other from the assigned personnel.