

## BP OIL -- TOLEDO REFINERY

<b>Document Type:</b> Procedure	<b>Refinery Wide</b>	<b>Reference No.:</b> SAF 080
<b>Effective Date:</b> September 30, 2011	Smoke Pen Authorization and Permit Procedure	<b>Rev. No.:</b> 2
<b>Owner:</b> J.D. Parker	<b>Auth. By: D. C. Durnwald</b> (signature on file)	<b>Page</b> 1 of 5

<b>SCOPE</b>	Procedure for establishing smoking areas and securing smoking permits for permanent or temporary smoke pens within the refinery
<b>HEALTH</b>  <b>Special PPE &amp; Special Hazards</b>	Airborne tobacco smoke is a class A carcinogen. One purpose of the policy is to prevent undesirable contact with second hand smoke.
<b>SAFETY</b>	Smoking presents a possible source of ignition.
<b>REFERENCE DOCUMENTS</b>	BP Toledo Smoking Policy, Smoke Pen Permit Form SAF-044 Hot Work, Hot Work Spark Potential, and Vehicle Entry Ohio Administrative Code (OAC) Title 3701 Chapter 52, sections 01(M), 04(F), and 06(B)
<b>SPECIAL MATERIALS &amp; EQUIPMENT</b>	Butt receptacles, fire extinguishers, smoking signs, no smoking beyond this point signs.
<b>QUALITY</b>	Workplace environment is enhanced by control of smoking within facility.
<b>ENVIRONMENTAL</b>	Elimination of second hand smoke from offices and shops.

1.0 BP representative identifies area where smoke pen is requested

- \_\_\_1.1 Complete the top portion of **Smoke Pen Permit Form** (attachment to procedure) and submit it to the Asset Superintendent responsible for area where proposed pen is to be located.
- \_\_\_1.2 Representative requesting permit is responsible to insure that all steps in the procedure and policy requirements are completed.

2.0 Verify acceptability of location for pen and accept or deny request

- \_\_\_2.1 Asset Superintendent reviews the proposed location of the pen and evaluates acceptability of location and reason for request. **Smoke pens are prohibited in hazardous classified areas.**

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**CAUTION**

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Permits should not be authorized for locations within process areas that are near process equipment or sewers unless sewers are covered

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- \_\_\_2.2 Pens should be placed in locations that will not obstruct other activities.
- \_\_\_2.3 **Smoke pens need to be placed in locations that will ensure smoke does not enter any building through entrances, windows, ventilation systems, or other means.**
- \_\_\_2.4 Sewers shall be covered and flammable material removed within a 50 foot radius around smoke pens.
- \_\_\_2.5 The Asset Superintendent will be responsible for the work order and cost of installing and maintaining the smoke pen in the area.
- \_\_\_2.6 If the Asset Superintendent does not support the request, the permit is denied.

3.0 Operations Manager approval

- \_\_\_3.1 If the Asset Superintendent approves the request, the permit goes to the Operations Manager for approval and signature.

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NOTE: Any concerns the Operations Manager may have should be discussed with the Asset Superintendent before denying permit.

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4.0 HSE Department authorization

- \_\_\_4.1 After the Asset Superintendent and Operations Manager approval and signatures, the request is to be brought to the HSE department for final approval.

- \_\_\_4.2 The area safety advisor for the proposed pen location approves or rejects permit and signs the permit if it is approved.

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NOTE: Safety advisor must consult with Emergency Response Specialist before authorizing permit.

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5.0 Set up smoke pen if permit is approved

- \_\_\_5.1 Smoke pens shall be open to the air and shall have no more than two sides and a roof. This requirement becomes effective May 30, 2012.
- \_\_\_5.2 Complete all items identified on the check list located on the **Smoke Pen Permit Form**.
- \_\_\_5.3 Once all sections of the form are completed the initials of a Safety Advisor is required on the second section of the form after the pen has been inspected and compliance to the requirements is verified.
- \_\_\_5.4 **Smoke Pen Permit Form** must be posted at Smoke pen and copy sent to Emergency Response Specialist for filing.

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NOTE: If Permit is for a **TEMPORARY** pen, the duration of the permit will be stated on the form. Authorization for the smoke pen **CEASES on the date specified**. If extension is requested, a new **Smoke Pen Permit Form** must be completed.

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- \_\_\_5.5 Signs shall be posted at or near the smoke pen saying "smoking area" or similar wording.

6.0 Definitions

- \_\_\_6.1 **Hazardous Classified Locations** – A location where fire or explosion hazards may exist due to flammable gases or vapors, flammable liquids, combustible dusts or ignitable fibers or flyings (API 500, section 3.2.10.4), this includes Class I, Division II.
- \_\_\_6.2 **Flammable material** - includes items such as liquids having a flashpoint below 100 degrees F, aerosols labeled as flammable.
- \_\_\_6.3 **Open to the air** - the smoke pen has thorough, unobstructed circulation of outside air to all parts of the smoke pen. A smoke pen is open to the air when not more than fifty per cent of the combined surface area of the sides are covered by walls or side coverings.

**Revision History**

**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.

Date	Revised By	Changes
8/30/11	<b>Hasbrouck</b>	Add Ohio code under references. Add language prohibiting pens in hazardous classified areas. Add 2.3 about location of pens and building ventilation. Add 5.1 and 5.5 regarding structure and smoking signs. Add definition of open to the air. MOC # M20112754-001

**THIS IS THE LAST PAGE**

**SMOKE PEN PERMIT FORM - BP Toledo Refinery**

<b>Requested by:</b> (BP Representative)		<b>Date:</b>
<b>Requested for:</b> (Company Representative)		<b>Date:</b>
<b><u>Reason:</u></b>		
Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Duration: From _____ to _____		

**Location of Smoke Pen Area:**

*\*Draw a sketch of the area here.*

*\*\*Describe sketched area:*

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- The following items must be installed at the proposed smoke pen:***
- \*Sign - "Smoke Area"**  Yes  No
  - \*Sign - "No Smoking Beyond This Point"**  Yes  No
  - \*Extinguisher:**  Yes  No
  - \*Butt receptacles**  Yes  No

Safety Department Final Inspection (must be initialed) \_\_\_\_\_

All signatures listed below are **REQUIRED** for permit to be valid.

<i>BP Representative:</i>	<i>Operations Manager:</i>
<i>Asset Superintendent:</i>	<i>Safety Advisor:</i>
<i>Emergency Response Specialist:</i>	