

California Accidental Release Prevention (CalARP) Inspection Checklist

General

Administration

Violation #	Summary
F002	Failure to pay CalARP permit fees. KCOC 8.04.030

General Applicability

Violation #	Summary
H096	Failure to comply with the provisions of 19 CCR 4.5 pursuant to the time frames identified in Section 2745.1(b) if a stationary source has a process with more than a threshold quantity of a regulated substance as listed in Tables 1 or 2 of Section 2770.5. 19 CCR 4.5 2735.4(a)(1)
H097	Failure to comply with the appropriate provisions of 19 CCR 4.5 prior to the date in which a regulated substance is first present in a process above the listed threshold quantity, as listed in Table 3 of Section 2770.5. 19 CCR 4.5 2735.4(a)(2)
H098	Failure to comply with the provisions of 19 CCR 4.5 pursuant to the time frames identified in Section 2745.1(b) if a stationary source has a process with more than a threshold quantity of a regulated substance as listed in Tables 1 or 2 and Table 3 of Section 2770.5. 19 CCR 4.5 2735.4(a)(3)

Coordination

Violation #	Summary
H099	Failure of the owner or operator of a stationary source to closely coordinate with the UPA to implement the requirements of 19 CCR 4.5 and to determine the appropriate level of documentation required for a Risk Management Plan to comply with Sections 2745.3 through 2745.9. 19 CCR 4.5 2735.5(a)
H100	Failure to ensure that response actions have been coordinated with local emergency planning and response agencies. 19 CCR 4.5 2735.5(d)(3)

Management System-Program Level 2 or 3

Violation #	Summary
H103	Failure to develop a management system to oversee the implementation of the risk management program elements. 19 CCR 4.5 2735.6(a)
H104	Failure to assign a qualified person or position who has the overall responsibility for the development, implementation, and integration of the risk management program elements. 19 CCR 4.5 2735.6(b)
H105	Failure to document the following when responsibility for implementing individual requirements of 19 CCR 4.5 is assigned to persons other than the person identified in 19 CCR section 2735.6(b): 1. Names or positions. 2. Lines of authority defined through an organization chart or similar document. 19 CCR 4.5 2735.6(c)

RMP Components and Submission

RMP Submission - Program Level 1

Violation #	Summary
H106	Failure to submit an RMP which includes all requirements described in Sections 2745.3 through 2745.5 and 2745.8 through 2745.9. 19 CCR 4.5 2735.5(b)(1), 2735.5(d), 2745.1(a)

RMP Submission - Program Level 2, 3, or 4

Violation #	Summary
H107	Failure to submit an RMP which includes all requirements described in Sections 2745.3 through 2745.9. 19 CCR 4.5 2735.5(b)(1), 2745.1(a)

RMP Submission

Violation #	Summary
H110	Failure of a stationary source to submit a Risk Management Plan to the UPA after the owner or operator has received a notice from the UPA requesting submission of a Risk Management Plan. CHSC 25536(b)
H108	Failure to submit the RMP information required by the USEPA to the USEPA per the schedule below: 1. Three years after the date on which a regulated substance is first listed under Section 68.130, Part 68, Title 40 of CFR; or 2. The date on which a regulated substance is first present in a process, above the threshold quantity, as listed on Section 2770.5 Table 1 or 2. 19 CCR 4.5 2745.1(b)(1), 2745.1(b)(2)
H109	Failure to submit a copy of the USEPA required RMP information according to the time frame set forth in 2745.1(b) to the UPA. 19 CCR 4.5 2745.1(c)
H113	Failure of a new or modified stationary source to submit a Risk Management Plan to the UPA prior to the date in which a regulated substance is first present in a process above the listed threshold quantity. 19 CCR 4.5 2745.1(d)
H111	Failure to exclude classified information from the Risk Management Plan. 19 CCR 4.5 2745.1(h)
H112	Failure to ensure that the Risk Management Plan is certified complete by a qualified person and the stationary source owner or operator. 19 CCR 4.5 2745.2(a)

RMP Certification - Program Level 1

Violation #	Summary
H114	Failure to submit in the Risk Management Plan the certification statement provided in Section 2735.5(d)(4). 19 CCR 4.5 2745.9(a)

RMP Certification - Program Level 2, 3, or 4

Violation #	Summary
H115	Failure to submit in the Risk Management Plan a single certification that, to the best of the signer's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete. 19 CCR 4.5 2745.9(b)

RMP Updates

Violation #	Summary
H119	Failure to revise, update, and submit the Risk Management Plan to the United States Environmental Protection Agency and the UPA as follows: 1. At least once every five years from the date of its initial submission or most recent update required by section 2745.10(a)(2) through (7); 2. No later than three years after a newly regulated substance is first listed by the United States Environmental Protection Agency; 3. No later than the date on which a new regulated substance is first present in an already covered process above a threshold quantity; 4. No later than the date on which a regulated substance is first present above a threshold quantity in a new process; 5. Within six months of a change that requires a revised process hazard analysis or hazard review. 6. Within six months of a change that requires a revised offsite consequence analysis as provided in section 2750.7; 7. Within six months of a change that alters the program level that applied to any covered process. 19 CCR 4.5 2745.10(a)
H122	Failure to revise, update, and submit the Risk Management Plan to the UPA as follows: 1. At least once every five years from the date of its initial submission or most recent update required by section 2745.10(b)(2) through (7); 2. No later than three years after a newly regulated substance is first listed by the California Office of Emergency Services. 3. No later than the date on which a new regulated substance is first present in an already covered process above a threshold quantity; 4. No later than the date on which a regulated substance is first present above a threshold quantity in a new process; 5. Within six months of a change that requires a revised process hazard analysis or hazard Review. 6. Within six months of a change that requires a revised offsite consequence analysis as provided in section 2750.7; 7. Within six months of a change that alters the program level that applied to any covered process. 19 CCR 4.5 2745.10(b)
H116	Failure to submit a de-registration to the United States Environmental Protection Agency and the UPA within six months indicating that the stationary source is no longer covered. 19 CCR 4.5 2745.10(c)
H117	Failure to submit a de-registration to the UPA within six months indicating that the stationary source is no longer covered. 19 CCR 4.5 2745.10(d)
H118	Failure to contact the UPA within 30 days of a change of owner or operator to update the registration information. 19 CCR 4.5 2745.10(f)

RMP Corrections

Violation #	Summary
H125	Failure to correct and submit the data required in the Risk Management Plan under sections 2745.5, 2745.6(j), and 2745.7(l), for any accidental release meeting the five year accident history reporting criteria of Section 2750.9, with respect to that accident within six months of the release or by the time the Risk Management Plan is updated under Section 2745.10, whichever is earlier. 19 CCR 4.5 2745.10.5(a)
H120	Failure to correct and submit the emergency contact information in the Risk Management Plan required under Section 2740.1(d)(6) within one month of any change. 19 CCR 4.5 2745.10.5(b)

Covered Process Modification

Violation #	Summary
H121	Failure to notify the UPA in writing of the intent to modify the stationary source at least five calendar days before implementing any modifications or no later than 48 hours following the modification if prenotification is not reasonable. 19 CCR 4.5 2745.11(a)(1)
H123	Failure to establish procedures to manage the proposed modification, which shall be substantially similar to the procedures specified in Sections 2760.6 and 2760.7, and notify the UPA that the procedures have been established. 19 CCR 4.5 2745.11(a)(2)
J027	Failure to revise the appropriate documents as required pursuant to section 2745.11(a), expeditiously, but not later than 60 days from the date of the stationary source modification. 19 CCR 4.5 2745.11(b)

Certificate of Occupancy

Violation #	Summary
H124	Failure of a new or modified stationary source to comply with Section 65850.2(b) of the Government Code prior to the issuance of a certificate of occupancy. 19 CCR 4.5 2745.12

RMP Review

Violation #	Summary
H126	Failure to correct deficiencies within 60 calendar days from receipt of the notification of Risk Management Plan deficiencies. 19 CCR 4.5 2745.2(b)(1)

Registration

Violation #	Summary
H127	Failure to include a registration in the Risk Management Plan that reflects all covered processes. 19 CCR 4.5 2735.5(b)(2)
H128	Failure to complete the registration information required in 2740.1(d) and submit it with the Risk Management Plan to the United States Environmental Protection Agency, with a copy provided to the UPA. 19 CCR 4.5 2740.1(a)
H129	Failure to complete the registration information required in section 2740.1(d) and submit it with the Risk Management Plan to the UPA. 19 CCR 4.5 2740.1(b)
H130	Failure to submit a registration to the UPA prior to submittal of the Risk Management Plan upon request. 19 CCR 4.5 2740.1(c)
H131	Failure to include the data required in Section 2740.1 (d)(1) through (d)(20) in the registration. 19 CCR 4.5 2740.1(d)

Hazard Assessment

General Applicability

Violation #	Summary
H132	Failure to prepare a worst-case release scenario analysis as provided in Section 2750.3. 19 CCR 4.5 2750.1
H133	Failure to complete the five-year accident history as provided in Section 2750.9. 19 CCR 4.5 2750.1
H134	Failure to comply with any of the following: 1. Offsite Consequence Analysis Parameters. (19 CCR 4.5 2750.2) 2. Worst-Case Release Scenario Analysis. (19 CCR 4.5 2750.3) 3. Alternative Release Scenario Analysis. (19 CCR 4.5 2750.4) 4. Defining Offsite Impacts to the Population. (19 CCR 4.5 2750.5) 5. Defining Offsite Impacts to the Environment. (19 CCR 4.5 2750.6) 6. Offsite Consequence Analysis Review and Update. (19 CCR 4.5 2750.7) 7. Offsite Consequence Analysis Documentation. (19 CCR 4.5 2750.8) 8. Five-year Accident History. (19 CCR 4.5 2750.9) 19 CCR 4.5 2750.1

Other Requirements

Recordkeeping

Violation #	Summary
H135	Failure to maintain records supporting the implementation of 19 CCR 4.5 for five years unless otherwise provided in Article 6. 19 CCR 4.5 2775.1
H136	Failure to closely coordinate with the UPA to ensure that appropriate technical standards are applied to the implementation of 19 CCR 4.5. 19 CCR 4.5 2785.1 (a)
H137	Failure to request assistance from the UPA when necessary to address compliance with 19 CCR 4.5 or safety issues regarding unfamiliar processes. 19 CCR 4.5 2785.1 (b)

Emergency Response Plan

Emergency Response Applicability

Violation #	Summary
H138	<p>Failure of owner or operator of a stationary source whose employees will not respond to accidental releases of regulated substances to meet the following:</p> <ol style="list-style-type: none">1. For stationary sources with any regulated toxic substances held in a process above the threshold quantity, the stationary source is included in the community emergency response plan developed under Section 11003 of Title 42 of the United States Code (USC), is included in the city or county Hazardous Materials Area plans, and/or is included in the business plan program, pursuant to Section 25507 of the Health & Safety Code. The owner or operator must document that response actions have been coordinated with the local fire department and hazardous materials response agencies;2. For stationary sources with only regulated flammable substances held in a process above the threshold quantity, the owner or operator must document that response actions have been coordinated with the local fire department and hazardous materials response agencies; and,3. Appropriate mechanisms and written procedures are in place to notify emergency responders when there is a need for a response. 19 CCR 4.5 2765.1(b)

Emergency Response Program - Responding

Violation #	Summary
H142	<p>Failure to develop, implement, and maintain at the stationary source an emergency response program that includes the following elements:</p> <ol style="list-style-type: none">1. Procedures for informing and interfacing with the public and local emergency response agencies about accidental releases, emergency planning, and emergency response.2. Documentation of proper first-aid and emergency medical treatment necessary to treat accidental human exposures.3. Procedures and measures for emergency response after an accidental release of a regulated substance.4. Procedures for the use of emergency response equipment and for its inspection, testing, and maintenance are developed by the stationary source.5. Training for all employees in relevant procedures and relevant aspects of the Incident Command System.6. Procedures to review and update the emergency response plan to reflect changes at the stationary source are developed and employees are informed of these changes. 19 CCR 4.5 2765.2(a)
H143	<p>Failure to coordinate the emergency response plan with the community emergency response plan developed under Section 11003 of Title 42 of the United States Code. 19 CCR 4.5 2765.2(c)</p>
H145	<p>Failure to promptly provide to the local emergency planning committee or emergency response officials information necessary for developing and implementing the community emergency response plan upon request. 19 CCR 4.5 2765.2(c)</p>

Program 2 Prevention Program

Safety Information

Violation #	Summary
H146	Failure to compile and maintain the following up-to-date safety information related to the regulated substances, processes, and equipment: 1. Material Safety Data Sheets that meet the requirements of Section 5189 of Title 8 of CCR; 2. Maximum intended inventory of equipment in which the regulated substances are stored or processed; 3. Safe upper and lower temperatures, pressures, flows and compositions; 4. Equipment specifications; 5. Codes and standards used to design, build & operate the process. 19 CCR 4.5 2755.1(a)
H147	Failure to ensure that the process is designed in compliance with recognized and generally accepted good engineering practices. 19 CCR 4.5 2755.1(b)
H148	Failure to update the safety information when a major change occurs that makes the information inaccurate. 19 CCR 4.5 2755.1(c)

Hazard Review

Violation #	Summary
H149	Failure to conduct a review of the hazards associated with the regulated substances, process, and procedures that identifies the following: 1. The hazards associated with the process and regulated substances; 2. Opportunities for equipment malfunctions or human errors that could cause an accidental release; 3. The safeguards used or needed to control the hazards or prevent equipment malfunction or human error; 4. Any steps used or needed to detect or monitor releases. 19 CCR 4.5 2755.2(a)
H150	Failure to consult with the UPA to decide which hazard review methodology is best suited to determine and evaluate the hazards of the process being analyzed. 19 CCR 4.5 2755.2(b)
H767	Failure to perform the hazard review by a team familiar with process operations, including at least one employee who has experience and knowledge specific to the process being reviewed. 19 CCR 4.5 2755.2(c)
H151	Failure to determine whether the process is designed, fabricated, and operated in accordance with applicable standards or rules. 19 CCR 4.5 2755.2(c)
H152	Failure to include the consideration of external events, including seismic events in the hazard review. 19 CCR 4.5 2755.2(d)
H153	Failure to address the following in the hazard review: 1. Document the results of the hazard review and ensure problems identified are resolved; 2. Complete these actions on a timetable agreed upon with the UPA, or within two and one-half (2.5) years of performing the hazard review, or the next planned turnaround, for those items that require a turnaround; 3. Document the final resolution taken to address each recommendation and actual completion date. 19 CCR 4.5 2755.2(e)
H154	Failure to update and revalidate the hazard review at least once every 5 years. 19 CCR 4.5 2755.2(f)
H155	Failure to update and revalidate the hazard review whenever a major change in the process occurs. 19 CCR 4.5 2755.2(f)
H156	Failure to resolve all issues identified in the hazard review before startup of the changed process. 19 CCR 4.5 2755.2(f)
H768	Failure to revalidate the hazard review only once between full hazard reviews, unless the UPA agrees in writing that a full hazard review is unwarranted. 19 CCR 4.5 2755.2(g)
H769	Failure to retain hazard reviews and updates or revalidations for each process covered by 19 CCR 4.5 section 2755.2, as well as the documented resolution of recommendations described in 19 CCR 4.5 section 2755.2(e) for the life of the process. 19 CCR 4.5 2755.2(h)

Operating Procedures

Violation #	Summary
H157	Failure to prepare written operating procedures that provide clear instructions or steps for safely conducting activities associated with each covered process consistent with the safety information for that process and address the following: 1. Initial startup; 2. Normal operations; 3. Temporary operations; 4. Emergency shutdown and operations; 5. Normal shutdown; 6. Startup following a normal or emergency shutdown or a major change that requires a hazard review; 7. Consequences of deviations and steps required to correct or avoid deviations; 8. Equipment inspections. 19 CCR 4.5 2755.3(a), 2755.3(b)
H158	Failure to ensure that the operating procedures are developed and/or updated, as necessary to reflect current practice, or whenever the tasks or steps to perform on the covered process are found to be inadequate or inaccurate. 19 CCR 4.5 2755.3(c)

Training

Violation #	Summary
H159	Failure to ensure that each employee presently operating a process, and each employee newly assigned to a covered process has been trained or tested competent in the operating procedures provided in Section 2755.3 that pertain to their duties. 19 CCR 4.5 2755.4(a)
H160	Failure to provide refresher training at least every three years, and more often if necessary, to each employee operating a process to ensure that the employee understands and adheres to the current operating procedures of the process. 19 CCR 4.5 2755.4(b)
H161	Failure to ensure operators are trained in updated or new procedures prior to needing to use the procedures. 19 CCR 4.5 2755.4(d)
H772	Failure to document initial and refresher training for each employee. 19 CCR 4.5 2755.4(e)

Maintenance

Violation #	Summary
H162	Failure to prepare and implement written procedures to maintain the on-going mechanical integrity of the process equipment. 19 CCR 4.5 2755.5(a)
H163	Failure to train or cause to be trained each employee involved in maintaining the on-going mechanical integrity of the process in: 1. The hazards of the process; 2. How to avoid or correct unsafe conditions; 3. The procedures applicable to the employee's job tasks. 19 CCR 4.5 2755.5(b)
H164	Failure to ensure that each contractor can document that their employees are trained to perform the maintenance and appropriate operating procedures developed under section 2755.5(a). 19 CCR 4.5 2755.5(c)
H167	Failure to perform or cause to be performed inspections and tests on process equipment that: 1. Follow recognized and generally accepted good engineering practices; 2. The frequency of inspections & tests must be consistent with applicable manufacturer's recommendations, industry standards or codes, good engineering practices and prior operating experience. 19 CCR 4.5 2755.5(d)

Compliance Audit

Violation #	Summary
H165	Failure to certify that they have evaluated compliance with the provisions of 19 CCR 4.5 Article 5 at least every three years to verify that the procedures and practices developed under 19 CCR 4.5 are adequate and are being followed. 19 CCR 4.5 2755.6(a)
H166	Failure to conduct the compliance audit by at least one person knowledgeable in the process. 19 CCR 4.5 2755.6(b)
H168	Failure to develop a report of the audit findings. 19 CCR 4.5 2755.6(c)
H169	Failure to: 1. Promptly determine and document an appropriate response to each of the findings of the compliance audit; 2. Enter into an agreement with the UPA on a timetable for resolution of these findings. Otherwise these responses shall be completed one and one-half (1.5) years after performing the compliance audit, or the next planned turnaround for items requiring a turnaround (these timelines shall not apply to any compliance audit completed prior to January 1, 2015); 3. Document the actual completion dates when deficiencies were corrected. 19 CCR 4.5 2755.6(d)
H170	Failure to retain the two most recent compliance audit reports. 19 CCR 4.5 2755.6(e)

Incident Investigation

Violation #	Summary
H171	Failure to investigate each incident which resulted in, or could reasonably have resulted in, a catastrophic release. 19 CCR 4.5 2755.7(a)
H172	Failure to initiate an incident investigation within 48 hours of the incident. 19 CCR 4.5 2755.7(b)
H173	Failure to prepare a summary of the investigation at the conclusion of the investigation that includes at a minimum: 1. Date of incident; 2. Date investigation began; 3. Description of incident; 4. Factors that contributed to the incident; 5. Recommendations resulting from the investigation. 19 CCR 4.5 2755.7(c); 2750.9(b)
H174	Failure to: 1. Establish a system to promptly address and resolve the incident report findings and recommendations; 2. Enter into an agreement with the UPA on a timetable for resolution of these findings and recommendations. Otherwise these resolutions shall be completed no later than one and one-half (1.5) years after completion of the incident investigation, or two (2) years after the date of the incident, whichever is the earlier of the two dates, or the next planned turnaround for those items requiring turnaround. 3. Failure to document resolutions and corrective actions with actual completion dates. 19 CCR 4.5 2755.7(d)
H176	Failure to review the findings with all affected personnel whose job tasks are affected by the findings. 19 CCR 4.5 2755.7(e)
H177	Failure to retain investigation summaries for five years. 19 CCR 4.5 2755.7(f)

Program 3 Prevention Program

Process Safety Information

Violation #	Summary
H180	Failure to compile and maintain up-to-date written process safety information pertaining to the hazards of the regulated substances in the process that includes the following: <ol style="list-style-type: none">1. Toxicity information;2. Permissible exposure limits;3. Physical data;4. Reactivity data and chemical compatibility data during handling, use, and application at the stationary source;5. Corrosivity data;6. Thermal and chemical stability data;7. Hazardous effects of inadvertent mixing of different materials that could foreseeably occur. 19 CCR 4.5 2760.1(a)(b)
H181	Failure to compile written process safety information concerning the technology of the process that includes the following: <ol style="list-style-type: none">1. A block flow diagram or simplified process flow diagram;2. Process chemistry;3. Maximum intended inventory;4. Safe upper and lower limits for such items as temperatures, pressures, flows or compositions;5. An evaluation of the consequences of deviations. 19 CCR 4.5 2760.1(a)(c)
H185	Failure to compile written process safety information pertaining to the equipment in the process that includes the following: <ol style="list-style-type: none">1. Materials of construction;2. Piping and instrument diagrams (P&IDs);3. Electrical classification;4. Relief system design and design basis;5. Ventilation system design;6. Design codes and standards employed;7. Material and energy balances for processes built after June 21, 1999;8. Safety systems (e.g., interlocks, detection, or suppression systems). 19 CCR 4.5 2760.1(a)(d)(1)
H178	Failure to document that equipment complies with recognized and generally accepted good engineering practices. 19 CCR 4.5 2760.1(d)(2)
H179	For existing equipment designed and constructed in accordance with codes, standards, or practices that are no longer in general use, the owner or operator has determined and documented that the equipment is designed, maintained, inspected, tested, and operating in a safe manner. 19 CCR 4.5 2760.1(d)(3)

Process Hazard Analysis (PHA)

Violation #	Summary
H182	Failure to conduct an initial Process Hazard Analysis on the covered processes no later than the date of submittal of the Risk Management Plan. 19 CCR 4.5 2760.2(a)
H183	Failure to perform a Process Hazard Analysis that is appropriate to the complexity of the process and identifies, evaluates, and controls the hazards involved in the process. 19 CCR 4.5 2760.2(a)
H184	Failure to work closely with the UPA in deciding which Process Hazard Analysis methodology is best suited to determine the hazards of the process being analyzed. 19 CCR 4.5 2760.2(b)
H189	Failure to use one or more of the following methodologies that are appropriate to determine and evaluate the hazards of the process being analyzed: 1. What-If; 2. Checklist; 3. What-If/Checklist; 4. Hazard and Operability Study (HAZOP); 5. Failure Mode and Effects Analysis (FMEA); 6. Fault Tree Analysis; or, 7. An appropriate equivalent methodology. 19 CCR 4.5 2760.2(b)
H190	Failure to address the following in the Process Hazard Analysis: 1. The hazards of the process; 2. The identification of any previous incident which had a likely potential for catastrophic consequences; 3. Engineering and administrative controls applicable to the hazards and their interrelationships such as appropriate application of detection methodologies to provide early warning of releases. (Acceptable detection methods might include process monitoring and control instrumentation with alarms, and detection hardware such as hydrocarbon sensors.); 4. Consequences of failure of engineering and administrative controls; 5. Stationary source siting; 6. Human factors; 7. A qualitative evaluation of a range of the possible safety and health effects of failure of controls; and, 8. External events, including seismic events. 19 CCR 4.5 2760.2(c)
H139	Failure to perform the Process Hazard Analysis by a team with expertise in engineering and process operations, including at least one employee who has experience and knowledge specific to the process being evaluated, and one member who is knowledgeable in the specific Process Hazard Analysis methodology being used. 19 CCR 4.5 2760.2(d)
H144	Failure to address the following in the Process Hazard Analysis: 1. Establish a system to address the teams findings and recommendations; 2. Assure that the recommendations are resolved and documented; 3. Document what actions are to be taken; 4. Develop a written schedule of when these actions are to be completed; 5. Complete these actions on a timetable agreed upon with the UPA, or within two and one-half (2.5) years of performing the PHA, or the next planned turnaround, for those items that require a turnaround; 6. Document the final resolution taken to address each recommendation and actual completion date; and 7. Communicate the actions to operating, maintenance and other employees whose work assignments are in the process and who may be affected by the recommendations or actions. 19 CCR 4.5 2760.2(e)
H187	Failure to update and revalidate the Process Hazard Analysis at least every five years after the completion of the initial Process Hazard Analysis. 19 CCR 4.5 2760.2(f)
H188	Failure to retain the Process Hazard Analysis and updates/revalidations for each covered process as well as the documented resolution of recommendations for the life of the process. 19 CCR 4.5 2760.2(g)

Operating Procedures

Violation #	Summary
H191	Failure to develop and implement written operating procedures that provide clear instructions for safely conducting activities involved in each covered process consistent with the process safety information. 19 CCR 4.5 2760.3(a)
H192	Failure to develop and implement written operating procedures that address at least the following operating phases: 1. Initial startup; 2. Normal operations; 3. Temporary operations; 4. Emergency shutdown including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner; 5. Emergency operations; 6. Normal shutdown; 7. Startup following a turnaround, or after an emergency shutdown. 19 CCR 4.5 2760.3(a)(1)
H193	Failure to develop and implement written operating procedures that address at least the following elements: 1. Consequences of deviation; and, 2. Steps required to correct or avoid deviation. 19 CCR 4.5 2760.3(a)(2)
H194	Failure to develop and implement written operating procedures that address at least the following elements: 1. Properties of, and hazards presented by, the chemicals used in the process; 2. Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment; 3. Control measures to be taken if physical contact or airborne exposure occurs; 4. Quality control for raw materials and control of hazardous chemical inventory levels; 5. Any special or unique hazards. 19 CCR 4.5 2760.3(a)(3)
H195	Failure to develop and implement written operating procedures that address at least the following element: 1. Safety systems and their functions. 19 CCR 4.5 2760.3(a)(4)
H196	Failure to make operating procedures readily accessible to employees who work in or maintain a process. 19 CCR 4.5 2760.3(b)
H197	Failure to review operating procedures as often as necessary to assure that they reflect current operating practice, including changes that result from changes in process chemicals, technology, and equipment, and changes to stationary sources. 19 CCR 4.5 2760.3(c)
H198	Failure to certify annually that the operating procedures are current and accurate. 19 CCR 4.5 2760.3(c)
H199	Failure to develop and implement safe work practices to provide for the control of hazards during operations such as: 1. Logout/tagout; 2. Confined space entry; 3. Opening process equipment or piping; and 4. Control over entrance into the stationary source by maintenance, contractor, laboratory, or other support personnel. 19 CCR 4.5 2760.3(d)

Training

Violation #	Summary
H202	Failure to train each employee presently involved in operating a process, and each employee before being involved in operating a newly assigned process on the following: 1. Overview of the process; 2. Operating procedures; 3. Safety & health hazards; 4. Emergency operations including shutdown; 5. Safe work practices applicable to the employee's job tasks. 19 CCR 4.5 2760.4(a)
H200	Failure to provide refresher training at least every three years, and more often if necessary, to each employee involved in operating a process to assure that the employee understands & adheres to the current operating procedures of the process. 19 CCR 4.5 2760.4(b)
H201	Failure to prepare a training record which contains: 1. Identity of the Employee; 2. Date of training; 3. Means used to verify that the employee understand the training. 19 CCR 4.5 2760.4(c)

Mechanical Integrity

Violation #	Summary
H203	Failure to establish and implement written procedures to maintain the on-going integrity of the process equipment. 19 CCR 4.5 2760.5(b)
H204	Failure to train each employee involved in maintaining the on-going integrity of process equipment on the following: 1. Overview of the process and its hazards. 2. Procedures applicable to the employee's job tasks to assure that the employee can perform the job tasks in a safe manner. 19 CCR 4.5 2760.5(c)
H207	Failure to implement the following: 1. Inspections and tests are performed on process equipment; 2. Inspection and testing procedures follow recognized and generally accepted good engineering practices; 3. The frequency of inspections and tests of process equipment is consistent with applicable manufacturers' recommendations and good engineering practices, and more frequently if determined to be necessary by prior operating experience; 4. Each inspection or test that has been performed on process equipment is documented and includes the date of inspection or test, name of the person who performed the inspection or test, serial number or other identifier of the equipment inspected or tested, description of the inspection or test performed, and the results of the inspection or test. 19 CCR 4.5 2760.5(d)
H205	Failure to correct deficiencies in equipment that are outside acceptable limits before further use or in a safe and timely manner when necessary means are taken to assure safe operation. 19 CCR 4.5 2760.5(e)
H208	Failure to assure the following: 1. In the construction of new plants and equipment that equipment as it is fabricated is suitable for the process application for which it will be used. 2. Appropriate checks and inspections are performed to assure that equipment is installed properly and consistent with design specifications and the manufacturer's instructions. 3. Maintenance materials, spare parts, and equipment are suitable for the process application for which they will be used. 19 CCR 4.5 2760.5(f)

Management of Change

Violation #	Summary
H206	Failure to establish and implement written procedures to manage changes (except for "replacements in kind") to process chemicals, technology, equipment, and procedures, and changes to stationary sources that affect a covered process. 19 CCR 4.5 2760.6(a)
H210	Failure to ensure the following considerations are addressed in the Management of Change procedures prior to any change: 1. The technical basis for the proposed change; 2. Impact of change on safety and health; 3. Modifications to operating procedures; 4. Necessary time period for the change; 5. Authorization requirements for the proposed change. 19 CCR 4.5 2760.6(b)
H209	Failure to ensure employees involved in operating a process and maintenance and contract employees whose job tasks would be affected by a change in the process are informed and trained in the change prior to start-up of the process or affected part of the process. 19 CCR 4.5 2760.6(c)
H211	Failure to update process safety information if a management of change occurred that resulted in a change in the process safety information. 19 CCR 4.5 2760.6(d)
H212	Failure to update operating procedures or practices if a management of change occurred that resulted in a change in the operating procedures or practices and/or resulted in a change in the written procedures to maintain the ongoing integrity of process equipment required by Section 2760.5, such procedures or practices shall be updated prior to start-up of the process. 19 CCR 4.5 2760.6(e)

Pre-Startup Review

Violation #	Summary
H213	Failure to perform a pre-startup safety review for new stationary sources and for modified stationary sources when the modification is significant enough to require a change in the process safety information. 19 CCR 4.5 2760.7(a)
H215	Failure to ensure that the pre-startup safety review confirms the following prior to the introduction of a regulated substances to a process: 1. Construction and equipment was in accordance with design specifications. 2. Safety, operating, maintenance & emergency procedures are in place and are adequate. 3. For new stationary sources, a PHA has been performed and recommendations have been resolved or implemented before startup, and modified stationary sources meet the requirements contained in the MOC. 4. Training of each employee involved in operating a process had been completed. 19 CCR 4.5 2760.7(b)

Compliance Audit

Violation #	Summary
H214	Failure of the owner or operator to certify that they have evaluated compliance with the provisions of 19 CCR 4.5 Article 6 at least every three years to verify that the procedures and practices developed under 19 CCR 4.5 are adequate and are being followed. 19 CCR 4.5 2760.8(a)
H216	Failure to ensure that the compliance audit is conducted by at least one person knowledgeable in the process. 19 CCR 4.5 2760.8(b)
H217	Failure to develop and have available for review, a report of the scope, methods used, results and findings of the audit. 19 CCR 4.5 2760.8(c)
H218	Failure to: 1. Promptly determine and document an appropriate response to each of the findings of the compliance audit; 2. Enter into an agreement with the UPA on a timetable for resolution of these findings. Otherwise these responses shall be completed one and one-half (1.5) years after performing the compliance audit, or the next planned turnaround for items requiring a turnaround (these timelines shall not apply to any compliance audit completed prior to January 1, 2015); 3. Document the actual completion dates when deficiencies were corrected. 19 CCR 4.5 2760.8(d)
H219	Failure to retain the two most recent compliance audit reports. 19 CCR 4.5 2760.8(e)

Incident Investigation

Violation #	Summary
H220	Failure to investigate each incident which resulted in, or could reasonably have resulted in, a catastrophic release of a regulated substance. 19 CCR 4.5 2760.9(a)
H221	Failure to initiate an incident investigation as promptly as possible, but not later than 48 hours following the incident. 19 CCR 4.5 2760.9(b)
H222	Failure to establish an incident investigation team that consists of at least one person knowledgeable in the process involved, including a contract employee if the incident involved work of the contractor, and other persons with appropriate knowledge and experience to thoroughly investigate and analyze the incident. 19 CCR 4.5 2760.9(c)
H223	Failure to prepare a report at the conclusion of the investigation which includes at a minimum: 1. Date the investigation began; 2. A description of the incident, including all of the data required under 2750.9(b); and, 3. Recommendations resulting from the investigation. 19 CCR 4.5 2760.9(d)
H225	Failure to: 1. Establish a system to promptly address and resolve the incident report findings and recommendations; 2. Enter into an agreement with the UPA on a timetable for resolution of these findings and recommendations. Otherwise these resolutions shall be completed no later than one and one-half (1.5) years after completion of the incident investigation, or two (2) years after the date of the incident, whichever is the earlier of the two dates, or the next planned turnaround for those items requiring turnaround. 3. Failure to document resolutions and corrective actions with actual completion dates. 19 CCR 4.5 2760.9(e)
H224	Failure to review the incident investigation report with all affected personnel whose job tasks are relevant to the incident findings including contract employees where applicable. 19 CCR 4.5 2760.9(f)
H226	Failure to retain the incident investigation reports for five years. 19 CCR 4.5 2760.9(g)

Employee Participation

Violation #	Summary
H227	Failure to develop a written plan of action regarding the implementation of employee participation. 19 CCR 4.5 2760.10(a)
H228	Failure to consult with employees and their representatives on the conduct and development of the Process Hazard Analysis and on the development of the other elements of process safety management. 19 CCR 4.5 2760.10(b)
H229	Failure to provide employees and their representatives with access to the Process Hazards Analysis and to all other information required to be developed under 19 CCR 4.5. 19 CCR 4.5 2760.10(c)

Hot Work Permit

Violation #	Summary
H230	Failure to issue a hot work permit for hot work operations conducted on or near a covered process. 19 CCR 4.5 2760.11(a)
H231	Failure to ensure the hot work permit documents the following: 1. The fire prevention and protection requirements in 8 CCR 5189 (Process Safety Management of Acutely Hazardous Materials) have been implemented prior to beginning the hot work operations. 2. The date(s) authorized for hot work. 3. The object on which hot work is to be performed identified. 19 CCR 4.5 2760.11(b)
H232	Failure to keep the hot work permit on file until completion of the hot work operations. 19 CCR 4.5 2760.11(b)

Contractors

Violation #	Summary
H233	<p>Failure to perform the following:</p> <ol style="list-style-type: none"> 1. Obtain and evaluate information regarding the contract owner or operator's safety performance and programs when selecting a contractor. 2. Inform the contract owner or operator of the known potential fire, explosion, or toxic release hazards related to the contractor's work and the process. 3. Explain to the contract owner or operator the applicable provisions of Article 7 (Emergency Response Program). 4. Develop and implement safe work practices consistent with the Section 2760.3(d) (operating procedures), to control the entrance, presence, and exit of the contract owner or operator and contract employees in covered process areas. 19 CCR 4.5 2760.12(b)
H234	<p>Failure to periodically evaluate and document the performance of the contract owner or operator in fulfilling the following:</p> <ol style="list-style-type: none"> 1. Each contract employee is trained in the work practices necessary to safely perform his or her job. 2. Each contract employee is instructed in the known potential fire, explosion, or toxic release hazards related to his or her job and the process, and the applicable provisions of the emergency action plan. 3. Document that each contract employee has received and understood the training required by this section. 4. Prepare a record which contains Training record contains the identity of the contract employee, date of training, and the means used to verify that the employee understood the training. 5. Each contract employee follows the safety rules of the stationary source including the safe work practices required by Section 2760.3(d) (operating procedures). 6. Advise the owner or operator of any unique hazards presented by the contract owner or operator's work, or of any hazards found by the contract owner or operator's work. 19 CCR 4.5 2760.12(b)(5)

Program 4 Prevention Program

Process Safety Information

Violation #	Summary
H891	Failure to develop and maintain a compilation of written process safety information before conducting any PHA, Hierarchy of Hazard Control Analysis, Safeguard Protection Analysis, or Damage Mechanism Review, as required. 19 CCR 4.5 2762.1(a)
H892	Failure to ensure information pertaining to hazards of substances used in, present in or produced by the process includes at least the following: (1) Toxicity information, including acute and chronic health hazards; (2) California Permissible exposure limits (PELs); (3) For regulated substances: American Conference of Governmental Industrial Hygienists (ACGIH) Emergency Response Planning Guideline values, U.S. EPA Acute Exposure Guideline Levels (AEGs), and the California Office of Environmental Health Hazard Assessment (OEHHA) acute and eight-hour Reference Exposure Levels (RELs); (4) Physical data; (5) Corrosion data; (6) Thermal and chemical stability data; (7) Reactivity data; and (8) Hazardous effects of incompatible mixtures that could foreseeably occur. 19 CCR 4.5 2762.1(b)
H893	Failure to ensure information pertaining to the technology of the process includes at least the following items: (1) A block flow diagram or simplified process flow diagram; (2) Process chemistry; (3) Maximum intended inventory; (4) Safe upper and lower limits for process variables such as temperatures, pressures, flows, levels, and compositions; and, (5) The consequences of deviations, including chemical mixing or reactions that may affect the safety and health of employees or the public. 19 CCR 4.5 2762.1(c)
H894	Failure to ensure information pertaining to the process equipment at least includes the following information : (1) Materials of construction; (2) Piping and instrument diagrams (P&IDs); (3) Electrical classification; (4) Relief system design and design basis; (5) Ventilation system design; (6) Design codes and standards employed, including design conditions and operating limits; (7) Material and energy balances for processes built after June 21, 1999 and previously covered under Program 3, and material and energy balances for all other processes as of the effective date of Article 6.5; (8) Safety systems, such as interlocks, detection and suppression systems; and (9) Electrical supply and distribution systems. 19 CCR 4.5 2762.1(d)
H895	Failure to document that process equipment complies with recognized and generally accepted good engineering practices (RAGAGEP), where RAGAGEP has been established for that process equipment, or with other more protective internal practices that ensure safe operation. Failure to document that the equipment is designed, constructed, installed, maintained, inspected, tested and operated in a safe manner for installation of new process equipment for which no RAGAGEP exists. 19 CCR 4.5 2762.1(e)
H896	Failure to document that the equipment is designed, constructed, installed, maintained, inspected, tested and operated in a safe manner for existing process equipment that was designed and constructed in accordance with codes, standards, or practices that are no longer in general use. 19 CCR 4.5 2762.1(f)

Process Hazard Analysis (PHA)

Violation #	Summary
H897	Failure to perform and document an effective PHA appropriate to the complexity of each process in order to identify, evaluate, and control hazards associated with each process. Failed to cover all modes of operation, as set forth in subsection 2762.3 (a)(1), in the PHA. Failed to determine and document the priority order for conducting PHAs based on the extent of process hazards, the number of potentially affected people, the age of the process and the process operating history. 19 CCR 4.5 2762.2(a)
H898	Failure to work with the UPA in selecting and using at least one of the following methods: (1) What-If; (2) Checklist; (3) What-If / Checklist; (4) Hazard and Operability Study (HAZOP); (5) Failure Mode and Effects Analysis (FMEA); (6) Fault Tree Analysis; (7) Other PHA methods recognized by engineering organizations or governmental agencies. 19 CCR 4.5 2762.2(b)
H899	Failure to ensure the PHA addresses: (1) The hazards of the process; (2) Previous publicly documented incidents in the petroleum refinery and petrochemical industry sector that are relevant to the PHA; (3) Damage Mechanism Review reports pursuant to subsection 2762.5(e) that are applicable to the process units; (4) Hierarchy of Hazard Control Analysis reports pursuant to section 2762.13 that are applicable to the process units; (5) A review of Management of Change documents completed since the last PHA that apply to the process unit. (6) Potential consequences of failures of process equipment; (7) Facility siting, including the placement of processes, equipment, buildings, employee occupancies and work stations in order to effectively protect employees and the public from process safety hazards; (8) Human factors as required under section 2762.15; (9) A qualitative evaluation of the types, severity, and likelihood of possible incidents that could result from a failure of a process or of process equipment; (10) The potential effects of external events, including seismic events, if applicable; and (11) The findings of incident investigations relevant to the process. 19 CCR 4.5 2762.2(c)
H900	Failure to ensure the PHA is performed by a team with expertise in engineering and process operations and to include at least one operating employee who currently works or provides training in the unit, and has experience and knowledge specific to the process being evaluated. Failure to have the team also include one member with expertise in the specific PHA method being used. Failure to have the team consult with individuals with expertise in damage mechanisms, process chemistry, and control systems, as necessary. Failure to provide for employee participation in this process, pursuant to section 2762.10. 19 CCR 4.5 2762.2(d)
H901	Failure to perform a Safeguard Protection Analysis (SPA) pursuant to section 2762.2.1 for each scenario in the PHA that identifies the potential for a major incident. Failure to append SPA recommendations to the PHA report, upon completion of the SPA. 19 CCR 4.5 2762.2(e)
H902	Failure to conduct in a timely manner a Hierarchy of Hazard Control Analysis pursuant to section 2762.13 for all recommendations made by the PHA team for each scenario that identifies the potential for a major incident. 19 CCR 4.5 2762.2(f)
H903	Failure to ensure the team documents its findings and recommendations in a report, made available in the respective work area for review by any person working in that area. 19 CCR 4.5 2762.2(g)
H904	Failure to ensure the PHA report include: (1) the method, analyses and factors considered by the PHA team; (2) the findings of the PHA team; and (3) the PHA team's recommendations. 19 CCR 4.5 2762.2(h)
H905	Failure to follow the corrective action work process documented in subsections 2762.16 (d) and (e) when resolving the PHA team's findings and recommendations, determining action items for implementation, tracking to completion, and documentation of closeout. 19 CCR 4.5 2762.2(i)
H906	Failure to update and revalidate a written PHA at least once every five (5) years in accordance with the requirements of section 2762.2, to ensure that the PHA is consistent with the current process. 19 CCR 4.5 2762.2(j)
H907	Failure to retain for the life of the process all PHAs and PHA updates and revalidations for each process covered by section 2762.2. Failure to have information contain the documented resolution of recommendations as appendices described in subsections 2762.16 (d) and (e). 19 CCR 4.5 2762.2(k)

Safeguard Protection Analysis

Violation #	Summary
H908	Failure to ensure a SPA team performs a written SPA, for each scenario where a PHA identifies the potential for a major incident, to determine: (1) the effectiveness of existing individual safeguards; (2) the combined effectiveness of all existing safeguards for each failure scenario in the PHA; (3) the individual and combined effectiveness of safeguards recommended in the PHA; and (4) the individual and combined effectiveness of additional or alternative safeguards that may be needed. 19 CCR 4.5 2762.2.1(a)
H909	Failure to ensure all independent protection layers (IPLs) for each failure scenario shall be independent of each other and independent of initiating causes. 19 CCR 4.5 2762.2.1(b)
H910	Failure to ensure the SPA use a quantitative or semi-quantitative method, such as Layer of Protection Analysis (LOPA) or an equally effective method. Failure to ensure the risk reduction obtainable by each IPL is based on site-specific failure rate data, or in the absence of such data, industry failure rate data for each device, system, or human factor. 19 CCR 4.5 2762.2.1(c)
H911	Failure to complete all SPAs for the PHA within six (6) months of completion of the PHA. 19 CCR 4.5 2762.2.1(d)
H912	Failure to ensure SPA is performed by a team with expertise in engineering and process operations and the team include at least one operating employee who has experience and knowledge specific to the process being evaluated. Failure to ensure team also include one member knowledgeable in the specific SPA methodology being used. Failure to ensure the team consult with individuals with expertise in damage mechanisms, process chemistry, or an engineer specializing in controls systems and instrumentation, as necessary. Failure to provide for employee participation in this process, pursuant to section 2762.10. 19 CCR 4.5 2762.2.1(e)
H913	Failure to ensure the SPA team documents the following: (1) potential initiating events and their likelihood and possible consequences, including equipment failures, human errors, loss of flow control, loss of pressure control, loss of temperature control, loss of level control, excess reaction or other conditions that may lead to a loss of containment; (2) the risk reduction achieved by each IPL for each initiating event; (3) necessary maintenance and testing to ensure that all IPLs function as designed; and (4) recommendations to address any deficiencies identified by the SPA. 19 CCR 4.5 2762.2.1(f)
H914	Failure to append the SPA findings and recommendations to the PHA report. 19 CCR 4.5 2762.2.1(g)
H915	Failure to follow the corrective action work process documented in subsections 2762.16 (d) and (e) when resolving the SPA team's findings and recommendations, determining action items for implementation, tracking to completion, and documentation of closeout. 19 CCR 4.5 2762.2.1(h)
H916	Failure to retain all SPA documentation for the life of the process. 19 CCR 4.5 2762.2.1(i)

Operating Procedures

Violation #	Summary
H917	Failure to develop and implement effective written operating procedures with clear instructions for safely conducting activities involved in each process with the process safety information. 19 CCR 4.5 2762.3(a)
H918	Failure to develop and implement written operating procedures that address the steps for each operating phase or mode of operation: (A) Startup; (B) Normal operations; (C) Temporary operations as the need arises; (D) Emergency shutdown, including the conditions under which emergency shutdown is required, provisions granting the authority of the qualified operator to shut down the operation or process, and the assignment of responsibilities to qualified operators in order to ensure that emergency shutdown is executed in a safe and timely manner; (E) Normal shutdown; and, (F) Startup following a turnaround, a planned or unplanned shutdown, or after an emergency shutdown. 19 CCR 4.5 2762.3(a)(1)
H919	Failure to develop and implement written operating procedures that address the operating limits: (A) Consequences of deviation(s); and, (B) Steps required to correct or avoid deviation(s). 19 CCR 4.5 2762.3(a)(2)
H920	Failure to develop and implement written operating procedures that address safety and health considerations: (A) Properties of, and hazards presented by, the chemicals used in the process; (B) Precautions necessary to prevent exposure, including passive, active and procedural safeguards; and personal protective equipment; (C) Protective measures to be taken if physical contact or inhalation exposure occurs; (D) Safety procedures for opening process equipment; (E) Verification of the composition and properties of raw materials and control of hazardous chemical inventory levels; and, (F) Any special or unique hazards. 19 CCR 4.5 2762.3(a)(3)
H921	Failure to develop and implement written operating procedures that address safety systems and their functions. 19 CCR 4.5 2762.3(a)(4)
H922	Failure to ensure operating procedures include emergency operations for each process, including any response to the over-pressurizing or overheating of equipment or piping, and the handling of leaks, spills, releases and discharges. Failure to ensure operating procedures are consistent with the procedures developed as required by subsection 2762.3 (a)(1)(D) and to provide that only qualified operators may initiate these operations and that prior to allowing employees in the vicinity of a leak, release or discharge, at a minimum do one of the following: (1) Shutdown and depressurize all process operations where a leak, release or discharge is occurring; or(2) Isolate any vessel, piping, and equipment where a leak, spill or discharge is occurring; or (3) Follow established criteria for handling leaks, spills, or discharges that are designed to provide a level of protection that is functionally equivalent to, or safer than, shutting down or isolating the process. 19 CCR 4.5 2762.3(b)
H923	Failure to ensure a copy of the operating procedures is readily accessible to employees who work in or near the process area and to any other person who works in or near the process area or who maintains a process. 19 CCR 4.5 2762.3(c)
H924	Failure to review and update the operating procedures as often as necessary to ensure that they reflect current safe operating practices. Failure to ensure operating procedures include any changes that result from alterations in process chemicals, technology, personnel, process equipment, or other changes to the stationary source. Failure to ensure changes to operating procedures are managed in accordance with the MOC requirements in section 2762.6. Failure to certify annually that operating procedures are current and accurate. 19 CCR 4.5 2762.3(d)
H925	Failure to develop, implement, and maintain safe work practices to prevent or control hazards during specific activities, such as: 1. Opening process equipment or piping; 2. Tasks requiring lock-out/tag-out procedures; 3. Confined space entry; 4. Handling, controlling, and stopping leaks, spills, releases and discharges; and 5. Control over entry into hazardous work areas by maintenance, contractor, laboratory, or other support personnel. 19 CCR 4.5 2762.3(e)

Training

Violation #	Summary
J028	<p>(1) Failure to train each employee involved in operating a process, and each operating employee prior to working in a newly assigned process, in an overview of the process and in the operating procedures as specified in section 2762.3. Failure to include material on the specific safety and health hazards applicable to the employee's job tasks, procedures, including emergency operations and shutdown, and safe work practices applicable to the employee's job tasks.</p> <p>(2) Failure to train each employee involved in maintaining the on-going integrity of process equipment in an overview of that process and its hazards and in the procedures applicable to the employee's job tasks to assure that the employee can perform the job tasks in a safe manner. 19 CCR 4.5 2762.4(a)</p>
J029	<p>(1) Failure to ensure at least once every three years, and more often if necessary, refresher and supplemental training is provided to each employee involved in operating a process in order to ensure the employee understands and adheres to the current operating procedures of the process. Failure to determine the appropriate frequency and content of refresher training, in consultation with the employees involved in operating the process.</p> <p>(2) Failure to provide effective refresher and supplemental training at least once every three years, and more often if necessary, to each maintenance employee to ensure that each employee understands and adheres to current maintenance procedures. 19 CCR 4.5 2762.4(b)</p>
J030	<p>Failure to ensure that each employee involved in operating a process has received, understood and successfully completed training as specified by section 2762.4. Failure to prepare, after the initial or refresher training, a certification record containing the identity of the employee, the date(s) of training, the means used to verify that the employee understood the training, and the signature(s) of the person administering the training. 19 CCR 4.5 2762.4(c)</p>
J031	<p>Failure to develop and implement an effective written program that includes:</p> <p>(1) the requirements that an employee must meet in order to be designated as qualified, and</p> <p>(2) employee testing procedures to verify understanding and to ensure competency in job skill levels and work practices that protect employee and public safety and health. 19 CCR 4.5 2762.4(d)</p>
J032	<p>Failure to develop and implement an effective training program to ensure that all affected employees are aware of and understand all Program 4 elements described in Article 6.5. Failure to complete the initial training required in section 2762.4 within twenty-four (24) months following the effective date of section 2762.4. Employees and employee representatives participating in a specialized team pursuant to 2762.13 shall be trained in the Program elements relevant to that team. 19 CCR 4.5 2762.4(e)</p>
J033	<p>Failure to provide for employee participation in developing and implementing the training program, pursuant to section 2762.10. 19 CCR 4.5 2762.4(f)</p>

Mechanical Integrity

Violation #	Summary
H926	Failure to develop, implement, and maintain effective written procedures to ensure the ongoing integrity of process equipment. (1) Failure to ensure the procedures provide clear instructions for safely conducting maintenance activities on process equipment, consistent with the Process Safety Information. (2) Failure to ensure the procedures and inspection documents developed under subsection 2762.5 are readily accessible to employees and employee representatives pursuant to section 2762.10. 19 CCR 4.5 2762.5(a)
J035	(1) Failure to ensure inspections and tests are performed on process equipment, using procedures that meet or exceed recognized and generally accepted good engineering practices (RAGAGEP). (2) Failure to ensure the frequency of inspections and tests of process equipment are consistent with (1) the applicable manufacturers' recommendations, (2) RAGAGEP, or (3) internal practices that are more protective than (1) or (2). Failure to ensure inspections and tests are conducted more frequently if necessary, based on the operating experience with the process equipment. (3) Failure to retain a certification record to document that each inspection and test has been performed in accordance with subsection 2762.5. Failure to ensure the certification record identifies the date of the inspection; the name of the person who performed the inspection or test; a description of the inspection or test performed; the results of the inspection or test; and the serial number or other identifier of the equipment on which the inspection or test was performed. 19 CCR 4.5 2762.5(b)
J036	Failure to correct equipment deficiencies to ensure safe operation of process equipment. Failure to ensure repair methodologies are consistent with RAGAGEP or more protective internal practices. 19 CCR 4.5 2762.5(c)
J037	(1) Failure to ensure that all process equipment at a minimum complies with the criteria established in subsection 2762.1(d). Failure to ensure that all process equipment is: (1) suitable for the process application for which it is or will be used; (2) fabricated from the proper materials of construction; (3) designed, constructed, installed, maintained, inspected, tested, operated and replaced in compliance with the manufacturer's and any other design specifications and all applicable codes and standards. (2) Failure to ensure and document newly installed process equipment or existing process equipment for which no RAGAGEP exists, are designed, built, installed, maintained, inspected, tested and operated in a safe manner. (3) Failure to conduct regularly scheduled checks and inspections as necessary to ensure that the requirements of paragraph (1) are met. (4) Failure to ensure that maintenance materials, spare parts and equipment meet design specifications and applicable codes. (5) Failure to establish a process for evaluating new or updated equipment codes and standards and implementing changes as appropriate to ensure safe operation. 19 CCR 4.5 2762.5(d)
H927	Failure to complete a Damage Mechanism Review (DMR) for each process for which a damage mechanism exists. Failure to document the rationale for the determination that no damage mechanism exists, where no DMR is performed. Failure to determine and document the priority order for conducting the DMR based on process operating history, PHA schedule and inspection records. Failure to complete no less than 50 percent of the initial DMRs within three (3) years of the effective date of Article 6.5, and the remainder within five (5) years of the effective date of Article 6.5. 19 CCR 4.5 2762.5(e)(1)
H928	Failure to update a DMR at least once every five (5) years consistent with the requirements of Section 2762.5. 19 CCR 4.5 2762.5(e)(2)
H929	Failure to review a DMR as part of a major change on a process for which a damage mechanism exists, prior to approval of the change. Failure to conduct a DMR for a major change that may introduce a damage mechanism, prior to approval of the change. Failure to review the most recent DMR(s) that are relevant to the investigation, as part of an incident investigation pursuant to section 2762.9, where a damage mechanism is identified as a contributing factor. Failure to conduct and complete a DMR prior to implementation of corrective actions pursuant to section 2762.16(d) and (e), where a DMR has not been performed on the processes that are relevant to the investigation. 19 CCR 4.5 2762.5(e)(3)
H930	Failure to ensure the DMR for a process unit is available to the team performing a PHA for that process unit. 19 CCR 4.5 2762.5(e)(4)
H931	Failure to ensure the DMR is performed by a team with expertise in engineering, operation of the processes under review, equipment and pipe inspection, and damage and failure mechanisms. Failure to ensure the team also includes one member knowledgeable in the specific DMR method being used. Failure to provide for employee participation in this process, pursuant to section 2762.10. 19 CCR 4.5 2762.5(e)(5)
H932	Failure to ensure the DMR for each process unit includes: (A) Assessment of Process Flow Diagrams (PFDs); (B) Identification of all potential damage mechanisms pursuant to subsection 2762.5 (e)(7) ; (C) Determination that the materials of construction are appropriate for their application and are resistant to potential damage mechanisms; (D) A discussion of the conditions that cause the damage mechanism and how rapidly the damage may progress; (E) Methods to prevent or mitigate damage; (F) Review of operating parameters to identify operating conditions that could accelerate damage or that could minimize or eliminate damage 19 CCR 4.5 2762.5(e)(6)
H933	Failure to ensure damage mechanisms, for the purposes of section 2762.5, include, but are not limited to; (A) Mechanical loading failures, such as ductile fracture, brittle fracture, mechanical fatigue, and buckling; (B) Erosion, such as abrasive wear, adhesive wear, and fretting; (C) Corrosion, such as uniform corrosion, localized corrosion, and pitting; (D) Thermal-related failures, such as creep, metallurgical transformation, and thermal fatigue; (E) Cracking, such as stress-corrosion cracking; and (F) Embrittlement, such as high-temperature hydrogen attack. 19 CCR 4.5 2762.5(e)(7)
H934	Failure to ensure DMRs include: 1. An assessment of previous experience with the process including the inspection history and all damage mechanism data; 2. A review of industry-wide experience with the process; and 3. Applicable standards, codes and practices.. 19 CCR 4.5 2762.5(e)(8)

H935	Failure to ensure the team prepare a written DMR, at the conclusion of the analysis, that includes; (A) The process unit(s) reviewed; (B) Damage mechanisms analyzed; (C) Results of the analyses conducted according to subsection 2762.5 (e)(7); (D) Recommendations for temporary mitigation; (E) Recommendations for prevention. 19 CCR 4.5 2762.5(e)(9)
H936	Failure to provide and, upon request, review the report with all operating, maintenance, and other personnel, whose work assignments are within the process unit covered in the DMR. 19 CCR 4.5 2762.5(e)(10)
H937	Failure to follow the corrective action work process documented in subsections 2762.16 (d) and (e) when resolving the DMR team's findings and recommendations, determining corrective action for implementation, tracking to completion, and documentation of closeout. 19 CCR 4.5 2762.5(e)(11)
H938	Failure to retain DMR reports for the life of the process unit. 19 CCR 4.5 2762.5(e)(12)

Management of Change

Violation #	Summary
H939	Failure to develop, implement and maintain effective written Management of Change (MOC) procedures to manage changes in process chemicals, technology, procedures, process equipment, and facilities. Failure to also develop, implement and maintain written Management of Organizational Change (MOOC) procedures to manage changes in personnel or organizational issues. The MOC procedure shall include provisions for temporary repairs, including temporary piping or equipment repairs. 19 CCR 4.5 2762.6(a)
H940	Failure to ensure the MOC procedures address and document the following items prior to any change: (1) The technical basis for the proposed change;(2) Potential process safety impacts of the change; (3) Modifications to operating and maintenance procedures or development of new operating and maintenance procedures; (4) The time period required for the change; and (5) Authorization requirements for the proposed change. 19 CCR 4.5 2762.6(b)
H941	Failure to review or conduct a DMR pursuant to subsection 2762.5(e), and perform a Hierarchy of Hazard Control Analysis (HCA) pursuant to section 2762.13, prior to implementation of a major change. Failure to include the findings of the DMR and recommendations of the HCA in the MOC documentation. 19 CCR 4.5 2762.6(c)
H942	Failure to use qualified personnel and appropriate methods for MOCs based upon hazard, complexity and type of change. 19 CCR 4.5 2762.6(d)
H943	Failure to provide for employee participation, pursuant to section 2762.10. 19 CCR 4.5 2762.6(e)
H944	Failure to ensure employees involved in the process as well as maintenance workers whose job tasks will be affected by a change, are informed of, and effectively trained in the change in a timely manner, prior to implementation of the change. Failure to make the MOC documentation available to and require effective training in the change prior to implementation of the change, pursuant to section 2762.12, for contractors and employees of contractors who are operating the process and whose job tasks are affected by a change. 19 CCR 4.5 2762.6(f)
H945	Failure to update information as soon as possible for a change covered by section 2762.6 that results in a change to the Process Safety Information required by section 2762.1. 19 CCR 4.5 2762.6(g)
H946	Failure to update procedures prior to the start-up of the process for a change covered by section 2762.6 that results in a change to the Operating Procedures required by section 2762.3, or results in a change in the written procedures to maintain the ongoing integrity of process equipment required by section 2762.5. 19 CCR 4.5 2762.6(h)
H947	Failure to develop, implement, and maintain effective written procedures to manage organizational change. 19 CCR 4.5 2762.6(i)
H948	Failure to designate a team to conduct a Management of Organizational Change (MOOC) assessment prior to reducing staffing levels, reducing classification levels of employees, changing shift duration, or substantively increasing employee responsibilities at or above 15%. Failure to ensure this requirement also applies to using contractors in permanent positions. 19 CCR 4.5 2762.6(j)
H949	Failure to ensure the MOOC is in writing and includes a description of the change being proposed; the makeup of the team responsible for assessing the proposed change; the factors evaluated by the team; the rationale for the team's decision to implement or not implement the change; and the team's findings and recommendations. (1) Failure to ensure that the job function descriptions are current and accurate for all positions potentially affected by the change prior to conducting the MOOC. (2) Failure to provide for employee participation pursuant to section 2762.10. (3) Failure to include an assessment of human factors, pursuant to section 2762.15, for All MOOC analyses. (4) Failure to ensure the stationary source manager, or his or her designee, certify based on information and belief formed after reasonable inquiry that the MOOC assessment is accurate and that the proposed organizational change(s) meets the requirements of section 2762.6. 19 CCR 4.5 2762.6(k)
H950	Failure to inform all employees potentially affected by the change prior to implementing a change. 19 CCR 4.5 2762.6(l)

Pre-Startup Safety Review

Violation #	Summary
H951	Failure to perform a pre-startup safety review (PSSR) for new processes, for modified processes if the modification necessitates a change in the Process Safety Information, and for partial and unplanned shutdowns. Failure to also conduct a PSSR for all turnaround work performed on a process. 19 CCR 4.5 2762.7(a)
H952	Failure to confirm, as a verification check, independent of the management of change process, that prior to the introduction of highly hazardous materials to a process: (1) Construction, maintenance, and repair work has been performed in accordance with design specifications; (2) Process equipment has been maintained and is operable in accordance with design specifications; (3) Effective safety, operating, maintenance, and emergency procedures are in place; (4) For new process units, a PHA, HCA, DMR, and SPA have each been performed as applicable pursuant to Article 6.5, and recommendations have been implemented or resolved before start-up. For new or modified processes, all changes have been implemented in accordance with the requirements contained in the MOC, section 2762.6; and, (5) Training of each operating employee and maintenance employee affected by the change has been completed. 19 CCR 4.5 2762.7(b)
H953	Failure to designate as the employee representative, pursuant to section 2762.10, an operating employee who currently works in the unit and has expertise and experience in the process being started. 19 CCR 4.5 2762.7(c)

Compliance Audit

Violation #	Summary
H954	Failure of the owner or operator to certify that they have evaluated compliance with the provisions of Article 6.5 at least every three years to verify that the procedures and practices developed under Article 6.5 are adequate and are being followed. 19 CCR 4.5 2762.8(a)
H955	Failure to ensure the compliance audit is conducted by at least one person knowledgeable of the requirements of Article 6.5 under review. 19 CCR 4.5 2762.8(b)
H956	Failure to prepare a written report of the compliance audit that includes the scope, methods used, questions asked to assess each program element along with findings and recommendations of the compliance audit. Failure to ensure the written report also documents the qualifications of those persons performing the compliance audit. Failure to make the report available to employees and employee representatives, in accordance with section 2762.10. Failure to respond in writing within 60 calendar days to any written employee or employee representative comments on the written audit report. 19 CCR 4.5 2762.8(c)
H957	Failure to follow the corrective action work process documented in subsections 2762.16 (d) and (e) when developing the resolution and implementation of the compliance audit recommendations. 19 CCR 4.5 2762.8(d)
H958	Failure to retain the three (3) most recent compliance audit reports. 19 CCR 4.5 2762.8(e)
H959	Failure to consult with operators with expertise and experience in each process audited and document the findings and recommendations from these consultations in the audit report, as part of the compliance audit. 19 CCR 4.5 2762.8(f)

Incident Investigation

Violation #	Summary
H960	Failure to develop, implement, and maintain effective written procedures for promptly investigating and reporting any incident that results in or could reasonably have resulted in a major incident. 19 CCR 4.5 2762.9(a)
H961	Failure to ensure written procedures include an effective method for conducting a thorough root cause analysis. 19 CCR 4.5 2762.9(b)
H962	Failure to initiate the incident investigation as promptly as possible, but no later than 48 hours following an incident. 19 CCR 4.5 2762.9(c)
H963	Failure to ensure an incident investigation team is established and, at a minimum, consist of a person with expertise and experience in the process involved, a person with expertise in the owner or operator's root cause analysis method, and a person with expertise in overseeing the investigation and analysis. Failure to provide for employee participation in this process, pursuant to section 2762.10. Failure to ensure an employee and employee representative of that contractor, if applicable, is also included on the investigation team if the incident involved the work of a contractor. 19 CCR 4.5 2762.9(d)
H964	Failure to ensure the incident investigation team implement the owner or operator's root cause analysis method to determine the underlying causes of the incident. Failure to ensure the analysis include identification of management system causes, including organizational and safety culture causes. 19 CCR 4.5 2762.9(e)
H965	Failure to ensure the team review the related DMRs that were performed pursuant to section 2762.5(e) and incorporate the applicable findings from these DMRs into the incident investigation. 19 CCR 4.5 2762.9(f)
H966	Failure to ensure the incident investigation team develop recommendations to address the findings of the investigation. Failure to ensure recommendations include interim actions that will reduce the risk of a recurrence or similar incident until final actions can be implemented. Failure to perform an HCA pursuant to section 2762.13, for recommendations that result from the investigation of a major incident. Failure to append the HCA report to the final investigation report. 19 CCR 4.5 2762.9(g)
H967	Failure to submit a written report for major incidents to the UPA within 90 calendar days of the incident. Failure to prepare a status report within 90 calendar days of the incident and every 30 calendar days thereafter until the investigation is complete for cases where the owner or operator has demonstrated that additional time is needed due to the complexity of the investigation. Failure to submit a final report within five (5) months of the incident. 19 CCR 4.5 2762.9(h)
H968	Failure to ensure the investigation report include: (1) Date and time of the incident; (2) Date and time the investigation began; (3) A detailed description of the incident; (4) The factors that caused or contributed to the incident, including direct causes, indirect causes and root causes, determined through the root cause analysis; (5) A list of any DMR(s), PHA(s), HCA(s), and SPA(s) that were reviewed as part of the investigation; (6) Interim recommendations to prevent a recurrence or similar incident; (7) Recommendations for permanent corrective actions. 19 CCR 4.5 2762.9(i)
H969	Failure to ensure the report is provided to and, upon request, reviewed with employees whose job tasks are affected by the incident. Failure to ensure investigation reports are also made available to all operating, maintenance, and other personnel, including employees of contractors where applicable, whose work assignments are within the facility where the incident occurred or whose job tasks are relevant to the incident findings. Failure to ensure investigation reports are provided upon request to employee representatives, and where applicable, contractor employee representatives. 19 CCR 4.5 2762.9(k)
H970	Failure to follow the corrective action work process documented in subsections 2762.16 (d) and (e), when resolving the investigation team's findings and recommendations, determining action items for implementation, tracking to completion, and documentation of closeout. Failure to ensure the corrective action plan include review, and revalidation as necessary, of the appropriate portions of all relevant PHAs and DMRs. 19 CCR 4.5 2762.9(l)
H971	Failure to ensure incident investigation reports are retained for the life of the process unit. 19 CCR 4.5 2762.9(m)
H972	Failure to assist the UPA in conducting an independent analysis, when the UPA chooses to perform an independent Process Safety Culture Assessment (PSCA), Incident Investigation, evaluation of the ARP management system or Human Factors Analysis after a major incident pursuant to section 2775.2.5. 19 CCR 4.5 2762.9(n)

Employee Participation

Violation #	Summary
H973	<p>Failure to develop, implement and maintain a written plan to effectively provide for employee participation in Accidental Release Prevention elements, as required by Article 6.5. Failure to ensure the plan include provisions that provide for the following:</p> <p>(1) Effective participation by affected operating and maintenance employees and employee representatives, throughout all phases, in performing PHAs, DMRs, HCAs, MOCs, MOOCs, Process Safety Culture Assessments (PSCAs), Incident Investigations, SPAs, and PSSRs;</p> <p>(2) Effective participation by affected operating and maintenance employees and employee representatives, throughout all phases of in the development, training, implementation and maintenance of the Accidental Release Prevention elements required by Article 6.5.</p> <p>(3) Access by employees and employee representatives to all documents or information developed or collected by the owner or operator pursuant to Article 6.5, including information that might be subject to protection as a trade secret 19 CCR 4.5 2762.10(a)</p>
H974	<p>Failure to establish effective procedures in consultation with employees for the selection of employee representatives, where employees are not represented by an authorized collective bargaining agent. 19 CCR 4.5 2762.10(c)</p>

Hot Work Permit

Violation #	Summary
H975	<p>Failure to issue a hot work permit for hot work operations conducted on or near a covered process. 19 CCR 4.5 2762.11(a)</p>
H976	<p>Failure to ensure the permit documents that the fire prevention and protection requirements in section 5189 of Title 8 of CCR have been implemented prior to beginning the hot work operations; failure to indicate the date(s) and time(s) authorized for hot work; and identify the equipment or process on which hot work is to be performed. Failure to ensure the permit is kept on file for one year. 19 CCR 4.5 2762.11(b)</p>

Contractors

Violation #	Summary
H977	<p>(1) Failure to obtain and evaluate information regarding the contract owner or operator's safety performance and programs, when selecting a contractor, and require that its contractors and any subcontractors use a skilled and trained workforce pursuant to Health and Safety Code Section 25536.7.</p> <p>(2) Failure to inform the contract owner or operator and ensure that the contract owner or operator has informed each of its employees of the work practices necessary to safely perform his or her jobs, including but not limited to: the potential hazards related to their jobs; applicable refinery safety rules; and in the applicable provisions of the stationary source's emergency action plan.</p> <p>(3) Failure to explain to the contract owner or operator the applicable provisions of Article 7.</p> <p>(4) Failure to develop and implement effective written procedures to ensure the safe entry, presence, and exit of the contract owner or operator and contract employees in process areas.</p> <p>(5) Failure to periodically evaluate the performance of the contract owner or operator in fulfilling their obligations as specified in subsection 2762.12 (c).</p> <p>(6) Failure to ensure and document that the requirements of section 2762.12 are performed and completed by the contractor owner or operator. 19 CCR 4.5 2762.12(b)</p>
H978	<p>(1) Failure to ensure that each contract employee is trained in the work practices necessary to safely perform his or her jobs, including but not limited to: the potential hazards related to their jobs; applicable refinery safety rules; and in the applicable provisions of the stationary source's emergency action plan, and shall meet the requirements of Health and Safety Code Section 25536.7.</p> <p>(2) Failure to document that each contract employee has successfully completed the training required by section 2762.12 by maintaining a record identifying:</p> <p>(A) each employee who has received training;</p> <p>(B) the date(s) and subject(s) of training each employee has received;</p> <p>(C) and the means used to verify that the employee understood the training received.</p> <p>(3) Failure to ensure that each contract employee follows the safety and health procedures of the stationary source.</p> <p>(4) Failure to advise the owner or operator of any specific hazards presented by the contract owner or operator's work, or of any hazards found by the contract owner or operator while performing work for the stationary source. 19 CCR 4.5 2762.12(c)</p>

Hierarchy of Hazard Control Analysis

Violation #	Summary
H979	Failure to conduct an HCA for all existing processes. Failure to ensure the HCA for existing processes is performed in accordance with the following schedule, and may be performed in conjunction with the PHA schedule: (1) No less than 50% of existing processes within three (3) years of the effective date of Article 6.5; (2) Remaining processes within five (5) years of the effective date of Article 6.5. 19 CCR 4.5 2762.13(a)
H980	Failure to also conduct an HCA in a timely manner in the following instances: (1) For all PHA recommendations for each scenario that identifies the potential for a major incident; (2) Whenever a major change is proposed at a facility, as part of a Management of Change review required by section 2762.6; (3) When a major incident occurs, on the recommendations of the incident investigation report required by section 2762.9; and (4) During the design and review of new processes, new process units, and new facilities, and their related process equipment. An HCA report prepared for this purpose shall be provided to the UPA. 19 CCR 4.5 2762.13(b)
H981	Failure to update all HCAs consistent with the requirements of section 2762.13 at least once every five years, in conjunction with the PHA schedule. 19 CCR 4.5 2762.13(c)
H982	Failure to perform, update, and document an HCA by a team with expertise in engineering and process operations and the team shall include at least one operating employee who currently works on the process and has experience and knowledge specific to the process being evaluated. Failure to ensure the team also include one member knowledgeable in the HCA method being used. Failure to provide for employee participation in this process, pursuant to section 2762.10. Failure to ensure the team consult with individuals with expertise in damage mechanisms, process chemistry, and control systems, as necessary. 19 CCR 4.5 2762.13(d)
H983	Failure to ensure the HCA team: (1) Include all risk-relevant data for each process or recommendation, including incident investigation reports pursuant to section 2762.9; (2) Identify, characterize and prioritize each process safety hazard. (3) Identify, analyze, and document all inherent safety measures and safeguards (or where appropriate, combinations of measures and safeguards) in an iterative manner to reduce each hazard to the greatest extent feasible. Identify, analyze, and document relevant, publicly available information on inherent safety measures and safeguards. This information shall include inherent safety measures and safeguards that have been: (A) achieved in practice by the petroleum refining industry and related industrial sectors; or, (B) required or recommended for the petroleum refining industry, and related industrial sectors, by a federal or state agency, or local California agency, in a regulation or report. 19 CCR 4.5 2762.13(e)
H984	Failure to ensure the team develop written recommendations to eliminate hazards to the greatest extent feasible using first order inherent safety measures for each process safety hazard identified using the analysis required by subsection (e). Failure to ensure the team develop written recommendations to reduce any remaining hazards to the greatest extent feasible using second order inherent safety measures. Failure to ensure the team also develop written recommendations to address any remaining risks in the following sequence and priority order, as necessary: (1) Effectively reduce remaining risks using passive safeguards; (2) Effectively reduce remaining risks using active safeguards; (3) Effectively reduce remaining risks using procedural safeguards. 19 CCR 4.5 2762.13(f)
H985	Failure to ensure the HCA team complete an HCA report within 90 calendar days following development of the recommendations. Failure to ensure the report includes: (1) A description of the composition, experience, and expertise of the members of the team that performed the HCA; (2) A description of the methodology used by the team; (3) A description of each process safety hazard analyzed by the team, pursuant to subsection 2762.13 (e)(2); (4) A description of the inherent safety measure(s) and safeguards analyzed by the team, pursuant to subsection 2762.13 (e)(3); and (5) The rationale for the inherent safety measures and safeguards recommended by the team for each process safety hazard, pursuant to subsection 2762.13 (f). 19 CCR 4.5 2762.13(g)
H986	Failure to follow the corrective action work process documented in subsections 2762.16 (d) and (e) when resolving the HCA team's finding and recommendations determining corrective action for implementation, tracking to completion, and documentation of closeout. 19 CCR 4.5 2762.13(h)
H987	Failure to retain all HCA reports for the life of each process. 19 CCR 4.5 2762.13(i)

Process Safety Culture Assessment

Violation #	Summary
H988	Failure to develop, implement and maintain an effective Process Safety Culture Assessment (PSCA) program. 19 CCR 4.5 2762.14(a)
H989	Failure to conduct an effective PSCA and produce a written report and action plan within eighteen (18) months following the effective date of Article 6.5 and at least once, every five (5) years thereafter. (1) The owner or operator's hazard reporting program; (2) The owner or operator's response to reports of hazards; (3) The owner or operator's procedures to ensure that incentive programs do not discourage reporting of hazards; (4) The owner or operator's procedures to ensure that process safety is prioritized during upset or emergency conditions; and (5) Management commitment and leadership. 19 CCR 4.5 2762.14(b)
H990	Failure to ensure the PSCA is conducted or overseen by a team that includes at least one person knowledgeable in refinery operations and at least one employee representative. Failure to provide for employee participation in the development and implementation of the PSCA, report, and recommendations, pursuant to section 2762.10. Failure to ensure the team consult with at least one employee or another individual with expertise in assessing process safety culture in the petroleum refining industry. 19 CCR 4.5 2762.14(c)
H991	Failure to ensure the PSCA team develop a written report within 90 calendar days of completion of the assessment. Failure to ensure the report includes: (1) The method(s) used to assess the process safety culture; (2) The conclusions of the process safety culture assessment; (3) The rationale for the conclusions; and (4) The recommendations to address the findings from the PSCA. 19 CCR 4.5 2762.14(d)
H992	Failure to develop corrective actions based on the PSCA team recommendations and implement the corrective actions within twenty-four (24) months of the completion of the report. 19 CCR 4.5 2762.14(e)
H993	Failure to ensure the PSCA team conduct a written interim assessment of the implementation and effectiveness of each PSCA corrective action within three (3) years following the completion of the PSCA report. For a corrective action found to be ineffective, failed to implement changes necessary to ensure effectiveness in a timely manner not to exceed six months. 19 CCR 4.5 2762.14(f)
H994	Failure to ensure the stationary source manager or his or her designee serve as signatory to all process safety culture assessment reports and corrective action plans. 19 CCR 4.5 2762.14(g)
H995	Failure to ensure the PSCA report and action plan and the three year interim assessment are communicated and made available to employees, their representatives and participating contractors within 60 calendar days of the completion of the report. 19 CCR 4.5 2762.14(h)

Human Factors Program

Violation #	Summary
H996	Failure to develop, implement and maintain an effective written Human Factors Program within eighteen (18) months of the effective date of Article 6.5. 19 CCR 4.5 2762.15(a)
H997	Failure to include a written analysis of human factors where relevant in the design phase of a major change, incident investigations, PHAs, MOOCs, and HCAs. Failure to ensure the analysis includes a description of selected methodologies and criteria for their use. 19 CCR 4.5 2762.15(b)
H998	Failure to ensure the human factors analysis use an effective method of evaluating the following: staffing levels; the complexity of tasks; the length of time needed to complete tasks; the level of training, experience, and competency of employees; the human-machine and human-system interface; the physical challenges of the work environment in which the task is performed; employee fatigue, including contractor employees and other effects of shiftwork and overtime; communication systems; and the understandability and clarity of operating and maintenance procedures. Failure to ensure the human factors analysis of process controls includes the following areas: (1) Error proof mechanisms; (2) Automatic Alerts; and (3) Automatic System Shutdowns. 19 CCR 4.5 2762.15(c)
H999	Failure to include an analysis of human factors in new and revised operating and maintenance procedures. 19 CCR 4.5 2762.15(d)
J001	Failure to develop a schedule for revising existing operating and maintenance procedures based on a human factors analysis. Failure to complete no less than fifty (50) percent of assessments and revisions within three (3) years following the effective date of Article 6.5 and one hundred (100) percent within five (5) years. 19 CCR 4.5 2762.15(e)
J002	Failure to train all of their employees that have process and process equipment responsibilities on the Human Factors Program. 19 CCR 4.5 2762.15(f)
J003	Failure to provide for employee participation in the development and implementation of the Human Factors Program, pursuant to section 2762.10. 19 CCR 4.5 2762.15(g)
J004	Failure to make available and provide on request a copy of the written Human Factors Program to employees and their representatives, and to affected contractors, contractor employees, and contractor representatives. 19 CCR 4.5 2762.15(h)

Management System

Violation #		Summary
J005		Failure to develop and implement an effective written Accidental Release Prevention Program (ARP) Management System. Failure to review and update the ARP Management System every three (3) years. Failure to designate the stationary source manager as the person with authority and responsibility for compliance with section 2762.16, and maintain process safety goals that support continuous improvement. 19 CCR 4.5 2762.16(a)
J006		Failure to develop and maintain written ARP policies and procedures, as part of the ARP Management System, as described below: (1) Job descriptions of roles and responsibilities under each section of Article 6.5; (2) An organizational chart of management positions with responsibilities for each section of Article 6.5; (3) Written procedures for ensuring the effective communication of safety, operations, and maintenance information among and across process and maintenance personnel, contractors, support personnel, supervisors and senior management; (4) Policies and procedures to ensure that the findings, recommendations and corrective action of all sections in Article and the ARP Management System are communicated effectively to employees and employee representatives; and (5) Policies and procedures to effectively provide for employee participation in all applicable sections in Article 6.5 as specified in section 2762.10. 19 CCR 4.5 2762.16(b)
J007		Failure to track and document all changes to program elements under Article 6.5, as part of the ARP Management System. 19 CCR 4.5 2762.16(c)
J008		Failure to develop and document a corrective action work process to address findings and recommendations resulting from program elements. Failure to ensure the corrective action work plan for PSCAs is governed by section 2762.14. Failure to ensure the corrective action work process includes the requirements in subsection 2762.16 (e). 19 CCR 4.5 2762.16(d)
J009		Failure to comply with the following standards for findings and recommendations for the PHA, DMR, HCA, Incident Investigation, Compliance Audit and SPA: (1) All findings and recommendations must be provided by the team to the owner or operator at the earliest opportunity, but no later than 14 calendar days after recommendation and findings are complete. (2) The owner or operator may reject a team recommendation if the owner or operator can demonstrate in writing that one of the following applies: (A) The analysis upon which the recommendation is based contains material factual errors; (B) The recommendation is not relevant to process safety; or (C) The recommendation is infeasible; however, a determination of infeasibility shall not be based solely on cost. (3) The owner or operator may change a team recommendation if the owner or operator can demonstrate in writing that an alternative inherent safety measure would provide an equivalent or higher order of inherent safety, or, for a safeguard recommendation, an alternative safeguard would provide an equally or more effective level of protection. 19 CCR 4.5 2762.16(e) (1), 2762.16(e)(2), 2762.16(e)(3)
J010		Failure to document where any of the conditions in subsection 2762.16 (e)(2) or (e)(3) is applied for the purpose of changing or rejecting a team recommendation. Failure to ensure that each recommendation that is changed or rejected by the owner or operator is communicated to onsite team members for comment and made available to offsite team members for comment. 19 CCR 4.5 2762.16(e)(4)
J011		Failure to document any written comments from all team members on any rejected or changed findings and recommendations. 19 CCR 4.5 2762.16(e)(5)
J012		Failure to document a final decision for each recommendation and communicate it to onsite team members and make it available to offsite team members. 19 CCR 4.5 2762.16(e)(6)
J013		Failure to develop and document corrective actions to implement each accepted recommendation, including documentation of a completion date and assignment of responsibility for completion of each corrective action. Failure to ensure all target dates are consistent with the requirements of subsections 2762.16 (10) through (13) below for completion of corrective actions. 19 CCR 4.5 2762.16(e)(7)
J014		Failure to ensure that a corrective action requiring revalidation or update of any applicable PHA, HCA, DMR, or SPA is subject to the corrective action requirements in subsections 2762.16 (9) and (11) through (12). Failure to promptly append any revalidated or updated PHA, DMR, HCA, or SPA, to the applicable report. 19 CCR 4.5 2762.16(e)(8)
J015		Failure to promptly complete all corrective actions and comply with the completion dates required by subsection 2762.16 (e). Failure to conduct a MOC pursuant to section 2762.6 for any proposed change to a completion date. Failure to make all completion dates available, upon request, to all affected operation and maintenance employees and employee representatives. 19 CCR 4.5 2762.16(e)(9)
J016		Failure to prioritize and promptly complete corrective actions addressing process safety hazards, either through permanent corrections or interim safeguards sufficient to prevent the potential for a major incident, pending permanent corrections. 19 CCR 4.5 2762.16(e)(10)
J017		Failure to ensure each corrective action except as specified under subsection 2762.16 (10) that does not require a process shutdown is completed within two and half years after the completion of the analysis or review unless the owner or operator demonstrates in writing that it is not feasible to do so. 19 CCR 4.5 2762.16(e)(11)
J018		Failure to ensure each corrective action from a compliance audit is completed within one and half years after the completion of the analysis or review unless the owner or operator demonstrates in writing that it is not feasible to do so. Failure to ensure each corrective action from an incident investigation is completed within one and half years after completion of the investigation unless the owner or operator demonstrates in writing that it is infeasible to do so. 19 CCR 4.5 2762.16(e)(12)
J019		Failure to ensure each corrective action requiring a process shutdown is completed during the first regularly scheduled turnaround of the applicable process, subsequent to completion of the PHA, SPA, DMR, HCA, MOC, compliance audit or incident investigation, unless the owner or operator demonstrates in writing it is not feasible to do so. 19 CCR 4.5 2762.16(e)(13)

J020	<p>Failure to ensure that interim safeguards are sufficient to prevent the potential for a major incident, pending permanent corrections, where a corrective action cannot be implemented within the times described in (10) through (13). Failure to document all corrective actions delayed beyond the timelines established in subsection 2762.16 (e). The documentation shall include:</p> <p>(A) The rationale for deferring the corrective action(s); (B) The documentation required under the MOC process; (C) A timeline describing when the corrective action(s) will be implemented; and (D) An effective plan to make available the rationale and revised timeline to all affected employees and their representatives. 19 CCR 4.5 2762.16(e)(14)</p>
J021	<p>Failure to track each corrective action item to completion and append the documentation of completion to the applicable PHA, DMR, HCA, SPA, compliance audit, or incident investigation report. 19 CCR 4.5 2762.16(e)(15)</p>
J022	<p>Failure to develop and implement the following, within 90 calendar days of the effective date of Article 6.5, in consultation with employees and employees representatives:</p> <p>(1) Effective Stop Work procedures that ensure:</p> <p>(A) The authority of all employees, including employees of contractors, to refuse to perform a task where doing so could reasonably result in death or serious physical harm; (B) The authority of all employees, including employees of contractors, to recommend to the operator in charge of a unit that an operation or process be partially or completely shut-down, based on a process safety hazard; and, (C) The authority of the qualified operator in charge of a unit to partially or completely shut-down an operation or process, based on a process safety hazard.</p> <p>(2) Effective procedures to ensure the right of all employees, including employees of contractors, to anonymously report hazards. The owner or operator shall respond in writing within 30 calendar days to written hazard reports submitted by employees, employee representatives, contractors, employees of contractors and contractor employee representatives. The owner or operator shall prioritize and promptly respond to and correct hazards that present the potential for death or serious physical harm. 19 CCR 4.5 2762.16(f)(1), 2762.16(f)(2)</p>
J023	<p>Failure to develop a system, within 90 calendar days of the effective date of section 2762.16, to document and enable employees to report information pursuant to subsections 2762.16 (f)(1) and (f)(2). 19 CCR 4.5 2762.16(g)</p>
J024	<p>Failure to report process safety performance indicators listed in subsection (A) through (E) below to CalEPA and the UPA every year on June 30 for the period from January 1 to December 31 of the prior year, starting one calendar year after the effective date of Article 6.5.</p> <p>(A) Past due inspections for piping and pressure vessels:</p> <p>i. Overdue inspection for piping and pressure vessels shall be reported. This information will not include relief devices, instrumentation, instrument air receivers, boilers, furnaces, atmospheric tanks, or rotating equipment. ii. Pressure vessels include but are not limited to: heat exchangers, columns, spheres, bullets as defined by CA Safety Order and U-stamped (or treated as such). The scope of the inspections for this reporting include external visual, condition monitoring location (CML) and nondestructive examination (NDE), and internal visual. Pressure vessel is defined by Title 8, Division 1, Chapter 4, Subchapter 1 Unfired Pressure vessel safety orders. iii. Process Piping and piping components excluding utility piping, the scope of the inspections shall include external visual, CML/NDE and internal visual as appropriate. iv. Past due is defined as overdue by the requirements listed in California Code of Regulations, Title 8, section 6857, API 510 and API 570. Deferral/extension when used shall follow the requirements contained within the above code and recommended practices. v. Inspections shall be defined by circuits rather than points. A circuit shall be defined by one of the following: isometrics, by process stream and piping class, or piece of equipment, such as a pressure vessel. When reporting past due inspections to Cal OES and the UPA, the owner or operator shall include the total number of circuits at the stationary source and the total number of annual planned circuit inspections for that year to provide context regarding the number of circuits/equipment defined by the inspection program at the facility.</p> <p>(B) Past due PHA corrective actions and seismic corrective actions shall be reported. If a stationary source receives an extension approved by the UPA, the new approved due date shall apply.</p> <p>(C) Past due Incident Investigation corrective actions shall be reported for major incidents. All major incidents that occur after the effective date of this Article are subject to this requirement.</p> <p>(D) Major incidents: The number of major incidents that have occurred since the effective date of this Article.</p> <p>(E) The number of temporary piping and equipment repairs that are installed on hydrocarbon and high energy utility systems that are past their date of replacement with a permanent repair and the total number of temporary piping and equipment repairs installed on hydrocarbon and high energy utility systems. The owner or operator shall document, but not report, the date the temporary piping repair was installed, and the date for the permanent repair is to be complete.</p> <p>(F) Past due item is an item that is not completed by the end of the month during the month that is due. Each month an item that is past due shall be counted overdue. If the item is continued from the prior month then it is also counted as a repeat item. The repeat row is a subset of the overdue items. The table below shall be used for each of the indicators listed above. 19 CCR 4.5 2762.16(h)(1)</p>
J025	<p>Failure to develop and measure, no later than six months after the effective date of Article 6.5, a list of site-specific indicators, consisting of activities and other events in order to evaluate the performance of its process safety systems for the purpose of continuous improvement. Failure to prepare an annual written report by June 30 of each year containing a compilation of these site specific indicators for the previous calendar year. Failure to ensure the stationary source manager or designee certify annually that the report is current and accurate. 19 CCR 4.5 2762.16(h)(2)</p>

Access to Documents and Information

Violation #	Summary
J026	<p>Failure to provide documents or information developed or collected pursuant to Article 6.5 to the UPA upon request. 19 CCR 4.5 2762.17</p>

General Facility Requirements

General Duty Clause

Violation #	Summary
J034	Failure to: 1. Identify hazards that may result from releases using appropriate hazard assessment techniques. 2. Design and maintain a safe facility taking those steps as are necessary to prevent releases. 3. Minimize the consequences of accidental releases that do occur. HSC 25531.2(b)

Violation #	Summary
H863	Administration/Documentation - General 19 CCR 4.5 Multiple Sections
H771	Administration/Documentation - General Local Ordinance
H101	Training - General 19 CCR 4.5 Multiple Sections
H773	Training - General Local Ordinance
H102	Operations/Maintenance - General 19 CCR 4.5 Multiple Sections
H774	Operations/Maintenance - General Local Ordinance
H140	Release/Leaks/Spills - General 19 CCR 4.5 Multiple Sections
H775	Release/Leaks/Spills - General Local Ordinance
H141	Abandonment/Illegal Disposal/Unauthorized Treatment - General 19 CCR 4.5 Multiple Sections
H776	Abandonment/Illegal Disposal/Unauthorized Treatment - General Local Ordinance