



Internal Operating Procedure
ISO 9001:2015 SOC NEVADA LLC

DOCUMENT No.
BOP.IOP.CAP.0001
REV. 7
PAGE 1 OF 11

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ISO 9001
Quality

TITLE:

**CARBON DIOXIDE LINE BREAKING PROCEDURE
FOR MERCURY STORAGE WAREHOUSES**

IT IS THE USERS RESPONSIBILITY TO ENSURE, PRIOR TO USE, THE REVISION OF THIS DOCUMENT IS THE LATEST AVAILABLE. CHECK THE MASTER LIST, IF UNSURE OF DOCUMENT STATUS, PRIOR TO USE. DOWNLOADED, PRINTED OR COPIED DOCUMENTS, UNLESS SUPPLIED AND SO INDICATED BY A DCA AS BEING A CONTROLLED DOCUMENT, ARE UNCONTROLLED.

APPROVAL SIGNATURES		
PREPARED/REVIEWED BY <i>Christina Holloway</i>	CHRISTINA HOLLOWAY, DCA BASE OPERATIONS	DATE <i>3-12-19</i>
APPROVED BY <i>[Signature]</i>	TYLER VIANI, ASSISTANT MANAGER INFRASTRUCTURE & GROUNDS	DATE <i>3/4/19</i>
APPROVED BY <i>[Signature]</i>	DALE McNALLY, SUPERVISOR EQUIPMENT MAINTENANCE	DATE <i>3/4/19</i>
APPROVED BY <i>[Signature]</i>	RICHARD JANDRON, SUPERVISOR FACILITY MAINTENANCE	DATE <i>03-04-19</i>
APPROVED BY <i>[Signature]</i>	TIMOTHY RUTHERFORD, FIRE CHIEF FIRE & EMERGENCY SERVICES	DATE <i>3/4/19</i>
<input type="checkbox"/> INITIAL RELEASE <input type="checkbox"/> ANNUAL REVIEW, NO REVISION REQUIRED <input checked="" type="checkbox"/> ANNUAL REVIEW, REVISION REQUIRED (SEE HISTORY BELOW)		

REVISION HISTORY			
REV	CHANGE DESCRIPTION	AUTHOR	DATE
7	ANNUAL REVIEW: UPDATED SIGNATORY AUTHORITY TO REFLECT CURRENT REQUIRED SIGNATURES. UPDATED MASTER TRAINING PLAN DOCUMENT NUMBER. ADDED APPLICABLE FORMS TO ATTACHMENTS. UPDATED DOCUMENT NUMBERS IN THE REFERENCE SECTION AND THROUGHOUT THE DOCUMENT.	CHRISTINA HOLLOWAY	03/2019
6	ANNUAL REVIEW: UPDATED SIGNATORY AUTHORITY TO REFLECT CURRENT REQUIRED SIGNATURES. CHANGED DOCUMENT TO ISO 9001:2015 FORMAT.	CHRISTINA HOLLOWAY	03/2018
5	ANNUAL REVIEW, UPDATED SIGNATORY AUTHORITY TO REFLECT CURRENT REQUIRED SIGNATURES.	CHRISTINA HOLLOWAY	05/2017

REFERENCE DOCUMENTS	
DOCUMENT NUMBER	DOCUMENT TITLE
QP.CAT.TAD.0001	Master Training Plan
SOC.QM.0001	SOC Quality Manual
SOC.MS.MP.0001	SOC Management Plan – Control of Documents
SOC.MS.MP.0002	SOC Management Plan – Control of Quality Records
SOC.MS.MP.0003	SOC Management Plan – Internal Quality Audits
SOC.MS.MP.0004	SOC Management Plan – Control of Non-Conforming Products
SOC.MS.MP.0005	SOC Management Plan – Corrective Action Risk Management
NAC 459.95418	Nevada Administrative Code- Compliance requirements for the State of Nevada Chemical Accident Prevention Program (CAPP)
QP.GMO.SAF.0003	SOC Nevada LLC- Safety Program

DOCUMENTS REFERENCED IN THIS PROCEDURE ARE APPLICABLE TO THE EXTENT SPECIFIED HEREIN

THIS DOCUMENT WILL BE REVIEWED AT LEAST ANNUALLY TO ENSURE ITS SUITABILITY



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1. PURPOSE

- 1.1. The purpose of this document is to ensure that employees can safely replace CO₂ tubing, valves and piping for preventative maintenance and also in the event of a CO₂ leak.

2. SCOPE

- 2.1 This document applies to preventative replacement of CO₂ lines, valves, and piping, and also to personnel who would respond to the area in the event of a leak.

3. DEFINITIONS AND ACRONYMS

- 3.1 **BOP** – Base Operations
- CO₂** - Carbon Dioxide
- FES** – Fire Emergency Services (HWAD/SOC Fire Department)
- IOP** – Internal Operating Procedure
- MP** – Management Plan
- PPE** – Personal Protective Equipment
- QMS** – Quality Management System

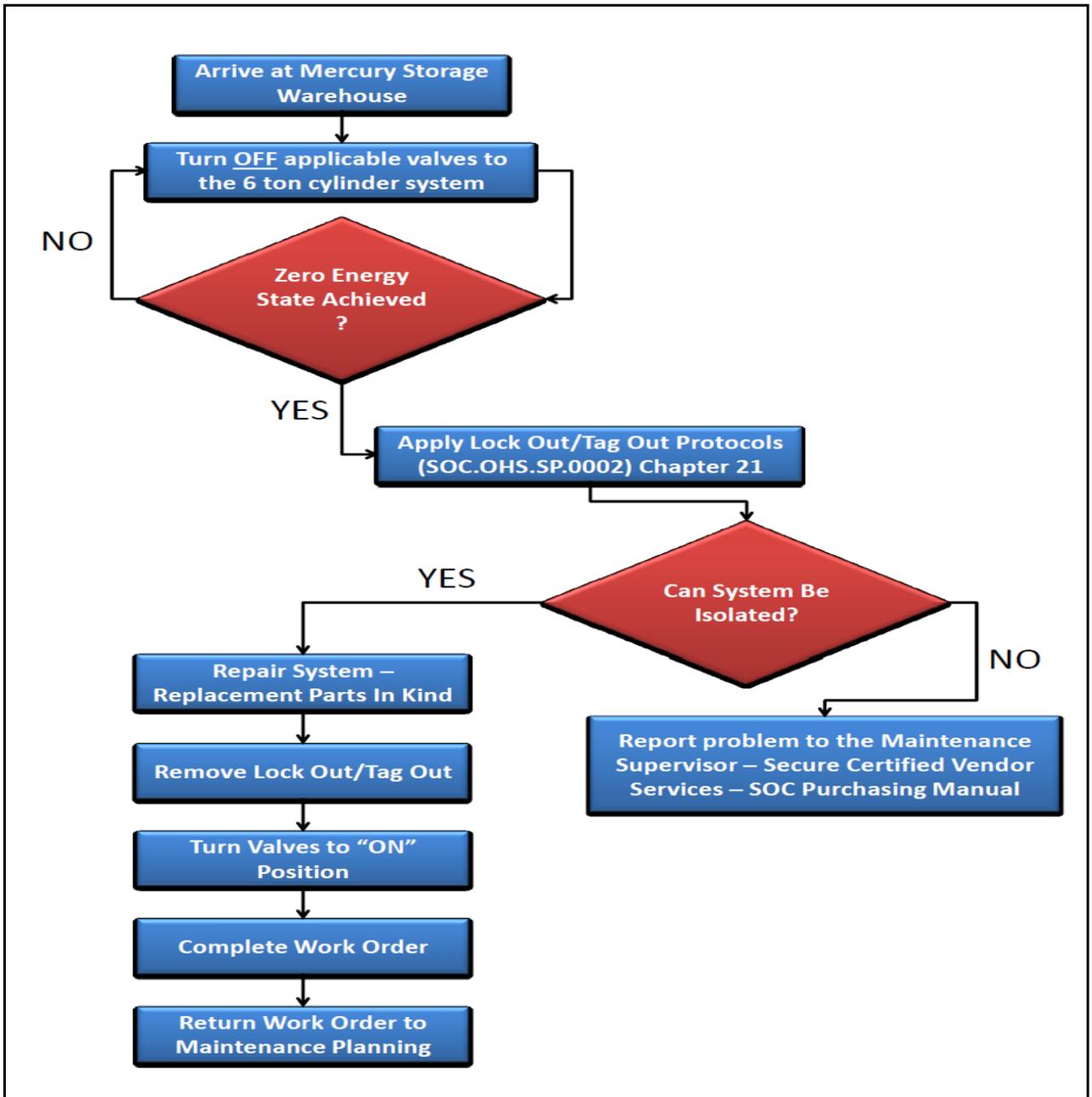
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4. FLOWCHART

4.1 The following flowchart applies to this instruction





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5. RESPONSIBILITIES

- 5.1 The maintenance supervisor shall ensure employees are trained to the requirements as noted in this procedure
- 5.2 All maintenance personnel shall follow this procedure and notify FES to have the Fire Inspector present prior to performing any maintenance/repairs and/or clear the warehouse if necessary.
- 5.3 Evaluate the energy state.
- 5.4 All maintenance personnel shall apply lockout/tag-out when a zero energy state is required.
- 5.5 The maintenance supervisor and FES personnel (Inspector, Chief, Asst. Chief) will evaluate the job site prior to beginning any work and determine the specific PPE requirement for personnel who will perform the line breaking activities.

6. PROCEDURE

- 6.1 Operators shall don all required PPE (i.e., gloves, eye and hear protection, hard hats etc)
- 6.2 Shut off valves to the applicable system on the six (6) ton cylinder and apply lock out/tag-out to achieve a zero (0) energy state.
 - 6.2.1 When the six (6) ton cylinder cannot be isolated, the cylinder must be depressurized by a certified/ qualified contractor/vendor.
- 6.3 Verify the cylinder valves are closed and that the lockout/tag-out has been applied.
- 6.4 Conduct the necessary repairs and/or replace required parts.
- 6.5 Remove the lock-out/tag-out and open the valves to place the system in a serviceable state.
- 6.6 When the system has to be depressurized, have the certified contractor/vendor refill and purge the system. The fire department will provide the filling valves.

7. METRICS

- 7.1 There are no metrics required for this document.



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8. QUALITY RECORDS

8.1 The following Quality Records shall be generated and managed in accordance with SOC.MS.MP.0002

QUALITY RECORDS			
RECORD REQUIRED	CUSTODIAN	RETENTION	DISPOSITION
Training Report	Area Supervisor	1 Year	Trash
Lockout Tagout Log	Maintenance Control	2 Years	Long Term Storage
Job Safety Analysis	Area Supervisor	2 Years	File

9. FORMS

9.1 The following forms are applicable to this document.

APPLICABLE FORMS	
FORM NUMBER	TITLE
DZHC 84-E	Training Report
SOC 595-E	Job Safety Analysis
SOC 695-E	Lockout Tagout Log



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10. ATTACHMENTS

10.1 Mercury Storage & Transfer Maintenance Operator's Statement



MERCURY STORAGE & TRANSFER MAINTENANCE OPERATION NAME/TYPE:	Carbon Dioxide Line Breaking Procedure for Mercury Storage Warehouses
DOCUMENT NUMBER:	BOP.IOP.CAP.0001
INSTRUCTION/TRAINING/DOCUMENT REVIEW PROVIDED BY:	

Employees are required to sign this statement:

1. When initially assigned to perform this task
2. When there has been a change to this procedure and it has affected supporting procedures and/or a Management of Change has been initiated.
3. At least annually or once time per quarter during continuous operations.
4. After an absence of 15 days or longer from the operation.

I have read, or have had read to me, and understand the general, specific safety and environmental requirements, the personnel limits, work description and inspection requirements required to accomplish my part in this process safely. I have been trained and I agree to follow procedure requirements as stated in this procedure without deviation.

I will bring all unsafe work conditions, environmental considerations, and/or facility defects that are beyond my control to correct, to the attention of my immediate supervisor's or call 7911 (945-7911) in the event of an emergency.

EMPLOYEE SIGNATURE	EMPLOYEE NAME PRINTED	POSITION/TITLE	DATE

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10. ATTACHMENTS

10.3 SOC 595-E Job Safety Analysis



JOB SAFETY ANALYSIS

PROJECT TITLE/BUILDING LOCATION:	PAGE OF	DATE:	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED
TASK OR WORK PERFORMED:	SUPERVISOR(S):	REVIEWED/APPROVED BY: <i>Signature</i>	

PERSONAL PROTECTIVE EQUIPMENT						
EYE PROTECTION	EAR PROTECTION	HAND PROTECTION	FOOT PROTECTION	RESPIRATORY PROTECTION	GARMENTS	HEAD PROTECTION
<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Other <input type="checkbox"/> As Required	<input type="checkbox"/> Ear Plugs <input type="checkbox"/> Ear Muffs <input type="checkbox"/> Other <input type="checkbox"/> As Required	<input type="checkbox"/> Leather Palm <input type="checkbox"/> Kevlar <input type="checkbox"/> Rubber <input type="checkbox"/> Other <input type="checkbox"/> As Required	<input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Conductive <input type="checkbox"/> Shoes/Straps <input type="checkbox"/> Tyvek Cover <input type="checkbox"/> Other <input type="checkbox"/> As Required	<input type="checkbox"/> Dust Mask <input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Respirator <input type="checkbox"/> SCBA <input type="checkbox"/> Other <input type="checkbox"/> As Required	<input type="checkbox"/> Tyvek <input type="checkbox"/> Tycem <input type="checkbox"/> Flame resistant <input type="checkbox"/> Chaps <input type="checkbox"/> Vest <input type="checkbox"/> Other <input type="checkbox"/> As Required	<input type="checkbox"/> Hardhat <input type="checkbox"/> Tyvek Hood <input type="checkbox"/> Other <input type="checkbox"/> As Required

JOB STEPS	POTENTIAL HAZARDS	ACTION/PROCEDURE TO CONTROL OR ELIMINATE THE HAZARD

DZHC 595-E (R2)

