

<b>INCLINE OPERATING, LLC</b>	REV: 1	PAGES: 2	ORIGINAL ISSUE DATE: February 23, 2023	REVISION DATE:
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<b>OPERATIONS SAFETY MANAGEMENT PROGRAM PLAN</b>				

1. Purpose

- a. INCLINE OPERATING, LLC (INCLINE) has drafted this plan in accordance with COGCC Rules 304.c.(7) and 602.d. The intent of this plan is to document operational practices and procedures for Change Management and Pre-Startup Safety for new and existing facilities; to identify how these facilities and associated changes to the facilities could potentially impact public health, safety, welfare, and the environment (PSHWE); and to ensure that these facilities are operated so as to prevent environmental, health and safety impacts to operating personnel and the public.

2. Scope

- a. The Operations Safety Management Program (OSMP) will cover all equipment and processes from the wellhead to point of custody transfer for each product stream. The program will be developed and approved prior to the time of commissioning, startup, or major modification of a facility,
- b. The OSMP will describe how INCLINE reviews how potential changes could impact PSHWE,
- c. All INCLINE employees, subcontractors, and other persons under INCLINE's control will be required to understand and follow the practices and procedures described in the OSMP.

3. Program Components

a. Pre-Startup Safety Review

- i. The Pre-Startup Safety Review (PSSR) will delineate how INCLINE conducts the safety and technical review inspection prior to startup of any new or modified equipment or process at a location.
- ii. The PSSR will be initiated and approved prior to commissioning a new facility, a major modification to the system, and/or at the direction of a Manager.
  1. The PSSR will only be approved by the Production and Facilities Manager or a designee.
  2. Both Pre-Startup and Post-Startup requirements must be completed or an action item with a responsible individual assigned along with a timeline for completion.
- iii. The PSSR will include program review from designees from:
  1. Environmental, Health and Safety
  2. Engineering and Mechanical
  3. Electrical
  4. Instrumentation and Automation Programing
  5. Operations

b. Change Management Program

- i. The Change Management Program (CMP) describes how INCLINE records changes to technology, equipment, and procedures. It will also describe changes to facilities that will affect a process. The change can be the result of technology, equipment, facility process and operational procedures.
- ii. The CMP process ensure that the environmental, health and safety risks are evaluated and controlled prior to implementing significant change to the production process.
- iii. The CMP process will be initiated by the requestor of the work, facility foreman or the Production and Facilities Manager.
- iv. The CMP form will include a review of the following items.
  1. Description of Proposed Change,
  2. A review of the environmental, health and safety impacts if changes are or are not implemented.
  3. Whether the changes to the facility are permanent or temporary. Temporary changes will include an estimated time of implementation.

4. The CMP form will only be approved by the Production and Facilities Manager or a designee.

4. Program Document Management

- a. The documentation of both the PSSR and CMP process are a result of initial commissioning or modifications to the original design. Documentation of this program is an activity-based result. Once the document is closed, there is no reoccurring review of the documents.
- b. Program Documentation Storage
  - i. Original hard copy of the Program Document will be stored in INCLINE's main office in Denver.
  - ii. Electronic documents will be stored electronically for the life of the facility on INCLINE's server.
- c. INCLINE's representative is committed to providing records requested by COGCC, CDPHE, CPW, and other state and local regulatory organizations within ten business days of INCLINE's receiving a formal request.

# INCLINE OPERATING, LLC CHANGE MANAGEMENT FORM

Date:

Requester:

Location Name:

COGCC Location #

Type of Change: (Check One)

Permanent

Emergency

Temporary

Dates of Temporary Change:

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Type of Change: (Check One)

Technical

Personnel

Administrative

Technical Basis for the Change:(Check One)

Improve Safety or Reduce Risk

Environmental Control

Operations Reliability

Improve Profitability

Other:

Description of Proposed Change:

Basis for Proposed Change:

Major potential Impacts to PSHWE that may occur from implementing or not implementing the change:

Role:

Name:

Signature:

Your signature below provides documentation of the fact that you understand and approve the proposed change

Foreman:

Mech. Foreman:

Safety:

Environmental:

Air:

Automation:

Electrical:

Construction:

Engineering:

Below To be completed by Approver

Approver:

Signature & Title:

Proceed with Request? ( ) Yes

( ) No

If No, Reason for Rejection:

Requestor Notified of Approval or Rejection: ( ) Yes

Estimate Start Work Date:

Estimated Implementation Date:

Estimated Downtime:

Estimated Loss of Production:

Estimated Cost: \$

# INCLINE OPERATING, LLC

## PRELIMINARY IMPACT ASSESSMENT CHECKLIST

CHECK ALL THAT APPLY

OPERATIONS:		I&E:		ENGINEERING:	
	ALARMS		ALARM PANELS		BUILDINGS
	COMMISSIONING EQUIPMENT		ELECTRICAL SYSTEMS		CHEMICALS
	COMPANY REPUTATION		INSPECTIONS		CIVIL-FOUNDATION, SUPPORTS, DIRT
	COMPRESSION		MAINTENANCE PROCEDURES		CORROSION/EROSION
	CONSTRUCTION/INSTALLATION		PORTABLE EQUIPMENT		DESIGN PRESSURE
	CONTRACTORS		TRIP AND ALARM TESTING		DESIGN TEMPERATURE
	EMERGENCY RESPONSE		UTILITY POWER		FILTERS
	FIRE PREVENTION/PROTECTION		ARC FLASH		FLAMMABILITY
	GENERAL ARRANGEMENT		OTHER		FLOW
	INSPECTION PROGRAM				LEVEL
	LOCK OUT TAG OUT	<b>AUTOMATION:</b>			LIFTING EQUIPMENT
	MAINTENANCE ACCESS		AUXILLARY SYSTEMS		MATERIAL COMPOSITION
	MAINTENANCE PROGRAM		ELECTRONIC DATA		MATERIALSOF CONSTRUCTION
	MECHANICAL INTEGRITY		INSTRUMENT AIR		MECHANICAL INTEGRITY
	OPERATING PROCEDURES (SOP'S)		INSTRUMENTATION		PIPEWORK/SUPPORTS
	PIPELINES		POWER		PIPING/PUMPS/OTHER EQUIPMENT
	REGULATORY COMPLIANCE		SECURITY SYSTEMS		PIPING VALVE STANDARDS
	STRUCTURE		SOFTWARE		PRESSURE
	UTILITES		TELEMETRY		REACTION CONDITIONS
	WORK PRACTICES		UTILITES		RELIEF RATE
	WORK PLACE STRESS		OTHER		RELIEF VALVES
	OTHER		OTHER		SERVICE/UT! LITIES
					TANKS
<b>HEALTH AND SAFETY:</b>		<b>MEASUREMENT:</b>			TEMPERATURE
	PPE		EQUIPMENT		VENTS
	HAZCOM (SDS)		MEASUREMENT		VESSELS
	SAFE WORK PRACTICES		POWER		VIBRATION
	CONFINED SPACE		TELEMETRY		VESSEL (CONTAINER) RATING
	CRITICAL LIFTS		OTHER		OTHER
	ERGONOMICS	<b>MECHANICAL:</b>		<b>ENVIRONMENTAL &amp; REGULATORY:</b>	
	ON SITE SAFETY SUPPORT		FUEL CONDITIONING		ACCIDENTAL SPILLS
	EXCAVATION/TRENCHING		FAS COMPRESSION		AIR EMISSION/QUALITY
	EMERGENCY RESONSE		INSTRUMENT AIR		FEDERAL SITE
	NOISE		PUMPS		NOISE
	TRUCKLOADING (HM 126)		MAINTENANCE PROGRAM		RELEASE TO ATMOSPHERE
	SAFETY TRAINING		OTHER		WASTE MANAGEMENT/HAZ WASTE
	SAFETY SYSTEMS	<b>LAND:</b>			SPCC
	OTHER		ROW		DOT REGULATORY COMPLIANCE
	OTHER		DISTURBANCE		HYDRO TEST WATER DISPOSAL
	OTHER		EASEMENT		REGULATORY COMPLIANCE
	OTHER		LANDOWNER CONCERNS		OTHER
	OTHER		OTHER		OTHER

**IMPACT/RISK ASSESSMENT AND ACTION ITEM TRACKING**

Risk level:	What Type of Risk Review:	Type of Prestart Up Safety Review:	Overall Risk Level	<b>INCLINE OPERATING, LLC</b>
<b>LOW</b>	<input type="checkbox"/> Impact Assessment	<input type="checkbox"/> JSA		
<b>MEDIUM</b>	<input type="checkbox"/> What If (or equivalent)	<input type="checkbox"/> PSSR		
<b>HIGH</b>	<input type="checkbox"/> HAZOP	<input type="checkbox"/> PSSR		

IMPACTED ASPECT	HAZARDS	DETAILED DESCRIPTION OF IMPACTS (Consequences)	EXISTING RISK CONTROL MEASURES	SEVERITY	LIKELIHOOD	RISK RANK	ACTION ITEM	RESPONSIBLE PERSON	DATE COMPLETED
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Date:	Title:	Closeout Signature:
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**INCLINE OPERATING,  
LLC**

Pre-Startup Safety Review for Production Facility: \_\_\_\_\_

## EHS CHECKLIST

Pre-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
Safety signage, labeling, documentation & information is complete and in place (ESD, Arc Flash, Hot Surface, Tank Battery, Separators, Security, etc.)				
PPE requirements have been defined and are in place.				
All flammable material is properly stored and labeled				
All stairs, platforms & landings for elevated work areas or equipment access are in place.				
All SIMOPS activities have been identified and safe guards are in place and communicated for Commissioning activities.				
All safeguards are in place or the equipment is available for commissioning activity (PPE, Fire Fighting equipment, bollards, fall barriers etc.)				
All housekeeping & left-over material removed (i.e., scaffold boards, tarps, plastic, trash, etc.).				
Verify all PSV's are tested and have rain caps installed				
Verify valve under PSV is locked open				
Verify all opened connections have plugs installed				
Post-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
All safety-related painting complete, (cross walks, railings, curbs, guardrails, etc.).				
All permanent fire extinguishers installed				
All wind socks installed				

### "ACTION ITEMS"

Action Items to meet Pre-Startup requirements	Name	Status	Date Completed
Action Items to accomplish for post-Startup requirements	Name	Status	Date Completed

### APPROVALS

Discipline / Responsible Person (Print name next to Function)	Startup	
	Signature	Date

Please make sure the completed PSSR & required copies are delivered to the appropriate person(s)!

# MECHANICAL CHECKLIST

Pre-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
Facility Built In accordance with P&ID's				
All flanges have been checked for proper gaskets and installation.				
High point vents and low point drains are adequate throughout location				
All pressure/leak testing completed and purged				
All testing blinds are removed				
All open ends either have red plugs or blind flanges				
All PSV's tested and certified by 3rd party				
Verify all PSV's are tested and have rain caps installed				
Structural bracing is installed and adequate				
All dirt work completed commissioning activities				
All crossovers installed				
All wellheads Installed correctly with valves in proper operating positions				
Temporary water tanks located and installed				
Propane on location for ECD startup				
Post-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
Site cleaned up				
All associated items painted				
All associated items labelled properly				

## "ACTION ITEMS"

Action Items to meet Pre-Startup requirements	Name	Status	Date Completed
Action Items to accomplish for post-Startup requirements	Name	Status	Date Completed

## APPROVALS

Discipline / Responsible Person ( <u>Print name next to Function</u> )	Startup	
	Signature	Date

Please make sure the completed PSSR & required copies are delivered to the appropriate person(s)!

# ELECTRICAL CHECKLIST

Pre-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
Grounding Grid Installed				
All equipment tied into grounding grid Grounding system tested				
All motor connections terminated Motor& tested for proper rotation Controls tested				
Transformer voltage and torque checked				
FI settings checked				
MCC and Field Panel were Inspected				
All blanks in place in all panels				
All labeling correct and checked				
All dead fronts In panels checked				
All seals packed and poured				
Post-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
ARC flash stickers Installed				
Permit signed off				
All lighting completed				

## "ACTION ITEMS"

Action Items to meet Pre-Startup requirements	Name	Status	Date Completed
Action Items to accomplish for post-Startup requirements	Name	Status	Date Completed

## APPROVALS

Discipline / Responsible Person (Print name next to Function)	Startup	
	Signature	Date

Please make sure the completed PSSR & required copies are delivered to the appropriate person(s)!

## Instrumentation & Automation Programing CHECKLIST

Pre-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
All electrical and pneumatic loop checks completed.				
All Instruments calibrated.				
Control functions verified.				
PLC logic tested.				
Stroke verified on all control valves.				
All enclosures sealed & Instruments weatherproofed, where necessary.				
Emergency alarms and shutdown devices for Process, Fire, & LEL detection tested and activated.				
Communications system tested. (Remote Systems & Alarm Callout System).				
Backup batteries at full charge.				
Post-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed

### "ACTION ITEMS"

Action Items to meet Pre-Startup requirements	Name	Status	Date Completed
Action Items to accomplish for post-Startup requirements	Name	Status	Date Completed

### APPROVALS

Discipline / Responsible Person ( <u>Print name next to Function</u> )	Startup	
	Signature	Date

Please make sure the completed PSSR & required copies are delivered to the appropriate person(s)!



**INCLINE  
OPERATING, LLC**

Pre-Startup Safety Review for Production Facility: \_\_\_\_\_

## Program Area Approvals

**Pre-Startup Requirements:**

**Responsible Person (Print Name)**

**Signature**

**Date  
Completed**

EHS

Mechanical

Electrical

Instrumentation and Automation Programing

Operations

**Post-Startup Requirements:**

**Responsible Person (Print Name)**

**Signature**

**Date  
Completed**

EHS

Mechanical

Electrical

Instrumentation and Automation Programing

Operations

## Conditional Approval

**Facility and Production Manager (Print Name)**

**Signature**

**Date  
Completed**

## Final Approval

**Facility and Production Manager (Print Name)**

**Signature**

**Date  
Completed**

Please make sure the completed PSSR & required copies are delivered to the appropriate person(s)!