

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

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) <input type="checkbox"/> Permanent <input type="checkbox"/> Emergency <input type="checkbox"/> Temporary Dates of Temporary Change: Start Date: _____ End Date: _____		Type of Change: (Check One) <input type="checkbox"/> Technical <input type="checkbox"/> Personnel <input type="checkbox"/> Administrative Technical Basis for the Change:(Check One) <input type="checkbox"/> Improve Safety or Reduce Risk <input type="checkbox"/> Environmental Control <input type="checkbox"/> Operations Reliability <input type="checkbox"/> Improve Profitability <input type="checkbox"/> 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	AUTOMATION:			LIFTING EQUIPMENT
	MAINTENANCE ACCESS		AUXILIARY SYSTEMS		MATERIAL COMPOSITION
	MAINTENANCE PROGRAM		ELECTRONIC DATA		MATERIALS OF 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
	UTILITIES		TELEMETRY		REACTION CONDITIONS
	WORK PRACTICES		UTILITIES		RELIEF RATE
	WORK PLACE STRESS		OTHER		RELIEF VALVES
	OTHER		OTHER		SERVICE/UTILITIES
					TANKS
HEALTH AND SAFETY:		MEASUREMENT:			TEMPERATURE
	PPE		EQUIPMENT		VENTS
	HAZCOM (SDS)		MEASUREMENT		VESSELS
	SAFE WORK PRACTICES		POWER		VIBRATION
	CONFINED SPACE		TELEMETRY		VESSEL (CONTAINER) RATING
	CRITICAL LIFTS		OTHER		OTHER
	ERGONOMICS	MECHANICAL:		ENVIRONMENTAL & REGULATORY:	
	ON SITE SAFETY SUPPORT		FUEL CONDITIONING		ACCIDENTAL SPILLS
	EXCAVATION/TRENCHING		FAS COMPRESSION		AIR EMISSION/QUALITY
	EMERGENCY RESPONSE		INSTRUMENT AIR		FEDERAL SITE
	NOISE		PUMPS		NOISE
	TRUCKLOADING (HM 126)		MAINTENANCE PROGRAM		RELEASE TO ATMOSPHERE
	SAFETY TRAINING		OTHER		WASTE MANAGEMENT/HAZ WASTE
	SAFETY SYSTEMS	LAND:			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	INCLINE OPERATING, LLC
LOW	[] Impact Assessment	[] JSA		
MEDIUM	[] What If (or equivalent	[] PSSR		
HIGH	[] HAZOP	[] PSSR		

•	IMPACTED ASPECT	HAZARDS	DETAILED DESCRIPTION OF IMPACTS	EXISTING RISK CONTROL MEASURES	SEVERITY	LIKELIHOOD	RISK RANK	ACTION ITEM	RESPONSIBLE PERSON	DATE COMPLETED
	Determined From Preliminary Impact Checklist	Conditions in which the impacted assets become a hazard during installation &/or operation	(Consequences)							
1										
2										
3										
4										
5										
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Date:	Title:	Closeout Signature:
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<div>INCLINE OPERATING, LLC</div>	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)!				

INCLINE OPERATING, LLC		Pre-Startup Safety Review for Production Facility:_____			
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 (Print name next to Function)		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)!

**INCLINE
OPERATING, LLC**

Pre-Startup Safety Review for Production Facility:_____

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

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**INCLINE
OPERATING, LLC**

Pre-Startup Safety Review for Production Facility:_____

OPERATIONS CHECKLIST

Pre-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
All pre-startup maintenance has been completed.				
Purging, Commissioning, & Start-up procedures have been reviewed & communicated.				
Scaffolding and temporary platforms removed as required allowing safe operation.				
Start-up notifications have been completed to Production, Maintenance, Marketing, & Contractors.				
All SIMOPS activities have been Identified and safe guards are In place.				
Valves below PSV's are sealed open				
Post-Startup Requirements:	Complete	Action Item	Responsible Person	Date Completed
Predictive & Preventative Maintenance programs are established.				
Normal Operating and Shutdown procedures have been established.				

"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)!			