



# Best Practice Presentation

June 20, 2019



A large, bold, black-outlined number '32' is positioned on the left side of the award logo.

**HOUSTON  
SAFETY  
EXCELLENCE  
AWARDS**



houston  
area  
safety  
council  
■■■■

- Integrated Worksheet

# What is an IWS?

- The Integrated worksheet is a living document that provides a foundation for a precise and user-friendly set of instructions that clearly identifies hazards which workers are not familiar with or may not be expecting during their job.
- The key to a successful IWS is to ensure that as changes to the job process develop, the IWS is updated as well as providing constant assurance that probability of unidentified hazards decreases, while identified hazards are eliminated or controlled.
- Embedded in the IWS Process is cooperation and communication from all personnel involved and a systematic approach to mitigate hazards.



## CHEMCARE OPERATING PROCEDURES

<b>Integrated Work Sheet (IWS)</b>		<b>Job #</b>		<b>Page</b>	
Form NR: 113F	Start Date (CPS/PM)	Start Time:			Page
Form Date: 2007	End Date (CPS/PM)	End Time:			1 of 3

Job Prerequisites: Mandatory							
Company Name				Account Number			
Site	Contact Name	Phone	Email Address				
Host							
Site Safety							
Job Location	Address		City	State	Zip Code		
Specific Location							
Type of Task	Job Walk <input type="checkbox"/>	Inventory <input type="checkbox"/>	Load Prep <input type="checkbox"/>	Lab pack <input type="checkbox"/>	TA <input type="checkbox"/>	Sampling <input type="checkbox"/>	Other: Describe below <input type="checkbox"/>
Other							
Sampling	Proper shipping name						
	Test Methods		Destination				
Time Frame	From:				To:		
Univar	Contact Name	Phone	Email Address				
Account Manager							
Project Manager							
Coordinator							
Technical Support							
H&G Manager							
Identify Chemicals	Provide an accurate description of chemicals, including quantity, to be packed, only in the above table.						
	<input type="checkbox"/> Y <input type="checkbox"/> N	Profile Attached? <input type="checkbox"/>	SOS Attached? <input type="checkbox"/>	If Labpack, ID Hazard: Classify above.			
Work Description							
	Contact Name	Phone	Email Address				
Initiated By							
Notes							

----- Stop Here for Tasks which Require Page 1 Only -----

# Who is involved in creating IWS?

- It takes the entire ChemCare team working together to complete an IWS.
  - Account Managers
  - Field Service Manager
  - Field Service Supervisor
  - Project Managers
  - Project Specialist
  - Customer Service Representative
  - Field Technicians
  - Health & Safety


# When is an IWS needed?

- The IWS should be used when:
  - Anytime there is life critical work being performed
  - At all nested sites
  - Anytime contractors are used on a job
  - Anytime the hazard level reaches three.
    - Hazard level 3 includes considerable hazard in the activity and the work environment, but the risk is minimized by multiple effective control measures. Examples include but are not limited to, working at heights, handling hazardous substances, corrosive materials, or materials with high pressure.
    - Work may be performed only when another person with knowledge of the work, it's hazards, proper IWS and proper emergency response procedure is in place.

# First page of IWS

## Intended to deliver correct job details

- The first page of the IWS is completed by the Account Manager and Customer Service Representative.
- Once all job details are added and accurate the customer service representative will submit to ChemCare Field Services Manager.
- The Field Services Manager will review and make sure all job details are accurate before sending to a Field Technician for job assignment.
- Field Technician will review all job details prior to leaving branch to see what supplies are needed for the job in order to complete job safely, accurately and in a timely manner.


**CHEMCARE OPERATING PROCEDURES**

<b>Integrated Work Sheet (IWS)</b>		Job #		
Form NR: 11.15	Start Date (CPS/PIU)		Start Time	
Form Date 20017	End Date (CPS/PIU)		End Time	
				Page 1 of 5

**Job Prerequisites: Mandatory**


Company Name				Account Number			
Site	Contact Name		Phone	Email Address			
Host							
Site Safety							
Job Location	Address			City	State	Zip Code	
Specific Location							
Type of Task	Job Walk	Inventory	Load Prep	Lab pack	TA	Sampling	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe below <input type="checkbox"/>
Other							
Sampling	Proper shipping name						
	Test Methods				Destination		
Time Frame	From:				To:		
Univar	Contact Name		Phone	Email Address			
Account Manager							
Project Manager							
Coordinator							
Technical Support							
H&S Manager							
Identify Chemicals	Provide an explanation for any chemicals found and state why they are (or aren't) in the job.						
	<input type="checkbox"/> Y <input type="checkbox"/> N	Profile Attached? <input type="checkbox"/>	SOS Attached? <input type="checkbox"/>	If Labpack, ID Hazard Check above.			
Work Description							
	Contact Name		Phone	Email Address			
Entered by							
Notes							

----- Stop Here for Tasks which Require Page 1 Only -----

# Utilizing Complete IWS

When completing jobs that are life critical, hazard level 3 or higher, utilizing contractors on jobs and all nested sites, the following information is required.

- All personnel involved with the job will work together to complete a full IWS.
- Univar Contacts and Sub-contractor contacts,
- Onsite and offsite emergency facilities.
- First Aid Measures
- Spill Prevention Measures
- Evacuation Plans
- Job Scope
- Sampling requirements and shipping information
- SDS/Profile information


**CHEMCARE OPERATING PROCEDURES**

Integrated Work Sheet (IWS)		Job #		Page
Form No: 11.09	Start Date (O/S/P/M)	Start Time		2 of 5
Form Date: 20017	End Date (O/S/P/M)	End Time		


<input type="checkbox"/> Y	<input type="checkbox"/> N	Will Subcontractors be used?																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>#1 Subcontractor Name:</td> <td>Supervisor:</td> </tr> <tr> <td>Email:</td> <td>Phone:</td> </tr> <tr> <td>#2 Subcontractor Name:</td> <td>Supervisor:</td> </tr> <tr> <td>Email:</td> <td>Phone:</td> </tr> <tr> <td>#3 Subcontractor Name:</td> <td>Supervisor:</td> </tr> <tr> <td>Email:</td> <td>Phone:</td> </tr> <tr> <td>#4 Subcontractor Name:</td> <td>Supervisor:</td> </tr> <tr> <td>Email:</td> <td>Phone:</td> </tr> </table>			#1 Subcontractor Name:	Supervisor:	Email:	Phone:	#2 Subcontractor Name:	Supervisor:	Email:	Phone:	#3 Subcontractor Name:	Supervisor:	Email:	Phone:	#4 Subcontractor Name:	Supervisor:	Email:	Phone:
#1 Subcontractor Name:	Supervisor:																	
Email:	Phone:																	
#2 Subcontractor Name:	Supervisor:																	
Email:	Phone:																	
#3 Subcontractor Name:	Supervisor:																	
Email:	Phone:																	
#4 Subcontractor Name:	Supervisor:																	
Email:	Phone:																	
Univar USA Inc. Supervisor/Project Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> <p>Shall follow through on the contents of this document, to include applicable signatures, ensure all personnel receive and understand the scope of work, hazards and control methods. Ensure training records are current, and documented additional training in the applicable MSDS provided as required.</p> Univar USA Inc. Field Technician(s) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name:</td> <td>Phone:</td> <td>Email:</td> </tr> <tr> <td>Name:</td> <td>Phone:</td> <td>Email:</td> </tr> <tr> <td>Name:</td> <td>Phone:</td> <td>Email:</td> </tr> </table> <p>Responsibilities: Provide support services identified in this document and assist in the JHA completion. Responsible for the successful implementation of Univar USA Inc and site specific safety programs and rules.</p>					Name:	Phone:	Email:	Name:	Phone:	Email:	Name:	Phone:	Email:					
Name:	Phone:	Email:																
Name:	Phone:	Email:																
Name:	Phone:	Email:																
<input type="checkbox"/> Y	<input type="checkbox"/> N	Scope of Work:																
<input type="checkbox"/> Y	<input type="checkbox"/> N	Change Analysis Hazard analysis of significant changes, including but not limited to non-routine tasks (such as those performed less than once a month), new processes, materials, equipment, and facilities, will be conducted to identify hazards prior to the activity or use, and will lead to hazard elimination or control. If a non-routine or new task will eventually to be done on a routine basis, then a hazard analysis of this task should be developed.																
Pre-Use Analysis When an activity is considering new equipment, chemicals, facilities, or significantly different operators or procedures, the safety and health impact to the employees will be reviewed. The level of detail of the analysis should be correspond with the perceived risk and number of employees affected. This practice should be integrated in the procurement/design phase to maximize the opportunity for proactive hazard controls.																		

# Utilizing Complete IWS


## Required Information continued



- Univar Solutions and Sub-contractor responsibilities.
- Area for Pre-Use/Change Analysis
- Personnel sign off page
- When all information is complete the IWS then has to be submitted to Health and Safety at least 48 hours before the start of the job for approval.
- Health & Safety will review job scope to ensure that the job is safe and then will approve or request changes.

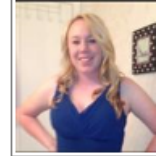
### RE: IWS & HASP for Space Ex project

 Ashley Ross

Sent: Tue 4/23/2019 8:40 AM

To:  Tim Donnette

Cc:  Catherine Streetman;  Mark Foil



Really nice job on this IWS and HASP. Thank you.

This is approved! Please don't forget to send me the completed documents once the job is complete.

Thank you,

**Ashley Ross**

Health & Safety Specialist  
Univar Solutions

P: 281.709.0306

M: 281.798.5237

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**From:** Tim Donnette

**Sent:** Tuesday, April 23, 2019 7:50 AM

**To:** Ashley Ross

**Cc:** Catherine Streetman; Mark Foil

**Subject:** IWS & HASP for Space Ex project

Hi Ashley, attached are the IWS & HASP for the tank cleaning for Space Ex scheduled Thursday 25<sup>th</sup> at 8 am.



# Start of Job

- Univar Lead will review IWS and JHA with all members of each job before starting work and each crew member will sign off on the last page acknowledging that they understand the job and hazard that go along with it.
- If changes occur through out the job, the lead person will stop work, complete a change analysis, submit to Management, Health & Safety and Client for approval before resuming work.
- If any changes occur during the job each crew member will sign off again on the back page after reviewing the change analysis.

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Change / Pre-Use Analysis				
SOP/JHA Number:	Date: _____	Reviewed By: _____	Change Requestor: _____	<input type="checkbox"/> Change Analysis <input type="checkbox"/> Pre-Use Analysis
Description:				
Change Category (Check all that apply): <input type="checkbox"/> New Process <input type="checkbox"/> New Materials <input type="checkbox"/> New Equipment <input type="checkbox"/> Facility <input type="checkbox"/> Non Routine Task <input type="checkbox"/> New Task <input type="checkbox"/> New Chemical				
Does this Change Affect (Check all that apply): <input type="checkbox"/> Corrective Action <input type="checkbox"/> Preventative Action <input type="checkbox"/> Defect Repair <input type="checkbox"/> SHMS <input type="checkbox"/> Other <input type="checkbox"/> Hazard Correction/Mitigation				
Describe the Change or addition Being Requested:				
Describe the Reason for the Change or addition:				
Describe any Training or Technical Changes Required to Implement this Change or addition:				
Describe Associated Hazards Considered for this Change or addition:				
Estimate Resources and Costs Needed to Implement this Change or addition:				
Review Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Reject <input type="checkbox"/> Defer Justification of Approval, Rejection, or Deferral:				
Change Approval:				
Name	Signature	Date		
Client Approval:				
Name	Signature	Date		

# Job Completion

- Univar Lead will submit all completed job documents to Health & Safety. This includes IWS with all signatures, any change or Pre- Use analysis forms, any permits associated with jobs and JHAs.
- This documentation is reviewed and used for lessons learned meetings, trend analysis and supporting documentation for audits.

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Change / Pre-Use Analysis				
SOP/JHA Number:	Date: _____	Reviewed By: _____	Change Requestor: _____	<input type="checkbox"/> Change Analysis <input type="checkbox"/> Pre-Use Analysis
Description:				
Change Category (Check all that apply): <input type="checkbox"/> New Process <input type="checkbox"/> New Materials <input type="checkbox"/> New Equipment <input type="checkbox"/> Facility <input type="checkbox"/> Non Routine Task <input type="checkbox"/> New Task <input type="checkbox"/> New Chemical				
Does this Change Affect (Check all that apply): <input type="checkbox"/> Corrective Action <input type="checkbox"/> Preventative Action <input type="checkbox"/> Defect Repair <input type="checkbox"/> SHMS <input type="checkbox"/> Other <input type="checkbox"/> Hazard Correction/Mitigation				
Describe the Change or addition Being Requested:				
Describe the Reason for the Change or addition:				
Describe any Training or Technical Changes Required to Implement this Change or addition:				
Describe Associated Hazards Considered for this Change or addition:				
Estimate Resources and Costs Needed to Implement this Change or addition:				
Review Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Reject <input type="checkbox"/> Defer Justification of Approval, Rejection, or Deferral:				
Change Approval:				
Name	Signature	Date		
Client Approval:				
Name	Signature	Date		



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