

Doc Custodian: Safety Professional	Marathon Petroleum Company LP Refining	Doc No: RSW-0145-GV Rev No: 4
Approved By: Safety Supervisor		Garyville Refining Safe Practice
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1.0 PURPOSE

- 1.1 The purpose of this standard practice is to establish a quarterly inspection program for ladders, portable power hand held tools, portable lights and GFCI's to prevent injury from defective or damage equipment.

2.0 APPLICATION

- 2.1 This standard applies to all ladders, portable power hand held tools, portable lights, and GFCI's owned and in use at the LRD refinery.
- 2.2 This standard also applies to contractor equipment being used at the LRD Refinery. The contractor may adhere to this standard practice or use their own standard practice, if it meets or exceeds the requirements identified in this standard practice.

3.0 IMPLEMENTATION

- 3.1 The implementation of the requirements outlined in the Marathon Quarterly Tool/Equipment Inspection Program Standard Practice shall be adhered to on this standard's effective date.

4.0 ADMINISTRATION/RESPONSIBILITIES

- 4.1 The Manager of Maintenance shall oversee the requirements of this standard.
- 4.2 The Maintenance Coordinators shall be responsible for ensuring that employees who conduct the inspections are trained on the checklist used to inspect the equipment, for maintaining equipment inventory and inspection documentation for the Marathon Quarterly Tool/Equipment Inspection Program.
- 4.3 The tool room attendant shall be responsible for conducting inspections required by this standard practice and documentation of those inspections in the Quarterly Inspection Program book.

5.0 DEFINITIONS

- 5.1 **Ladders:** For the purpose of this standard practice, ladders shall include step ladders, extension ladders, and rope ladders. Ladders will not include portable stairways.
- 5.2 **GFCI:** Ground fault circuit interrupters; only portable GFCI will be included in this standard practice.
- 5.3 **Portable Powered Hand Held Tools:** Includes portable hand held tools powered by electrical, battery, pneumatic or gasoline means. Does not include portable powered hand held tools with a capacity of 3/8" or smaller that have been permanently issued to a Marathon employee for extended use and are maintained and visually inspected by that employee prior to each use.
- 5.4 **Portable Lights:** Includes portable electrical lighting; however, it does not include portable self generating light plants.

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6.0 REQUIREMENTS

- 6.1 All ladders, GFCI, portable powered hand held tools and portable lights shall be inspected on a quarterly basis to ensure the proper condition and operation of the equipment and to remove damaged or defective equipment from service.
- 6.2 Each Maintenance Shop shall maintain a Quarterly Inspection Program Manual with an inventory of the tool/equipment within their respective tool rooms and the completed Quarterly Inspection checklist for each tool and equipment.
- 6.3 The following labeling system shall be used on all equipment to identify the responsible Maintenance shop and the specific equipment (ex: Zone 1 Maintenance Shop ladder 1, **Z1-L1**, Zone 2 Maintenance Shop ladder 4, **Z2-L4**):
 - 6.3.1 The first two digits will designate the corresponding (delete Zone) Maintenance Shop and will be followed by a hyphen:
 - Zone 1 Maintenance Shop – Z1
 - Zone 2 Maintenance Shop – Z2, etc.
 - Central Maintenance Shop – CM
 - Carpenter Shop – CS
 - Instrument Shop – IS
 - Electrical Shop – ES
 - ER Shop - ER
 - 6.3.2 The last two or three digits will designate the type of equipment and be assigned a sequential number (Ladders – L1, L2,) (GFCI – G1, G2,...) (Portable Powered Hand Held Tools – T1, T2, ...) (Portable Lighting – LT1, LT2, ...).
- 6.4 The tool room attendant for each Maintenance Shop shall perform a quarterly inspection of all ladders, portable powered hand held tools, GFCI's and portable lights maintained by that Maintenance shop.
- 6.5 An inspection will be conducted for each piece of equipment using the checklist contained within this standard practice (Appendix B) and documented in the Quarterly Inspection Program Manual.
- 6.6 All equipment shall be affixed with a Marathon Quarterly Inspection Tag and that tag shall indicate the quarter (1st, 2nd, 3rd or 4th) in which the inspection occurred and was passed.
- 6.7 Any equipment not passing the inspection will be immediately removed from service and tagged "Out of Service" and reported to the Zone Maintenance Coordinator or Shop Foreman. The equipment must then be either repaired or discarded. The deficiencies to the equipment shall be documented on the inspection checklist.
- 6.8 When any equipment is discarded, the equipment inventory list must be updated to reflect that the equipment has been discarded and is no longer in service.

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- 6.9 Prior to each use of a ladder, GFCI, portable powered hand held tool and portable lights, the user or users shall visually inspect the equipment for structural soundness, operability and a current Quarterly Inspection Tag.

7.0 TRAINING

- 7.1 Training for this standard practice will be provided to employees and contractors via the monthly HESS meeting.
- 7.2 Provide tool attendants with classroom training on the use of the inspection procedures.

8.0 REFERENCES

- 8.1 OSHA 29 CFR 1910 General Industry Standards
- 8.2 DOC. LIB. NO.: 311.45

9.0 APPENDICES

- 9.1 Quarterly Inspection Inventory List
- 9.2 Quarterly Inspection Checklist

10.0 REVISION HISTORY

Revision Number	Description of Change	Written by	Approved by	Revision Date	Effective Date
0	Original Approval	Safety Department	Refinery Management Team	07-01-2010	07-01-2010
1	3 Year Review	Safety Department	Safety Department	6/1/2013	6/1/2013
2	3 Year Review	Safety Department	Safety Department	05/31/2016	05/31/2016
3	3 Year Review	Doug Senette	Safety Department	05/31/2019	05/31/2019
4	3 Year Review	John Copponex	Safety Department	11/30/2022	11/30/2022

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APPENDIX 9.1

Quarterly Ladder Inspection Inventory List

Location: _____

Ladder Identification	Ladder Type
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

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Quarterly GFCI Inspection Inventory List

Location: _____

GFCI Identification	GFCI Type
1.0	
2.0	
3.0	
4.0	
5.0	
6.0	
7.0	
8.0	
9.0	
10.0	
11.0	
12.0	
13.0	
14.0	

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Quarterly Portable Lighting Inspection

Inventory List

Location: _____

Portable Lighting Identification	Portable Lighting Type
1.0	
2.0	
3.0	
4.0	
5.0	
6.0	
7.0	
8.0	
9.0	
10.0	
11.0	
12.0	
13.0	
14.0	

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Quarterly Portable Powered Hand Held Tool Inspection **Inventory List**

Location: _____

Portable Powered Hand Held Tool Identification	Portable Powered Hand Held Tool Type
1.0	
2.0	
3.0	
4.0	
5.0	
6.0	
7.0	
8.0	
9.0	
10.0	
11.0	
12.0	
13.0	

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APPENDIX 9.2

Quarterly Ladder Inspection Checklist

Ladder Identification:			Ladder Type:	
Name of Inspector:			Date:	
Location:			Time:	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	1. Are the steps, rungs, cleats or rails on the ladder broken, bent or missing?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	2. Does the steps and rungs have an accumulation of grease, oil or other slippery substances?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	3. Does the ladder have visual signs of splits, cracks and corrosion?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	4. Does the ladder surfaces have any sharp edges or burrs?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	5. Does the ladder have excessive dents or other damage?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	6. Does the ladder have loose or bent hinges that can't be fully opened or locked in place?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	7. Are the ladders legs unstable and unbalanced when all the legs are resting firmly on the floor?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	8. Are the ladders non-slip bases or safety feet damage or worn?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	9. Is the weight capacity label on the ladder illegible or missing?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	10. Are the extension locking mechanism (ropes, pulleys, etc.) on an extension ladder loose, broken or missing?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	11. Does the ladder have any structural defects or other operating problems not identified above?	

If any questions are answered "YES",

- The ladder must be immediately removed from service,
- Tagged "Out of Service", and
- Notification made to the Zone Maintenance Coordinator or Shop Foreman for instructions.

Comments: (Note deficiencies and corrective actions)

Quarterly Portable Lighting Inspection Checklist

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Portable Lighting Identification:			Portable Lighting Type:
Name of Inspector:			Date:
Location:			Time:
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	1. Is the portable light unit in good working condition?
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	2. Is the electrical cord in good condition and without any frays?
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	3. Does the portable light have a ground plug and is the ground plug in good condition?
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	4. Does the portable light have a glass cover and is the cover free of cracks or other damage?
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	5. Is the housing of the portable light free cracks or other damage? 6.
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	7. Is the portable lights clean and free of accumulated oil or grease? 8.

If any questions are answered “No”,

- The lights must be immediately removed from service,
- Tagged “Out of Service”, and
- Notification made to the Zone Maintenance Coordinator or Shop Foreman for instructions.

Comments: (Note deficiencies and corrective actions)

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Quarterly Portable Powered Hand Held Tool **Inspection Checklist**

Portable Powered Hand Held Tool Identification:			Type:	
Name of Inspector:			Date:	
Location:			Time:	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	1. Is the portable powered hand held tool equipped with a constant pressure switch or control (dead man's switch) which will shut off the power when the pressure is released?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	6. Is the portable powered hand held tool clean and free from an accumulation of grease, oil or other slippery substances?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	7. Are all belts, gears, shafts, pulleys, sprockets, spindles, drums, flywheels, chains, or other reciprocating, rotating or moving parts of the portable powered tool properly guarded?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	8. If the tool is not double insulated, is it equipped with a ground plug and is the ground plug in good working condition?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	9. Is the tool's wiring in good conditions (no visible breaks, loosening or frayed) ?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	10. Have all the tool's blades, bits, or other cutting parts been inspected for cracks and wear?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	11. Have the grinding disk been inspected for excessive wear and if necessary, been discarded and replaced?	

If any questions are answered "No",

- The equipment must be immediately removed from service,
- Tagged "Out of Service", and
- Notification made to the Zone Maintenance Coordinator or Shop Foreman for instructions.

Comments: (Note deficiencies and corrective actions)

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Quarterly GFCI Inspection Checklist

GFCI Identification:			GFCI Type:	
Name of Inspector:			Date:	
Location:			Time:	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	1. Have the GFCI been visually inspected and the physical integrity of the GFCI is in good condition?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	2. Does the GFCI have a legible label or tag indicating it is UL Approved?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	3. Have the GFCI been tested for continuity and is in good working condition? (Plug the GFCI into itself. Press the test button, the reset button should pop out or the indicator light will be lit – Do not push both buttons at the same time. Press the reset button)	
Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	4. Have the GFCI been tested to assure it trips at a maximum of 6 mA Of current to ground?	

If any questions are answered "No",

- The GFCI must be immediately removed from service,
- Tagged "Out of Service", and
- Notification made to the Zone Maintenance Coordinator or Shop Foreman for instructions.

Comments: (Note deficiencies and corrective actions)
