# Deeside SHE Review Meeting

## 29th October13 @ 13H00

# Integrated
# SHE review

(EMS & Safety & Health management system)

# Attendance

D Pritchard – Site Manager

P Thomas – Resin Plant Manager

A Dodd – Warehouse & Coatings Plant Manager

A Bell – HSE Manager - Chairperson

N Anderson – QC Manager

D Thompson – Process engineer

T Werney – Cost accountant and SHE representative

**Apology**

R Cushley – Customer Serv. Manager

L Jones – HR Manager

# Agenda Items

1. SHE Policy
2. Result of *internal audits* and evaluations of compliance with *legal requirements* and with other requirements to which the organisation subscribes
3. Status of *corrective and preventative* actions
4. *Communication* (s) from external interested parties, including complaints
5. The *SHE performance* of the organisation
6. The extent to which *objectives and targets* have been met
7. *Follow up actions* from previous management reviews
8. *Changing circumstances*, including developments in legal and other requirements related to its environmental aspects and safety hazards and risks
9. Recommendations for *improvement*

**The Valspar (UK) Corporation Limited**
**Company Safety, Health and Environmental Policy**

**Revision 7: Jan09** 

It is the policy of The Valspar (UK) Corporation Limited to promote standards of safety, health and environment that eliminate or reduce risks to all employees, visitors and others who may be affected by our work activities. A minimum standard is compliance with the Health and Safety at Work Act 1974, associated SHE legislation and corporate requirements. Training for all employees is a basic on-going requirement within Valspar.

Tools, materials, plant and equipment will be selected and maintained to ensure good SHE practices. Resources will be allocated to ensure that the objectives of this Policy can be achieved.

We will operate a site wide SHE management system in order to comprehensively evaluate and improve our SHE performance

We are committed to the process of continual improvement, and prevention of pollution through the setting and reviewing of clear SHE objectives and targets fully involving our own people. We will endeavour to reduce waste throughout our site.

We will retain membership of relevant bodies to ensure our awareness of best practice within our industrial sector.

All incidents will be recorded and investigated to determine the cause and to develop management procedures to prevent recurrence

Formal methods will be established for communicating the SHE policy upon hire and annually to external parties (Contractors) and site personnel.

We believe that considerations of SHE are as important an aspect of management control as any other management function and I expect Management and Supervisory Staff to carry out their duties in full under this Policy. Performance of these duties will form part of the annual performance review.

Management are accountable for ensuring that all activities are carried out in line with this policy. Specific tasks and areas of responsibility are defined within the relevant sections of the Deeside integrated management system.

All employees are expected to co-operate with the Company's Management Team in ensuring that high standards of SHE are achieved. Performance under this Policy will be monitored by inspections and audits and when required, corrective and preventive actions will be initiated and tracked to completion.

This policy will be reviewed annually and up-dated as and when necessary.

SIGNED:.....
Site Manager
NAME: D Pritchard

DATE:.....

***Reviewed – to stay the same***

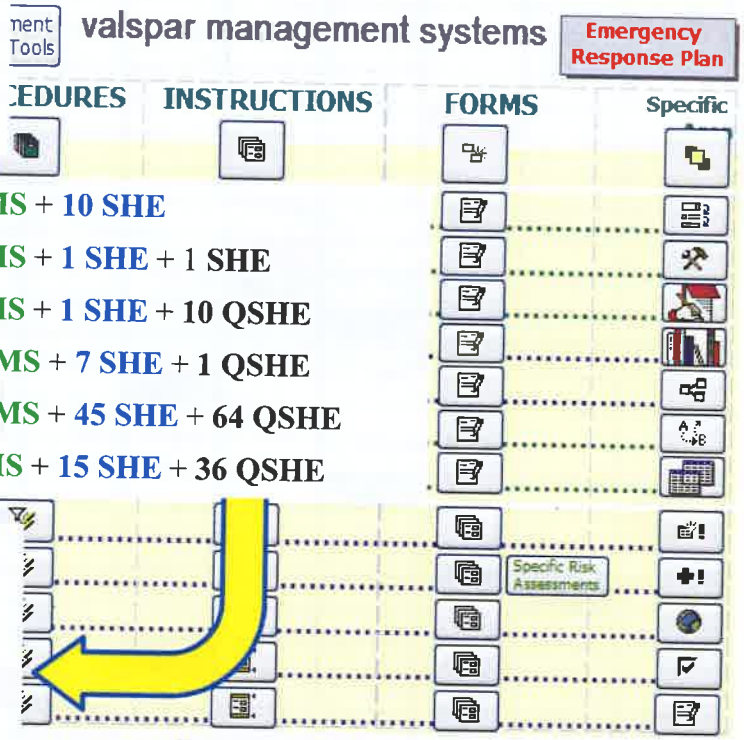
## *Deeside's Management is System*, in Fy2013 it was updated 89 times (151 documents)

### Fy2010
88 times =
146 documents

- 1 Manual = 1 QMS + 0 SHE
- 3 Policy = 1 QMS + 2 SHE
- 12 Procedure = 0 QMS + 1 SHE + 11 QSHE
- 22 Instruction = 9 QMS + 1 SHE + 12 QSHE
- 53 Form = 6 QMS + 4 SHE + 43 QSHE
- 55 Checklist = 7 QMS + 32 SHE + 16 QSHE

### Fy2011
106 times =
239 documents

- 1 Manual = 0 QMS + 10 SHE
- 0 Policy = 0 QMS + 1 SHE + 1 SHE
- 12 Procedure = 0 QMS + 1 SHE + 10 QSHE
- 62 Instruction = 14 QMS + 7 SHE + 1 QSHE
- 109 Form = 11 QMS + 45 SHE + 64 QSHE
- 57 Checklist = 2 QMS + 15 SHE + 36 QSHE




### Fy2012
78 times =
132 documents

- 3 Manual = 0 QMS + 3 SHE
- 2 Policy = 0 QMS + 1 SHE + 1 SHE
- 18 Procedure = 0 QMS + 10 SHE + 8 QSHE
- 14 Instruction = 3 QMS + 5 SHE + 1 QSHE
- 61 Form = 15 QMS + 20 SHE + 26 QSHE
- 34 Checklist = 6 QMS + 21 SHE + 7 QSHE

### Fy2013
89 times =
151documents

- 0 Manual = 2 QMS + 2 SHE + 1 QSHE
- 5 Policy = 2 QMS + 2 SHE + 1 QSHE
- 8 Procedure = 4 QMS + 11 SHE + 2 QSHE
- 26 Instruction = 16 QMS + 4 SHE + 4 QSHE
- 41 Form = 46 QMS + 11 SHE + 8 QSHE
- 13 Checklist = 14 QMS + 27 SHE + 5 QSHE

# Internal audits 2012 – 2013

| PROCESS | Proc Nos | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FY2013 | | | | | | | | | | | |
| Document + Data Control | PRO-001 | | | | | | | | | | | | |
| Internal Audits | PRO-003 | | PB | | | | | | | | | | |
| Raw Material Management | PRO-004 | | | | | | | | | | | | |
| Finished Product Management | PRO-005 | | | GM | | | | | | | | | |
| Control of Non-Conforming | PRO-007 | | | | GM | | | | | | | | |
| Customer Satisfaction | PRO-009 | | | | | | | | | | | PB | |
| Supplier Management | PRO-010 | | | | | AB | | | | | | | |
| Operating Procedures (PSM) | PRO-011 | | | | | | AB | | | | | | |
| Maintenance | PRO-012 | | | | | GM | | | | | | | |
| Order Management | PRO-013 | | | | | | | GM | | | | | |
| Management Review | PRO-014 | | | | | | | | | | | | |
| Monitoring & Measuring | PRO-015 | | | | | | | | | | | DT | |
| Corrective and Preventive Action | PRO-016 | | | | | | | | | | RM | | |
| QC Testing / Laboratory | PRO-017 | | | | | | | | | | | | AB |
| Management of Change | PRO-018 | | | | | | | | | DT | | | |
| Training | PRO-019 | | | | | | | | | | | | |
| Escalation Management | PRO-020 | | | | | | | | | | | | |
| Permit to Work (all categories) | PRO-021 | | | | | | | PT | | | | | |
| Waste Mgt, Resin, PNT +WHD | PRO-022 | | | | | | | | | | | | |
| Emissions to Air,Resin, PNT +WHD | PRO-023 | | | | | | | | | SB | | | |
| HACCP Pre-Requisite | PRO-024 | | | | | | | | RM | | | | |
| Accident, Incident Reporting | PRO-025 | | | | | | | | PB | | | | |
| Legal Compl + Evaluation of Compl | PRO-027 | | | | | | | | | | | | |
| Internal and External | PRO-028 | | | | | | | | | | | | |
| Aspects and Impacts | PRO-029 | | | | | | | | | | | | |
| Pre-Start-Up Safety Review | PRO-030 | | | | | | | | | | GM | | |
| Contractors' SHE Reqt's | PRO-031 | | | | PT | | | | | | | | |
| Hazards + Risks Assessment | PRO-032 | | GM | | | | | | | | | | |
| Site Drainage - Resin, PNT +WHD | PRO-033 | | | | | | | | | | | | GM |
| Occupational Health Management | PRO-035 | | | | | AB | | | | | | | |
| Emergency Resp Plan (PSM) | ERP | | | AB | | | | | | | | | |
| Employee Participation (PSM) | PSM Corp | | | | | | | AB | | | | | |
| Safety + Health, Site-wide | H+S Std | AB + All Depts / All Dept Mgrs → Deeside's Self-Assessment | | | | | | | | | | | |

**NOTE:-** this Audit Plan is subject to slight changes throughout the year, if auditors are added or leave

No of Audits

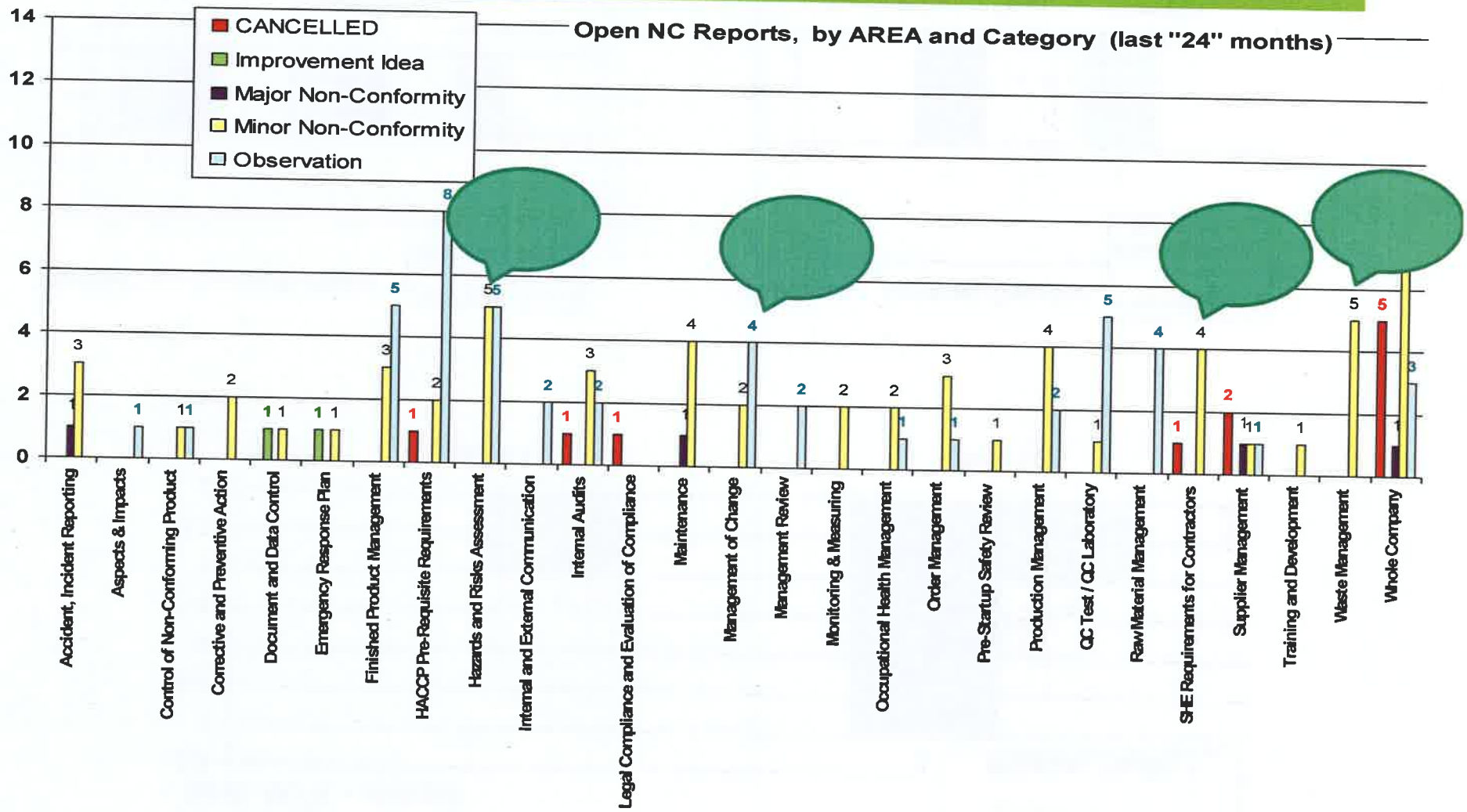
- GM = 6
- AB = 5
- PT = 3
- ~~GD = 3~~
- DT = 2
- RM = 2
- PB = 2
- SB = 2

Ref. Request A.Bell, this audit cancelled, due to recently done

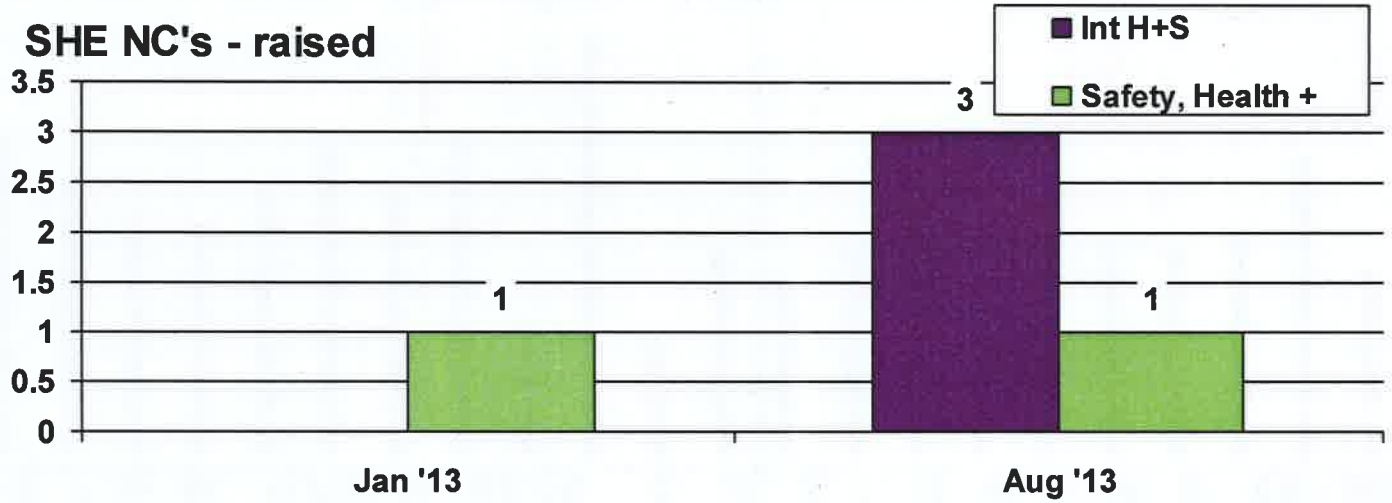


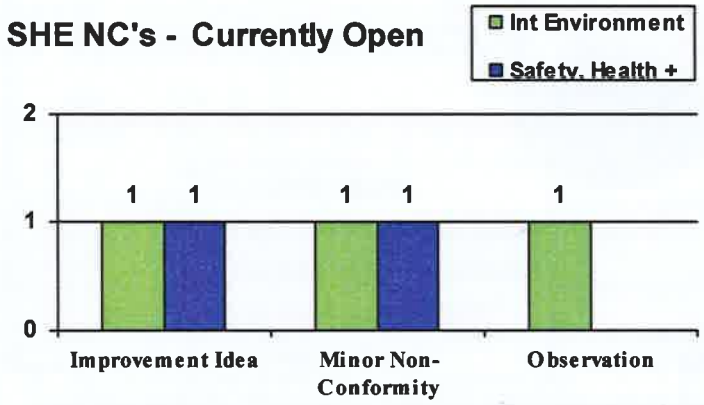
Approved By .....(Site Manager) Date: 25-01-2013

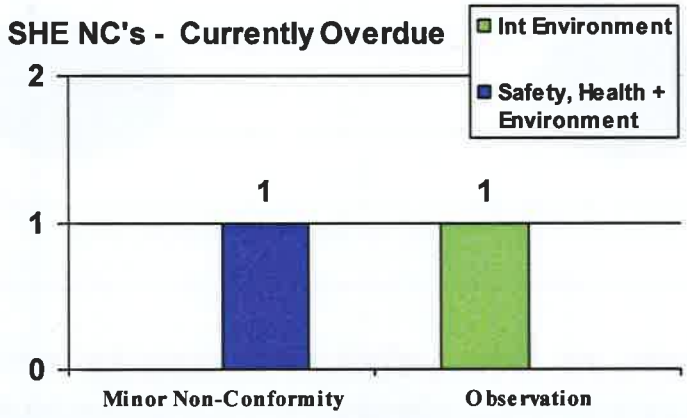
# SHE Internal audit findings



# SHE Internal audit findings 2013



# Corporate, Health & Safety Executive, Environmental Agency - Status of corrective and preventive actions

1. ***Corporate audit*** (July11) findings 41 – ***Closed out***

- Repair the resin tank farm secondary containment to ensure that leaks do not occur. – ***Closed out***
- The Facility is to develop robust procedures and systems for the testing and maintenance of safety instrumented systems. The facility is to make an assessment of the consequences of the failure on demand of critical safety instrumented systems, e.g. ethyl acrylate polymerization, and provide additional protection to ensure all risks are reduced to as low as reasonably practical. ***Closed out***

2. *Health and Safety Executive* – see next page
3. *Corporate audit to take place in June 2014*

# Health and Safety Executive

– the HSE Executive have been to visit this site on the 8th March12, 10th July and 8th Oct12. HSE Executive phone call in *Sept13* to follow up on findings. See information below which was communicated back to them.

| Action number | Activity | Responsible person | Due Date | Date Completed |
|---|---|---|---|---|
| 1 | Inventory Audit & initial compliance assessment. | IEC | | 10/09/2012 |
| 2 | Select Contractor to carry out Inspections | D Prichard | 12/10/12 | 12/10/2012 |
| 3 | Complete risk assessment of remaining IS circuits requiring remedial work. | D Atherton | 26/10/12 | 3/10/2012 |
| 4 | Complete remedial work on IS circuits. | DENCA | 30/11/2012 | 30/11/12 |
| 5 | Complete close inspections and 10% detailed inspections according to requirements of BS EN 60079-17. | IEC | 31/01/2013 | 28/02/13 |
| 6 | Complete remedial work identified from inspections in accordance with BS EN 60079-19. | TBC | 31/03/2013 | 31/07/13 (4 switches remain - to be replaced) |
| 7 | Complete procedures for selection, inspection and repair. | A Bell | 30/06/2013 | Various dates see documents - 2013 |
| 8 | Define ongoing strategy for DSEAR compliance based on findings from inspections and remedial work. | D Pritchard | 30/06/2013 | |

# Review of EN 60079-17 Close Inspections Findings for Deeside Site

- Between January and March 2013 close inspections in accordance with BS EN 60079=-17:2007 were carried out on all electrical equipment installed in the defined hazardous areas on the Deeside site.
- Of the defects identified by far the majority were related to historic installation and in particular where US specified equipment was installed in conjunction with European specified fittings. These have all been subsequently rectified.
- The low number and severity of defects identified that were a result of deterioration in use were such that 3 years is considered to be an appropriate frequency for repeat close inspections with visual inspections in the intervening years. To provide a better baseline for future reviews of inspections it is also considered appropriate to carry out detailed inspections on 10% of the installed equipment each year.

# External audits

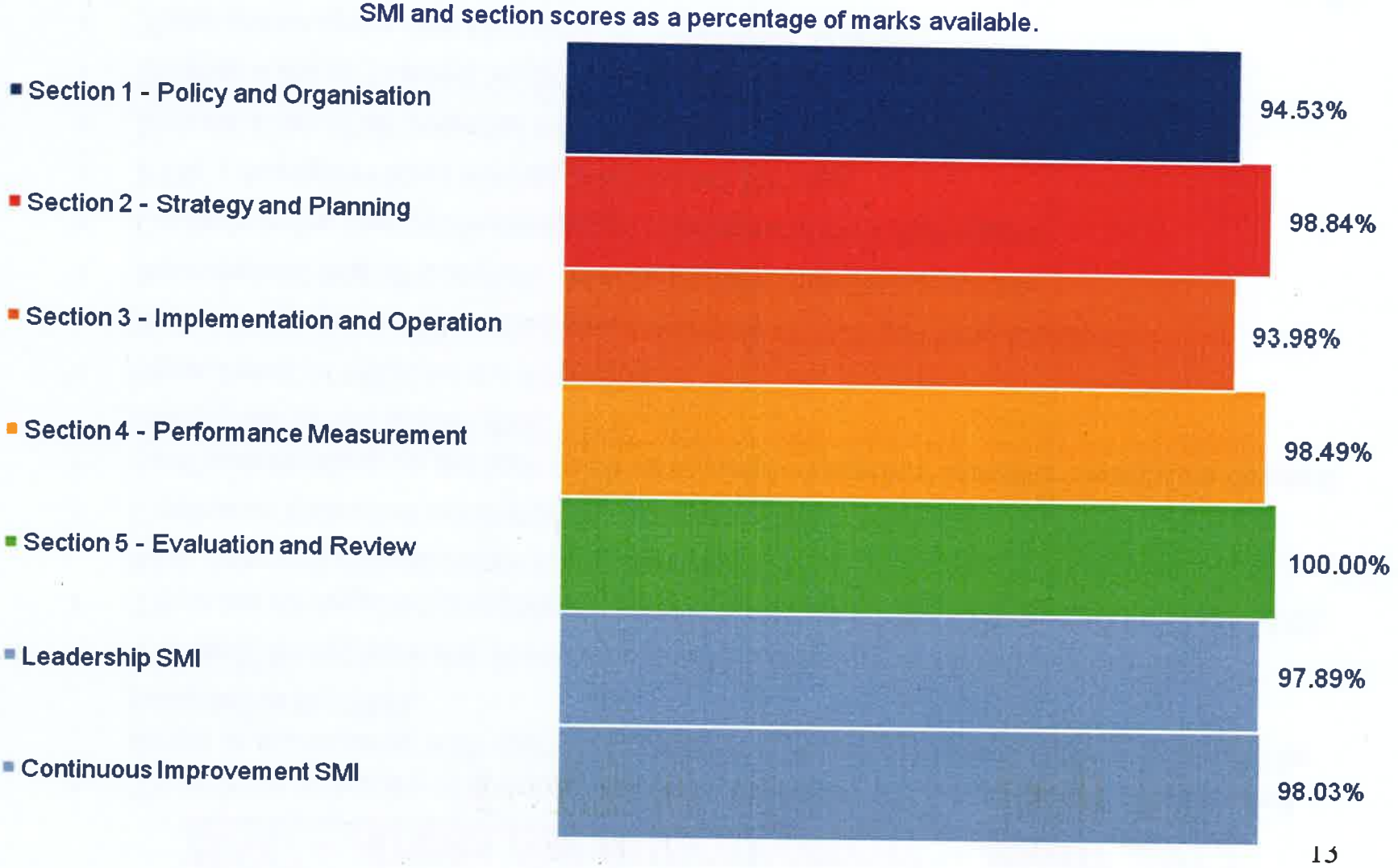
1. ***Moody international*** x 2 – *EMS ISO 14,001* - 7th Dec12 and 18th Jan13 – *no findings – next due 7th November13*
2. ***British safety council*** – June13 – achieved 5 stars – 98 % (Safety and health audit)

   *Findings and recommendations –> next page*
3. ***FM Global audit*** – 30 and 31st May13 – *See recommendations in report –> HSE dept*
4. ***EA visits*** – 14th December 12 – site visit and an update the management of waste and the Management of Change procedure PRO-018-IMS & review of MOC -> *No non compliances were observed*
5. ***Welsh Water Audit*** – 25th Oct12 – 2 action's to follow up (Back flow prevention on lab taps and urinal timing device) - *Closed out*
6. ***PSM audit*** *carried out on the 16th, 17th and 18th Sept13*
7. ***Mechanical Integrity Assessment*** done at the same time
8. *EA new officer to take over from Ian Oakes ->*

   *Lara Cubley – I ara will visit the Site on the* ***7th Nov13***

## Five Star Audit result

The organisation was awarded an overall audited score of **98.79%** and also achieved a cumulative score of 97.96% within the Safety Management Indicator areas.
These outcomes equate to an overall star grading of: ***5 Stars***
*A summary of organisational performance is provided in graphical format below:*



# BSC - Areas for improvement – audit 2013

- There is no reference or communication to the Safety Reps regarding their roles and duties in accordance with specific legislation. Clearer definition of the role should be included in the SMS.
- The staff do not have any involvement with the setting of Objectives or Goals.
- There are no required competency levels stipulated for the Risk Assessors in the SMS. Risk Assessor competencies not identified.
- Contractor induction not tested for understanding.
- Staff commenting on the lack of air movement in summer months. Ventilation deemed inadequate by the admin staff.
- Open Drum of MEK in the workshop
- Risk assessment not identified space restraint of FLT and Tote Storage.
- Recommend that all company drivers attend a Safe Driver course
- Controls to be improved/considered Loading and FLT movement.
- PTW - Acceptors have not received formal training.
- Include a list of all potential stored energies in the procedures
- Display a list of Trained Sliger's in the workshop
- There are no up to date electrical or site service drawings
- Include Positive Behaviour/Appraising of staff and contractors for good behaviour in the statistical analysis.
- Calculate the costs of all loss events i.e. accident, property damage etc.

# SHE Communication from external interested parties including complaints

***No complaints received in the last year***

1. British safety council – *June13*
2. Moody International ISO14,001 – *Dec12 & Jan13*
3. Visit and audit by EA – *Dec 12*
4. Health and Safety executive – Phone call *23rd Sept13 and follow up*
5. FM Global *May2013*
6. Visit and audit by Welsh water – *Nov12*
7. Corporate audits – *Sept13*

# Summary of Remedial Action Required
# LEV's

| LEV System Ref | LEV Description | Issue identified | Action Required | Priority | Person to take action | Target Date | Date Completed |
|---|---|---|---|---|---|---|---|
| RESIN 01 | Reactor Extraction | Ensuring control effectiveness | Undertake further observation of system performance and personal exposure monitoring for personnel undertaking tipping activities to ensure that effective control is provided. | 1 | | | |
| | | Hood design at vessel not providing enclosure. | Redesign hood to provide greater enclosure or redesign the lip extraction so the extraction vents are positioned closer to the point of contaminant generation around the viewing / tipping hatch. | 2 | | | |
| RESIN 02 | A1 Resin Reactor Scrubber | Noisy fan | Service the system fan and undertake any remedial actions required. | 1 | | | |
| | | Ducting to carbon drums/weigh booth no longer used. | Remove redundant ducting and connect the reactor scrubber ducting to the extractor fan. | 2 | | | |

Most of the work has been done

| LEV System Ref | LEV Description | Issue identified | Action Required | Priority | Person to take action | Target Date | Date Completed |
|---|---|---|---|---|---|---|---|
| COATINGS 01 | Beltyne No. 1 | Poor airflow / capture velocity below 1.0 $ms^{-1}$ | Service the system fan and clean the filters. Undertake any remedial actions required e.g. change filters. | 1 | | | |
| | | Manometer does not indicate safe working range | Establish a safe working range and mark on the manometer. | 1 | | | |
| | | Filter change / cleaning frequency | Establish a suitable filter maintenance and inspection regime | 2 | | | |
| | | Operator training | Ensure operators are given training to minimise the risk of unnecessary airborne dust generation. | 1 | | | |
| | | | Ensure the shakedown function is performed after every bag tipping operation to help maintain the filters. | 3 | | | |
| | | Material deposition on the enclosure walls and fan unit | Ensure the enclosure and fan units are regularly cleaned / serviced to help maintain system performance. | 3 | | | |

Most of the work has been done

# Summary of Remedial Action Required
# LEV's

| LEV System Ref | LEV Description | Issue identified | Action Required | Priority | Person to take action | Target Date | Date Completed |
|---|---|---|---|---|---|---|---|
| COATINGS 02 | Beltyne No. 2 | Capture velocity below 1.0ms$^{-1}$ | Service the system fan and clean the filters. | 1 | | | |
| | | Manometer appeared to be broken | Repair the manometer and ensure that it is correctly calibrated. | 1 | | | |
| | | Filter change / cleaning frequency | Establish a suitable filter maintenance and inspection regime. | 2 | | | |
| | | Operator training | Ensure operators are given training to minimise the risk of unnecessary airborne dust generation. | 1 | | | |
| | | | Ensure the shakedown function is performed after every bag tipping operation to help maintain the filters. | 3 | | | |
| | | Material deposition on the enclosure walls and fan unit | Ensure the enclosure and fan units are regularly cleaned / serviced to help maintain system performance. | 3 | | | |

Most of the work has been done

| LEV System Ref | LEV Description | Issue identified | Action Required | Priority | Person to take action | Target Date | Date Completed |
|---|---|---|---|---|---|---|---|
| COATINGS 03 | Beltyne No. 3 | Poor airflow into the system / capture velocity below 1.0 ms$^{-1}$ | Service the system fan. If no improvement, increase the duty on the fan. | 1 | | | |
| | | Manometer does not indicate safe working range | Establish a safe working range and mark on the manometer. | 1 | | | |
| | | Filter change / cleaning frequency | Establish a suitable filter maintenance and inspection regime. | 2 | | | |
| | | Operator training | Ensure operators are given training to minimise the risk of unnecessary airborne dust generation. | 1 | | | |
| | | | Ensure the shakedown function is performed after every bag tipping operation to help maintain the filters. | 3 | | | |
| | | Material deposition on the enclosure walls and fan unit | Ensure that the enclosure and fan units are regularly cleaned / serviced to help maintain system performance. | 3 | | | |

Most of the work has been done

# Summary of Remedial Action Required
## LEV's

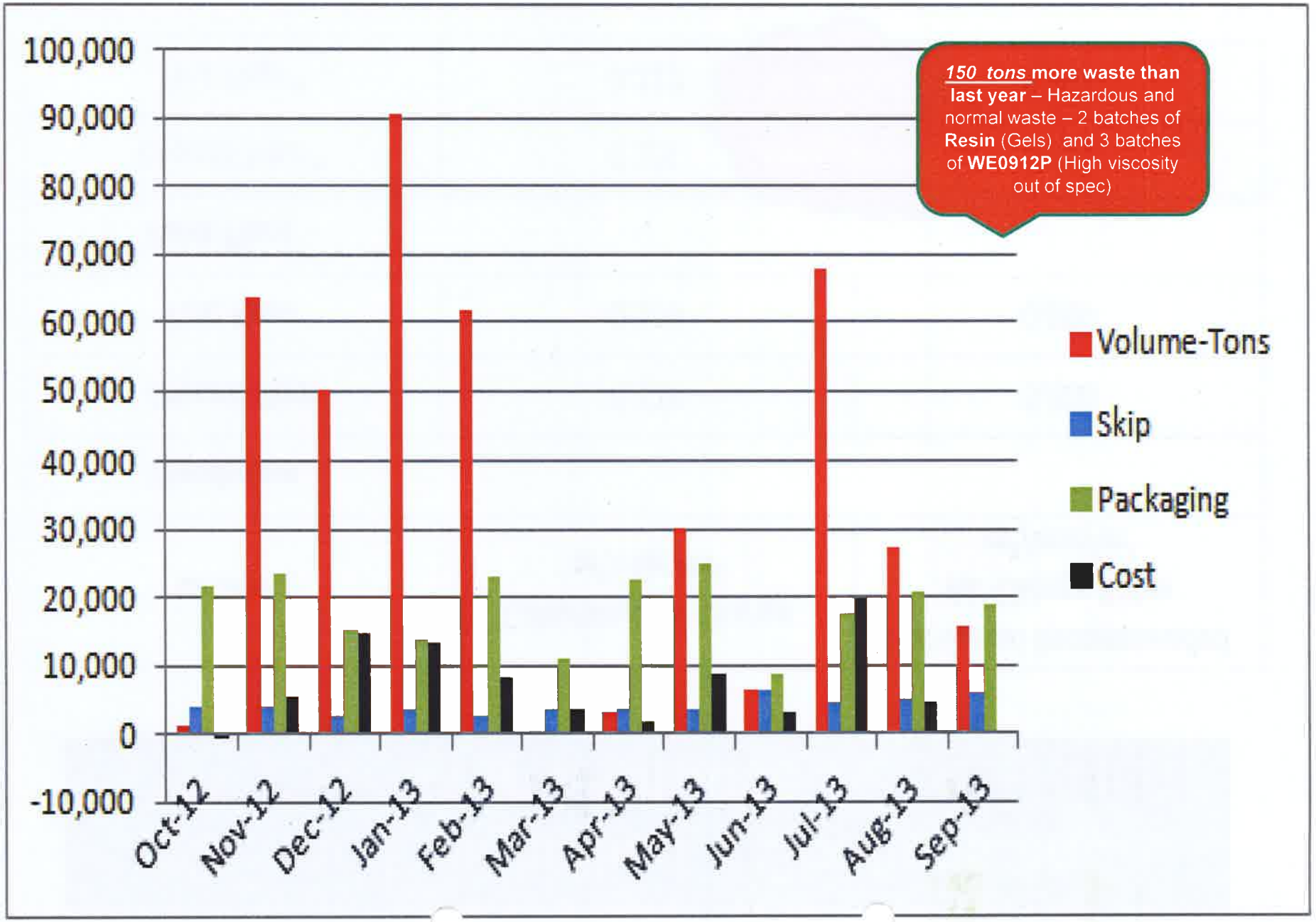
| LEV System Ref | LEV Description | Issue identified | Action Required | Priority | Person to take action | Target Date | Date Completed |
|---|---|---|---|---|---|---|---|
| COATINGS 04 | BP Mixers | Operator interaction with the system | Ensure operatives are fully instructed, informed and trained with regard to the importance, limitations of and the correct use of the control measures provided. | 1 | | | |
| LAB 02 | Hedinair fume exhaust extract | Stack discharge height | Increase the stack discharge height to a minimum of 3 metres above the height of the building. | 3 | | | |
| LAB 03 | Hedinair oven extraction | Stack discharge height | Increase the stack discharge height to a minimum of 3 metres above the height of the building | 3 | | | |
| | | Low duct transport velocity | Inspect and clean ducting at regular intervals to ensure that deposition does not occur as a result of the low duct velocity. Consider increasing the duty on the fan if settlement of particles/condensation within the duct becomes problematic. | 3 | | | |
| LAB 04 | AEW conveyor oven combustion gas extraction | Oven not operational at the time of testing | Consider repeating the exercise when the oven is in operation. | 2 | | | |
| | | Stack discharge height | Increase the stack discharge height to a minimum of 3 metres above the height of the building. | 3 | | | |
| | | Stack discharge fitted with Chinese hat | Remove the Chinese hat from the stack discharge and replace with a suitable. alternative (e.g. a venturi style weather protector) | 3 | | | |

# General ventilation – Coatings and Warehouse

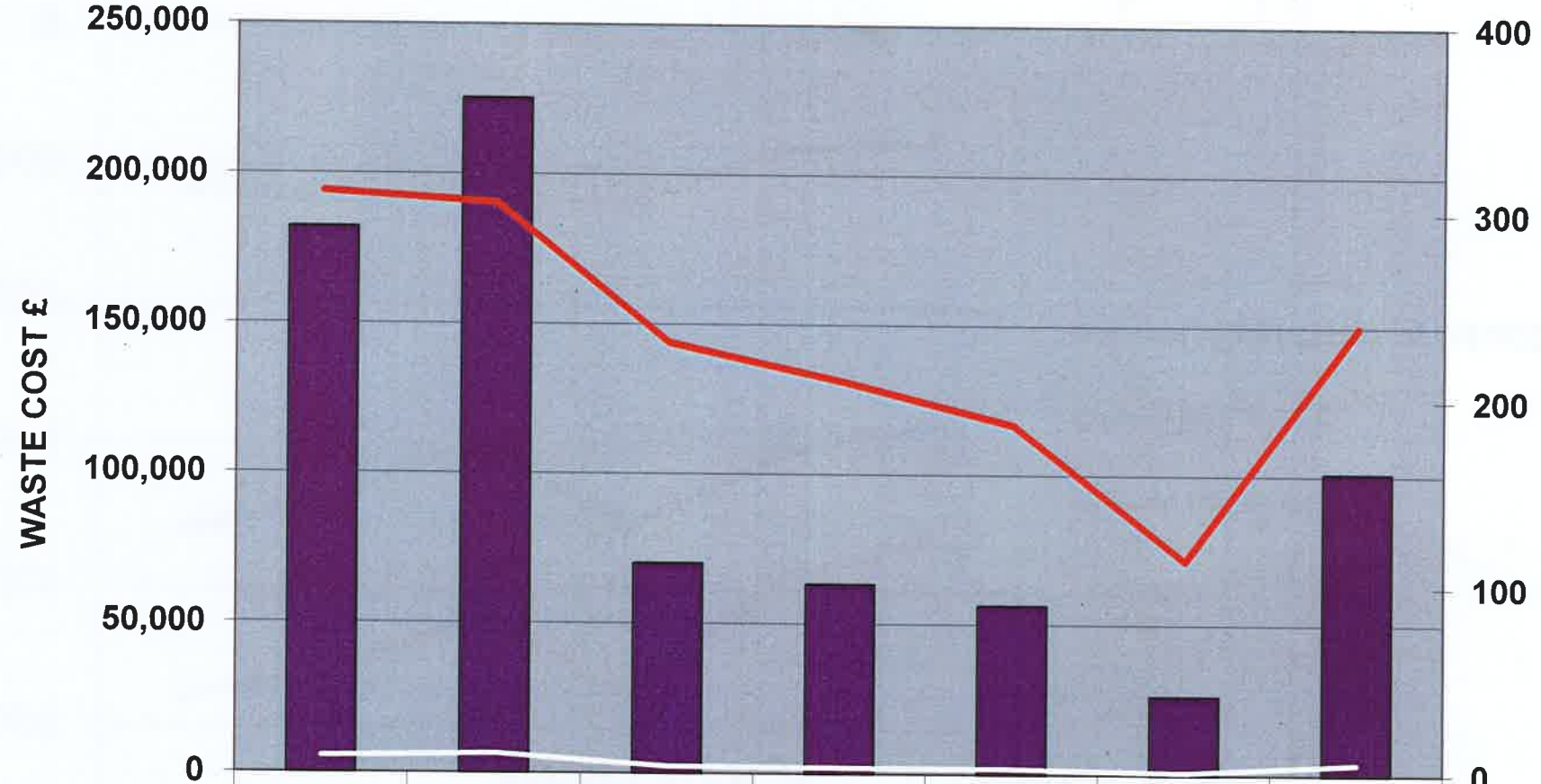
| Location | Calculated Air Change $m^3/min/m^2$ | FM Global Recommended Air Change Rates $m^3/min/m^2$ |
|---|---|---|
| **Warehouse** | | |
| Ground Floor | 0.124 | 0.080 |
| First Floor | 0.109 | 0.080 |
| **Paint Plant** | | |
| Ground Floor* | 0.101 | 0.300 |
| First Floor* | 0.212 | 0.300 |

*Both need to be increased*

# Waste Oct12 to Sept13



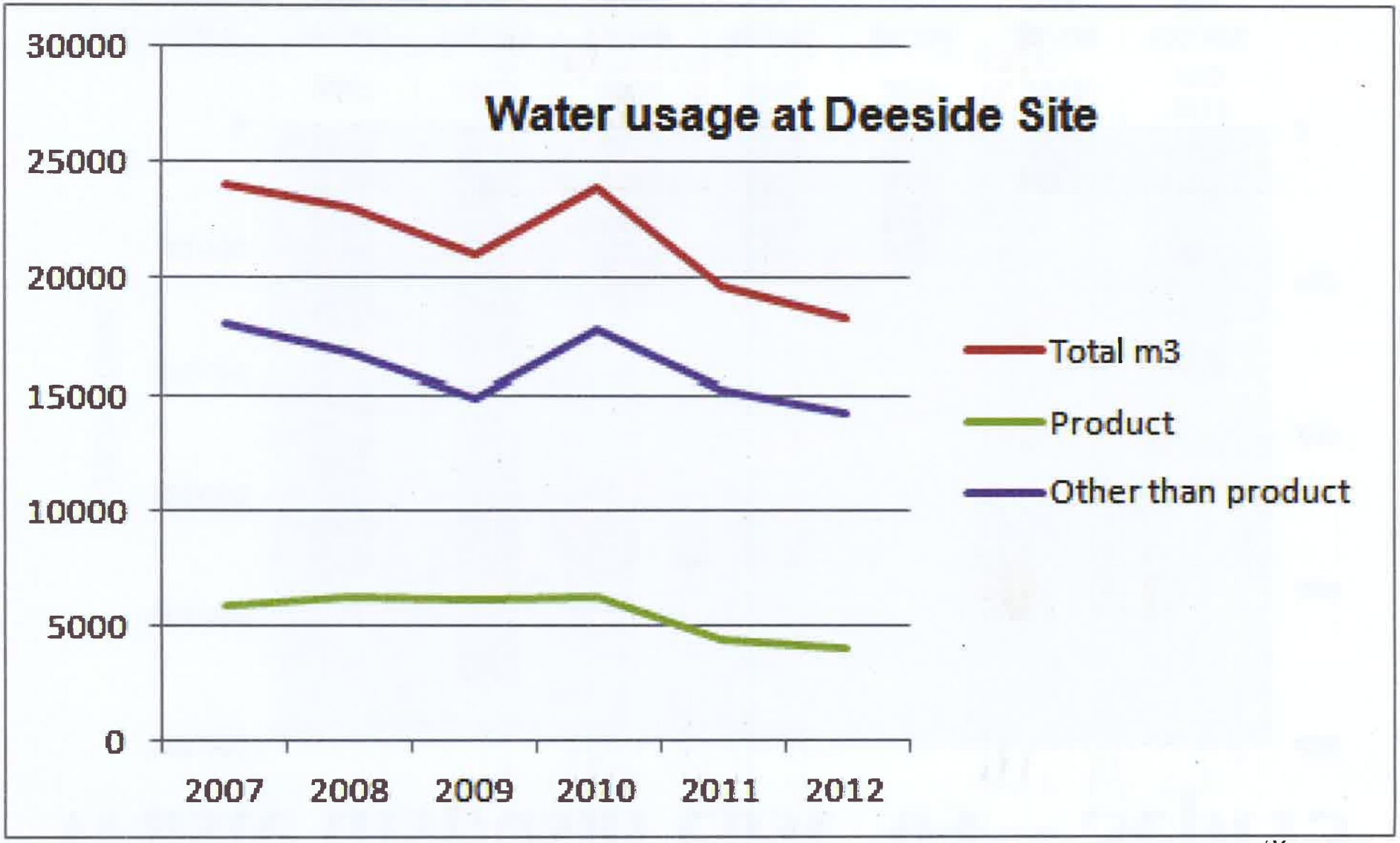
# Waste disposal cost '04 – Sept13



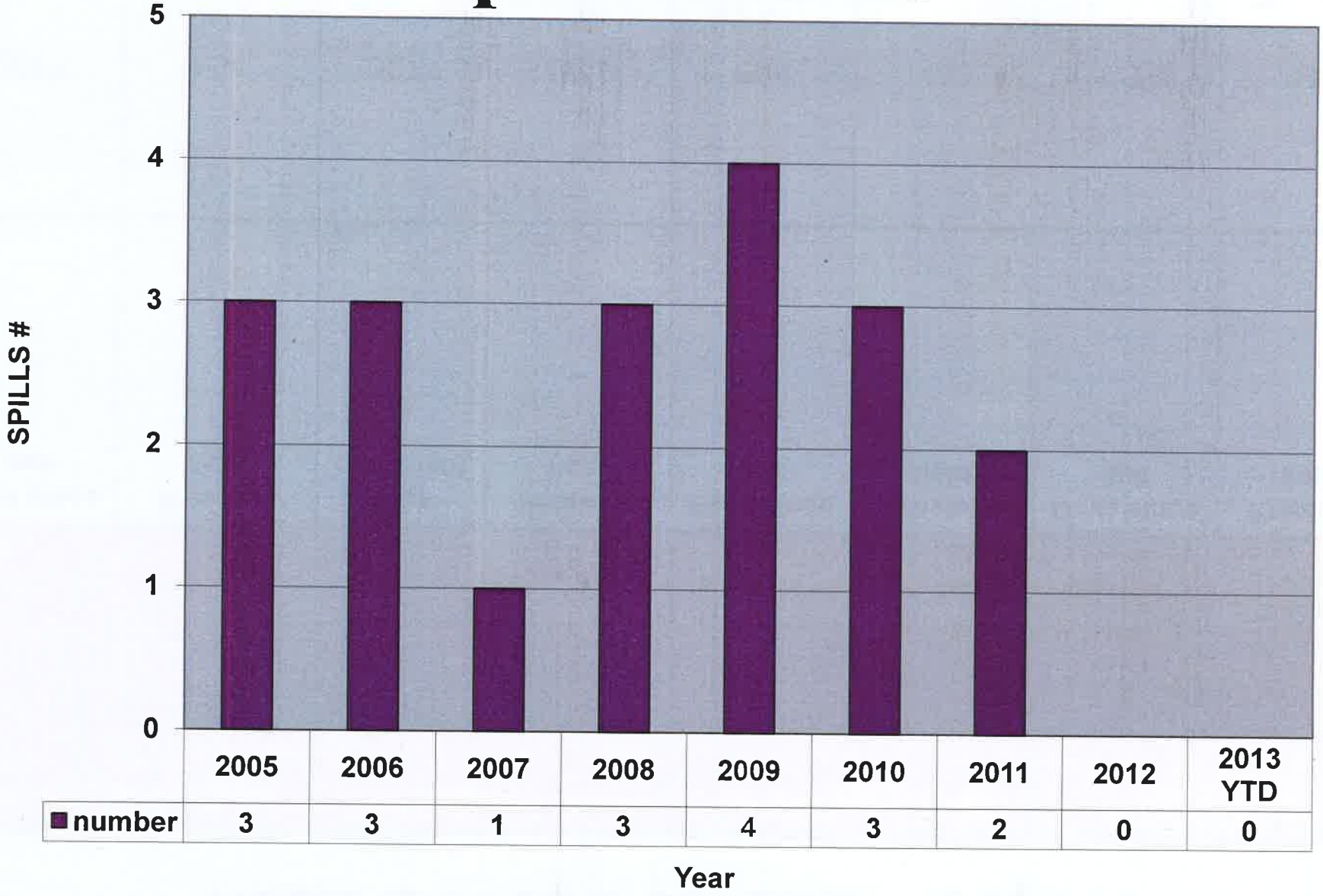

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 YTD |
|---|---|---|---|---|---|---|---|
| Actual £ | 182,002 | 225,351 | 70,213 | 63,305 | 56,398 | 26,136 | 100,955 |
| £/MT Disp | 310 | 305 | 230 | 210 | 187 | 114 | 239 |
| £/MT Prod | 8.65 | 10.22 | 3.65 | 3.19 | 3.05 | 1.37 | 5.86 |

Year

# Water usage over the years



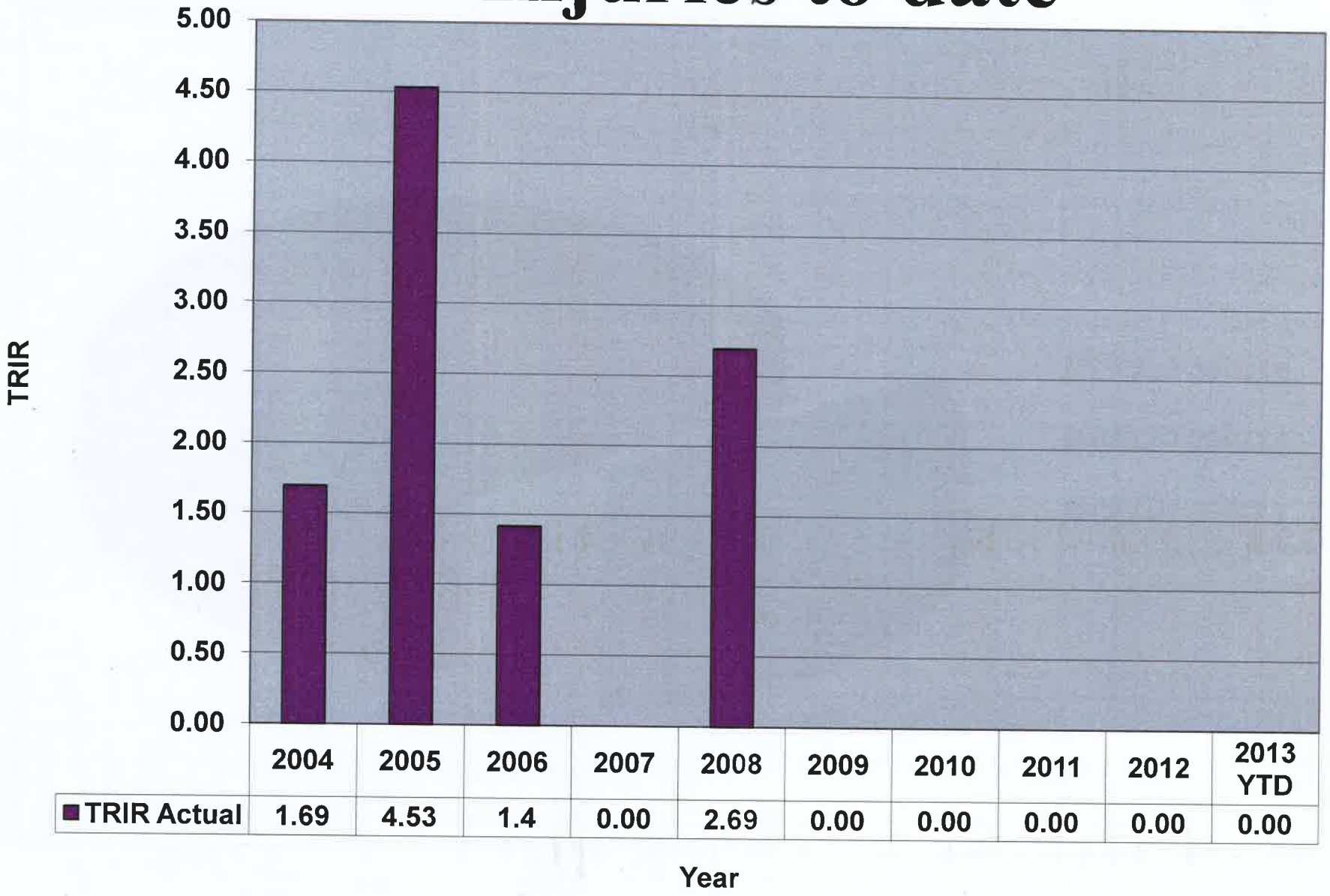
# Spills to date



# SHE STATS to date –Sept13

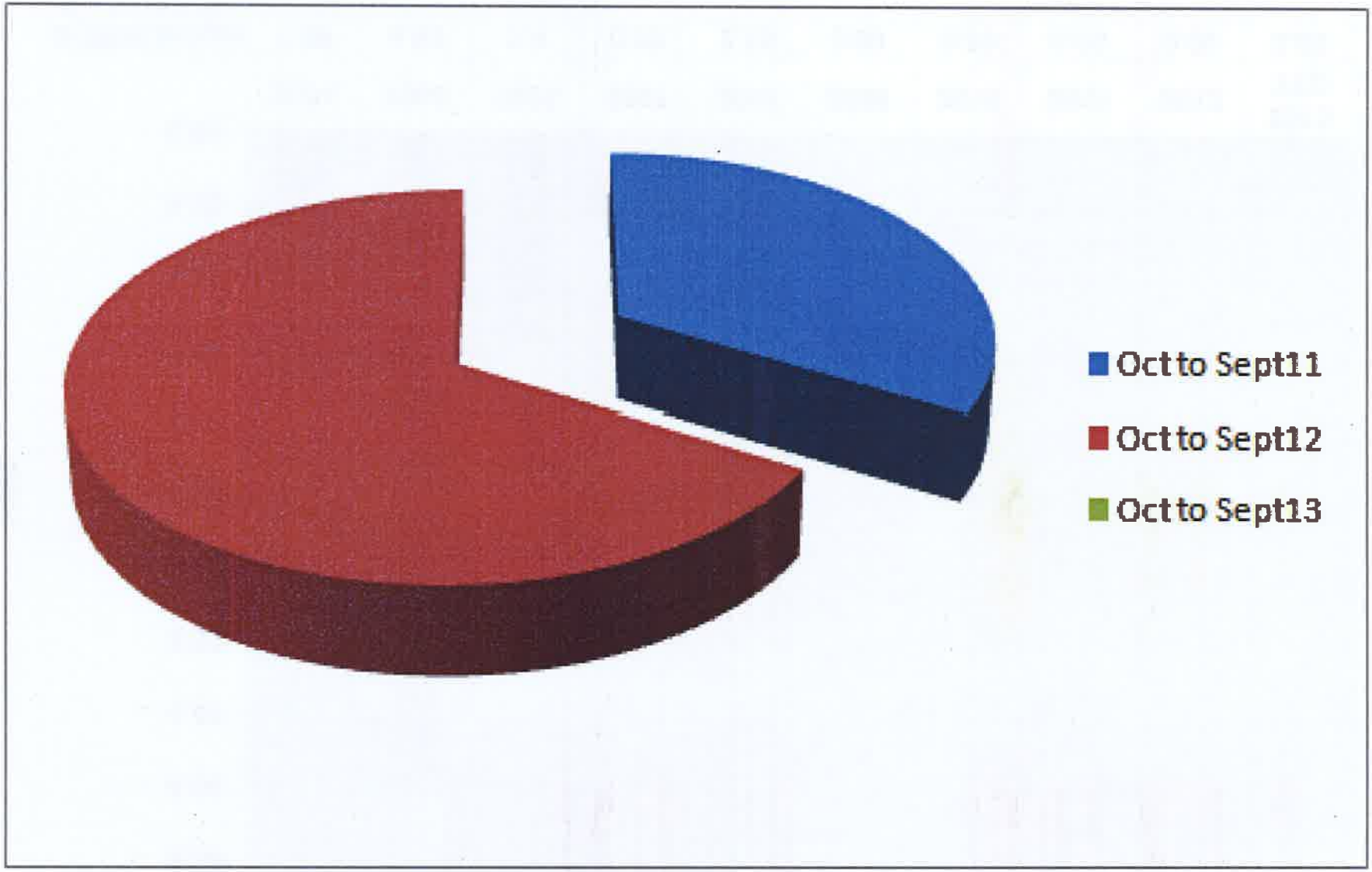
| Recordable injury | | Lost (time injury | | Recordable spill | | RIDDOR Spill | |
|---|---|---|---|---|---|---|---|
| Days since last | Previous best | Days since last | Previous best | Days since last | Previous best | Days since last | Previous best |
| 2077 | 554 | 2077 | 1718 | 864 | 483 | 1774 | 846 |

# Injuries to date




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 YTD |
|---|---|---|---|---|---|---|---|---|---|---|
| TRIR Actual | 1.69 | 4.53 | 1.4 | 0.00 | 2.69 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

# First aid injuries 2011 to 2013



# Injury claims

Only one claim at Deeside involving a first aid injury in *August 2008*

# *SHE Stats - details*

- RIDDOR & LTI - Cut hand 23/01/08 - 8 Days off work
- RIDDOR Spill - 21 Nov 2008 180 - 200kg DMEA
- Recordable Spills July 2010 to Sept 11 x 2

**2/04/2011 (E) - RECORDBLE - Spill BP13 83 kgs**

An operator was charging a batch of ST0173M to blend tank BP13. After charging the second solvent he commenced the normal practice of purging the filling line with nitrogen. At this point liquid was observed splashing from the man way of the blend tank by another operator (DB) who was working close by on BP17 and the purge was immediately stopped (Batch to big for vessel)

**20/05/2011 - RECORDBLE - Tanker overfill – 229 kgs**

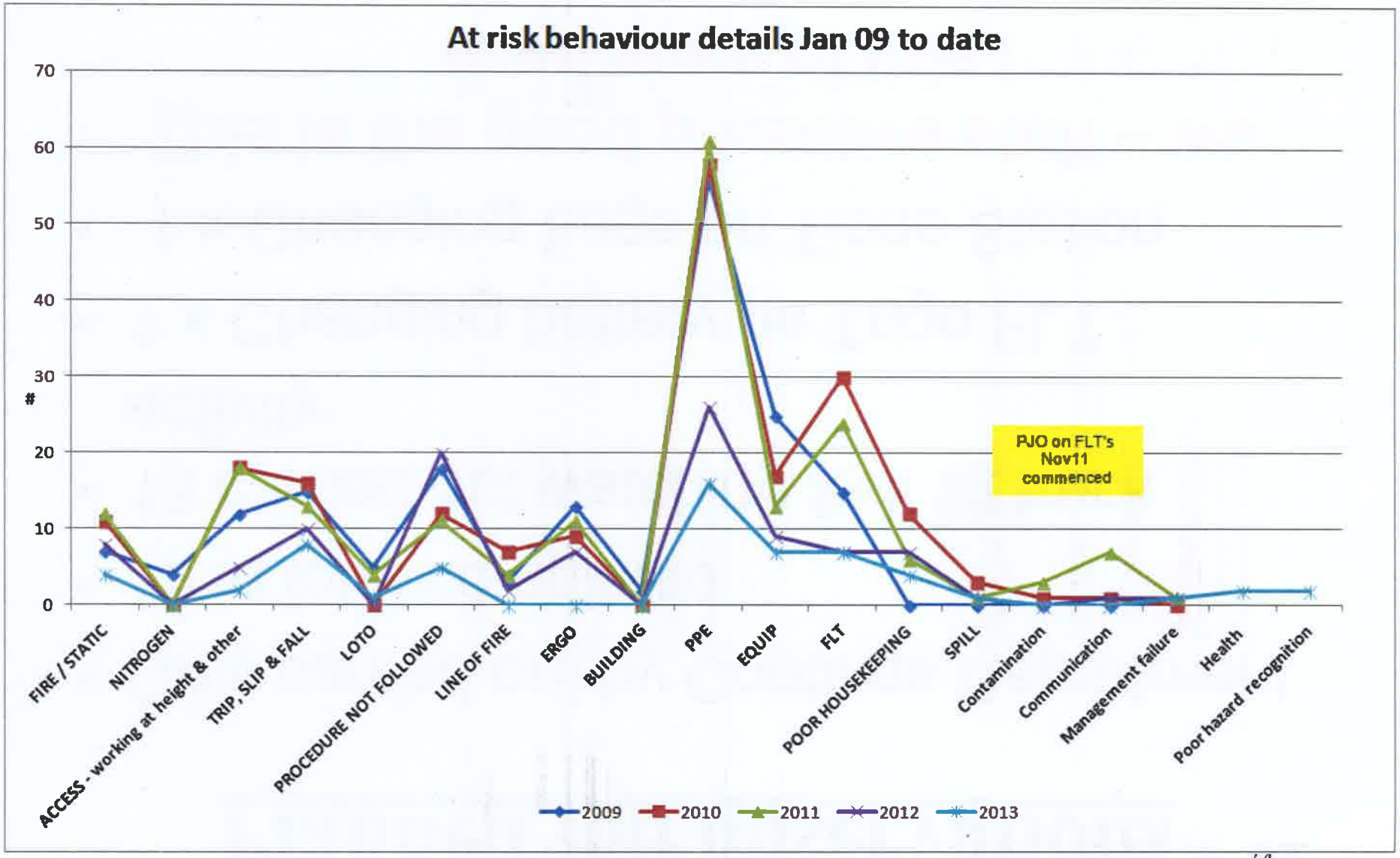
An operator was completing the filling of the third compartment of a road tanker with a batch of 4800A07R by blowing the transfer line with nitrogen. On going to check that the line was empty the operator noticed the product was bubbling out of the tanker man way. All activity in the area was stopped and absorbent spill kits used to capture the spill. (Procedure not followed)

# Planned job observations

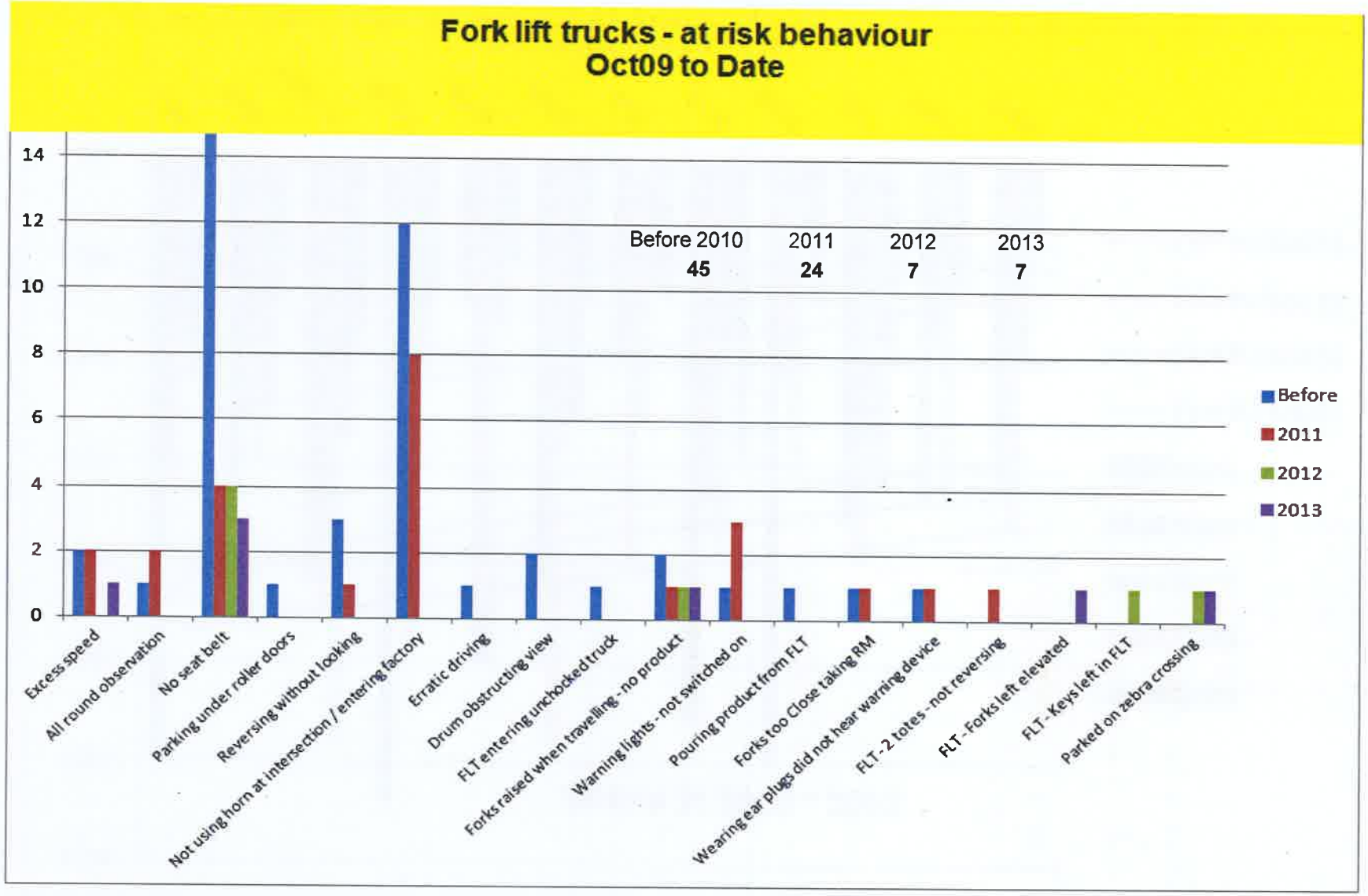
- Only carried out by Coatings Department
- 15 in total completed
- 13 carried out watching fork lift truck activity
- 1 x Changing battery on Trigo FLT
- 1 x Changing bags on Tiona Station

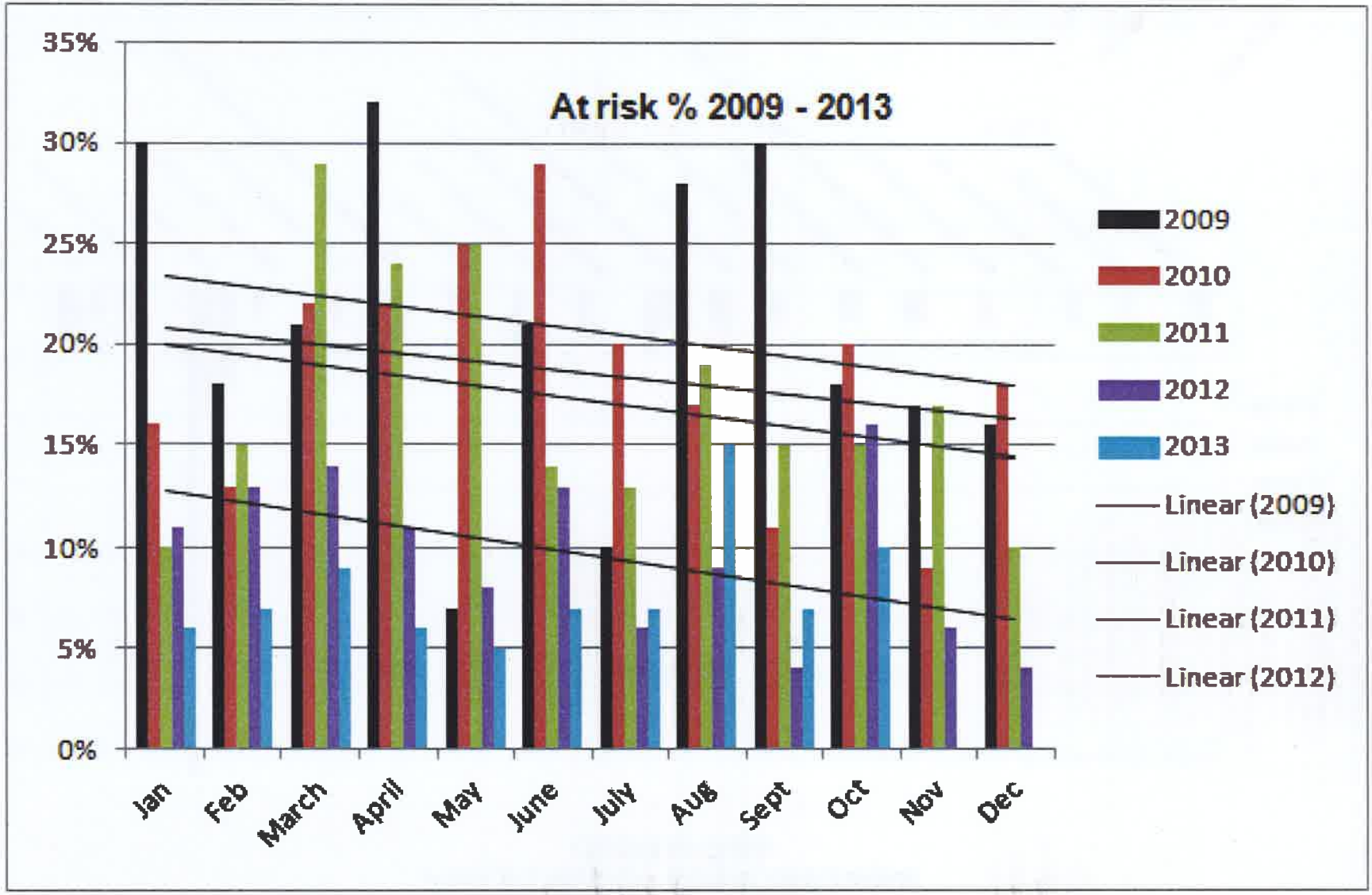
**This is the good proactive stuff – we need more of this !**

# BBS 2009 to 2013



# FLT at risk stats

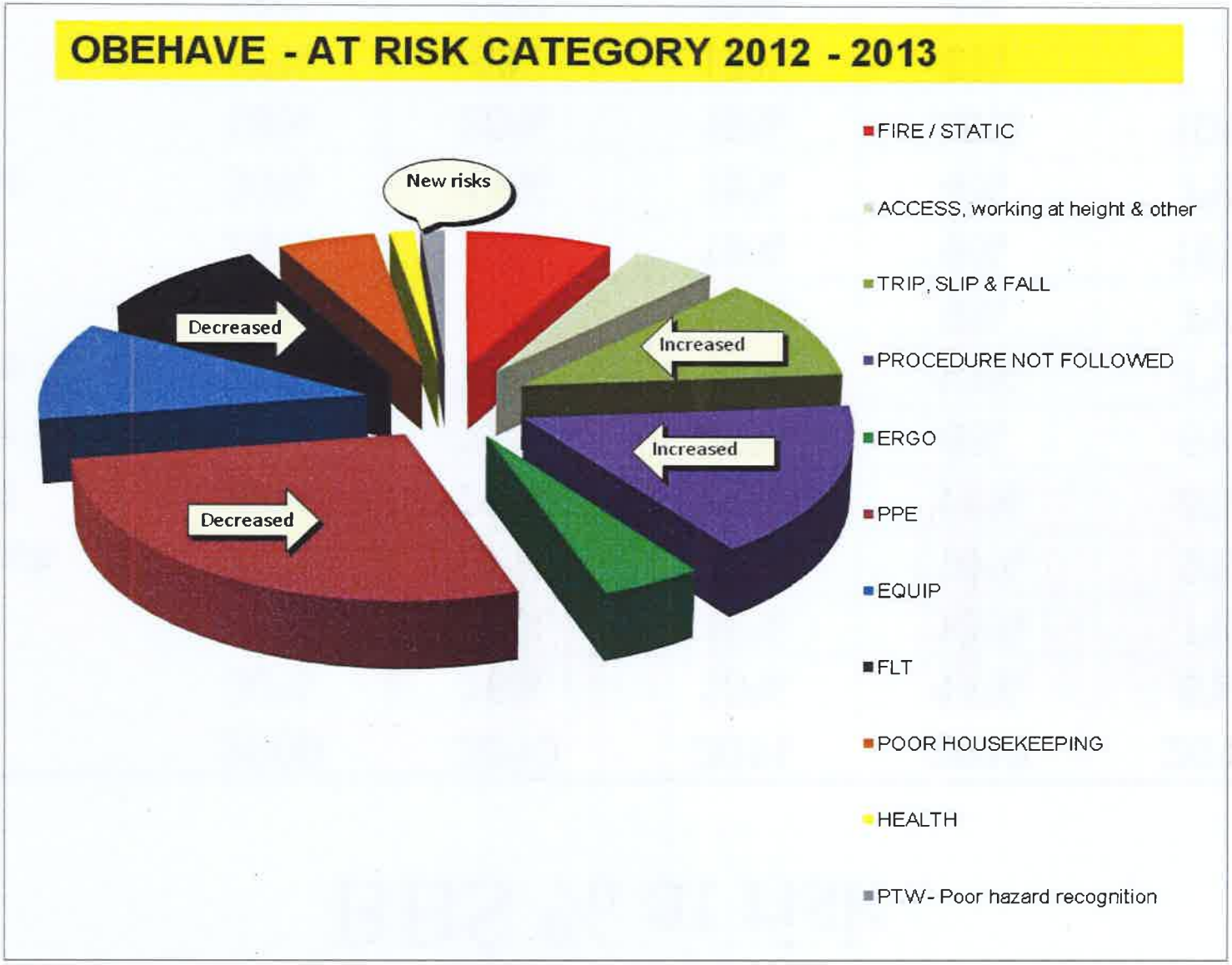



At risk % 2009 - 2013
35%
30%
25%
20%
15%
10%
5%
0%
Jan
Feb
March
April
May
June
July
Aug
Sept
Oct
Nov
Dec
2009
2010
2011
2012
2013
Linear (2009)
Linear (2010)
Linear (2011)
Linear (2012)

# BBS % at risk

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|
| Jan | 30% | 16% | 10% | 11% | 6% |
| Feb | 18% | 13% | 15% | 13% | 7% |
| March | 21% | 22% | 29% | 14% | 9% |
| April | 32% | 22% | 24% | 11% | 6% |
| May | 7% | 25% | 25% | 8% | 5% |
| June | 21% | 29% | 14% | 13% | 7% |
| July | 10% | 20% | 13% | 6% | 7% |
| Aug | 28% | 17% | 19% | 9% | 15% |
| Sept | 30% | 11% | 15% | 4% | 7% |
| Oct | 18% | 20% | 15% | 16% | 10% |
| Nov | 17% | 9% | 17% | 6% | |
| Dec | 16% | 18% | 10% | 4% | |

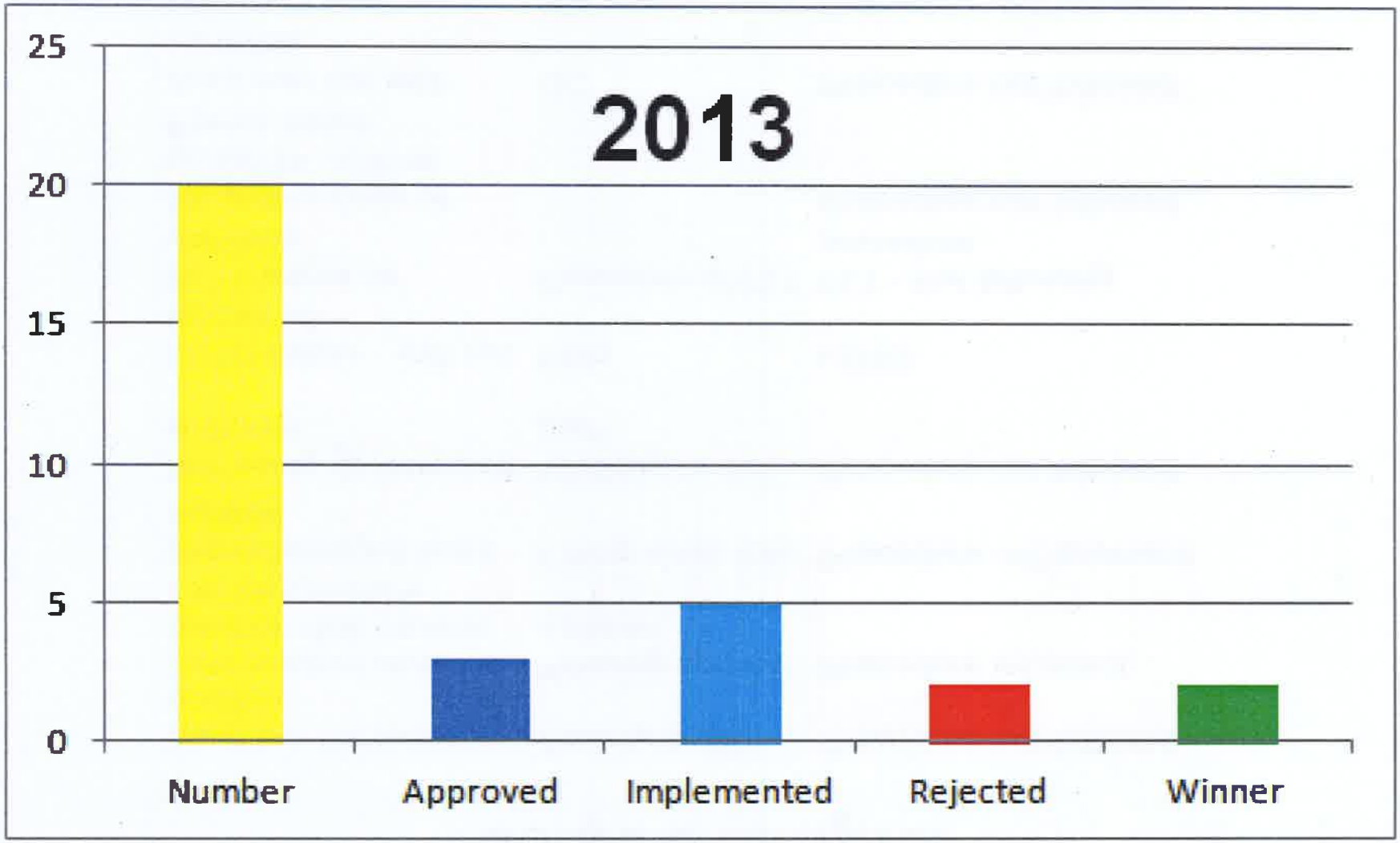
# OBEHAVE – AT RISK CATEGORY



# Procedures not followed / incorrect – some examples

| | | |
|---|---|---|
| Flam bin not being emptied | Activity in QC | Procedure not followed |
| Test method does not mention that caustic can be corrosive | Titrating caustic solution | Procedure incorrect |
| Worn/damaged hose - replace | Filling wash tote | Procedure ->Equipment |
| Not using demarcated walkway | Walking to car park | Procedure not followed |
| LOTO failure - mill not locked off | Mills | LOTO |
| FLT Parked on walkway | Operation of FLT | FLT - Not following procedure |
| No yellow copy of permit to work on Permit board | | Procedure not followed |
| Area over run with samples | QC | Procedure not followed |
| Mill wash employee away from the area | Mill wash | Procedure not followed |
| No appointment | | Procedure not followed |

# Suggestion scheme



# Valspar Deeside

## Suggestion scheme award

**Congratulations to Dave Evans for winning *Q1 - 2013 best suggestion***

**The suggestion :-**

**No Labels being put on Gaff units -> place label on gaff unit so the next operator knows what size micron filter gaff required**

**Benefits:-**

**Saves time, mistake proofing and improves quality**

# Valspar Deeside

## Suggestion scheme award

**Congratulations to Baz's shift for winning *Q2 2013 best suggestion***

**The suggestion :-**

**Every 4000-21B has multiple drums of TC 19A and other RM's.**

**The TC 19A is in tight heads which is very awkward to decant into totes. Drums are above head height when decanting - risk of spillage an injury. Deliver in totes - easier and safer**

**Benefits:-**

**Eliminates manual handling and safer**

# Changing circumstances – legal and other relating to environmental aspects and safety and health risks

1. **REACH** – Global reach team in place - completed pre registration process - Contacted all suppliers informing them of all the uses we want them to register for– we are down stream users so responsibility with suppliers. Monitor import of Valspar products into the EU from non EU countries to check all RM pre-registered.

- Terminology is changing – Risk phrase (Hazard statement) Safety phrases (Pre-cautionary Statement)
- Dec10 for single substances sold by Valspar
  (all single substances now need CLP compliant labels -> E.G MEK)
- **CLP RM** – All Risk Management methods (RMM) need to be followed to the letter – > COSHH
- Mixtures June 2015
- Monitor REACH candidate list – Candidate List of Substances of Very High Concern for authorisation
- A USA data base for MSDS to be used across Europe – 2014 –> P Robinson

2. **ATEX** – Survey of Site completed (Zoning), and signage order & to be displayed
3. **PSM** (Corporate requirement) – monthly meetings held erratically - follow up on PHA findings and actions
4. **Corporate standard changes** –> Incident reporting criteria – **LEVELS 1,2 and 3 /** Working at height, Intermediate bulk container (IBC) Storage standard

# Top 2 most significant aspects at Deeside

1. Solvent based products (Score = 48)

   VOC's to air, ground & water contamination

   Not controllable by Valspar, Deeside, an inherent characteristic

   Technical / Marketing need to drive water based products to reduce this impact

2. Tote & Drum fills in Resin (Score = 46)

   Resin no extraction on GF, however the frequency of this task has reduced substantially - Exposure monitoring to be done

# Concerns

- Aspects and impacts need reviewing
- Two high potential incidents that took place recently ( Fork lift battery charging incident and Big bag handling incident – both in Oct13) -> Planned job observations need to be done on critical tasks
- All incidents need to be logged in KMI and good investigations to be done to eliminate root cause
- *No formal day* set aside for training – hence not carrying out some specific HSE training

# Actions from this meeting (2012)

| | WHAT | WHO | WHEN | Status |
|---|---|---|---|---|
| 1 | Include SHE Policy training day – Nov12 | A Bell | Nov-12 | ✓ |
| 2 | Review Contractor control to ensure the Policy is reviewed every year | A Bell | Nov-12 | ✓ |
| 3 | A robust procedure required in development of RM's - regulatory function | Corporate | Mar-13 | |
| 4 | Review aspects and impacts – long overdue | D Pritchard | Mar-13 | ✗ |
| 5 | Review Fire risk assessment – Emergency front door not appropriate | A Bell | Dec-12 | ✓ |
| 6 | Extraction ventilation systems – energy reduction opportunity | D Pritchard | Sep-13 | ? |
| 7 | Grass embedding in yard concrete - review Garden contract to include spraying where required | A Bell | Nov-12 | ✓ |
| 8 | Review Corporate SHE self- assessment | Team | Ongoing | ? |
| 9 | QC roof leak - budget approved | D Pritchard | ASAP | ✓ |
| 10 | Trend OBEHAVE ' Not following procedures' | A Bell | Nov-12 | |
| 11 | July11 - Resin bund repair - CAPEX approved - to be done | D Pritchard | Jan-13 | ✓ |
| 12 | July11 - The Facility is to develop robust procedures and systems for the testing and maintenance of safety instrumented systems. | D Thompson | Nov-12 | ✓ |
| 13 | Duty of Care' audits on waste Company's to be carried out | A Dodd / A Bell | Mar-13 | ✗ |

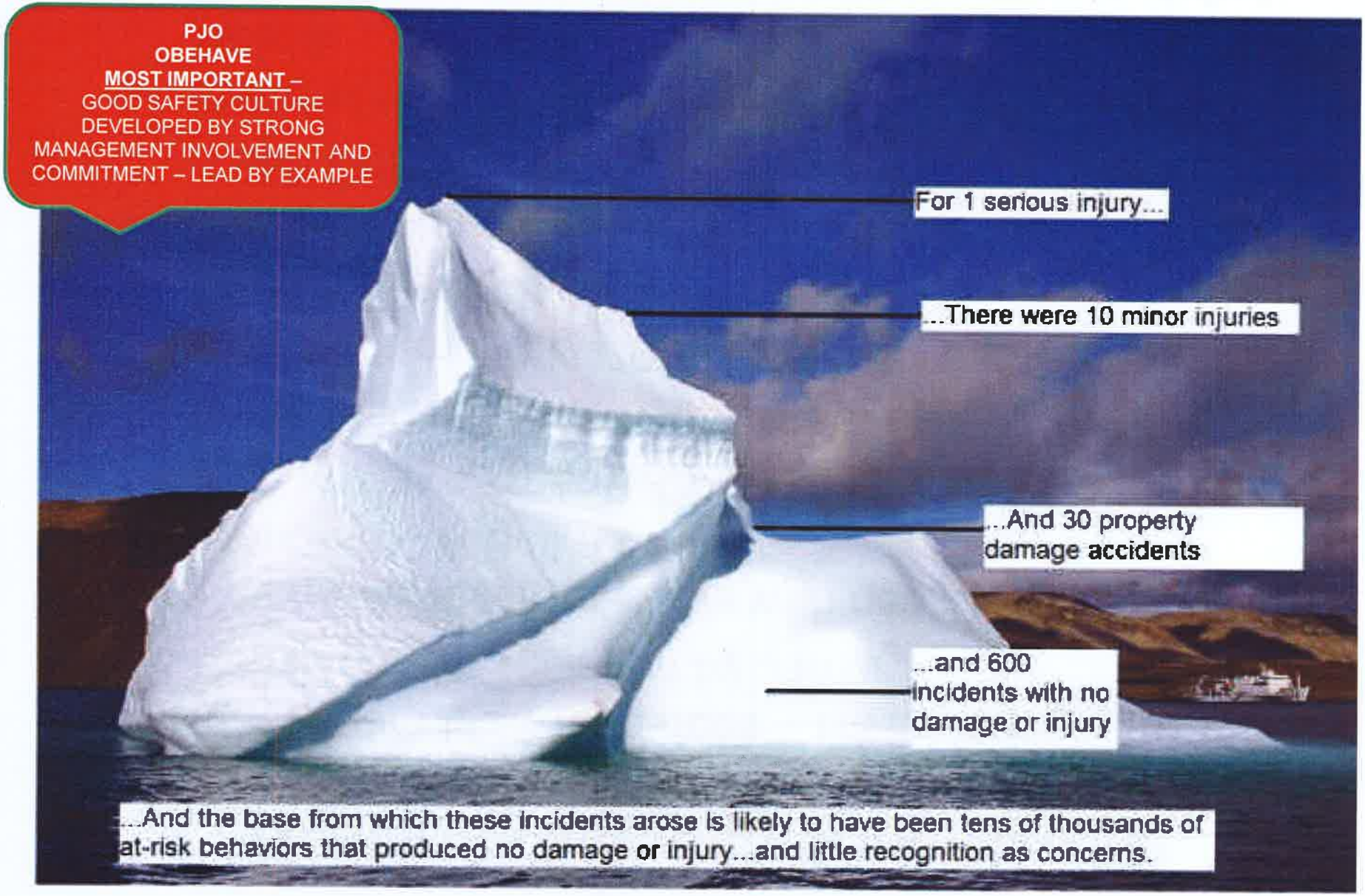
# 2013 Objectives and targets

- No injuries (PJO and OBEHAVE) 
- No spill larger than 19 litres – reduce hoses and more hard plumbing of pipes 
- No fires – Static awareness training and review fire risk assessment, review other fires. 
- Continue to make OBEHAVE robust and sustained 
- Achieve NVQ level 2 for all fork lift drivers 
- Award employees for good achievements 

# 2014 Objectives and targets

- No injuries (PJO and OBEHAVE)
- Spills – *Review this in line with new standard of reporting*
- No fires – Static awareness training and review fire risk assessment, review other fires
- Corporate audit in June14 – *no critical nor high risk findings and no repeat findings*
- Continue to make OBEHAVE robust and sustained
- Award employees for good achievements

# Let's be proactive and eliminate incidents!



# Actions to follow up from meeting

1. Inadequate HSE resources – HSE Manager for Deeside to be replaced by Jan14
2. Review spills target in line with new Corporate Standard – A Bell – Oct13
3. Action from ATEX inspections need to be embedded in PPM –> D Pritchard – 30 Nov13
4. Arrange a monthly PSM & PHA meetings in the calendar –> A Bell – 31st Oct13
5. LEV for Lab –> send N Anderson the report – A Bell – 29th Oct13
6. General ventilation –> D Pritchard to follow up-30th Nov13
7. BS Council review of actions and meeting –> A Bell-Nov13