



Marketing Incident Investigation Policy

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1.0 Purpose/Application

The objective of investigating and reporting incidents is to prevent hazardous conditions and unsafe practices by identifying, correcting and communicating the findings to others so all may benefit from them. Sunoco, Inc. believes strongly that the incident investigation begins right at the scene. That means certain employee, Investigation Leader and Safety Specialist responsibilities must be carried out at the scene of any incident. As well, during the investigation process you must keep an open mind. You can only come to a conclusion at the end of the investigation. This procedure will aid you in finding the facts of an incident.

2.0 Definitions

Investigation Type

Serious Incident Investigation (SII) – Investigations that fall under the category of Level 3 of the Sunoco Reporting Matrix (SEC-STD-001-REF.A) or fall under the category of (SII) of the FEP-SS-2 Incident Investigation Document.

Incidents that fall under the Serious Incident Investigation (SII) category require the Marketing HES Manager to assume the role of Investigation Leader. In addition, Sunoco's Legal Department will assume the role of overseeing all evidence gathered and all evidence distributed. The Marketing HES manager has the authority to approve the final investigation report and close the investigation within SIRIS II.

Incident Investigation (II) – Investigations that fall under the category of Level 2 of the Sunoco Reporting Matrix (SEC-STD-001-REF.A) or fall under the category of (II) of the FEP-SS-2 Incident Investigation Document.

Incidents that fall under the Incident Investigation (II) category require a Marketing HES Safety Specialist to assume the role of Investigation Leader. In addition, Sunoco's Legal Department will assume the role of overseeing all evidence gathered and all evidence distributed. The Marketing HES Safety Specialist has the authority to approve the final investigation report and close the investigation within SIRIS II.

Fact Finding Investigation (FFI) - Investigations that fall under the category of Level 1 of the Sunoco Reporting Matrix (SEC-STD-001-REF.A) or fall under the category of (FFI) of the FEP-SS-2 Incident Investigation Document.

Incidents that fall under the Fact Finding Investigation (FII) category require the involved employee's immediate Supervisor / Manager to assume the role of Investigation Leader. The involved employee's Supervisor / Manager has the authority to approve the final investigation report and close the investigation within SIRIS II.

Examples of Initial Event Types

Listed below are examples of incidents and which investigation category they may fall into. Understand that this list is not inclusive and that each incident will have to be evaluated on its own merit for classification.

Serious Incident Investigation (SII)

- Injury
 - Fatality
- Vehicle Crash
 - Moving Vehicle Crash with life threatening injury and/or fatality
 - Vehicle Rollover
- Release
 - Any release over 42 gallons
- PSM
 - Fire Alarms above \$50,000
 - Reliable Events above \$150,000
- Sun Call Sunoco Reporting Matrix
 - Level 3

Incident Investigation (II)

- Injury
 - OSHA Recordable
 - First Aid
- Vehicle Crash
 - Fixed Object 3rd Party
 - Moving Vehicle Crash
 - Moving Vehicle Crash with Injury
- Release
 - Any release less than 42 gallons
- Cross Drops
 - Gasoline in Diesel
- PSM
 - Fire Alarms between \$1,000 and \$50,000
 - Reliable Events less than \$150,000
- Sun Call Sunoco Reporting Matrix
 - Level 2

Fact Finding Investigation (FFI)

- Injury
 - No Treatment (Report Only)
- Vehicle Crash
 - Animal Strike / Hit while Parked / Property Damage / Glass Damage

Fixed Object Company Owned
Release
Report Only
Cross Drops
Ultra/Premium in the Regular
Diesel in the Regular
Regular in the Ultra/Premium
PSM
Near Misses
Non Alarm Fires <\$1,000
Sun Call Sunoco Reporting Matrix
Level 1

Root Cause

There will only be one root cause assigned to an investigation. This would be the event that if it had not occurred or been present the incident would not have occurred, even if all the other contributing factors had still been present.

Contributing Factors

There can be several contributing factors, actions or conditions that led directly or indirectly to the occurrence. Contributing factors by themselves could have not caused the event but more likely to increase the severity of the event.

3.0 General Requirements

The objective of investigating and reporting incidents is to prevent hazardous conditions and unsafe practices by identifying, correcting and communicating the findings to others so all may benefit from them. Sunoco, Inc. believes strongly that the incident investigation begins right at the scene.

4.0 Key Responsibilities

Investigation Leader: Makes sure that the investigation team makeup is correct, coordinates the investigation, assigns action items, reports to management team, verifies – approves - closes investigation, gathers/maintains all evidence, correspondence, etc.

Field Investigator: This will be the local Immediate Supervisor / Manager, Area Operations Manager, Superintendent or Transportation Supervisor. The Field Investigator will be chosen by the Investigation Leader and will be responsible for conducting and or managing the physical investigation at the event scene.

ARI Coordinator: Will enter the first report into SIRIS II within 5 days of notification from ARI and/or the leased vehicle driver. Once the gatekeeper has approved the first report, the ARI coordinator will enter the incident and consequence into SIRIS II within 5 days but not more than the 5th day of the next month

HES Safety Specialist: Will assume the role of Investigation Leader for all (II) investigations. Will provide guidance and support on classification of incidents as PSM, DOT, EPA and OSHA related. As well, the HES Safety Specialist will aid in all investigations.

HES Manager: Will assume the role of Investigation Leader for all (SII) investigations. As well, the HES Manager will determine if an injury incident qualifies as an OSHA

recordable injury.

5.0 Procedure

5.1 Incident Occurs

This investigation policy assumes that any urgent medical treatment, emergency response, public safety or environmental issues will take priority.

5.2 Notification

This investigation policy assumes that the notification process regardless of the severity of the event, started within five minutes of the event. Establish a line of communication to provide status updates. All relayed communications should be accurate and reflect the facts as they are known. Do not speculate on cause, fault, or any other issues that have yet to be determined.

5.3 Investigation Leader

The investigation Leader will start and manage the investigation process upon notification of the event. The investigation process must start promptly but not more than 48 hours following the incident.

5.4 Investigation Classification

Initial Event Type

The Investigation Leader will categorize the initial event type to determine type of Investigation required. The initial event type is by no means is to be considered the final classification of the event. See Section (2.0 Definitions: Examples of Initial Event Types) of this policy for event types.

Investigation Required

The Investigation Leader will determine which investigation type is required based on the classification of the event type. See Section (2.0 Definitions: Investigation Types) of this policy for investigation types.

5.5 Obtaining Assistance

The Investigation Leader must obtain assistance for all (II) and (SII) investigations. The Investigation Leader can assign a Field Investigator to aid in the investigation at the scene. This should be done immediately to ensure no evidence is lost. Investigation assistance can also be obtained through you Safety Specialist representative.

5.6 Contact Legal

If the incident requires a (II) or (SII) investigation, establish contact with the Sunoco Legal Department. This contact may be completed through normal SUN CALL communication protocol for direction on what type and in what manner an investigation, if any, will take

place. If for some reason contact cannot be made via SUN CALL, contact the current Legal Department representative.

5.7 Recording the Scene

Visit the Scene

The Investigation Leader and/or Field Investigator must visit the scene of every incident and perform a thorough investigation. In the event of an incident classified as Incident Investigation (II) or a Serious Investigation (SII), every effort will be made by Investigation Leader and or Field Investigator to visit the scene while the incident is still in progress. If this cannot be done, the Investigation Leader may use an employee of choice to visit the scene while the incident is in progress.

Document Physical Evidence at the Scene

Once the incident scene is deemed safe to enter, (the police, emergency services or plant security will make this determination) the Investigation Leader and/or Field Investigator will begin to review and document the scene. When investigating an incident, it is important to look beyond the scene. Most incidents have a number of contributing factors, and the investigator must make sure to uncover all of them. Approach each incident with an open mind to what happened and why is crucial to discovering the cause. Be aware that once the scene is deemed over, it may be dangerous for you to conduct an investigation that requires you to be in the roadway, parking lot, off the road or any other situation. Do your best to conduct this investigation piece while you have the protection of the on-site police or plant security. If the scene is on a public roadway, acquire assistance from the local Police to guard you while you document evidence in the roadway. Even though something may seem unimportant at first glance, it is better to collect potential evidence and perhaps discard it later than try to go back for it after the scene has been disturbed. Document the scene evidence by following the procedure below...

Taking photos of all relevant items in the event scene. For injuries, this may include the condition and placement of items on the floor, pavement condition, hazards, equipment, tools used, safety equipment, and employee's injured area, etc. For vehicle crashes, this may include the relationship of vehicles; damage of any items related to the accident (includes vehicles and license plates, roads, fixed objects and people if appropriate). For releases, this may include damaged area, equipment, placement of equipment and condition of equipment, etc. For cross drops, this may include the condition of the fill lids, collar ID's, tags, etc. For PSM events, this may include condition of equipment, valves, gauges, machinery, hazards, etc. If using a disposable camera, take all photos available on the camera. Photograph everything, the more photos taken the better the investigation. In addition, the best photos are those taken before any vehicle or equipment is moved.

Measure the scene by locating all relative items and measure their relationship to each other. Some examples would be to measure the distance of skid marks, the distance between vehicles, the distance between the employee and the hazard and the location and placement of all vehicles and items. Each scene must be measured and a diagram produced to best represent the event.

Determining the paths of vehicles, employees, tools, product or equipment prior to the event and at the final resting point.

Google Earth the scene if outdoors. Note placement of all relative items on the Google Earth map.

Inspect the vehicles or equipment and document the damage/condition before any repairs are completed. Note any physical evidence or unusual condition.

Evaluate the scene. Does the initial information make sense based on the review of the scene? Focus with an open-minded approach.

In the event of a Serious Incident Investigation, the Police or DOT may impound vehicles or equipment. In such a case, the vehicle or equipment must not be moved, repaired or altered in any way until the intervening department or agency has provided a documented, written release.

5.8 SIRIS II First Report

For CoOp's, the first report will be made within 5 minutes of the event by the Store Manager via IRIS. For all other business units the first report will be entered into SIRIS II within 24 hours of the event. The Investigation Leader, Field Investigator and/or ARI coordinator must enter the First Report into SIRIS II. Complete (Attachment 1) Sunoco Marketing Initial Incident Report and submit to the Safety Specialist and the involved employee's Manager.

5.9 Initial Interviews

The Investigation Leader and/or Field Investigator will conduct initial interviews with the employee that had the incident and any company employees that were witness to the event. Understand that it may be difficult to interview third party witnesses of a vehicle crash or another type of event, in these cases, the police report may be used for witness statements. These initial interviews are only to obtain statements by those involved and not to be used to draw a conclusion of the incident. Complete (Attachment 2) Sunoco Marketing In-Depth Incident Investigation Questions and submit to the Safety Specialist and the involved employee's Manager.

Conducting Interviews

Conduct interviews as soon as possible after the incident focusing on interviewing persons most directly involved with the incident. Be respectful of the interviewee's physical and emotional state; if the person has suffered an injury or is in shock; ensure that medical help is available. Introduce yourself and ask the person if they can help you determine what happened. Put the interviewee at ease by...

Explaining that getting the facts may help prevent a recurrence

Explaining that information is confidential and on a need-to-know basis only

Remaining cordial and professional even if the interviewee is not cooperative

If possible, move the interview to a location with enough privacy to remove distractions, maintain confidentiality and keep interviewee from being influenced or pressured by others.

Collect facts.

Ask the interviewee to relate the events of the incident in his or her own words. Allow the person to complete each statement; do not fill silences with leading questions.

- Exactly what occurred?
- When did it happen?
- Where did it happen?
- Who was present?
- Who else may know relevant information?
- How did it happen?
- Who did or said what? In what order?
- Why did it happen? Could it have been avoided?
- Are there notes, documents, phone messages, or other evidence?

Construct a timeline.

Pay close attention to the testimony in order to establish a timeline and identify critical elements for future clarification or expansion.

Clarify critical elements.

Based on testimony, prompt the person to elaborate on critical information

Ask open-ended questions to help clarify important information

Avoid using emotive or judgmental language

Do not prompt interviewees to speculate. Record only what the interviewee considers fact.

The initial interview should stop here understanding that this interview is only to gather statements as to what were the employee's actions and what the witnesses observed.

5.10 Validate the Evidence

Gather the physical evidence from the scene such as photos, diagrams, video, equipment, etc. As well gather interviews and 3rd party reports such as Police reports, BOL's, financial documents, PeopleNet, GPS records, cell phone records, employee's original statement, terminal reports, etc. Make sure the information supplied is accurate and complete. Match the physical evidence to the interview and report evidence. If the physical evidence, the interview evidence and the report evidence match then you are able to come to a conclusion for the incident.

However if the physical evidence and report evidence does not match the employee's statement then you cannot come to a conclusion. At this point you must re-interview the employee. Prepare notes for the areas of inconsistency. Create questions that will show that the employee's statement does not match the physical evidence and or the report evidence. Understand that the physical evidence cannot be refuted.

For the re-interview, allow the employee to restate his or her recollection of the event. Follow the steps in the Interview process and add the following questions.

Ask control questions

Ask questions for which you already know the answer to give you a basis for evaluating the reliability of the interviewee's testimony.

Confirm accuracy

Periodically summarize events for the interviewee to confirm the information has been accurately recorded.

Additional Questions

- Give the employee an opportunity to disclose anything he/she wants you to know prior to concluding the interview
- Restate periodically what the employee has said
- Determine if you have heard the employee correctly
- Assure the employee that you have been listening
- Close a topic and keep discussion on track
- Ask follow-up questions (i.e., "If ABC occurred, how would you explain XYZ?")
- If the employee avoids a question, ask it again later and possibly rephrase
- Ask the employee for new evidence, new leads, or relevant situations
- Allow the employee time to think before responding
- Don't be afraid to use silence (it may prompt a reaction)

Collecting Final Information

Once the narrative has been developed, ask the employee how the incident could have been prevented.

Thank the employee for cooperating with the investigation

Exchange contact information so that both parties can follow up; the interviewer may have additional questions and the employee may remember additional details after the interview is concluded.

During the second interview, ask questions to determine the 5 whys of the incident. Complete (Attachment 4) Sunoco Marketing Investigation Form and submit to the Investigation Leader, Employee's Manager and Safety Specialist.

If the second interview is successful you will be able to match up the physical evidence to the report evidence to the employee's statement and come to a conclusion for the incident. If the employee continues to make his or her original statement then end the second interview. At this time the Investigation Leader, employee's Manager and the Safety Specialist will review all the evidence to determine the conclusion of the incident.

5.11 Determining Root Cause, Contributing Factors and Preventability

Summarize all information pertaining to the incident and document the official determination of root cause and preventability of the incident. Include all documents, reports, photos and information related to the incident. Maintain all information in an incident file and preserve the file for future reference (7 years). Use the information gathered in the (Attachment 4) Sunoco Marketing Investigation Form five why section to determine the root cause and all contributing factors. Select the appropriate root cause

from (Attachment 3) Marketing's Root Causes or (Attachment 7) FEP-SS-2 Incident Investigation Document. To review the facts to find the root cause conduct the following...

- Review all information
- Clarify the facts
- Analyze information
- Examine contributing factors
- List possible causes
- Identify the root cause

For preventability of the incident, first use the following statement...

"A preventable incident is one in which the employee failed to do everything they reasonably could have done to prevent it."

For vehicle crashes, use the above statement and the National Safety Council / ANSI Standards Accident Preventability Guidelines.

The Safety Specialist and Safety Manager will approve the root cause selected and determine the preventability of the incident. In addition, the Safety Manager will approve the final OSHA classification of an injury incident.

5.12 Determining Incident Classification

The Investigation leader will determine the appropriate OSHA, DOT or EPA classification for the incident. For OSHA recordable injures the HES Manage will determine OSHA injury classification.

5.13 Document Incident into SIRIS II

The Investigation Leader, ARI Coordinator and/or Field Investigator will enter the incident and consequence sections of SIRIS II within 7 days of the incident and before the sixth of the following month. Ensure that all related documents, sketches, photos, police reports and Sunoco forms are attached to the SIRIS II incident. Complete (Attachment 4) Sunoco Marketing Investigation Form or (Attachment 5 & 6) CoOp OSHA Recordable Questionnaire & CoOp Employee Injury Investigation Form or (Attachment 7) FEP-SS-2 Incident Investigation Form and submit to the Safety Specialist and the involved employee's Manager.

5.14 Event/Safety Flash

For all preventable Level 2 or Level 3 incidents an Event Flash must be created and posted. The Investigation Leader and/or Field Investigator will create a draft of the event flash and forward to their Safety Specialist for review and finalization including entering in the event flash system. Include all information that will best describe the event, show causes and above all have a clear lessons learned. The CoOp Business Unit will create an incident summary report instead of an event flash. This CoOp Injury Summary will be distributed to the CoOp Business Unit monthly. For all (SII) and (II) that are preventable an event flash will be prepared with 48 hours for FEP and within 7 days for all other Marketing Business Units.

5.15 Investigation Documentation into SIRIS II

Once the investigation is complete and approved by the Investigation Leader the Investigation Leader and/or Field Investigator will enter the investigation information and documents into SIRIS II. For FEP, preliminary investigation with 30 days and final within 60 days. For all other Marketing Business units, preliminary investigation with 7 days and final within 14 days.

5.16 Action Item

The Investigation Leader and/or Field Investigator will create relative action items and ensure that they are entered into SIRIS II and tracked to completion.

5.17 Incident Investigation Distribution

Incident investigation files may contain privileged, confidential, proprietary or otherwise private information. Unauthorized use, copying or distribution of any part of an incident investigation file, in whole or in part, is strictly prohibited. Copies of incident investigation files must be requested through the HES Manager and require legal and management approval.

5.18 Follow Up

Within 60 days of the event, the HES Safety Specialist assigned to that Marketing Business unit will review action items to ensure that they have been completed or are on schedule. In addition, the HES Safety Specialist will run SIRIS II trending reports to identify any reoccurring incidents.

6.0 Self Assessment

The HESS Department is responsible for the development and continued support of the Sunoco, Inc. Marketing Investigation Policy. As well, the HESS Department will administer, maintain, audit, support this policy and provide assistance to Managers, Supervisors Investigation Leaders and or Field Investigators as needed. Initially upon hire and every three years thereafter, all Investigation Leaders and Field Investigators will be trained on the Sunoco, Inc. Marketing Investigation Policy. A HESS Safety Specialist will conduct this training.

7.0 Key Documents

Key documents can be found as attachments at the end of this procedure.

Attachment 1	Sunoco Marketing Initial Incident Report
Attachment 2	Sunoco Marketing In-Depth Incident Investigation Questions
Attachment 3	Sunoco Marketing Root Causes
Attachment 4	Sunoco Marketing Investigation Form
Attachment 5	FEP-SS-2 Incident Investigation Form

Revision Log

<i>Revision Date</i>	<i>Document Authorizer</i>	<i>Document Reviewer</i>	<i>Document Author</i>	<i>Revision Details</i>
05/31/2010	L. L. Lekawa	R. Mattis	W. Sanicky	Initial Version



ATTACHMENT 1 Sunoco Marketing Initial Incident Report



SUNOCO MARKETING INITIAL INCIDENT REPORT



DATE:	DRIVER:
TIME:	UNIT:
TERMINAL/STORE:	TAKING REPORT:

- | | |
|--|---|
| <input type="checkbox"/> INJURY
<input type="checkbox"/> VEHICLE ACCIDENT
<input type="checkbox"/> RELEASE | <input type="checkbox"/> PROPERTY DAMAGE
<input type="checkbox"/> CROSS DROP
<input type="checkbox"/> OTHER |
|--|---|

DESCRIPTION OF INCIDENT:

LOCATION OF INCIDENT:

DATE & TIME ARRIVED ON SCENE:

If you did not go to the scene, give reason and approving manager's name.

DOT RECORDABLE

YES	NO
-----	----

- FATALITY
- ANY MEDICAL TREATMENT AWAY FROM SCENE
- ANY VEHICLE TOWED

Any one qualifies

SUBSTANCE TESTING

YES	NO
-----	----

- FATALITY
- ANY MEDICAL TREATMENT WITH CITATION
- ANY VEHICLE TOWED WITH CITATION
- MANAGER'S DISCRETION

Any one qualifies

CALLS

- MANAGER "Any Incident"
- SUN CALL
- SAFETY "Any Incident"
- FLEET "Any DOT Incident"
- HYDRO "Any Release"
- LEGAL "For Serious Incident"
- HR
- PUBLIC RELATIONS
- EAP
- INSURANCE DEPT / ESIS "Any 3rd Party"

5800 / HAZMAT RELEASE REPORTABLE

- CALL 800-424-8802 if release and
- FATALITY
- HOSPITAL TREATMENT
- MAJOR ROAD CLOSE > 1Hr
- FLIGHT PLANS ALTERED
- Report if "Fleet Department will approve final report"
- ANY RELEASE
- STRUCTURAL DAMAGE

Any one qualifies

NOTE: A copy of this form must be attached in SIRIS II to the Incident.

ATTACHMENT 2

Sunoco Marketing In-Depth Incident Investigation Questions

Category	Question	Notes
Alleged Incident - description	What was employee doing immediately before alleged injury?	
	When did his/her shift start?	
	When did alleged injury occur?	
	When was injury reported to supervisor?	
	How many loads/tickets/hours before and after the injury?	
	List stations visited.	
	What was exact time of deliveries (check On-Board Recorder)?	
	Do On-Board Recorder times match employee's description of incident?	
	Contact store manager for his/her observations. Any witnesses?	
	Did employee report injury to store manager or to other employees?	
	Request video clips from stores for range of time matching On-Board Recorder station stops.	
Alleged Injury - description	What is description of injury?	
	Is there visible proof of same (note redness, swelling, etc.)	
	If injury involves a hand, arm, or shoulder, which one?	
	Is employee right- or left-handed?	
	Does video depict employee favoring one hand/arm/foot over the other?	
Alleged Injury - description	When was injury treated?	
	If there is a gap between alleged time of injury and time treated, how did employee manage to complete work?	
	Talk to the TO, other drivers or other employees - how was employee at the beginning of his/her shift?	
	Cameras at the loading rack/ store? Note findings at right	
	Ask employee to re-enact event. Does this correspond with the description of injury?	
Employee - description	Did employee make statements to others prior to or subsequent to alleged injury?	
	Is employee generally dependable? Trustworthy? "good employee"?	
	Any pattern of dishonesty?	
	Any discipline issues? If so, note in space at right (include dates and general details).	
Past injuries - description	Note dates and general details	

ATTACHMENT 3 Sunoco Marketing Root Causes

Incident Causes

SYSTEMS FAILURE

1 Policy/ Procedure

- P/P not communicated
- Inadequate P/P
- Conflicting P/P requirements

2 Training/ Communication

- Not Trained/ Incomplete training
- Refresher training overdue
- Ineffective communication

3 Design

- Design of workstation/ area
- Lighting
- Permanent obstruction

4 Control Device

- Control Device failure
- Control Device bypassed
- Inadequate control device

5 Mechanical Integrity

- Inadequate Preventative Maint.
- Improper installation
- Equipment Failure

6 Planning

- Inadequate work area security
- Inadequate signage/ labeling
- Lack of pre-planning

HAZARDS

1 Walking/ Working Surface

- Uneven surface
- Ladders/ Stairs
- Grade - incline/ decline

2 Housekeeping

- Debris from work task
- Temporary obstruction
- Lack of organization

3 Environment

- Extreme temperatures
- Work in adverse weather
- Accumulated snow
- Animal/ Insect

4 3rd Party Hazards

- Caused by 3rd Party
- Assault
- Vendor-caused hazard

5 PPE

- PPE failure
- PPE not available
- PPE not used

HUMAN FACTORS

1 Work Load

- Staffing/ Schedule
- Conflicting Demands
- Repetitive motion

2 Personal Condition

- Not fit for duty
- Cause unidentified/ personal (NWR)
- Pre-existing Condition

3 Behavior

- Policy/ Procedure not followed
- Incorrect tool used for task
- Tool/ Equip. used incorrectly

4 Culture

- Accepted practice
- Accepted condition
- Implemented without safety review

ATTACHMENT 4

Sunoco Marketing Investigation Form

Page 1

SUNOCO MARKETING INVESTIGATION FORM: For All Incidents

Date of Incident:	Time of Incident:
Employee(s) Involved:	Witness(es):
Area / Zone:	Form Completed by:
CoOp # / Terminal:	Date Form Completed:

Step 1: Survey the Scene & Address any Hazards

- | | |
|---|--|
| <input type="checkbox"/> Photos/ Sketches
<input type="checkbox"/> Video(s)
<input type="checkbox"/> Supporting Information | <input type="checkbox"/> Conditions have been corrected/ eliminated
<input type="checkbox"/> Conditions are barricaded
<input type="checkbox"/> Corrective action need to be taken |
|---|--|

Notes:

Step 2: Find the Facts

Ask open-ended WHO, WHAT, WHEN, and WHERE questions; collect the FACTS.

Who was Interviewed:

Where did this happen?	
In detail, what activity or job task was being done?	
In detail, describe what happened.	

Step 3: Injury Treatment Information

- | | |
|--|---|
| <input type="checkbox"/> No Treatment or Onsite Self-care
<input type="checkbox"/> Medical Treatment off site (describe in notes)
<input type="checkbox"/> Days Off or Duty Restrictions (describe in notes) | <input type="checkbox"/> Prescription Medication (describe in notes)
<input type="checkbox"/> Any type of immobilizer (sling, cast, back brace)
<input type="checkbox"/> Follow-up visit or other care is scheduled (describe in notes) |
|--|---|

Notes:

ATTACHMENT 4 Sunoco Marketing Investigation Form Page 2

Step 4: Identify the Action Involved

<input type="checkbox"/> Lifting	<input type="checkbox"/> Trip/Fall	<input type="checkbox"/> Assault	<input type="checkbox"/> Burn
<input type="checkbox"/> Laceration by cutting tool	<input type="checkbox"/> Fall from elevated surface	<input type="checkbox"/> Release/ Crossdrop	<input type="checkbox"/> Other
<input type="checkbox"/> Laceration by glass/equip/other	<input type="checkbox"/> Struck by object	<input type="checkbox"/> Exposure to Haz. Chemical	
<input type="checkbox"/> Slip/Fall Outside	<input type="checkbox"/> Bumped into Object	<input type="checkbox"/> Animal/ Insect bite	
<input type="checkbox"/> Slip/Fall Inside	<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Pulling	

Enter Action Involved here:

For Vehicle Accidents:
Enter the action the vehicle was taking, here:

Step 5: Why did this happen?

	FACT 1	FACT 2	FACT 3
ASK WHY			
ASK WHY			
ASK WHY			
ASK WHY			
ASK WHY			

Step 6: Management Review

Complete the following for the last block in each column above.

Follow-up Actions to address the Cause		Follow-up Actions to address the Cause		Follow-up Actions to address the Cause	
Person Responsible for Follow-up Action		Person Responsible for Follow-up Action		Person Responsible for Follow-up Action	
Goal Completion Date	Actual Completion Date	Goal Completion Date	Actual Completion Date	Goal Completion Date	Actual Completion Date
HES Reviewer & Date		HES Reviewer & Date		HES Reviewer & Date	

ATTACHMENT 5
FEP-SS-2 Incident Investigation Form
Page 1



Incident Reporting and Investigation Data Collection Form

Location	Fulton Plan	Unit (Incident Occurred)*		Investigation Type	SII__ II__ FF__
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<p>Process Safety Related Incident* (must review and document review of investigation with crew & affected personnel) Consult PSM department for identification as process safety related.</p>

<p>Lockout/Tagout Related Incident (must review and document review of investigation with crew & affected personnel)</p>
--

Incident Category

<input type="checkbox"/>	Occupational	<input type="checkbox"/>	Vehicle	<input type="checkbox"/>	Environmental Incident
<input type="checkbox"/>	Fire Loss	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	Product Quality
<input type="checkbox"/>	Reliability	<input type="checkbox"/>	Mechanical Integrity	<input type="checkbox"/>	Qualit
<input type="checkbox"/>	Other:				

Section A General Information

Title:					
Incident Date (mm/dd/yyyy)		Time (hh:mm)		__AM	
Location:					
Equip Involved Type*		Equip. ID		Material Involved*	
Supervisor's Name (fml)					

Local Facility Information

Local Incident Number:					
Facility Contact Name:		Facility Contact Phone:			

Description

Other Documentation Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Investigation Start Date (mm/dd/yyyy)		Completion Date:	

ATTACHMENT 5
FEP-SS-2 Incident Investigation Form
Page 2

Investigation Committee Leader (fml)	
Investigation Committee Members	
HES Consequence Review	The Incident Investigation Team assessed the Health, Environment and Safety (HES) consequences as a result of the incident? The Investigation must consider if the response to the Incident addressed the various HES implications. ___ Yes ___ No

Product Loss

Product/Stream Involved		Product Status	<input type="checkbox"/> Product Lost <input type="checkbox"/> Product Contaminated <input type="checkbox"/> Product Downgraded	Volume Measurement	<input type="checkbox"/> Barrels <input type="checkbox"/> Pounds <input type="checkbox"/> Gallons
Volume Released/Contaminated		Volume Recovered		Volume Lost	

Immediate Cause (*reference information sheet*)

Description*	
Description*	
Description*	
Description*	

Root Cause (*reference information sheet*)

Description*	
Description*	
Description*	
Description*	

Action Plans

Description:			
Responsible Person (fml)		Ongoing Tracking?	___ Yes ___ No
Estd. Cost		Estd. Completion Date:	Actual Completion Date:

Description:			
Responsible Person (fml)		Ongoing Tracking?	___ Yes ___ No
Estd. Cost		Estd. Completion Date:	Actual Completion Date:

Description:			
Responsible Person (fml)		Ongoing Tracking?	___ Yes ___ No
Estd. Cost		Estd. Completion Date:	Actual Completion Date:

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Description:			
Responsible Person (fml)		Ongoing Tracking? ___ Yes ___ No	
Estd. Cost	Estd. Completion Date:	Actual Completion Date:	

Flash required	Yes ___ No ___	Responsible Person		Date Due:	
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Incident Cost (Dollars)

Business Loss		Personnel		Emergency Response	
Equip/Property Damage		Third Party		Vehicle Damage	
Fire Damage		Material Loss		Medical Cost	
Environmental Cost		Penalties/Fines		Investigation Cost	
Other					

Management Review

Position	Name	Signature	Date
Maintenance Manager (SII and II)			
Operations Manager (SII and II)			
HES Manager			
Facility Manager (SII Only)			
Area Manager (II)			
Shift Supervisor (FF)			

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Attachment 3

**Sunoco's Incident Reporting and Investigation Data Collection Form
 Information Sheet**

Process Safety Related Incident: Incident which resulted in, or could reasonably have resulted in a catastrophic release of a highly hazardous chemical in the workplace.

Equipment Involved Type

<input type="checkbox"/> Appliances	<input type="checkbox"/> Compressor	<input type="checkbox"/> Engine or Turbine	<input type="checkbox"/> Internal Floating Roof	<input type="checkbox"/> None	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Barge, Ship, Tug	<input type="checkbox"/> Cone Roof Tank	<input type="checkbox"/> Exchanger or Condenser	<input type="checkbox"/> Tank	<input type="checkbox"/> Office Equipment	<input type="checkbox"/> Separator
<input type="checkbox"/> Building	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Flare	<input type="checkbox"/> Lab Equipment	<input type="checkbox"/> Other	<input type="checkbox"/> Sphere
<input type="checkbox"/> Bullet	<input type="checkbox"/> Data Processing Equipment	<input type="checkbox"/> Floating Roof Tank	<input type="checkbox"/> Ladder, Platform	<input type="checkbox"/> Process Vessel	<input type="checkbox"/> Tank Truck or Tank Car
<input type="checkbox"/> Cavern	<input type="checkbox"/> Drum	<input type="checkbox"/> Heater, Boiler or Treater	<input type="checkbox"/> Line Pipe, Valve or Fitting	<input type="checkbox"/> Pump	<input type="checkbox"/> Tank, Atmospheric mmMetal
<input type="checkbox"/> Communications Equipment	<input type="checkbox"/> Electric Power Generator	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Loading Rack	<input type="checkbox"/> Reactor	<input type="checkbox"/> Tank, Fiberglas or Plastic
<input type="checkbox"/> Compressed Gas Cylinder	<input type="checkbox"/> Electrical, Wiring, Motor or Equipment	<input type="checkbox"/> Hose	<input type="checkbox"/> Mixer	<input type="checkbox"/> Safety Equipment	<input type="checkbox"/> Tank, Pressure or Storage
<input type="checkbox"/> Instrument	<input type="checkbox"/> Motor Vehicle				

Immediate Cause

<input type="checkbox"/> Corrosion	<input type="checkbox"/> Failure to Secure	<input type="checkbox"/> Improper Lighting	<input type="checkbox"/> Improperly Labeled	<input type="checkbox"/> Inadequate Traffic Control	<input type="checkbox"/> Operating at Improper Speed
<input type="checkbox"/> Defective Tools, Equipment	<input type="checkbox"/> Failure to use proper PPE	<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Improperly Placed Material	<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Operating without Authority
<input type="checkbox"/> Failure	<input type="checkbox"/> Failure to Warn	<input type="checkbox"/> Unsafe Position for Task	<input type="checkbox"/> Inadequate Clearance	<input type="checkbox"/> Inattention to Surroundings	<input type="checkbox"/> Other
<input type="checkbox"/> Excessive Noise	<input type="checkbox"/> Fire or Explosion Hazard	<input type="checkbox"/> Improper Placement of Tools, Materials, etc.	<input type="checkbox"/> Inadequate Guard	<input type="checkbox"/> Insufficient Workspace	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Exposed Electrical Equipment	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Improper tool	<input type="checkbox"/> Inadequate PPE	<input type="checkbox"/> Made Safety Device Inoperative	<input type="checkbox"/> Servicing Equipment in Operation
<input type="checkbox"/> Exposed Hot Surfaces	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Improper Use of Equipment	<input type="checkbox"/> Inadequate Procedure	<input type="checkbox"/> None	<input type="checkbox"/> Under Drug or Alcohol Influence
<input type="checkbox"/> Exposure to Toxic Materials	<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Improper Use of Equipment	<input type="checkbox"/> Inadequate Shoring, Sloping	<input type="checkbox"/> Not Determined	<input type="checkbox"/> Ungrounded Electrical Equipment
<input type="checkbox"/> Failure to Follow Procedure	<input type="checkbox"/> Unsafe Placement of Vehicles	<input type="checkbox"/> Improper Ventilation			
	<input type="checkbox"/> Unsafe Mixing, Combining, etc.				

ATTACHMENT 5

FEP-SS-2 Incident Investigation Form

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Root Cause

<p>Performance Capabilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extreme Concentration <input type="checkbox"/> Extreme Judgement / Decision Demands <input type="checkbox"/> Fatigue Due to Mental Task Load or Speed <input type="checkbox"/> Hearing Deficiency <input type="checkbox"/> Inability to Comprehend <input type="checkbox"/> Inappropriate Size, Strength, Reach, Etc. <input type="checkbox"/> Limited Ability to Sustain Body Positions <input type="checkbox"/> Memory Failure <input type="checkbox"/> Permanent Physical Limitations or Deficiencies <input type="checkbox"/> Preoccupation with Problems <input type="checkbox"/> Temporary Physical Limitations or Deficiencies <input type="checkbox"/> Poor Coordination <input type="checkbox"/> Poor Judgement <input type="checkbox"/> Reaction to environmental Extremes <input type="checkbox"/> Restricted Range of Body Movement <input type="checkbox"/> Compounding Job Duties 	<p>Motivation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attempt to Avoid Discomfort <input type="checkbox"/> Attempt to Save Time or Effort <input type="checkbox"/> Inadequate Discipline <input type="checkbox"/> Inadequate Performance Feedback <input type="checkbox"/> Inadequate Reinforcement of Proper Behavior <input type="checkbox"/> Improper Performance is Rewarded <input type="checkbox"/> Improper Production Incentives <input type="checkbox"/> Improper Supervisory Example <input type="checkbox"/> Peer Pressure <input type="checkbox"/> Proper Performance is Punished <p>Skill</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate Initial Instruction <input type="checkbox"/> Inadequate Practice <input type="checkbox"/> Inadequate Review Instruction <input type="checkbox"/> Infrequent Performance <input type="checkbox"/> Lack of Coaching 	<p>Knowledge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of Experience <input type="checkbox"/> Inadequate Initial Training <input type="checkbox"/> Inadequate Orientation <input type="checkbox"/> Inadequate refresher training <input type="checkbox"/> Misunderstood Directions <input type="checkbox"/> Inadequate Understanding of Procedures or Instructions <input type="checkbox"/> Low Perceived Priority <input type="checkbox"/> Work Responsibilities Not Defined
<p>Engineering Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate Assessment of Loss Exposure <input type="checkbox"/> Inadequate Consideration of Human Factors / Ergonomics <input type="checkbox"/> Inadequate Monitoring of Construction <input type="checkbox"/> Inadequate Standards, Specifications and/or Design Criteria <input type="checkbox"/> Design not Compatible with Service <input type="checkbox"/> Inadequate or lack of Alarms <input type="checkbox"/> Manufacturing and/or Design Defect <p>Excessive Wear and Tear</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate Extension of Service Life <input type="checkbox"/> Inadequate Inspection and/or Monitoring <input type="checkbox"/> Inadequate Planning of Use <input type="checkbox"/> Inadequate Maintenance <input type="checkbox"/> Improper Loading or Rate of Use <input type="checkbox"/> Use by Unqualified or Untrained People <input type="checkbox"/> Use for Wrong Purposes <p>Work Standards</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate Communication of Standards <input type="checkbox"/> Inadequate Development of Standards <input type="checkbox"/> Inadequate Maintenance of Standards <input type="checkbox"/> Inadequate Monitoring or Compliance <input type="checkbox"/> Accepted Practice <input type="checkbox"/> Incorrect Procedures or Instructions <input type="checkbox"/> No Procedures or Instructions <input type="checkbox"/> Procedure Not Practical or Appropriate 	<p>Leadership and/or Supervision</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conflicting Demands / Directions <input type="checkbox"/> Confusing Directions / Demands <input type="checkbox"/> Conflicting Goals or Standards <input type="checkbox"/> Improper Conduct that is Condoned <input type="checkbox"/> Proper Conduct That is Not Condoned <input type="checkbox"/> Improper Delegation <input type="checkbox"/> Inadequate Identification and Evaluation of Loss Exposures <input type="checkbox"/> Inadequate Matching of Individual Capabilities <input type="checkbox"/> Inadequate Orientation and/or Training Evaluation <input type="checkbox"/> Inadequate Planning <input type="checkbox"/> Lack of Supervisory / Management Job Knowledge <input type="checkbox"/> Providing Inadequate Reference Material <input type="checkbox"/> Unclear or Conflicting Assignment <input type="checkbox"/> Unclear or Conflicting Reporting Relationships <input type="checkbox"/> Inadequate Instruction <p>Misc.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change in Operating Conditions <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Inadequate Planning of Use <input type="checkbox"/> Inadequate tool or equipment for job <input type="checkbox"/> Lack of Resources other than Manpower <input type="checkbox"/> Lack of Manpower <input type="checkbox"/> None <input type="checkbox"/> Not Determined <input type="checkbox"/> Operating Limits Not Determined <input type="checkbox"/> Other <input type="checkbox"/> Previous Change Not Documented in MOC 	<p>Maintenance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate Preventive <input type="checkbox"/> Inadequate Repair <input type="checkbox"/> Inability to Service Properly <p>Purchase or Material Handling</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improper Handling or Storage of Materials <input type="checkbox"/> Improper Salvage and/or Disposal <input type="checkbox"/> Improper Transporting of Materials <input type="checkbox"/> Inadequate Communication of Safety and Health Data <input type="checkbox"/> Inadequate Contractor Selection <input type="checkbox"/> Inadequate Specifications to Vendors <input type="checkbox"/> Inadequate Identification of Hazardous Items <input type="checkbox"/> Inadequate Mode, Route or Shipment <input type="checkbox"/> Inadequate Receiving Inspections and Acceptance <input type="checkbox"/> Inadequate Research on Materials / Equipment

