 Occidental Chemical Corporation	PVC-106
Operation Clean Sweep – Blue Guideline for PVC Sites	Revision #0 : 10/29/2020
	Prepared By: JW


OCS ANNUAL ASSESSMENT

Facility: _____
Date of Assessment: _____
Date of Last Assessment: _____
Assessment Team Members:

	<u>Name</u>	<u>Title</u>
Plant Manager	_____	_____
OCS Team Leader:	_____	_____
HESS Rep	_____	_____
Operations Rep	_____	_____
T&D Rep	_____	_____
Maintenance Rep	_____	_____
Others	_____	_____
	_____	_____
	_____	_____
	_____	_____

Scope:

- I. Review of prior Quarterly Assessment issues and spill reports
- II. A walking tour of the site focused on areas of potential loose PVC and the potential for impact outside of Oxy property boundaries
- III. Discussions with employees regarding OCS Blue to reinforce importance of the program, gauge program understanding and solicit ideas for improvement
- IV. Review opportunities for improvement, completed projects, O&M tasks, capital plans, procedures and sample results
- V. Summary / Conclusions

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I. Review of prior Quarterly Assessments and Spill Reports

A. Review Previous Quarterly Assessment Findings Yes No N/A

List prior assessments reviewed: _____
Comments: _____

B. Review OCS Blue spill reports since last Quarterly Assessment Yes No N/A

Comments: _____

II. Walking Tour

A. Manufacturing Area(s)

Are Best Management Practices in place and effective Yes No N/A
Area free of loose PVC resin? Yes No N/A
PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
PVC cleanup containers and tools available? Yes No N/A
Comments: _____

B. Rail Car Loading Area


Are Best Management Practices in place and effective Yes No N/A
Area free of loose PVC resin? Yes No N/A
PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
PVC cleanup containers and tools available? Yes No N/A
Comments: _____

C. Truck Loading Area

Are Best Management Practices in place and effective Yes No N/A
Area free of loose PVC resin? Yes No N/A
PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
PVC cleanup containers and tools available? Yes No N/A
Comments: _____

D. Warehouse Building

Are Best Management Practices in place and effective Yes No N/A
Area free of loose PVC resin? Yes No N/A
PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
PVC cleanup containers and tools available? Yes No N/A
Comments: _____

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E. Dryer Building

- Are Best Management Practices in place and effective Yes No N/A
- Area free of loose PVC resin? Yes No N/A
- PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
- PVC cleanup containers and tools available? Yes No N/A

Comments: _____

F. Resin Reclaim Area

- Are Best Management Practices in place and effective Yes No N/A
- Area free of loose PVC resin? Yes No N/A
- Visible PVC outside Oxy property boundary? Yes No N/A

Comments: _____

G. Silo Area

- Are Best Management Practices in place and effective Yes No N/A
- Area free of loose PVC resin? Yes No N/A
- PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
- PVC cleanup containers and tools available? Yes No N/A

Comments: _____

H. QA/QC Lab Areas

- Are Best Management Practices in place and effective Yes No N/A
- Area free of loose PVC resin? Yes No N/A
- PVC Containment (trenches, sumps, curbs) in good condition? Yes No N/A
- PVC cleanup containers and tools available? Yes No N/A


Comments: _____

I. Property Boundaries and Parking Lots

- Are Best Management Practices in place and effective Yes No N/A
- Area free of loose PVC resin? Yes No N/A
- Visible PVC outside Oxy fence line? Yes No N/A
- Visible PVC outside Oxy property boundary? Yes No N/A

Comments: _____

J. Stormwater Outfalls and Control Structures(s)

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Area free of loose PVC resin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are control structures in good condition and effective?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Visible PVC in discharge stream?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Visible PVC downstream of discharge location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comments: _____			

III. Employee Discussions

Discussions with employees regarding OCS Blue to reinforce importance of the program, gauge program understanding and solicit ideas for improvement

Document the Titles of the Employees

<u>Title</u>	<u>Employee Awareness (0-none to 5-very)</u>					
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5

Comments: _____

IV. Opportunities for Improvement

A. Review projects which minimize the potential of PVC resin outside of Oxy property boundary that have been completed or in-process since the last annual assessment.


Project Name	Status	Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Review of routine operations and maintenance tasks that have the potential to generate the highest priority PVC resin losses to the ground (priority based on the likelihood for PVC resin to go beyond the property boundary) and ensure that best practices and engineering designs are utilized to minimize risk of offsite loss.

O&M Task	Status	Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Capital planning process should include OCS Blue prioritization to address elimination of highest priority PVC resin losses to ground.

PVC Resin Capital Project	Priority (Low/Medium/High)	Plan
_____	_____	_____

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D. Review and confirm that existing OCS Blue related procedures are adequate and effective.

Procedure Name	Summary	Effective? (Yes/No)

E. Reviewed relevant water and soil sampling results (Yes/No).


Comments: _____

Actions: _____

F. Reviewed training requirement compliance (Yes/No).

Comments: _____

Actions: _____

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V. Summary / Conclusions

Based on this Annual Assessment, it's the determination of the team that the OCS Blue program is adequate and satisfying the requirements as defined in the Operation Clean Sweep – Blue Requirements for PVC Sites. Define Action Items below to address identified deficiencies.

Yes No

Action Item(s):

1. _____
2. _____
3. _____
4. _____
5. _____

General Summary Comments: _____

ASSESSMENT COMPLETED BY:	
Plant Manager: Signature: _____	Date: _____