**Self-assessment Reporting and Declaration for
Integrity Management Program for Facilities (IMPF)**

Facility permit holders (operators) in British Columbia are required to document, establish, implement and maintain an integrity management program for facilities (IMPF) under the Drilling and Production Regulation Section 78.1 and Liquefied Natural Gas facility Regulation Section 8(1)(a).

This form will enable permit holders to evaluate performance of their IMPF and update the BCER through simple yes/no questions and a declaration by their senior management. This form will provide benchmarking of IMPF performance.

|  |
| --- |
| **INSTRUCTIONS:** Please provide (Yes, No) response to all questions, rate your performance on a 1 to 5 scale. 1-Needs Improvement – not all processes exist2-Basic – Processes exist but could use improvement3-Good – Processes exist, results are reviewed and evaluated 4-Very good – Processes exist, and are reviewed and updated to continually improve5-Excellent – industry leader, practices above and beyond the minimum standard/regulatory requirements Please ensure the **Declaration** is signed off by a senior official of the permit holder. |

|  |
| --- |
| **1.0 Identification Information** |
| 1.1 Permit Holder Name |  |
| 1.2 Date Completed (DD/MM/YYYY) |  |
| 1.3 Contact Person Name |  |
| 1.4 Contact Person Title |  |
| 1.5 Contact Person Email |  |
|  |  |

| **No.** | **Questions** | **Y/N** | **Rating** |
| --- | --- | --- | --- |
| **2.0 General IMP** |  | **1** | **2** | **3** | **4** | **5** |
| 2.1  | Do you have active facilities or facilities that have not been suspended in accordance with regulatory requirements?**If No, do not complete remaining questions, proceed to the declaration section.** |  |  |
| 2.2 | Is your IMPF documented and maintained for facilities owned and operated by your company as well as for those facilities that are operated by a third party and is it continually updated? |  |  |  |  |  |  |

| **No.** | **Questions** | **Y/N** | **Rating** |
| --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** |
|  | Does your IMPF cover the following equipment: |  |
| 2.3 | * Pressure vessels
 |  |  |  |  |  |  |
| 2.4 | * Pressure safety devices
 |  |  |  |  |  |  |
| 2.5 | * Facility piping
 |  |  |  |  |  |  |
| 2.6 | * Tanks
 |  |  |  |  |  |  |
| 2.7 | * Instrumentation and control
 |  |  |  |  |  |  |
| 2.8 | * Rotating equipment
 |  |  |  |  |  |  |
| **3.0 Leadership** |  |  |  |  |  |  |
| 3.1 | Is your senior leadership committed to your IMPF and does it promote a positive safety culture? |  |  |  |  |  |  |
| **4.0 Risk Assessment & Hazard Analysis** |  |
| 4.1 | Is your risk assessment and management process documented, established and implemented? |  |  |  |  |  |  |
| 4.2 | Are all current and potential hazards identified and assessed on an ongoing basis for the entire lifecycle of your facilities? |  |  |  |  |  |  |
| 4.3 | Is facility risk assessment performed as a function of likelihood and consequence? |  |  |  |  |  |  |
| 4.4 | Have risk tolerances been defined and are they utilized in decision making? |  |  |  |  |  |  |
| 4.5 | Are risk reduction measures and controls implemented? |  |  |  |  |  |  |
| 4.6 | Is risk reassessed/re-evaluated after risk reduction options are implemented to determine the effectiveness of the risk reduction measures? |  |  |  |  |  |  |
| 4.7 | Are risk assessments reassessed periodically and the results documented? |  |  |  |  |  |  |
| 4.8 | Is the facility equipment inventory documented and accurate? |  |  |  |  |  |  |
| 4.9  | Do you have gas processing plants? |  |  |
| 4.10 | * If yes, do you carry out Process Hazard Analysis (PHAs) for your gas plant(s) at regular intervals?
 |  |  |  |  |  |  |
| 4.11 | Do you have LNG facilities? |  |  |
| 4.12 | * If yes, do you carry out Process Hazard Analysis (PHAs) for your LNG plant(s) at regular intervals?
 |  |  |  |  |  |  |
| **5.0 Management of Change (MOC)** |  |  |  |  |  |  |
| 5.1 | Is your MOC process fully established, implemented and does it assess the risks associated with proposed changes? |  |  |  |  |  |  |
|  | Are the following types of changes addressed by the MOC? |  |
| 5.2 | * Operational
 |  |  |  |  |  |  |
| 5.3 | * Technology
 |  |  |  |  |  |  |
| 5.4 | * Equipment
 |  |  |  |  |  |  |
| 5.5 | * Procedural
 |  |  |  |  |  |  |
| 5.6 | * Organizational
 |  |  |  |  |  |  |
| 5.7 | * Temporary/Emergency
 |  |  |  |  |  |  |
| **No.** | **Questions** | **Y/N** | **Rating** |
|  |  | **1** | **2** | **3** | **4** | **5** |
|  | Does the MOC process include: |  |
| 5.8 | * MOC triggers
 |  |  |  |  |  |  |
| 5.9 | * Reasons for change
 |  |  |  |  |  |  |
| 5.10 | * Analysis of implications (risk)
 |  |  |  |  |  |  |
| 5.11 | * Review and approval
 |  |  |  |  |  |  |
| 5.12 | * Time limits
 |  |  |  |  |  |  |
| 5.13 | * Communication of change to affected parties
 |  |  |  |  |  |  |
| 5.14 | * Qualification and training of personnel affected by the change (including contractors)
 |  |  |  |  |  |  |
| **6.0 Training and Competency** |  |
|  | Is your training and competency process established, documented, implemented and maintained for: |  |
| 6.1 | * Employees
 |  |  |  |  |  |  |
| 6.2 | * Selection/qualification and oversight of contractors
 |  |  |  |  |  |  |
| 6.3 | * Evaluating the effectiveness of the integrity training provided
 |  |  |  |  |  |  |
| 6.4 | * Maintaining training and competency records
 |  |  |  |  |  |  |
| **7.0 Operational Control** |  |  |  |  |  |  |
| 7.1 | Do you have a documented operational control (process/procedure) for restarting a facility safely after a shutdown event (such as, turnaround/facility upgrade/repair, etc.)? |  |  |  |  |  |  |
| **8.0 Inspection, Maintenance and Monitoring** |  |  |  |  |  |  |
| 8.1 | Do you have inspection, maintenance and monitoring (IMM) processes in place for all equipment within your facilities? |  |  |  |  |  |  |
| 8.2 | Do you have a system in place for evaluating the results of IMM activities to determine their effectiveness? |  |  |  |  |  |  |
| **9.0 Incident Investigation** |  |
|  | Have you documented and implemented processes for: |  |
| 9.1 | Recording incidents (loss of primary containment, spills, equipment failure, etc.) |  |  |  |  |  |  |
| 9.2 | Investigating incidents |  |  |  |  |  |  |
| 9.3 | Trending and learning from incidents (internal / external events) |  |  |  |  |  |  |
| 9.4 | Recording near-misses |  |  |  |  |  |  |
| 9.5 | Investigating near-misses |  |  |  |  |  |  |
| 9.6 | Trending and learning from Near Misses (internal / external events) |  |  |  |  |  |  |

| **No.** | **Questions** | **Y/N** | **Rating** |
| --- | --- | --- | --- |
| **10.0 Performance Measures** |  | **1** | **2** | **3** | **4** | **5** |
| 10.1 | To evaluate the effectiveness of your IMPF, do you have a formalized performance measurement and evaluation process using leading and lagging indicators? |  |  |  |  |  |  |
| 10.2 | To evaluate the effectiveness of your IMPF, do you have a formalized management review process? |  |  |  |  |  |  |
| **11.0 Internal Audit** |  |  |  |  |  |  |
| 11.1 | To evaluate the effectiveness of your IMPF, do you have a formalized internal audit process? |  |  |  |  |  |  |
| 11.2 | If yes, when was the last internal audit? (MM/YYYY) |  |
| 11.3 | Did you use a third party audit firm to complete the audit? |  |  |
| 11.4 | If yes, provide the name of the third party audit firm. |  |
| **12.0 Declaration** |  |  |  |  |  |  |

|  |
| --- |
| This declaration accurately reflects the licensed permit holder’s current Integrity Management Program for Facilities (IMPF).I, …………………………………….., on behalf of (the “permit holder”), declare the following:1) I am a senior official of the permit holder.2) I certify that I understand the questions and statements in the self-assessment and declaration form and that the answers provided accurately reflect the permit holder’s current IMPF. |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| \*\* end of questionnaire \*\* |
| --- |