



**COUNTY OF LOS ANGELES FIRE DEPARTMENT  
HEALTH HAZARDOUS MATERIALS DIVISION  
CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM  
5825 RICKENBACKER ROAD, COMMERCE, CA 90040  
TEL: (323) 890-4035 FAX: (323) 890-4051**



**ANNUAL PROCESS SAFETY PERFORMANCE INDICATORS**

Reporting Period: 01/01/2019 to 12/31/2019

1. Name and address of Stationary Source: Phillips 66 Los Angeles Refinery Carson Plant 1520 E. Sepulveda Blvd., Carson, CA 90745

2. Contact name and telephone number: [REDACTED]

3. Common Process Safety Performance Indicators:

A. Past due inspections for piping and pressure vessels (based on total number of circuits):

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Overdue	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of circuits: 2935

Total number of annual planned circuit inspections: 953

B. Past due PHA and seismic corrective actions:

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Overdue	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat	0	0	0	0	0	0	0	0	0	0	0	0	0

C. Past due Incident Investigation corrective actions for major incidents:

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Overdue	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat	0	0	0	0	0	0	0	0	0	0	0	0	0

D. The number of major incidents that have occurred during the reporting period: 1

E. The number of temporary piping and equipment repairs that are installed on hydrocarbon and high energy utility systems that are past their date of replacement with a permanent repair:

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Overdue	0	0	0	0	0	0	0	0	0	0	0	0	0
Repeat	0	0	0	0	0	0	0	0	0	0	0	0	0
Total*	3	2	1	6	2	0	5	3	1	1	0	0	24

\*the total number of temporary piping and equipment repairs installed on hydrocarbon and high energy utility systems.

Please send to Cal OES; Attention [REDACTED], Senior Emergency Services Coordinator,  
[REDACTED] and to the Los Angeles County CUPA.

**Annual Certification for Process Safety Performance Indicators:**

I hereby certify to the best of my knowledge, the information submitted is current and accurate consistent with the requirements specified in 19 CCR §2762.16 (h)(2).

[REDACTED]

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Manager, Health and Safety

\_\_\_\_\_  
Title

[REDACTED]

\_\_\_\_\_  
Signature

6/26/2020

\_\_\_\_\_  
Date