Cox Automotive™

WORK INSTRUCTION (SOP)

Work Instruction: SOP 5
Original Date of Issue: 1/9/2020
Revision Date:

Title: Abnormal Emissions
Revision No: 0
Approved By:

Doc 27

1. **Purpose of this Standard Operating Procedure:**
   To ensure all abnormal emissions are reported and controlled.
2. **Scope:**
   This Work Instruction applies to all Local Exhaust Ventilation systems of Cox Automotive / CWL Bodyshops.
3. **References:**
   The Company Compliance Manual.
4. **Responsibilities:**
   General Manager / Supervisors / All Staff Members.
5. **PPE:**
   Where required to control emission e.g. masks, gloves, eye protection etc.
6. **Materials:**
   where required to control emission e.g. sand, bunding socks etc.
7. **Procedure:**
   Visual Assessment of Abnormal Emissions / Spillages & Recording

   a) Report any smoke / odour / colour emitting from the Spraybooth stacks.

   b) Report any spillages near rain or foul sewer drains.

   c) Report any dust emissions from the mobile / central dust extraction system.

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ABNORMAL EMISSION LOG

Any potential emission to air, water or land that is abnormal to the process must be reported to the Regulator (Local Authority) and recorded here.
Any emission that is likely to have an affect on the local community, or failure of the LEV system (including filters), should be reported immediately to the Local Authority – Environmental Department – Local Council.

Date	Location	Reported By	Chemical released and approximate quantity	Nature of release e.g. Spill, Vapour	Control measure that failed	Emergency action taken	Corrective/preventative action taken

   d) In the event that there is an abnormal emission, this must be recorded and reported immediately to your Line Manager who will report to the Local Authorities, investigate and effect repairs accordingly.

Please sign this document (below) as acknowledgement that you have read and understand the contents of this Standard Operating Procedure.

Employee Name: ___«Employee_Name»___   Job Title: ___«Job_Title»_____

Dated This Day: _____   Signature: _____