



**Appendix B
Pre-Startup Safety Review (PSSR)**

Description of equipment or space: _____

Location (if applicable) _____

Date of PSSR: _____

Attendees:

Establish a team to conduct the PSSR. At least 1 other individual associated with the change should be involved. Answer each question below by checking Yes, No or N/A. Actions to correct the deficiency must be developed for all questions answered with a “No”. Document the actions and note which items must be completed prior to the release of the equipment or space to the end user.

#	Item	Yes	No	N/A
1.	Has the construction of the project been in accordance with the design specifications?			
2.	Are the Materials of Construction for all piping, valves, equipment and instruments suitable for the chemical service?			
3.	Has grounding protection been installed?			
4.	Have all new alarms and interlocks been <u>tested</u> as functional?			
5.	Have all Pre-Startup Best Management Practices been followed including, but not limited to: <ul style="list-style-type: none"> • Checking motor rotation. • Drying of equipment and piping systems prior to introducing process chemicals. • Integrity and/or leak testing of equipment and piping. 			
6.	Was appropriate access to and around the equipment considered?			
7.	Was appropriate room for maintenance & operations work considered?			
8.	Are proper escape routes available?			
9.	Are vessels and pipelines labeled i.e., flow direction for piping, HazCom and equipment number for vessels?			
10.	Are Start/Stop buttons, disconnect switches, etc., labeled?			

#	Item	Yes	No	N/A
11.	Are emergency shut-off switches/valves properly marked and located so as to be accessible in foreseeable emergencies?			
12.	Are valves, circuit breakers labeled and capable of being locked out?			
13.	Are energy control procedures developed and available?			
14.	Is machine guarding appropriate and installed?			
15.	Appropriate provisions provided for material handling?			
16.	Adequate lighting/emergency lighting?			
17.	Safety Showers available, identified and operational? Is drainage installed?			
18.	Is the installation free of head-knockers and trip hazards?			
19.	Have any necessary safety signs been installed?			
20.	Were Human Factors considerations properly addressed (direction of operation of valves and switches, location/orientation of controls and switches, etc.)?			
21.	Have any identified Industrial Hygiene concerns (exposure to chemicals or noise) been communicated to RMS and addressed?			
22.	Has area been cleared of debris?			
23.	Have remotely operated valves been checked for proper operation (open/close)?			
24.	Are hoists, ladders (fixed), and lifting devices properly designed and installed?			
25.	Has safety equipment been installed as necessary, i.e., ventilation, emergency stop buttons, fire suppression, fire extinguishers, etc.?			
26.	Have personnel received training on new equipment and / or procedures?			
27.	Other			

Actions to Address Deficiencies

Action Description	Responsible Person	Target Date	Does Action Need Completing Prior to Releasing? Yes or No