



**PSM Master Vault
PSM III
Management of Change
Safety Review Checklist**

FILE	PS-MOC-03-1403
DATE	18-Nov-2013
REPLACES	14-May-2013
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Safety Review Checklist

MOC-

(To be used for routine MOCs)

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 If NA Box is not checked, then every box in that section (Yes or No) must be checked.
 If Yes Box is checked, then action item # must be assigned, with details listed in the "Explanations and Action Item" section.

A. Operation and Design: Review startup, normal operation, shutdown and decontamination N/A

	YES	NO	NA	Action Item
1. Introduce new or alter existing process hardware?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Introduce process materials (feedstock) with different trace levels of chemical material different than currently used or from a source which FMC has no direct experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Require any new facilities for isolation and decontamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Deviate from any current Standards and Specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Require any new materials of construction adequate for the process service?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Affect the process or equipment upstream or downstream of the change?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Affect safe access for personnel and equipment, safe places of work and safe layout?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Affect the reaction stability or controllability of the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Introduce new ignition sources such as static electricity, pyrophoric material, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Introduce Hoists, Trolleys and/or Monorails that require inspection and must be added to inspection files?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Are utility systems (heating and cooling media, etc.) compatible with process if leakage occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Is freeze protection (e.g., steam or electrical tracing) required? Has new freeze protection equipment been added to the unit freeze protection checklist?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Will this result in a change in Operations personnel workload?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Will this result in new Visual Display Screens? (Ensure they are free from glare and legible)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Require the demolition of any equipment, area, process, etc.? (Demolition SOP must be followed)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Will this change affect utilities (directly connected to the process)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17. Will this require the addition of new communications equipment (e.g., siren, intercoms, phones, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18. Can emergency automatic isolation valves be activated without exposing personnel to hazardous atmospheres in an emergency involving the equipment they are installed to isolate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19. Has the need to lift, carry, push or pull heavy loads or parts been minimized?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Will this addition be constructed so that need for stooping, bending, stretching, over reaching and work overhead during operation will have been eliminated or reduced to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21. Will this addition be constructed so that all floor drainage, curbs, gutters and dikes are installed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
22. Will this addition be constructed so that all Operating, I&E and Maintenance access is adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

B. Relief and Blow down N/A

1. Introduce or alter any potential cause of over pressure or vacuum (or raise/lower temperature) in any part of system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Install any block valves which could isolate equipment from existing relief devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Has the relief device sizing basis for existing equipments been affected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Will this require new relief devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Can oxidized work solution be trapped between 2 valves without adequate relief?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Can aqueous hydrogen peroxide be trapped between 2 valves without adequate relief?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is a Relief Header being tied into? If so, is current header design adequate for additional capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

C. Electrical Area Classification N/A

1. Introduce or alter the location of potential leaks of flammable material?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Alter the chemical composition or physical properties of the process material?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Introduce new or alter existing electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Does the electrical equipment meet the requirements of the area classification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Will this require demolition of electrical equipment that is obsolete or being replaced? (Must be properly disconnected/de-energized and demolished/removed - i.e., underground/overhead cable, conduits, tray systems, pole lines, old switches and labels removed, overhead bare wire, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Will this alter existing or create any new electrical area classifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Will this require a new or revised equipment arc flash hazard assessment(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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YES	NO	NA	Action Item
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D. Controls, Interlocks and Alarms N/A

1. Affect any existing interlock or alarm system, or require additional interlock or alarm protection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Create new or revision to critical alarm limits/priorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Has interlock function and intent been reviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1)
4. Are interlock systems independent from process controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Have mechanical devices (e.g., Restriction orifices) required for proper operation of interlocks been clearly identified and their function documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Will this change affect the failure mode (e.g., open/close, hi/lo, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Are control strategies or tuning parameters being altered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

E. Procedures, Guidelines and/or Checklists N/A

Does this process change impact any of these published standard Operating procedures, guidelines or checklists? N/A

1. Initial startup	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Normal Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Temporary Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Normal Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Startup following a turnaround or emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Interlock Documentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Does this process change impact any of these published standard Maintenance procedures, guidelines or checklists? N/A

8. Affect existing Maintenance procedures or require new procedures, guidelines or checklists?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Does this process change impact any of these published standard Distribution procedures, guidelines or checklists? N/A

9. Affect existing Distribution procedures or require new procedures, guidelines or checklists?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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F. Process Safety Information (PSI) N/A

Does this process change affect any of the following PSI data? N/A

• Operating limits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Operations Reading Sheets or Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Consequences of deviations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Steps to correct/avoid deviations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Safety and health considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Properties, hazards of chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Precautions to prevent exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Control measures taken if physical contact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Quality control of raw materials and control of HHCs inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Any special hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Safety systems and their functions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Process Flow Diagrams (PFDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• P&IDs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
• Equipment code certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Does this process change affect any of the following PSI data? N/A

1. Does this MOC require that Loop Sheets be updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Does this MOC require that the Design Basis and/or Design Standards are updated for Critical Equipment List (safety, production and PSM)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Does this MOC require that SAP be updated for new equipment or that new inspections/PMs be created?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Does this MOC require new Analyzer Checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Does this MOC require new Instrument Calibration Procedures or Analyzer Calibration Procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Does this MOC require that the site Plot Plan (5-F-0001.dwg) be revised?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Does MOC create a new confined space ? (Revise PS-HW-03-1176 & a new Rescue Pre-Plan must be created prior to commissioning.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Does MOC create a new stationary vessel requiring NFPA 704 diamonds? (Revise PS-ER-03-1401)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does MOC create a new administrative lock ? (Revise SH-XX-03-1410)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Affect industrial hygiene concerns? (If respiratory affected - Revise SH-XX-01-3511 & -3514) (If hearing affected - Revise SH-XX-01-3501) (Notify OSS&ESS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Create new areas that must be added to SWARM, Housekeeping, or other area audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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G. Environmental <input checked="" type="checkbox"/> N/A							
Control Devices <input type="checkbox"/> N/A							
1.	Require modifications to flare or vent systems which increase loading, change compositions or change smokeless burning capacity? (H ₂ Vent, SRS Vents/Scrubbers, Sewer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
2.	Require any physical or process control changes to hazardous waste handling facilities such as storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
3.	Require temporary loading/unloading facilities or new additives?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
4.	Require modifications to instruments or analyzers monitoring water usage, fuel usage, wastewater or SRS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
5.	If the environmental control device should fail, will it cause a reportable/recordable environmental event?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Permits <input type="checkbox"/> N/A							
6.	Increases in the hourly or annual production rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7.	Increase in the hourly throughput of a pump, storage tank (filling or withdrawal rate), or other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
8.	Addition/modification of new piping components such as flanges, valves, relief devices, or pumps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
9.	Change the service of storage tanks, tank compositions, temperature or vapor pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
10.	Generate any additional wastewater or solid waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
11.	Change influent to sewer systems, such as flow rate or composition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
12.	Require modifications of wastewater handling or treatment systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
13.	Require tie-ins or modification of the potable water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
14.	Require New Fugitive Emission Components be added to List?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
15.	Require revisions to the <input type="checkbox"/> Contingency Plan, <input type="checkbox"/> Spill Prevention, Control & Countermeasure Plan (SPCC), and/or <input type="checkbox"/> Storm Water Pollution Prevention Plan (SWP ³)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Chemical Hazards <input type="checkbox"/> N/A							
16.	Requires new SDSs or revision to existing SDSs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
17.	Are there <u>any</u> new chemicals? (If so -- pre-approval must be obtained from Environmental Engineer, OSS&ESS, and Process Safety Engineer)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
18.	Will there be an effect or change in the "Maximum Intended Inventory of Chemicals"?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
19.	Require consequence modeling (toxic dispersion, fire effects, blast effects, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Runoff, Spill Containment & Control <input type="checkbox"/> N/A							
20.	Add chemical inventory in an area with no secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
21.	Loading or unloading of product or raw material with loading lines and disconnects over an uncontained area?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
22.	Impairs or impacts surface water drainage.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
23.	Are measures required to prevent or limit spills during operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
24.	Is transfer capability available if an emergency situation should occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
25.	If containment should fail, could an offsite release potentially occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Operations <input type="checkbox"/> N/A							
26.	Are there specific environmental restrictions that will limit operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
27.	Could releases from the process area travel off site?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
28.	Have off site effects been considered in locating process equipment and release points (i.e., flare, PSVs, vents, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Area Detection <input type="checkbox"/> N/A							
29.	Is area toxic or flammable gas monitors/detection required?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
H. Security <input checked="" type="checkbox"/> N/A							
1.	Will this introduce a new Chemical of Interest (COI) from a DHS perspective? (If so, #2-7 must be "Yes") (Notify OSS&ESS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
2.	Will this require revisions to the site DHS Top Screen? (e.g., new COI, increase in existing inventories, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
3.	Will this require revisions to or require a new Security Vulnerability Assessment (SVA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
4.	Will this require revisions to the site DHS Site Security Plan (SSP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
5.	Will this require revisions to any security procedures or protocols, or to Security Post Orders?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6.	Will this require new or revised "secure" or "access restricted" areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7.	Require installation of any new - or modification to - security equipment (fencing, cameras, lighting, bollards/barriers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			



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YES	NO	NA	Action Item
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I. Emergency Response N/A

	YES	NO	NA	Action Item
1. Do emergency response plan or fire procedures (Fire SOPs, Fire Brigade Pre-plans, Fire-Related Inspection Forms, and/or Rescue Pre-Plans) require revision? (Notify OSS&ESS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Is there any special emergency response equipment required? (Notify OSS&ESS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Is there a need for any new, specialized protective equipment or clean up supplies? (Notify OSS&ESS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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YES	NO	NA	Action Item
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J. Safety Equipment N/A

1. Affect existing, or require the provision of additional safety equipment? (<input type="checkbox"/> Safety showers, <input type="checkbox"/> Eyewashes, <input type="checkbox"/> Other _____.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Require the provision of additional fire mitigation equipment? (<input type="checkbox"/> fire hydrant monitors, <input type="checkbox"/> fire extinguishers, <input type="checkbox"/> foam drums/totes, <input type="checkbox"/> sprinkler/deluge systems, <input type="checkbox"/> dry chemical systems, <input type="checkbox"/> hydrocarbon detectors, <input type="checkbox"/> Other _____.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Require additional personal protective equipment or changes to existing approved PPE? (If PPE is affected, then SH-XX-01-3503 and/or SH-XX-01-3504 must be revised)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Require additional safety signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Require use of valve shields?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Require use of restraining cables on chain operated valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Require use of new Fire Doors and/or Fire Walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Introduce new Doors, Roll-up Doors and/or Ramps that may/will require no-slip entrances/surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Introduce new Emergency Exits that may require emergency lighting/signage, marking, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Introduce new Handrails, Guardrails and/or Safety Chains that must be up to proper standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Require use of new ladders that may extend ≥30 feet in height? (If so, then a break or offset is required per OSHA standards)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Require use of new fixed ladders that are ≥20 feet in travel height, or that are ≥20 feet from ground level? (If so, they must be equipped with ladder cages that meet OSHA standards)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Require any new/specialized lighting or emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Require any painting or special painting from a safety perspective?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

K. Demolition or Removal of Equipment N/A

1. Will this require use of the demolition process/procedure and will it be reviewed and followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Have all hazards related to removal of equipment been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Will this require equipment to be removed to be placed in a zero state of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Will this affect the environmental permit or require modification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Will this require safety updates due to removal of this equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Will this affect any procedures and will procedures be updated and personnel informed prior to removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Will this require P&ID and affected P&ID's being updated be done prior to removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Will this require affected block diagram(s)/block flow diagrams be updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Will this require a plan for disposal of this equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will this affect existing interlock(s) or alarm system(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will any control strategies be altered?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Will this affect any existing electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Will this affect electrical classification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Will this affect the process or equipment <input type="checkbox"/> upstream or <input type="checkbox"/> downstream?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Will area communications or detection monitors need modification?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. Will this result in a change in Operations personnel work load?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

L. Other Safety Considerations N/A

1. Will the impact of this change require communication to upstream/downstream operations personnel (Gulf Coast Waste Disposal Authority, Air Liquide, customers, or suppliers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Does impact of change affect product quality or new materials under ISO?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Any potential to expose personnel to Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Are there ANY OTHER safety concerns not previously addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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#	EXPLANATIONS AND ACTION ITEMS	RESPONSIBILITY	Date Completed
1.	D.3 - Reviewed PS-MZ-11-INT1250 P1/251P	AG/DJ/	10/2/17
2.	and Found to match MOC.		
3.	Add DCS Graphic aka Indication, When	AG	
4.	permissive is OFF.		
5.	After Logic Blocks are implemented,	AG	
6.	do a checkout on permissive parameters		
7.			
8.			
9.			
10.			

YOU MAY COPY TABLE ABOVE INTO A SEPARATE DOCUMENT WHEN MAKING UPDATES TO ACTION ITEMS

SAFETY REVIEW PARTICIPANTS

Leader of the Review:	Job Title:
Dhagash Joshi	Process Engineer
Abel Gutierrez	DCS Engineer

Date(s) of Review: 10/2/17