

Pre-Planning Safety Checklist for Major Shutdown

Site/Location: _____ **Date:** _____

MOP/WO Title: _____ **MOP/WO Number:** _____

Employee(s) Completing Checklist: _____

Pre-Shutdown Administrative Planning

Initials

1. A review and validation of the MOP conducted by the Chief Engineer and MOP Manager.	<input type="checkbox"/> Complete		
1.a. Verify with updated one-lines.	<input type="checkbox"/> Complete		
1.b. Conduct a physical walk down.	<input type="checkbox"/> Complete		
1.c. Chief Engineer submit recommended changes to the engineering firm for inclusion into the MOP.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2. Provide Maintenance/MOP Pre-Planning Checklist to the engineering firm/vendor preparing the MOP.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3. All expected outside vendors have conducted CES training prior to arriving to the site.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
4. An approval for all expected contractors to come on-site has been submitted.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	

Pre-Shutdown Safety Planning

Initials

1. Ensure MOP lists identified vendors that will be participating in maintenance, including verifying valid contact information.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2. Contracted employees have met JP Morgan Chase pre-qualification requirements.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3. Send E-mail letter to all vendor point of contacts addressing:			
3.a. Request for a list of employees expected onsite	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.b. Tool equipment inventory (attach an electronic copy of Tool Inventory Form)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.c. Requirement that each employee must have own LOTO personal lock(s)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.d. LOTO record sheet use (attach an electronic copy of LOTO Record Sheet Form)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.e. Group lock process	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.f. Use of properly tested voltage rated gloves	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.g. Use of calibrated meters	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.h. Unique flammable, chemical and hazardous material to be used and MSDS availability	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.i. GFCI requirements for electrical cords or cord connected tools	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.j. Use of only vendor-supplied ladders that are electrically safe	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.k. Site's PPE requirements for switching and/or other electrical work expected to perform	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.l. Known site-specific hazards related to the work to be conducted (NFPA 70E 110.5)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.m. Any unique hazards that may be introduced by contractor's work be relayed to the site. (NFPA 70E 110.5)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.n. That any contract-employee-related violations of site safety policies will be reported to the contract employer and a request for measures taken to correct violations be reported back to site management. (NFPA 70E 110.5)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
4. Ensure updated Single Line drawings, O&M manuals/specifications and other required documentation are on hand.	<input type="checkbox"/> Complete		
5. Pre-populate LOTO records with contractor's names	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
6. Determine area access control methods (i.e., cone, stations, tape, and/or magnetic door warning signs) and ensure all boundary equipment is available.	<input type="checkbox"/> Complete		

Safety Planning (cont)

Initials

7. Determine the number of locks, tags, lock-boxes and the amount and type of locking devices that will be required. Ensure they are available for use.	<input type="checkbox"/> Complete		
8. Ensure on-site shepherds hooks are available and inspected within the last two years.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
9. Prepare tool inventory sheets for the all switchboard work.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
10. Determine required personal protective equipment based on scope of the work and utilizing the Electrical Safety and Lockout Tagout Policy.	<input type="checkbox"/> Complete		
10.a. Ensure all required PPE is available on site and inspected or will be brought on site by vendors.	<input type="checkbox"/> Complete		
10.b. On-site voltage rated gloves checked as new or within the 6 month testing requirement.	<input type="checkbox"/> Complete		
11. Determine if temporary lighting is needed and ensure it is available for use.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
12. Ensure applicable MSDS's are available for use	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
13. Verify on-site test meters to be used for the following:			
13.a. Proper category (minimum of CAT III)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
13.b. Calibration certification sticker issued in the past year	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
13.c. Batteries are good	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
13.d. Internal protection fuses are not blown (if equipped)	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
13.e. Lead and meter integrity	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
14. Verify all GFCI's to be used have been properly tested and in good working order.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
15. Make available consolation forms for safety non-compliance.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
16. Pre-populate LOTO Audit Sheet(s) that will be used during LOTO process	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
17. Ensure the proper number, type and rating of grounding devices/cables are available onsite or will be brought onsite by contractor(s).	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
18. Conduct and document additional safety training, as necessary. Review safety lessons learned from previous shutdowns.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	

Day of the Shutdown

Initials

1. Ensure that all outside vendors that have not previously conducted CES training, have done so prior to conducting work onsite.	<input type="checkbox"/> Complete	N/A	
2. Person-in-charge conduct a pre-job walk down of the MOP and rehearsal meeting with vendor(s). Attempt to anticipate unexpected events and identify and minimize all possible hazards. As a minimum, include:			
2.a. Who's in charge	<input type="checkbox"/> Complete		
2.b. Purpose and extent of the task	<input type="checkbox"/> Complete		
2.c. Critical steps involved	<input type="checkbox"/> Complete		
2.d. Qualifications (required skills) and number of employees to be involved	<input type="checkbox"/> Complete		
2.e. All hazards that personnel may be exposed to	<input type="checkbox"/> Complete		
2.f. The voltage levels involved	<input type="checkbox"/> Complete		
2.g. Personal protective equipment involved	<input type="checkbox"/> Complete		
2.h. Insulating materials and electrically rated tools involved	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2.i. Tool inventory methods	<input type="checkbox"/> Complete		
2.j. Electrical diagrams, equipment details, sketches/pictures of unique features, and any reference data to be used	<input type="checkbox"/> Complete		
2.k. Any secondary (back-fed or induced) voltage sources	<input type="checkbox"/> Complete		
2.l. Any unusual work conditions or special precautionary techniques	<input type="checkbox"/> Complete		
2.m. Work (shock/arc flash) protection boundaries and available incident energy levels	<input type="checkbox"/> Complete		
2.n. Use of a "standby" (safety) person	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2.o. Any secondary (back-fed or induced) voltage sources	<input type="checkbox"/> Complete		
2.p. Review lock-out Tag-out procedure, including voltage testing and grounding methods, if required.	<input type="checkbox"/> Complete		
2.q. Associated back-out plan understood	<input type="checkbox"/> Complete		

Day of the Shutdown (cont)

Initials

2.r. Prepare for an emergency by discussing the following:			
2.r.(1) CPR training of standby person	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2.r.(2) Emergency equipment type and location	<input type="checkbox"/> Complete		
2.r.(3) Emergency contact method(s) and number(s)	<input type="checkbox"/> Complete		
2.r.(4) Fire alarm station and fire extinguisher locations	<input type="checkbox"/> Complete		
2.r.(5) Confined space rescue methods	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2.r.(6) Emergency equipment shut-off methods	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3. Coordinate with vendor(s) to ensure vendor-owned equipment brought onto the site meets the following pre-requisites:	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.a. Voltage rated gloves checked as new or within the 6 month testing requirement.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.b. Vendor's names are listed on all LOTO Tags used.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3.c. Test meters have calibration certification sticker issued in the past year	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
4. Ensure breakers are racked out in conjunction with locking out removable circuit breakers, unless exempted by Chief Engineer.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
5. Chief Engineer or his designee will inspect the switchboard to ensure that all grounds are removed, prior to instructing the utility to reenergize the switchboard.	<input type="checkbox"/> Complete		
6. Chief Engineer or his designee will inspect the switchboard to ensure that all enclosures are in place, prior to instructing the utility to reenergize the switchboard.	<input type="checkbox"/> Complete		
7. Ensure Utility company checks phase rotation prior to transfer to the site.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	

Infrared Camera Scanning

Initials

1. Check IR camera to ensure it is within the certification date.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
2. Ensure Energized Work Permit is completed prior to the maintenance shutdown and reviewed with affected parties, if bolted equipment covered are removed with equipment energized and/or infrared camera is expected to pass the Restricted Approach Boundary.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	
3. Ensure safety boundaries and warning signs are in place when equipment panels/doors are open (exposing energized parts) and left unattended.	<input type="checkbox"/> Complete	<input type="checkbox"/> N/A	

Remarks:

Engineer's Signature:

Chief Engineer Review:
