

# Commissioning System File

|              |  |       |
|--------------|--|-------|
| Project      |  |       |
| System       |  |       |
| Plant        |  |       |
| Prepared by  |  | Date: |
| Checked By   |  | Date: |
| Validated By |  | Date: |

## **Commissioning System File**

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# **1. System P&ID's**

Marked up copies of the systemized P&ID's are inserted on the following pages.

## 2. Decontamination procedure and Isolation Register

During a project where some or all of the new construction involves upgrading or retrofitting of existing equipment, it may be necessary for the commissioning team to manage the decontamination and isolation of the old equipment to facilitate a safe handover to the construction team.

The following documentation will manage that process.

| Decontamination Procedure |                            |  |                   |
|---------------------------|----------------------------|--|-------------------|
| Project:                  |                            | System:  |                   |
| Plant Equipment :-        |                            | P&ID Ref. :-   |                   |
| Risk Assessment Number:   | Associated Permit Numbers: | Hazardous Substance Classification :-                                |                   |
|                           |                            | <b>Major hazard</b><br><br><b>Hazardous</b><br><br><b>Low Hazard</b> |                   |
| Define Work :-            |                            |  |                   |
| Steps                     | Decontamination method     | Date/Time  | Complete/Initials |
| 1                         |                            |  |                   |
| 2                         |                            |  |                   |
| 3                         |                            |  |                   |
| 4                         |                            |  |                   |
| 5                         |                            |  |                   |
| 6                         |                            |  |                   |
| 7                         |                            |  |                   |
| 8                         |                            |  |                   |
| 9                         |                            |  |                   |
| 10                        |                            |  |                   |
| 11                        |                            |  |                   |
| 12                        |                            |  |                   |
| 13                        |                            |  |                   |
| 14                        |                            |  |                   |
| 15                        |                            |  |                   |
| 16                        |                            |  |                   |
| 17                        |                            |  |                   |
| 18                        |                            |  |                   |
| 19                        |                            |  |                   |
| 20                        |                            |  |                   |

|                           |  |
|---------------------------|--|
| <b>ISOLATION REGISTER</b> |  |
|---------------------------|--|

|                 |                |              |  |
|-----------------|----------------|--------------|--|
| <b>Project:</b> | <b>System:</b> | <b>Area:</b> |  |
|-----------------|----------------|--------------|--|

| <b>Valve isolations/Re-commissioning log</b> |                |             |               |                          |                          |      |          |
|--|----------------|-------------|---------------|--------------------------|--------------------------|------|----------|
| Valve Number                                 | Isolation      |             |               |                          | Re-commissioning         |      |          |
|  | Valve Position | Lock Number | Date Isolated | Isolated by : (initials) | Lock removed Open/Closed | Date | Initials |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |
|  |                |             |               |                          |                          |      |          |

|  |
|--|
| <b>Electrical Isolation / Re-commissioning Log</b> |
|--|

| Item Reference | Isolation |                 |               | Re-commissioning |      |
|----------------|-----------|-----------------|---------------|------------------|------|
|                | Lock No.  | Locked off by : | Date isolated | Lock removed by: | Date |
|                |           |                 |               |                  |      |
|                |           |                 |               |                  |      |
|                |           |                 |               |                  |      |
|                |           |                 |               |                  |      |
|                |           |                 |               |                  |      |
|                |           |                 |               |                  |      |

|                          |
|--------------------------|
| <b>Trace heating log</b> |
|--------------------------|

| Vessel or pipe work Ref. | Date removed | Signed | Date replaced | Signed |
|--------------------------|--------------|--------|---------------|--------|
|                          |              |        |               |        |
|                          |              |        |               |        |
|                          |              |        |               |        |









## **4. Hazard Study actions**

Insert in this section relevant pages from any Hazard Study that has an implication to the commissioning team.

Prior to introduction of chemicals the commissioning manager will need to be ensure all Hazard Study actions that have a startup implications are complete and signed off.

## 5. Equipment Check Sheets, off and on site checks

### List of Vessel Check Sheets

1. Off site check – Tank or Drum
2. On site check – Tank or Drum
3. Off site check – Column
4. On site check – Column
5. Off site check – Rotating machinery
6. On site check – Rotating machinery
7. Auxiliary Systems – Lube oil, hydraulic systems, HVAC etc.
8. Off site check – Heat Exchangers
9. On site check – Heat Exchangers
10. Conveyer
11. Mill
12. Sieve
13. Pump
14. Fan/Blower
15. Furnace or Burner
16. Turbine

**Off-Site Equipment Inspection  
Check Sheet  
Tank or Drum**

**Equipment Title:** \_\_\_\_\_ **Project:** \_\_\_\_\_

**System :** \_\_\_\_\_ **Shop Location:** \_\_\_\_\_

**Author:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **P&ID's:** \_\_\_\_\_

Vessel data sheet available? Y N

| Step | Item  | Yes | No | N/A | Comments | Sign Date |
|------|---|-----|----|-----|----------|-----------|
| 1    | <b>Check internal cleanliness</b>                                   |     |    |     |          |           |
|      | Clear of debris:  |     |    |     |          |           |
|      | Dry:  |     |    |     |          |           |
|      | Grease Free:  |     |    |     |          |           |
| 2    | Check nameplate   |     |    |     |          |           |
| 3    | Check condition of lining   |     |    |     |          |           |
| 4    | Check position of assembled covers and/or flanges.                  |     |    |     |          |           |
| 5    | <b>Check dip pipes for:</b>   |     |    |     |          |           |
|      | Length  |     |    |     |          |           |
|      | Anti-siphon hole  |     |    |     |          |           |
|      | Lining/Coating  |     |    |     |          |           |
| 6    | Check internal dip pipe supports                                    |     |    |     |          |           |
| 7    | Check for clearance between dip pipes and moving equipment          |     |    |     |          |           |
| 8    | Check bottom support/bearing for agitator. (See Rotating Machinery) |     |    |     |          |           |
| 9    | Check test joint material   |     |    |     |          |           |
| 10   | Check internal valve setting and operation                          |     |    |     |          |           |
| 11   | Check vortex breaker  |     |    |     |          |           |
| 12   | Check baffles or weirs.   |     |    |     |          |           |
| 13   | Check sump  |     |    |     |          |           |
| 14   | Other internals; Demisters, support grids, weirs                    |     |    |     |          |           |
| 15   | Witness pressure test.<br>Log all test data in comments section.    |     |    |     |          |           |
| 16   | Witness leak test of assembled vessel.                              |     |    |     |          |           |
| 17   | Witness vessel drained and dry and ready for transportation         |     |    |     |          |           |
| 18   | Flange finish as per vessel drawing                                 |     |    |     |          |           |
| 19   | All branches fitted as per drawing                                  |     |    |     |          |           |
| 20   | Ensure all temporary transportation brace is identified             |     |    |     |          |           |
| 21   |   |     |    |     |          |           |
| 22   |   |     |    |     |          |           |
| 23   |   |     |    |     |          |           |
| 24   |   |     |    |     |          |           |
| 25   |   |     |    |     |          |           |

**On-Site Equipment Inspection  
Check Sheet  
Tank or Drum**

| <b>Equipment Title:</b> |   | Project: |    |     |          |           |
|-------------------------|---|----------|----|-----|----------|-----------|
| System :                |   | P&ID:    |    |     |          |           |
| Author:                 |   | Date:    |    |     |          |           |
| Step                    | Item  | Yes      | No | N/A | Comments | Sign Date |
| 1                       | Check vessel level or slope as appropriate.                         |          |    |     |          |           |
| 2                       | Check vessel bolted down.   |          |    |     |          |           |
| 3                       | Check for sliding support assembly.                                 |          |    |     |          |           |
| 4                       | Check saddles/mountings settings                                    |          |    |     |          |           |
| 5                       | Check corrosion/insulation packing under vessel.                    |          |    |     |          |           |
| 6                       | Check vessel and saddle earthing straps fitted correctly            |          |    |     |          |           |
| 7                       | Witness final closure of vessel.                                    |          |    |     |          |           |
| 8                       | Witness fitting of agitator etc.                                    |          |    |     |          |           |
| 9                       | Gasket jointing material  |          |    |     |          |           |
| 10                      | Check access platforms conform to standards.                        |          |    |     |          |           |
| 11                      | Check vent branches clear.  |          |    |     |          |           |
| 12                      | Check vessel name plate details.                                    |          |    |     |          |           |
| 13                      | Check vessel identification painted correctly.                      |          |    |     |          |           |
| 14                      | Check vessel relief stream inspected.                               |          |    |     |          |           |
| 15                      | Check vessel relief stream labeled.                                 |          |    |     |          |           |
| 16                      | Check vessel PV number.   |          |    |     |          |           |
| 17                      | Check registration documents are on file                            |          |    |     |          |           |
| 18                      | Check sight glasses correctly installed.                            |          |    |     |          |           |
| 19                      | Check vessel adequately illuminated.                                |          |    |     |          |           |
| 20                      | Check vessel insulation.  |          |    |     |          |           |
| 21                      | Witness fitting of joints between vessel and first isolation valve. |          |    |     |          |           |
| 22                      | Check vessel painting.  |          |    |     |          |           |
| 23                      | Check installation of fire cladding                                 |          |    |     |          |           |
| 24                      | Check that all transportation bracing has been removed              |          |    |     |          |           |
| 25                      |   |          |    |     |          |           |
| 26                      |   |          |    |     |          |           |
| 27                      |   |          |    |     |          |           |
| 28                      |   |          |    |     |          |           |
| 29                      |   |          |    |     |          |           |
| 30                      |   |          |    |     |          |           |

**Off-Site Equipment Inspection  
Check Sheet  
Column/Tower**

| <b>Equipment Title:</b>          |  | <b>Project:</b> |    |         |          |             |
|----------------------------------|--|-----------------|----|---------|----------|-------------|
| System :                         |  | Shop Location:  |    |         |          |             |
| Author:                          |  | Date:           |    | P&ID's: |          |             |
| Vessel data sheet available? Y N |  |                 |    |         |          |             |
| Step                             | Item   | Yes             | No | N/A     | Comments | Sign & Date |
| 1                                | <b>Check internal cleanliness</b>  |                 |    |         |          |             |
|                                  | Clear of debris:   |                 |    |         |          |             |
|                                  | Dry:   |                 |    |         |          |             |
|                                  | Grease Free:   |                 |    |         |          |             |
| 2                                | Check condition of lining.   |                 |    |         |          |             |
| 3                                | Check orientation of assembled sections and covers                             |                 |    |         |          |             |
| 4                                | <b>Check installation and fitting of internal components, where applicable</b> |                 |    |         |          |             |
|                                  | Packing grid supports  |                 |    |         |          |             |
|                                  | Bubbly cap trays   |                 |    |         |          |             |
|                                  | Bubble cap tray weirs  |                 |    |         |          |             |
|                                  | Bubble cap heights   |                 |    |         |          |             |
|                                  | Downcomer position and dimensions  |                 |    |         |          |             |
|                                  | Distributors   |                 |    |         |          |             |
| 5                                | Feed nozzles and/or sprays   |                 |    |         |          |             |
| 6                                | Check test joint material.   |                 |    |         |          |             |
| 7                                | Witness pressure test.   |                 |    |         |          |             |
| 8                                | Witness vessel drained and dry.  |                 |    |         |          |             |
| 9                                | Witness leak test of assembled vessel  |                 |    |         |          |             |
| 10                               | Demister pads fitted correctly   |                 |    |         |          |             |
| 11                               | Flange finish as per vessel drawing  |                 |    |         |          |             |
| 12                               | All branches fitted as per drawing   |                 |    |         |          |             |
| 13                               | Ensure all temporary transportation brace is identified                        |                 |    |         |          |             |
| 14                               |  |                 |    |         |          |             |
| 15                               |  |                 |    |         |          |             |
| 16                               |  |                 |    |         |          |             |
| 17                               |  |                 |    |         |          |             |
| 18                               |  |                 |    |         |          |             |
| 19                               |  |                 |    |         |          |             |
| 20                               |  |                 |    |         |          |             |
| 21                               |  |                 |    |         |          |             |

| On-Site Equipment Inspection<br>Check Sheet<br>Column/Tower |   |         |    |     |          |           |
|---|---|---------|----|-----|----------|-----------|
| Equipment Title:  |   | Project |    |     |          |           |
| System :  |   | P&ID:   |    |     |          |           |
| Author:   |   | Date:   |    |     |          |           |
| Step  | Item  | Yes     | No | N/A | Comments | Sign Date |
| 1   | Check vessel is vertical.   |         |    |     |          |           |
| 2   | Check vessel is bolted down and appropriate guides fitted, including insulation and/or anti friction pads.      |         |    |     |          |           |
| 3   | Check internal Cleanliness, clean, dry and oil free.<br>Check condition of any lining, ensure no holes or tares |         |    |     |          |           |
| 4   | Column packing type is:   |         |    |     |          |           |
| 5   | Column packing quantity is :  |         |    |     |          |           |
| 6   | Check packing support grids.  |         |    |     |          |           |
| 7   | Check Bed limiters  |         |    |     |          |           |
| 8   | Check distributors fitted and level   |         |    |     |          |           |
| 9   | Check demister installed correctly  |         |    |     |          |           |
| 10  | Check feed/spray nozzles for fitting and orientation  |         |    |     |          |           |
| 11  | Check bubble cap trays fitted correctly and settings correct  |         |    |     |          |           |
| 12  | Check downcomers length/height.   |         |    |     |          |           |
| 13  | Check vent branches clear.  |         |    |     |          |           |
| 14  | Check drain branches clear.   |         |    |     |          |           |
| 15  | Check earthing strap if applicable  |         |    |     |          |           |
| 16  | Check lagging as per specification  |         |    |     |          |           |
| 17  | Witness vessel closure.   |         |    |     |          |           |
| 18  | Check painting  |         |    |     |          |           |
| 19  | Check vessel name plate details   |         |    |     |          |           |
| 20  | Check vessel identification painted correctly   |         |    |     |          |           |
| 21  | Check vessel relief stream inspected.   |         |    |     |          |           |
| 22  | Check vessel relief stream labeled.   |         |    |     |          |           |
| 23  | Check statutory paperwork is in order   |         |    |     |          |           |
| 24  | Check access platforms conform to standards   |         |    |     |          |           |
| 25  | Ensure all transportation bracing removed   |         |    |     |          |           |
| 26  |   |         |    |     |          |           |
| 27  |   |         |    |     |          |           |
| 28  |   |         |    |     |          |           |
| 29  |   |         |    |     |          |           |
| 30  |   |         |    |     |          |           |
| 31  |   |         |    |     |          |           |

**Off-Site Equipment Inspection  
Check Sheet  
Rotating Machine**

| <b>Equipment Title:</b>   |  | <b>Project:</b> |    |         |          |             |
|---|--|-----------------|----|---------|----------|-------------|
| System :  |  | Shop Location:  |    |         |          |             |
| Author:   |  | Date:           |    | P&ID's: |          |             |
| Vessel data sheet available? Y N                                  |  |                 |    |         |          |             |
| Test certificates available for all pressure retaining parts? Y N |  |                 |    |         |          |             |
| Step  | Item   | Yes             | No | N/A     | Comments | Sign & Date |
| 1   | <b>Check general cleanliness</b>   |                 |    |         |          |             |
|   | Clear of debris:   |                 |    |         |          |             |
|   | Dry:   |                 |    |         |          |             |
|   | Grease Free:   |                 |    |         |          |             |
| 2   | Check all drain plugs are fitted.  |                 |    |         |          |             |
| 3   | Check orientation of assembled sections and pieces of kit, if skid mounted |                 |    |         |          |             |
| 4   | Witness casing pressure test.  |                 |    |         |          |             |
| 5   | Witness performance trial run  |                 |    |         |          |             |
| 6   | <b>Check guards:-</b>  |                 |    |         |          |             |
|   | Location   |                 |    |         |          |             |
|   | Security   |                 |    |         |          |             |
|   | Effectiveness  |                 |    |         |          |             |
| 7   | <b>Check drive motor:-</b>   |                 |    |         |          |             |
|   | Type   |                 |    |         |          |             |
|   | Guard  |                 |    |         |          |             |
|   | Numbering  |                 |    |         |          |             |
|   | Rotation   |                 |    |         |          |             |
| 8   | Check drive alignment  |                 |    |         |          |             |
| 9   | Check mounting of Base frame and Flanges                                   |                 |    |         |          |             |
| 10  | Check all name plate detail  |                 |    |         |          |             |
| 11  | Witness general machine leak test  |                 |    |         |          |             |
| 12  | Check machine is suitable for transport, all open ends blinded             |                 |    |         |          |             |
| 13  | Check integrity of preservation pressure                                   |                 |    |         |          |             |
| 14  | Confirm all packing is of the correct type                                 |                 |    |         |          |             |
| 15  | All couplings are clean and lubricated?                                    |                 |    |         |          |             |
| 16  |  |                 |    |         |          |             |
| 17  |  |                 |    |         |          |             |
| 18  |  |                 |    |         |          |             |
| 19  |  |                 |    |         |          |             |
| 20  |  |                 |    |         |          |             |

**On-Site Equipment Inspection  
Check Sheet  
Rotating Machinery**

| <b>Equipment Title:</b> |   | Project |    |     |          |           |
|-------------------------|---|---------|----|-----|----------|-----------|
| System :                |   | P&ID:   |    |     |          |           |
| Author:                 |   | Date:   |    |     |          |           |
| Step                    | Item  | Yes     | No | N/A | Comments | Sign Date |
| 1                       | Check all transportation bracing/packing is removed       |         |    |     |          |           |
| 2                       | Check special tools available                             |         |    |     |          |           |
| 3                       | Check foundations/bolding down.                           |         |    |     |          |           |
| 4                       | Check laser alignment of drive.                           |         |    |     |          |           |
| 5                       | Check alignment of belts and tensions                     |         |    |     |          |           |
| 6                       | Check direction of rotation.                              |         |    |     |          |           |
| 7                       | Check alignment of pipe work and correct loading          |         |    |     |          |           |
| 8                       | Check alignment of ducts.                                 |         |    |     |          |           |
| 9                       | Check lubrication   |         |    |     |          |           |
| 10                      | Check all drain plugs are fitted.                         |         |    |     |          |           |
| 11                      | Check gland seal and packing.                             |         |    |     |          |           |
| 12                      | Check mechanical seal.                                    |         |    |     |          |           |
| 13                      | Check shaft seal  |         |    |     |          |           |
| 14                      | Check shaft grounding.                                    |         |    |     |          |           |
| 15                      | Check gland flushing                                      |         |    |     |          |           |
| 16                      | Check machine labeling and identification                 |         |    |     |          |           |
| 17                      | Check access for operation                                |         |    |     |          |           |
| 18                      | Check access/removal for maintenance.                     |         |    |     |          |           |
| 19                      | Check position and operation of local stop/start buttons. |         |    |     |          |           |
| 20                      | Check labeling of stop/start buttons                      |         |    |     |          |           |
| 21                      | Check temporary strainer installed                        |         |    |     |          |           |
| 22                      | Check for correct fitting of insulation                   |         |    |     |          |           |
| 23                      | Check for cooling on bearings and oil systems             |         |    |     |          |           |
| 24                      | Confirm correct packing and glands installed              |         |    |     |          |           |
| 25                      | Check machine instrumentation                             |         |    |     |          |           |
| 26                      | Check/record amps loading                                 |         |    |     |          |           |
| 27                      | Check vibration   |         |    |     |          |           |
| 28                      | Check noise   |         |    |     |          |           |
| 29                      | Check load settings/calibration                           |         |    |     |          |           |
| 30                      | Check machine guarding                                    |         |    |     |          |           |
| 31                      | Confirm all inlet and outlet pipes are clean              |         |    |     |          |           |
| 32                      | E-Stop easily accessible                                  |         |    |     |          |           |
| 33                      |   |         |    |     |          |           |
| 34                      |   |         |    |     |          |           |
| 35                      |   |         |    |     |          |           |
| 36                      |   |         |    |     |          |           |
| 37                      |   |         |    |     |          |           |



**On-Site Equipment Inspection  
Check Sheet  
Auxiliary System**

| <b>Equipment Title:</b> |   | Project |    |     |          |           |
|-------------------------|---|---------|----|-----|----------|-----------|
| System :                |   | P&ID:   |    |     |          |           |
| Author:                 |   | Date:   |    |     |          |           |
| Step                    | Item  | Yes     | No | N/A | Comments | Sign Date |
| 1                       | Check all transportation bracing/packing is removed       |         |    |     |          |           |
| 2                       | Check special tools available                             |         |    |     |          |           |
| 3                       | Check foundations/bolding down.                           |         |    |     |          |           |
| 4                       | Check alignment of any drives                             |         |    |     |          |           |
| 5                       | Check direction of rotation.                              |         |    |     |          |           |
| 6                       | Check alignment of interconnecting pipe work              |         |    |     |          |           |
| 7                       | Check lubrication and greasing                            |         |    |     |          |           |
| 8                       | Check all drain plugs are fitted.                         |         |    |     |          |           |
| 9                       | Check gland seal and packing.                             |         |    |     |          |           |
| 10                      | Check mechanical seal.                                    |         |    |     |          |           |
| 11                      | Check shaft grounding                                     |         |    |     |          |           |
| 12                      | Check machine labeling and identification                 |         |    |     |          |           |
| 13                      | Check access for operation                                |         |    |     |          |           |
| 14                      | Check access/removal for maintenance.                     |         |    |     |          |           |
| 15                      | Check position and operation of local stop/start buttons. |         |    |     |          |           |
| 16                      | Check labeling of stop/start buttons                      |         |    |     |          |           |
| 17                      | Check temporary strainer installed                        |         |    |     |          |           |
| 18                      | Check for correct fitting of insulation                   |         |    |     |          |           |
| 19                      | Confirm correct packing and glands installed              |         |    |     |          |           |
| 20                      | Check machine instrumentation                             |         |    |     |          |           |
| 21                      | Check/record amps loading                                 |         |    |     |          |           |
| 22                      | Check vibration   |         |    |     |          |           |
| 23                      | Check noise   |         |    |     |          |           |
| 24                      | Check load settings/calibration                           |         |    |     |          |           |
| 25                      | Check machine guarding                                    |         |    |     |          |           |
| 26                      | Confirm all inlet and outlet pipes are clean              |         |    |     |          |           |
| 27                      | Check all components with design documents                |         |    |     |          |           |
| 28                      | Ensure system has been flushed and clean                  |         |    |     |          |           |
| 29                      | Ensure all cooling systems are ready for operation        |         |    |     |          |           |
| 30                      | Ensure unit does not create a safety hazard               |         |    |     |          |           |
| 31                      | E-Stop easily accessible?                                 |         |    |     |          |           |
| 32                      |   |         |    |     |          |           |
| 33                      |   |         |    |     |          |           |
| 34                      |   |         |    |     |          |           |
| 35                      |   |         |    |     |          |           |
| 36                      |   |         |    |     |          |           |

| Off-Site Equipment Inspection<br>Check Sheet<br>Heat Exchangers |  |                |          |         |          |             |
|---|--|----------------|----------|---------|----------|-------------|
| Equipment Title:  |  |                | Project: |         |          |             |
| System :  |  | Shop Location: |          |         |          |             |
| Author:   |  | Date:          |          | P&ID's: |          |             |
| Vessel data sheet available? Y N                                |  |                |          |         |          |             |
| Step  | Item   | Yes            | No       | N/A     | Comments | Sign & Date |
| 1   | <b>Check General cleanliness</b>                               |                |          |         |          |             |
|   | Clear of debris:   |                |          |         |          |             |
|   | Dry:   |                |          |         |          |             |
|   | Grease Free:   |                |          |         |          |             |
| 2   | Check orientation and fitting of all end boxes and or covers   |                |          |         |          |             |
| 3   | Check test joint material.                                     |                |          |         |          |             |
| 4   | Check baffles & weirs  |                |          |         |          |             |
| 5   | Witness pressure test.   |                |          |         |          |             |
| 7   | Witness vessel drained and dry.                                |                |          |         |          |             |
| 8   | Witness leak test of assembled unit                            |                |          |         |          |             |
| 9   | Ensure vessel fit for transportation, no open ends             |                |          |         |          |             |
| 10  | Check integrity of preservation pressure                       |                |          |         |          |             |
| 11  | Ensure all temporary transportation bracing is clearly listed: |                |          |         |          |             |
| 12  | Confirm name plate details                                     |                |          |         |          |             |
| 13  |  |                |          |         |          |             |
| 14  |  |                |          |         |          |             |
| 15  |  |                |          |         |          |             |
| 16  |  |                |          |         |          |             |
| 17  |  |                |          |         |          |             |

**On-Site Equipment Inspection  
Check Sheet  
Heat Exchangers**

| <b>Equipment Title:</b> |  | Project |    |     |          |           |
|-------------------------|--|---------|----|-----|----------|-----------|
| System :                |  | P&ID:   |    |     |          |           |
| Author:                 |  | Date:   |    |     |          |           |
| Step                    | Item   | Yes     | No | N/A | Comments | Sign Date |
| 1                       | Vessel checked for level.  |         |    |     |          |           |
| 2                       | Check vessel properly bolted down and if applicable guides are fitted. |         |    |     |          |           |
| 3                       | <b>Check internals are : -</b>   |         |    |     |          |           |
|                         | Clear of Debris  |         |    |     |          |           |
|                         | Dry  |         |    |     |          |           |
|                         | Oil Free   |         |    |     |          |           |
| 4                       | Check for sliding support assembly                                     |         |    |     |          |           |
| 5                       | Check saddles/mountings assembly:                                      |         |    |     |          |           |
| 6                       | Check corrosion/insulation packing under vessel feet/legs              |         |    |     |          |           |
| 7                       | Check vessel & saddle earthing straps                                  |         |    |     |          |           |
| 8                       | Check bolting  |         |    |     |          |           |
| 9                       | Witness vessel closure.  |         |    |     |          |           |
| 10                      | Check jointing   |         |    |     |          |           |
| 11                      | Check vent branches suitable & clear.                                  |         |    |     |          |           |
| 12                      | Check drain branches clear.  |         |    |     |          |           |
| 13                      | Check insulation as per specification                                  |         |    |     |          |           |
| 14                      | Check painting specification   |         |    |     |          |           |
| 15                      | Check vessel name plate details  |         |    |     |          |           |
| 16                      | Check vessel identification painted correctly                          |         |    |     |          |           |
| 17                      | Check vessel relief stream has been inspected and labeled              |         |    |     |          |           |
| 18                      | Ensure statutory paperwork is complete                                 |         |    |     |          |           |
| 19                      | Check any access platforms conform to standards                        |         |    |     |          |           |
| 20                      | Confirm all transportation bracing has been removed                    |         |    |     |          |           |
| 21                      | Check for pipe high points where air could be trapped                  |         |    |     |          |           |
| 22                      |  |         |    |     |          |           |
| 23                      |  |         |    |     |          |           |
| 24                      |  |         |    |     |          |           |
| 25                      |  |         |    |     |          |           |
| 26                      |  |         |    |     |          |           |

| On-Site Equipment Inspection<br>Check Sheet<br>Conveyor |   |          |    |     |          |             |
|---|---|----------|----|-----|----------|-------------|
| Equipment Title:  |   | Project: |    |     |          |             |
| System:   |   | P&ID:    |    |     |          |             |
| Author:   |   | Date:    |    |     |          |             |
| Step  | Item  | Yes      | No | N/A | Comments | Sign & Date |
| 1   | <b>Check cleanliness</b>                                    |          |    |     |          |             |
|   | Clear of debris:  |          |    |     |          |             |
|   | Dry:  |          |    |     |          |             |
|   | Grease Free:  |          |    |     |          |             |
| 2   | Hold down bolts installed & secure                          |          |    |     |          |             |
| 3   | Gearbox fitted  |          |    |     |          |             |
| 4   | Guards fitted, (to comply with requirements)                |          |    |     |          |             |
| 5   | Shaft correctly fitted                                      |          |    |     |          |             |
| 6   | Scroll securing bolts locked                                |          |    |     |          |             |
| 7   | Stop start button installed and labeled                     |          |    |     |          |             |
| 8   | Can scroll be removed for maintenance                       |          |    |     |          |             |
| 9   | Is scroll/motor direction correct                           |          |    |     |          |             |
| 10  | Motor fitted  |          |    |     |          |             |
| 11  | Can scroll be rotated by hand and clear of obstruction      |          |    |     |          |             |
| 12  | Correct lubrication and greasing conducted                  |          |    |     |          |             |
| 13  | Belt alignment instrumentation correctly installed          |          |    |     |          |             |
| 14  | Safety pull cord/E-Stop correctly installed and accessible? |          |    |     |          |             |
| 15  | All platforms and access ways conform to correct standards  |          |    |     |          |             |
| 16  |   |          |    |     |          |             |
| 17  |   |          |    |     |          |             |
| 18  |   |          |    |     |          |             |
| 19  |   |          |    |     |          |             |
| 20  |   |          |    |     |          |             |

| On-Site Equipment Inspection<br>Check Sheet<br>Mill |   |          |    |     |          |             |
|---|---|----------|----|-----|----------|-------------|
| Equipment Title:                                    |   | Project: |    |     |          |             |
| System:   |   | P&ID:    |    |     |          |             |
| Author:   |   | Date:    |    |     |          |             |
| Step  | Item  | Yes      | No | N/A | Comments | Sign & Date |
| 1   | <b>Check cleanliness</b>  |          |    |     |          |             |
|   | Clear of debris:  |          |    |     |          |             |
|   | Dry:  |          |    |     |          |             |
|   | Grease Free:  |          |    |     |          |             |
| 2   | Hold down bolts installed & secure  |          |    |     |          |             |
| 3   | Gearbox fitted  |          |    |     |          |             |
| 4   | Guards fitted, complies to standards  |          |    |     |          |             |
| 5   | Shaft correctly aligned   |          |    |     |          |             |
| 6   | Lubrication and greasing completed  |          |    |     |          |             |
| 7   | Stop start button installed and labeled                                       |          |    |     |          |             |
| 8   | Can key parts be safely removed for maintenance                               |          |    |     |          |             |
| 9   | Motor rotation correct  |          |    |     |          |             |
| 10  | Motor fitted  |          |    |     |          |             |
| 11  | Scalping receiver in position?  |          |    |     |          |             |
| 12  | All instrumentation installed as per design and installation manuals and P&ID |          |    |     |          |             |
| 13  | Inlet and outlet pipe work clean and ready for operation                      |          |    |     |          |             |
| 14  | Has the equipment been suitably grounded                                      |          |    |     |          |             |
| 15  | E-Stop easily accessible?   |          |    |     |          |             |
| 16  |   |          |    |     |          |             |
| 17  |   |          |    |     |          |             |
| 18  |   |          |    |     |          |             |
| 19  |   |          |    |     |          |             |
| 20  |   |          |    |     |          |             |

| On-Site Equipment Inspection<br>Check Sheet<br>Screen |  |          |    |     |          |             |
|---|--|----------|----|-----|----------|-------------|
| Equipment Title:                                      |  | Project: |    |     |          |             |
| System:   |  | P&ID:    |    |     |          |             |
| Author:   |  | Date:    |    |     |          |             |
| Step  | Item   | Yes      | No | N/A | Comments | Sign & Date |
| 1   | <b>Check cleanliness</b>   |          |    |     |          |             |
|   | Clear of debris:   |          |    |     |          |             |
|   | Dry:   |          |    |     |          |             |
|   | Grease Free:   |          |    |     |          |             |
| 2   | Hold down bolts installed & secure   |          |    |     |          |             |
| 3   | Gearbox fitted   |          |    |     |          |             |
| 4   | Guards fitted, (to comply with requirements)   |          |    |     |          |             |
| 5   | Guards fitted, complies to standards   |          |    |     |          |             |
| 6   | Are additional guards needed to protect personnel from the sieve rotational movement |          |    |     |          |             |
| 7   | Lubrication and greasing completed   |          |    |     |          |             |
| 8   | Stop start button installed and labeled  |          |    |     |          |             |
| 9   | Can key parts, (screens) be safely removed for maintenance and cleaning              |          |    |     |          |             |
| 10  | Motor rotation correct   |          |    |     |          |             |
| 11  | All instrumentation installed as per design and installation manuals and P&ID        |          |    |     |          |             |
| 12  | Inlet and outlet pipe work clean and ready for operation                             |          |    |     |          |             |
| 13  | Has the equipment been suitably grounded   |          |    |     |          |             |
| 14  | Is an alarm installed required to warn of equipment starting?                        |          |    |     |          |             |
| 15  |  |          |    |     |          |             |
| 16  |  |          |    |     |          |             |
| 17  |  |          |    |     |          |             |
| 18  |  |          |    |     |          |             |
| 19  |  |          |    |     |          |             |
| 20  |  |          |    |     |          |             |







| On-Site Equipment Inspection<br>Check Sheet<br>Furnace or Burner |  |         |    |     |          |           |
|--|--|---------|----|-----|----------|-----------|
| Equipment Title:   |  | Project |    |     |          |           |
| System :   |  | P&ID:   |    |     |          |           |
| Author:  |  | Date:   |    |     |          |           |
| Vendor manuals and data sheets must be available                 |  |         |    |     |          |           |
| Step   | Item   | Yes     | No | N/A | Comments | Sign Date |
| 1  | Vessel checked for level.  |         |    |     |          |           |
| 2  | Check vessel properly bolted down and if applicable guides are fitted.                     |         |    |     |          |           |
| 3  | <b>Check internals are : -</b>   |         |    |     |          |           |
|  | Clear of Debris  |         |    |     |          |           |
|  | Dry  |         |    |     |          |           |
|  | Oil Free   |         |    |     |          |           |
| 4  | Check for vessel expansion materials are suitable. Ensure no clashes with steel, pipe etc. |         |    |     |          |           |
| 5  | Ensure weather protection is suitable  |         |    |     |          |           |
| 6  | Confirm correct location of instrumentation  |         |    |     |          |           |
| 7  | Check vessel & saddle grounding straps   |         |    |     |          |           |
| 8  | Check bolting  |         |    |     |          |           |
| 9  | Witness vessel closure. Ensure inspection doors are sealed                                 |         |    |     |          |           |
| 10   | Check jointing   |         |    |     |          |           |
| 11   | Check all air dampers operate correctly  |         |    |     |          |           |
| 12   | Check snuffing connections and equipment   |         |    |     |          |           |
| 13   | Check insulation as per specification  |         |    |     |          |           |
| 14   | Fully check burner management system   |         |    |     |          |           |
| 15   | Check vessel name plate details  |         |    |     |          |           |
| 16   | Check vessel identification painted correctly  |         |    |     |          |           |
| 17   | Ensure all purge and coolant air flows are acceptable                                      |         |    |     |          |           |
| 18   | Check all peep holes and flame eyes are operable   |         |    |     |          |           |
| 19   | Check any access platforms conform to standards  |         |    |     |          |           |
| 20   | Confirm all transportation bracing has been removed  |         |    |     |          |           |
| 21   | Check explosion doors if fitted  |         |    |     |          |           |
| 22   | Check all fuels are isolated at a safe distance  |         |    |     |          |           |
| 23   | Check suitable location of E-Stop  |         |    |     |          |           |
| 24   | Check fire fighting equipment in vicinity  |         |    |     |          |           |
| 25   | Ensure correct installation of all refractory's  |         |    |     |          |           |
|  |  |         |    |     |          |           |
|  |  |         |    |     |          |           |

**On-Site Equipment Inspection  
Check Sheet  
Turbine**

| <b>Equipment Title:</b> |   | <b>Project:</b>  |    |     |          |           |
|-------------------------|---|------------------|----|-----|----------|-----------|
| <b>System :</b>         |   | <b>P&amp;ID:</b> |    |     |          |           |
| <b>Author:</b>          |   | <b>Date:</b>     |    |     |          |           |
| Step                    | Item  | Yes              | No | N/A | Comments | Sign Date |
| 1                       | Check all transportation bracing/packing is removed   |                  |    |     |          |           |
| 2                       | Check special tools available   |                  |    |     |          |           |
| 3                       | Check foundations/bolding down.   |                  |    |     |          |           |
| 4                       | Check laser alignment of drive.   |                  |    |     |          |           |
| 5                       | Check lubrication   |                  |    |     |          |           |
| 6                       | E-Stop easily accessible  |                  |    |     |          |           |
| 7                       | Check the equipment supplied against the schedule of auxiliary and associated equipment for correct calibration and settings  |                  |    |     |          |           |
| 8                       | Check for correct functioning and setting of fuel gas supply system   |                  |    |     |          |           |
| 9                       | Check the turbine washing system for correct operation against the manufacturer's manual  |                  |    |     |          |           |
| 10                      | Check the lube oil mist extractor system  |                  |    |     |          |           |
| 11                      | Check the air intake system for cleanliness and correct operation   |                  |    |     |          |           |
| 12                      | On lube and seal oil systems particular attention should be paid to proper cut in of auxiliary/ emergency pumps   |                  |    |     |          |           |
| 13                      | Check proper functioning of inlet guide vanes   |                  |    |     |          |           |
| 14                      | Check proper installation of acoustic enclosure and sealing strips, etc   |                  |    |     |          |           |
| 15                      | Check sealing air system  |                  |    |     |          |           |
| 16                      | Check all auxiliary equipment (i.e. Torque converter, ratchet device, start-up motors/engines, etc.) for proper installation. Check all such equipment against specific items as described in the applicable paragraphs of the installation |                  |    |     |          |           |
| 17                      | Check that anti-rotation device is available/installed  |                  |    |     |          |           |
| 18                      |   |                  |    |     |          |           |
| 19                      |   |                  |    |     |          |           |
| 20                      |   |                  |    |     |          |           |
| 21                      |   |                  |    |     |          |           |
| 22                      |   |                  |    |     |          |           |





**Post Punch list  
Check sheet**

**PLEASE NOTE: This sheet should be completed post the actual punchlist as an “Aide Memoir”.  
This check sheet should never be used as a substitute to actually physically checking the system being punch listed.**

| No | Description  |   | Checked & signed off | Comments |
|----|--|---|----------------------|----------|
| 1  | Has this system been <b>totally</b> checked against the relevant P&ID?                             |   |                      |          |
| 2  | Has the pipeline finish been fully checked?  | Insulation  |                      |          |
|    |  | Painting  |                      |          |
|    |  | Trace Heating   |                      |          |
|    |  | Flange covers   |                      |          |
|    |  | Labels  |                      |          |
| 3  | Have potential hazards installation may have created been considered?                              | Splashing from drains                                     |                      |          |
|    |  | Air blow off points                                       |                      |          |
|    |  | Potential for water pools, (uneven surfaces)              |                      |          |
|    |  | Trip hazards, kerbs, pipes, etc.                          |                      |          |
|    |  | Noise   |                      |          |
| 4  | Have all HAZOP actions that have had a construction implication been considered?                   |   |                      |          |
| 5  | Component check.   | Correct valve type as specified                           |                      |          |
|    |  | Correct gaskets in all flanges                            |                      |          |
|    |  | All In-line equipment correct as specified                |                      |          |
|    |  | All bolts checked for tightness                           |                      |          |
|    |  | All internals fitted, e.g. Filter elements, NRV internals |                      |          |
|    |  | Other   |                      |          |
| 6  | Have all valves been checked for ease of operation, pinch points and loose bonnet bolts?           |   |                      |          |
| 7  | Have all control valves been checked that they are fitted correctly for direction of process flow? |   |                      |          |

| No   | Description  | Checked & signed off   | Comments            |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
|--|--|--|---------------------|--|--------------------|--|---|--|----------------------------------|--|---|--|--|--|---|--|--|
| 8  | Have all filters, Non-return valves and other in-line pieces of equipment been checked that they are fitted correctly for direction of process flow? |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| 9  | Have all vents and drains been checked to ensure?  | <table border="1"> <tr><td data-bbox="539 367 938 405">Safety of location</td><td data-bbox="938 367 1155 405"></td></tr> <tr><td data-bbox="539 405 938 443">Access</td><td data-bbox="938 405 1155 443"></td></tr> <tr><td data-bbox="539 443 938 481">Direction of exhaust</td><td data-bbox="938 443 1155 481"></td></tr> <tr><td data-bbox="539 481 938 519">Splashing</td><td data-bbox="938 481 1155 519"></td></tr> <tr><td data-bbox="539 519 938 557">Pooling</td><td data-bbox="938 519 1155 557"></td></tr> <tr><td data-bbox="539 557 938 660">Space for blind flange removal and flexible pipe fitting is adequate</td><td data-bbox="938 557 1155 660"></td></tr> <tr><td data-bbox="539 660 938 730">Are there sufficient drains on pipe including manifolds</td><td data-bbox="938 660 1155 730"></td></tr> </table>  | Safety of location  |  | Access             |  | Direction of exhaust                        |  | Splashing                        |  | Pooling   |  | Space for blind flange removal and flexible pipe fitting is adequate |  | Are there sufficient drains on pipe including manifolds |  |  |
| Safety of location   |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Access   |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Direction of exhaust   |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Splashing  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Pooling  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Space for blind flange removal and flexible pipe fitting is adequate |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Are there sufficient drains on pipe including manifolds              |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| 10   | Have All grounding straps been checked, no loose connections or loose bolts?   |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| 11   | Have all instruments and electrical items been checked for?  | <table border="1"> <tr><td data-bbox="539 797 938 835">Accessibility</td><td data-bbox="938 797 1155 835"></td></tr> <tr><td data-bbox="539 835 938 873">Can gauges be read</td><td data-bbox="938 835 1155 873"></td></tr> <tr><td data-bbox="539 873 938 943">Do impulse lines and cables create a hazard</td><td data-bbox="938 873 1155 943"></td></tr> <tr><td data-bbox="539 943 938 1012">Are junction boxes in the way</td><td data-bbox="938 943 1155 1012"></td></tr> <tr><td data-bbox="539 1012 938 1115">Are all stop buttons accessible, labeled and guarded if necessary</td><td data-bbox="938 1012 1155 1115"></td></tr> <tr><td data-bbox="539 1115 938 1184">Motor guards checked and tight, no loose screws</td><td data-bbox="938 1115 1155 1184"></td></tr> <tr><td data-bbox="539 1184 938 1249">Has all instruments been labeled in the filed</td><td data-bbox="938 1184 1155 1249"></td></tr> </table> | Accessibility       |  | Can gauges be read |  | Do impulse lines and cables create a hazard |  | Are junction boxes in the way    |  | Are all stop buttons accessible, labeled and guarded if necessary |  | Motor guards checked and tight, no loose screws                      |  | Has all instruments been labeled in the filed           |  |  |
| Accessibility  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Can gauges be read   |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Do impulse lines and cables create a hazard                          |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Are junction boxes in the way  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Are all stop buttons accessible, labeled and guarded if necessary    |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Motor guards checked and tight, no loose screws                      |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Has all instruments been labeled in the filed                        |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| 12   | Have All relief streams been checked?  | <table border="1"> <tr><td data-bbox="539 1249 938 1288">Exhaust lines clear</td><td data-bbox="938 1249 1155 1288"></td></tr> <tr><td data-bbox="539 1288 938 1326">Labeled</td><td data-bbox="938 1288 1155 1326"></td></tr> <tr><td data-bbox="539 1326 938 1395">Relief valves tested &amp; tagged</td><td data-bbox="938 1326 1155 1395"></td></tr> <tr><td data-bbox="539 1395 938 1464">Bursting discs fitted and tagged</td><td data-bbox="938 1395 1155 1464"></td></tr> <tr><td data-bbox="539 1464 938 1503">Supports appear adequate</td><td data-bbox="938 1464 1155 1503"></td></tr> </table>  | Exhaust lines clear |  | Labeled            |  | Relief valves tested & tagged               |  | Bursting discs fitted and tagged |  | Supports appear adequate  |  |  |  |   |  |  |
| Exhaust lines clear  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Labeled  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Relief valves tested & tagged  |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Bursting discs fitted and tagged                                     |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| Supports appear adequate   |  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| 13   | Have all pipelines been checked to ensure no visible mechanical damage has been made?  |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |
| 14   | Has a list of all scaffolding to be removed prior to handover been made and added to the punch list?   |  |                     |  |                    |  |   |  |                                  |  |   |  |  |  |   |  |  |

| No | Description   | Checked & signed off                   | Comments |  |
|----|---|--|----------|--|
| 15 | Have all structures and steelwork been checked for?   | Loose bolts                            |          |  |
|    |   | Safety of stairways, obstructions etc. |          |  |
|    |   | Grouting                               |          |  |
|    |   | Kick plates                            |          |  |
|    |   | Lighting                               |          |  |
|    |   | Handrails, (fitted & secure)           |          |  |
|    |   | Touch up paintwork                     |          |  |
| 16 | Have all areas been checked for poor housekeeping, excessive construction debris and waste  |  |          |  |
| 17 | Have all areas been checked to ensure all safety equipment, eye wash boxes, BA sets etc, safety showers etc have been installed and checked |  |          |  |
| 18 | Has all rotating equipment been checked to ensure guards are in place and secure  |  |          |  |
| 19 | Are there any lifting beams? If so are they tested and stamped with relevant ID markings?   |  |          |  |

**7. Action upon Alarm Sheet**

|   |                  |             |
|---|------------------|-------------|
| <b>ALARM ACTION SHEET</b>                   |                  |             |
| Alarm Title                                 | Loop Number      | P&ID Number |
| Settings                                    | Purpose of Alarm |             |
| Response time                               |                  |             |
| <b>POSSIBLE RESPONSES</b>                   |                  |             |
|   |                  |             |
| <b>CONSEQUENCES OF A FAILURE TO RESPOND</b> |                  |             |
|   |                  |             |
| <b>START UP/SHUT DOWN IMPLICATIONS</b>      |                  |             |
|   |                  |             |
| Author:                                     | Validated by:    | Date        |



**8. Handover Certificate Constructions to Commissioning**

|   |                     |       |
|---|---------------------|-------|
| <b>Construction to Commissioning<br/>Handover Certificate</b>   |                     |       |
| HANDOVER CERTIFICATE FOR COMMISSIONING SYSTEM..... FROM THE CONSTRUCTION<br>MANAGER TO THE COMMISSIONING MANAGER  |                     |       |
| COMMISSIONING SYSTEM REFERENCE:   | DATE:               |       |
| <p>This certificate certifies that the ..... system has been completed and is available for Process Commissioning This is subject to any reservations agreed by the Construction Manager and the Commissioning Manager. It is understood these reservations must be completed in full as soon as is practicable. These reservations are detailed below.</p> <p>If No reservations for this system apply, please insert N/A. in the boxes.</p> |                     |       |
| Reservation Reference Number  | Reservation Details |       |
|   |                     |       |
|   |                     |       |
|   |                     |       |
|   |                     |       |
|   |                     |       |
|   |                     |       |
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|   |                     |       |
|   |                     |       |
|   |                     |       |
|   |                     |       |
|   |                     |       |
| <b>Signatures</b>   |                     |       |
| System Offered by:  | Title & Signature   | Date: |
| System Accepted by:   | Title & Signature   | Date: |

## **9. Project documentation check sheet prior to introduction of safe chemicals**

It is probable that the jobsite or client will have in place a system for checking the new plant is ready to accept chemicals, this is usually in the form of Management of Change procedure, (MOC) Hazard Study process or a Pre Start up Safety Review (PSSR) system.

Please use the guide words below to check that the detail within the table is found within the job or client system. If some of the check words are not found, discuss with the client and incorporate accordingly. If there is no system in place use this paperwork system in its entirety.

| Documentation check sheet prior to chemical introduction  |   |   |                     |           |
|---|---|---|---------------------|-----------|
| Team Members: (Typical listed)<br>Project Manager -<br>Mechanical Engineer -<br>Electrical Engineer -<br>Process Engineer -<br>Operations Manager -<br>SHE Advisor -<br>Commissioning Manager - |   | PROJECT   | Author              | DATE      |
| No  | Section   | Guide word  | Comments and action | Action On |
| 1   | <b>Installation</b>   | Has a check of pipe work, valves, instrumentation configuration and supports against P&ID's and isometrics been made?   |                     |           |
|   |   | Check equipment labeling, insulation and valve numbering, testing and labeling of stop and start buttons and isolators. |                     |           |
|   |   | Have correct materials of construction been used.   |                     |           |
| 2   | <b>Relief Systems</b>   | Correctly installed and documented to approved company and standards.   |                     |           |
|   |   | Schedule of inspections in place.   |                     |           |
| 3   | <b>Interlocks, Shutdown systems and Alarms</b>                | All commissioning checklists and procedures completed.  |                     |           |
|   |   | Interlock and shutdown test procedures written  |                     |           |
|   |   | Practicality of test methods reviewed and approved  |                     |           |
|   |   | List of persons responsible for testing in place.   |                     |           |
|   |   | Alarm action review completed   |                     |           |
|   |   | Procedure in place for the control of interlock and S/D defeats.  |                     |           |
| 4   | <b>Restrictor orifices or other flow restricting devices.</b> | Are all in place, labeled, documented and a system available to sustain.  |                     |           |
| 5   | <b>Equipment Inspections</b>                                  | Check availability of equipment manufacturer's and independent authorities test certificates.                           |                     |           |
| 6   | <b>HAZOP</b>  | Have all requirements and actions from the HAZOP been implemented and completed   |                     |           |

| No | Section   | Guide word  | Comments and action | Action On |
|----|---|---|---------------------|-----------|
| 7  | <b>Operating and Maintenance Procedures.</b>        | Written and validated for normal operation, start-up, planned and emergency shutdowns and decontamination.                      |                     |           |
|    |   | Maintenance procedures compiled   |                     |           |
|    |   | Log sheets developed  |                     |           |
|    |   | General Risk Assessments written, if applicable   |                     |           |
| 8  | <b>Spares</b>                                       | Systems for control of materials used, e.g., gaskets, valves, instruments, etc. in place and has been updated for the new plant |                     |           |
| 9  | <b>Control of Hazardous Substances</b>              | Assessments and controls in place that meet EPA and RCRA requirements.  |                     |           |
| 10 | <b>Noise</b>  | Noise assessment carried out?   |                     |           |
|    |   | Ear protection zones marked.  |                     |           |
| 11 | <b>Effluents</b>                                    | Sampling schedules in place, ownership and responsibilities defined   |                     |           |
|    |   | Systems for disposal of samples, spillages, etc. defined and in place   |                     |           |
| 12 | <b>Ionizing Radiation</b>                           | Authorities informed?   |                     |           |
|    |   | Installation and monitoring system in place.  |                     |           |
| 13 | <b>Major pipe line isolations</b>                   | Accessibility, operability and labeling of major isolations checked.  |                     |           |
|    |   | System to monitor fitting of lock set-up  |                     |           |
| 14 | <b>Emergency Power, Services and Communications</b> | Are they satisfactory for ongoing operation?  |                     |           |
|    |   | Test schedules in place.  |                     |           |
| 15 | <b>Training</b>                                     | Program complete, validated and records in place (should cover operating and maintenance personnel)                             |                     |           |
| 16 | <b>Computer control systems</b>                     | Validation and acceptance checks complete.  |                     |           |
|    |   | Functional design paperwork available   |                     |           |
| 17 | <b>Management of Change, MOC</b>                    | MOC generated and complete to commissioning stage?  |                     |           |
| 18 | <b>Drawings</b>                                     | P&ID's updated and indexed  |                     |           |
|    |   | Electrical loop, one-line and instrument loop drawings available and issued to commissioning/operations                         |                     |           |

| No | Section                          | Guide word  | Comments and action | Action On |
|----|----------------------------------|---|---------------------|-----------|
| 19 | <b>Management of Change, MOC</b> | MOC generated and complete to commissioning stage?  |                     |           |
| 20 | <b>Drawings</b>                  | P&ID's updated and indexed  |                     |           |
|    |                                  | Electrical loop, one-line and instrument loop drawings available and issued to commissioning/operations |                     |           |
| 21 | <b>Site Emergency Procedures</b> | Confirm that any necessary changes have been made to plant, site or off-site emergency procedures.      |                     |           |
| 22 | <b>Other site Procedures</b>     | Do other site procedures need to be modified and has this been done?                                    |                     |           |
| 23 | <b>External Approvals</b>        | Are there any external approvals required for this project  |                     |           |
|    |                                  | Obtain key documentation  |                     |           |
| 24 | <b>Construction handover</b>     | Is the handover procedure in place?   |                     |           |



## 10. Safe Chemical commissioning authorization and Pre-commissioning procedures

In some circumstances the project or client may need a procedure in place to clearly confirm, check and communicate prior to introduction of energy into the system for initial commissioning activities such as leak testing. This check sheet will manage that process.

| <b>Authorization to Introduce Safe Chemicals</b>  |  |               |                 |           |
|---|--|---------------|-----------------|-----------|
| Project:  |  | System :      |                 | Page 1 of |
| Author:   |  | Date:         | P&ID's covered: |           |
| No  | Item   | Authorization | Signature       | Date      |
| 1   | System pipe work closed in, all openings have been fitted with appropriate equipment or blinds |               |                 |           |
| 2   | Critical joints witnessed.   |               |                 |           |
| 3   | Punch list complete, all high priority items closed out.                                       |               |                 |           |
| 4   | Critical Valve Alignment Checks carried out. (Including relief stream interlock alignments).   |               |                 |           |
| 5   | Valves lined up for testing  |               |                 |           |
| 6   | Leak/pressure test procedure written   |               |                 |           |
| 7   | Any MOC checked to ensure that installation is per design                                      |               |                 |           |
| 8   | All safety equipment in position   |               |                 |           |
| 9   | All Permits to Work and Confined Space Entry permits have been signed off                      |               |                 |           |
| 10  | All blanks, blinds or pancakes in correct positions & isolation register completed.            |               |                 |           |
| 11  | All personnel have been informed of the introduction of a chemical for testing purposes.       |               |                 |           |
| 12  | Is equipment sufficiently supported  |               |                 |           |
| 13  | Has PSSR and documentation check been completed?   |               |                 |           |
| <p>Authority is given to introduce: _____ for leak test and SAFE chemical trials and commissioning purposes only.</p> <p>System Name : _____</p> <p>I am satisfied that the general housekeeping/safety standards in the area are satisfactory. We agree the Date/Time for introduction of process fluids will be :</p> |  |               |                 |           |
| Commissioning Manager   |  | Sign:         | Date            |           |
| Commissioning Engineer  |  | Sign          | Date            |           |

The following list details examples of pre-commissioning procedures that commissioning can perform potentially during construction

### **Pre-Commissioning Procedure List**

- Mechanical interlock checks
- Fitting of all locks on valves
- Checks to ensure check valves are fitted with internals
- Packing of a Distillation column
- Packing a Reactor with Catalyst
- Filling of desiccant into Drying Tower
- Installation of filter medium, cartridges etc.
- Checks to ensure pipe work falls in the correct direction
- Installation of filter bags into a Bag House or Dust Collector
- Procedure to check flexible couplings and bellows are fit for operation.
- Filling a Mill with Beads
- Procedures to check the operation without any chemicals of a DCS control sequence

These procedures can be numbered such that they can be easily referenced on a detailed commissioning schedule.





## 11. Leak Test Check list and procedure

| <b>Leak test Procedure Checklist</b>  |  |                                   |  |
|---|--|-----------------------------------|--|
| Project   |  | System :                          | Page 1 of  |
| P&ID's, (which must be attached to this procedure)  |  | Author:                           | Date:  |
| <b>SUB-SYSTEM</b> - Identify all vessels/lines to be tested.  |  |                                   |  |
| <b>ISOLATIONS</b> - Identify isolations required for test (spades, double block and bleeds, etc)      |  |                                   |  |
| <b>VALVES</b> - Identify valves which need to be opened for test (control valve shutdown valves, etc) |  |                                   |  |
| <b>Test Input Points</b>  |  | Tick and Sign                     |  |
| <b>Location :</b>   |  | <b>Test Medium</b>                | <b>Rig Fitted</b>  |
| <b>Test Pressure –</b>  |  | Water<br>Air<br>Nitrogen<br>Other | <b>Rig Removed</b>   |
| <b>Pressure Indication Point –</b>  |  |                                   |  |
| <b>Release Pressure At –</b>  |  |                                   |  |
| <b>Drain Liquor / Gas To</b>  |  |                                   |  |
| All joints to be soap tested - Yes / No<br>Other test if not soap test - N/A / No / Yes - Identify:   |  |                                   |  |
| <b>Expected Test Duration Time:</b>   |  | <b>Actual Test Duration Time:</b> |  |
| <b>Pressure drop with time</b>  |  |                                   |  |
| Initial Pressure :  |  | 9 Hrs :                           |  |
| 1 hours :   |  | 12 hrs :                          |  |
| 3 hours :   |  | Final Pressure :                  |  |
| 6 hours :   |  | Leaks Found?                      | YES / NO<br>Identify location with tag, and mark on system P&ID. |
| Remember: Temperature and pressure differential must be considered.                                   |  |                                   |  |























## **21. PSSR and Plant Check-out prior to introduction of Hazardous Chemicals**

Pre-introductory checks defined in this section are based on the Hazard Study 4 system as developed by ICI in the 1960's. These guide words must be considered working in conjunction with the site or client based checking protocol.

Pre-startup Safety Review - Mandates that a safety review for new facilities and significantly modified work sites to confirm that the construction and equipment of a process are in accordance with design specifications; to assure that adequate safety, operating, maintenance and emergency procedures are in place; and to assure process operator training has been completed. Also, for new facilities, the PHA (Process Hazard Analysis) must be performed and recommendations resolved and implemented before start up. Modified facilities must meet management of change requirement.

The above is the guideline from OSHA. Most client operations will have a PSSR procedure in place; however reference should be made to the guidewords found in the document below and implemented to enhance the client PSSR document as required.

| PSSR and Plant Check Sheet prior to introduction of Hazardous Chemicals  |                              |  |                     |             |
|--|------------------------------|--|---------------------|-------------|
| <b>Team Members: (Typical listed)</b><br>Project Manager<br>Mechanical Engineer<br>Electrical Engineer<br>Process Engineer<br>Operations Manager<br>SHE Advisor<br>Commissioning Manager |                              | <b>Project:</b>  | <b>Author</b>       | <b>Date</b> |
| No   | Section                      | Guide word   | Comments and action | Action On   |
| 1  | Visitors                     | Procedure for management of visitors in place  |                     |             |
|  |                              | Warning notices, indication of sign in location clearly identified   |                     |             |
|  |                              | Required PPE available   |                     |             |
|  |                              | Plant induction procedure in place   |                     |             |
| 2<br>2.1   | General Access<br>Stairs     | Regular risers – especially top and bottom steps.  |                     |             |
|  |                              | Depth of tread and slope.  |                     |             |
|  |                              | Continuity of handrails.   |                     |             |
| 2.2  | Fixed Ladders                | Rails, guards, access and egress. Are they acceptable?   |                     |             |
|  |                              | Are self close gates fitted where required   |                     |             |
| 2.3  | Floor and tripping hazards   | Unguarded openings in floors. Pipe slots in the floor sealed? Holes for pipes, etc., which require toe rings.    |                     |             |
|  |                              | Toe boards, handrails, security and continuity.  |                     |             |
|  |                              | Uneven ground, pipe obstructions at low level  |                     |             |
|  |                              | Areas susceptible to water pooling   |                     |             |
|  |                              | Raised anchor bolts  |                     |             |
| 2.4  | Headroom                     | Uncovered drains and gullies   |                     |             |
|  |                              | Minimum headroom on walkways and normal operation areas acceptable. Check pipe work and steel bracing.           |                     |             |
| 2.5  | Plant Exits                  | Are exits marked and adequately lit. Are safety barriers required because of vehicular movements                 |                     |             |
| 2.6  | Fire escape and toxic refuge | Are escape routes adequate? Are they marked and well lit<br>Is the safe refuge defined, labeled and communicated |                     |             |

| No       | Section                                      | Guide word   | Comments and action | Action On |
|----------|--|--|---------------------|-----------|
| <b>3</b> | <b>Access For Operation and Maintenance.</b> |  |                     |           |
| 3.1      | Valves and other operating controls          | Are they out of reach – consider emergency and frequency of use? Consider moving, automating or providing access.                                    |                     |           |
| 3.2      | Instruments points                           | Accessible for maintenance – consider frequency and urgency that will apply and move or provide access if necessary.                                 |                     |           |
| 3.3      | Lubrication                                  | If grease nipples are out of reach fit extension pipes.  |                     |           |
|          |  | Has all newly installed equipment had an initial charge of lubrication   |                     |           |
|          |  | Has a “top-up” routine been established  |                     |           |
| 3.4      | Space for operation and or maintenance       | Consider especially maintenance activities they usually require more space than plant operation.   |                     |           |
| 3.5      | Lighting fittings                            | Can access for maintenance be improved?  |                     |           |
| 3.6      | Road and rail tankers                        | Access to tanker with handrail protection if operator has to work on tank?   |                     |           |
| <b>4</b> | <b>Guarding of Machines.</b>                 |  |                     |           |
| 4.1      | Exposed lengths of revolving shaft           | Consider: pump glands, coupling guards, fans and conveyor drives. Are all exposed turning parts covered  |                     |           |
| 4.2      | Belt drives                                  | Are guards adequate – closed – fixed?  |                     |           |
| 4.3      | Inspection openings                          | Do they give access to moving parts? Are they fixed? Should they be interlocked?   |                     |           |
| 4.4      | Belt conveyors                               | Guarding of nips, idle rollers. Trip wires, inching operations for maintenance. Guarding for those underneath. Protection from splashing underneath. |                     |           |
| 4.5      | Charging openings in vessels                 | Contact with moving parts? Could someone fall in? Is an interlock needed? Should bars be fitted?   |                     |           |
| <b>5</b> | <b>Stopping devices</b>                      | A stopping device, suitably located and identified should be adjacent to power driven machines and motors.   |                     |           |
| <b>6</b> | <b>Fragile pipes and vessels</b>             | Are glass or plastic devices protected from damage and labeled? Are protective screens required?   |                     |           |
| <b>7</b> | <b>Hot surfaces</b>                          | Are people protected? Do steam traps drain to a safe location?   |                     |           |
| <b>8</b> | <b>Pressure relief.</b>                      | Discharge to a safe location? Are they labeled?  |                     |           |

| No         | Section                                      | Guide word   | Comments and action | Action On |
|------------|--|--|---------------------|-----------|
| 9          | <b>Flammables</b>                            | Storage, labeling?   |                     |           |
| 10         | <b>Lifting Beams</b>                         | Safe working load marked. Labeled?<br>Registered?  |                     |           |
| 11         | <b>Overhead, power operated cranes.</b>      | Drivers access to cab and escape routes? Access for maintenance, lubrication? Are travel limit switches required?  |                     |           |
| 12         | <b>Lighting</b>                              | Adequacy? Access for maintenance on plant? Roadways, paths? Emergency lighting operational and adequate?   |                     |           |
| 13<br>13.1 | <b>Safety Equipment</b><br>Emergency Showers | Labeled, lighting, access, operation, testing, frost protection, bacterial effects   |                     |           |
| 13.2       | Eyewash                                      | Labeling, notices, lighting, cleanliness, auditing?  |                     |           |
| 13.3       | Breathing apparatus                          | Labeling, notices, lighting, cleanliness, auditing?  |                     |           |
| 13.4       | Other specialized protective equipment.      |  |                     |           |
| 13.5       | Emergency assembly Point.                    | Signed communicated and tested? Adequate?  |                     |           |
| 13.6       | Emergency alarm                              | Audible throughout plant with operations ongoing?  |                     |           |
| 13.7       | Communication                                | How will this be done during emergencies?  |                     |           |
| 14         | <b>Fire</b>                                  | Fire fighting equipment – access – monitoring?   |                     |           |
|            |  | Fire alarms adequate labeled, visible?   |                     |           |
|            |  | Fire detection – suitable, appropriate?  |                     |           |
|            |  | Fire walls, sealing of ducts pipe runs.  |                     |           |
|            |  | Fire proofing of steelwork?  |                     |           |
|            |  | Access for emergency services?   |                     |           |
| 15         | <b>Labeling</b>                              | Valves, pipelines, fragile equipment, filling connections?<br>Electrical equipment, vessels, pumps, roadways etc.  |                     |           |
| 16         | <b>Collision damage</b>                      | Safety barriers for vulnerable plant and pedestrians?  |                     |           |
| 17         | <b>Control Room</b>                          | Instrumentation clearly labeled?<br>Ventilation and lighting adequate?<br>Have all ergonomic checks been completed? Any alarms and indicator panels correct? |                     |           |
| 18         | <b>DCS Control Systems</b>                   | All operator interfaces comply with policy and procedures?   |                     |           |
|            |  | All ergonomic checks carried out?  |                     |           |



| No | Section                          | Guide word   | Comments and action | Action On |
|----|----------------------------------|--|---------------------|-----------|
| 19 | <b>Eye Hazards</b>               | Zoned areas marked? Signs in place? PPE available?   |                     |           |
| 20 | <b>Health</b>                    | Ventilation systems (including LEV) – testing – maintenance?                                   |                     |           |
| 21 | <b>Safety Information</b>        | Hazard data sheets, Risk assessments available on plant?                                       |                     |           |
| 22 | <b>Housekeeping</b>              | All redundant excess material removed from site. Roads/ paths finished to acceptable standard? |                     |           |
| 23 | <b>Sampling points</b>           | Location, drainage, grounding?<br><br>Analytical schedules and laboratory support services?    |                     |           |
| 24 | <b>Environmental</b>             | Monitoring and sample points set up? Management system in place? Are sample points accessible? |                     |           |
| 25 | <b>Outstanding HAZOP actions</b> | Outstanding actions from previous studies reviewed and signed off?                             |                     |           |



## 22. Documentation Requirements for Ongoing Maintenance Group

It is common that key documentation that appertains to new pipe work, vessels, civil installations etc. can not be available at the time of chemical introduction. The table below provides guidewords which should be discussed, at the earliest opportunity with the client maintenance and engineering groups to help insure all paperwork is in place.

| Equipment Type              | Item Number | Description | Documents required  | Documents obtained |
|-----------------------------|-------------|-------------|---|--------------------|
| <b>Pressure Vessels</b>     |             |             | Required vendor correspondence received                       |                    |
|                             |             |             | Mechanical data sheet   |                    |
|                             |             |             | Design verification documents                                 |                    |
|                             |             |             | Manufacturing Dossier   |                    |
|                             |             |             | Vessel Drawings   |                    |
|                             |             |             | Entity created and Spares list set up on Client spares system |                    |
|                             |             |             | Copy Order for vessel & associated equipment received         |                    |
| Other specifics...          |             |             |   |                    |
| <b>Non-Pressure Vessels</b> |             |             | Vessel Drawings   |                    |
|                             |             |             | Mechanical data sheet   |                    |
|                             |             |             | Entity created and Spares list set up on Client spares system |                    |
|                             |             |             | Copy Order for vessel & associated equipment received         |                    |
|                             |             |             | Manufacturing Dossier complete                                |                    |
|                             |             |             | Other specifics...  |                    |
| <b>General Pipe work</b>    |             |             | Quality Test Pack complete                                    |                    |
|                             |             |             | Support details   |                    |
|                             |             |             | Stress calculations   |                    |
|                             |             |             | Isometrics  |                    |
| <b>Critical Pipe work</b>   |             |             | Quality Test Pack Complete                                    |                    |
|                             |             |             | Design verification documents                                 |                    |
|                             |             |             | Component Data sheets   |                    |
|                             |             |             | Isometric drawings available                                  |                    |
|                             |             |             | Support details available                                     |                    |
|                             |             |             | Line labeled as per standard                                  |                    |
|                             |             |             | Entity created and Spares list set up on Client spares system |                    |
|                             |             |             | Stress calculations   |                    |
| Surge analysis              |             |             |   |                    |

| Equipment Type           | Item Number | Description | Documents required   | Documents obtained |
|--------------------------|-------------|-------------|--|--------------------|
| <b>Relief Streams</b>    |             |             | Rupture Disc register updated                                    |                    |
|                          |             |             | Rupture Disc installation report compiled & complete             |                    |
|                          |             |             | Relief valve data  |                    |
|                          |             |             | Relief valve test certificate                                    |                    |
|                          |             |             | Entity created and Spares list set up on client spares system    |                    |
| <b>Critical machines</b> |             |             | Design verification documents                                    |                    |
|                          |             |             | All drawing obtained   |                    |
|                          |             |             | All component details received                                   |                    |
|                          |             |             | Entity created and Spares list set up on Client spares system    |                    |
|                          |             |             | Copy Order for equipment received                                |                    |
|                          |             |             | Mechanical data sheet completed                                  |                    |
|                          |             |             | Equipment Dossier including Certificates of Conformance received |                    |

### 23. Authority to Introduce Process Chemicals, check-sheet & Certificate

| Authorization to Introduce Hazardous Chemicals |  |                                   |           |      |
|--|--|-----------------------------------|-----------|------|
| Project:                                       |  | System:                           |           |      |
| Author:  | Date:  | P&ID's covered:                   |           |      |
| No   | Item   | Authorization                     | Signature | Date |
| 1  | Vessel or equipment internally inspected immediately prior to closure and is free of debris.                             | Commissioning Engineer            |           |      |
| 2  | Witness of any critical joints by the Plant Engineer.  | Plant Engineer                    |           |      |
| 3  | Leak test satisfactorily completed as per schedule.  | Commissioning Engineer            |           |      |
| 4  | All Instrument/Electrical, alarm and interlock checks carried out and fault corrected.                                   | Commissioning C/E/I Engineer      |           |      |
| 5  | Shut Down Tests completed and faults corrected. All valves associated with impulse lines are aligned correctly.          | C/E/I & Commissioning Engineer    |           |      |
| 6  | Valve Alignment Checks carried out. (Including relief stream interlock alignments).                                      | Commissioning Engineer            |           |      |
| 7  | Locked Open/Closed Valves in correct positions and clearly marked. Security of locking devices checked and satisfactory. | Commissioning Engineer            |           |      |
| 8  | Equipment dried out/purged as necessary.   | Commissioning Engineer            |           |      |
| 9  | Critical Insulation completed as per schedule.   | Commissioning Engineer            |           |      |
| 10   | All necessary Punch List (excluding Reservation List) work completed.  | Commissioning Engineer            |           |      |
| 11   | All Blinds/blanks in correct positions. (Refer to Isolation Register).   | Commissioning Engineer            |           |      |
| 12   | Commissioning procedures complete (e.g. stroke check valves/look for abnormal readings etc.).                            | Commissioning Engineer            |           |      |
| 13   | Interlock defeat register signed off.  | Commissioning Engineer            |           |      |
| 14   | MOC procedure checked to ensure that installation is as per Design.  | Commissioning Engineer            |           |      |
| 15   | All safety equipment in position.  | Commissioning Engineer            |           |      |
| 16   | Rotating equipment checks carried out.   | Mechanical Commissioning Engineer |           |      |
| 17   | All Permits to Work have been signed off.  | Commissioning Engineer            |           |      |

| No | Item  | Authorization                          | Signature | Date |
|----|---|--|-----------|------|
| 18 | All staging in the vicinity of hot surfaces has been dismantled or otherwise protected. | Commissioning Engineer                 |           |      |
| 19 | Radioactive sources installed as necessary.   | Commissioning Engineer                 |           |      |
| 20 | Handover reservations listed.   | Commissioning Engineer                 |           |      |
| 21 | Statutory paperwork complete:   | Plant Mechanical & Instrument Engineer |           |      |
| 22 | Housekeeping satisfactory.  | Commissioning Engineer                 |           |      |
| 23 | All HAZOP actions complete.   | Commissioning Engineer                 |           |      |

The above checklist for introducing chemicals has been completed. Yes / No

All shutdown, de-contamination and re-commissioning paperwork has been signed off.

System Commissioning Engineer:

Date

We are satisfied that the system pre commissioning work has been completed and the general housekeeping standards and safety in the area are appropriate to allow the introduction of process fluids.

The agreed Date/Time for introduction of process fluids is :

Commissioning Manager:

Date:

Responsible E/I Engineer:

Date:

Responsible Mechanical Engineer:

Date:

Plant Manager:

Date:

## 24. Commissioning Procedures

Commissioning procedures, written during the preparation phase of the project are the documents which in great detail, set out how the plant will be commissioned and started up.

It is common for the commissioning procedures to be written first, the SOP's is developed from these documents.

A detailed commissioning procedure should be compiled for each major activity that the plant will undergo through the start-up. These documents are not check sheets, they give a detailed descriptive of how the plant is made ready for normal operation.

Information to compose these procedures is found within, P&ID's, PFD's, process descriptions, instrument data sheets, equipment data sheets, control narratives, interlock and emergency shutdown descriptions, vendor installation and operating manuals and most importantly talking with the process design teams.

A good commissioning procedure will detail the step, the method of performing the step, any detail any relevant comments and observations.

Common procedures could be:

- How do we get the chemicals in?
- How to slowly heat up, cool down, vent and control pressure and non-condensable gases,
- Introduce and control level
- Establish and control flow
- Manage exotherms and endotherms
- Condition a catalyst
- Set-up a distillation column for profile – diagrams on temperature/pressure curve can be utilized
- Set-up and control of a scrubbing tower
- Actually introduce alarms conditions to test operability
- Introduce interlock conditions to test
- Describe and manage any DCS controlled sequences
- Normal and emergency shutdown – where applicable and possible
- Validation criteria and sampling regime





## **25. Standard Operating Procedures – SOP's**

It is not uncommon for the commissioning team to be requested to draft the initial SOP's as most of the key information detailed within will be written during the composition of the commissioning procedures.

Below are the OSHA (USA) guidelines for the contents of an SOP.

The employer shall develop and implement written operating procedures that provide clear instructions for safely conducting activities involved in each covered process consistent with the process safety information and shall address at least the following elements.

### **Steps for each operating phase:**

**Initial startup;**

**Normal operations;**

**Temporary operations;**

**Emergency shutdown** including the conditions under which emergency shutdown is required, and the assignment of shutdown responsibility to qualified operators to ensure that emergency shutdown is executed in a safe and timely manner.

**Emergency Operations;**

**Normal shutdown;**

**Startup following a turnaround, or after an emergency shutdown.**

**Operating limits:**

**Consequences of deviation;**

**Steps required to correct or avoid deviation.**

**Safety and health considerations:**

**Properties of, and hazards presented by, the chemicals used in the process;**

**Precautions necessary to prevent exposure, including engineering controls, administrative controls, and personal protective equipment;**

**Control measures to be taken if physical contact or airborne exposure occurs;**

**Quality control for raw materials and control of hazardous chemical inventory levels; and,**

**Any special or unique hazards.**



