CHECKLIST (ATTACHMENT 1)

NOTIFICATION OF PROCESS CHANGE CHECKLIST

Originator: ~~Stephen Ledoux~~ Eric Swanson Date of Origination: 1/16/96

Proposed Date of Change 1/26/96 Area: Block 43

Permanent ✓ Temporary ____ From ____ To ____

Description and Location of Change (Scope) Use ½" gate valve as a bleed on MRV201. Was consistency in the spec. until recently.

Technical Basis for Change: Uniformity on valves types in process area.

Impact on: ☐ Safety ☐ Loss Prevention ☐ Environment ☐ Health

Type of Change:

- ☐ Alarm
- ☐ Instrument
- ☐ Addition or Removal of Equipment
- ☑ Equipment/Material Modification
- ☐ Job Procedure
- ☐ Shutdown Point
- ☐ Process Computer Control
- ☐ Piping Modification
- ☐ Chemical
- ☐ Other

Pre-Modification Checklist:

Applicable	N/A	Initials	
✓		ES	Consult piping and equipment specifications.
	✓		Perform Reactive Chemicals testing. 2/15/94 In-Progress?
	✓		Add materials involved to Toxic Substance Control Act (TSCA) inventory.
	✓		Calculate impact on F&EI and CEI
	✓		Comply with Engineering Practices.
	✓		Comply with Technology Center guidelines.
	✓		Comply with Dow LAD Environmental Project Checklist.
	✓		Comply with Safety and Loss Prevention requirements.
✓	N/A	ES	Consult maintenance. (Name) Eric Swanson
	✓		Consult instrument and electrical technician. (Name) ____
	✓		Consult parts technician.(Name) ____
	✓		Evaluate and modify relief system.(Name) ____
	✓		Contact Industrial Hygiene.(Name) ____
	✓		Contact Process Engineering. (Name) ____
	✓		Complete required reviews. (Name them) ____
	✓		Other ____

Post-Modification Checklist: (Before startup)

	✓		Perform pre-startup audit.
	✓		Instrument loop drawings.
	✓		Electrical drawings.
	✓		Complete or update training program.
	✓		Job procedures written and approved.
	✓		P&ID's, process flow sheets and plot plans updated.
	✓		Personnel trained on the change.
	✓		Critical instrument checklist updated.
	✓		Computer code and documentation changed.

FOLLOW UP

Approvals:	Name	Date
Originator	Eric Swanson	1-16-96
First Reviewer	Steph- B Ledoux	1/16/96
Department Head/Superintendent	[signature]	1/16/96

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Checklist Follow-up

Originator: _____ Date of Origination: _____

Proposed Date of Change _____ Area: _____

Permanent ☐ Temporary ☐ From _____ To _____

Description and Location of Change (Scope) _____

Technical Basis for Change: _____

Safety ☐ Loss Prevention ☐ Environment ☐ Health ☐ Alarm ☐

Shutdown Point ☐ Instrument ☐ Process Computer Control ☐ Addition or Removal of Equipmer

Piping Modification ☐ Equipment/Material Modification ☐ Chemical ☐ Job Procedure ☐

Other ☐

	Expected Completion	Date Complet
Follow-up _____	_____	_____
Follow-up _____	_____	_____
Follow-up _____	_____	_____
Follow-up _____	_____	_____
Follow-up _____	_____	_____
Follow-up _____	_____	_____
Follow-up _____	_____	_____
Follow-up _____	_____	_____

Approvals:	Name	Date
Originator	_____	_____
First Reviewer	_____	_____
Department Head/Superintendent	_____	_____

RETURN TO CHECKLIST

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