



UPF FOREIGN MATERIAL EXCLUSION CHECKLIST

Work Package No: _____

Task No.: _____

Page 1 of 1

DMC NO.		DATE:	
PROJECT NO.:		EQUIPMENT NO. / AREA:	
SYSTEM CLEANLINESS CLASS / HOUSEKEEPING ZONE CLASSIFICATIONS: (Check Applicable Box)			
<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> N/A (Elect)			
<input type="checkbox"/> ZONE I <ul style="list-style-type: none">See Section 5.10 "Restriction List"	<input type="checkbox"/> ZONE II <ul style="list-style-type: none">Post all entrances.Clean gloves, shoe and head covers.Use of PMTL Log.No tobacco or eating.	<input type="checkbox"/> ZONE III <ul style="list-style-type: none">Post all entrances.Use of PMTL Log.No tobacco or eating.	<input type="checkbox"/> ZONE IV <ul style="list-style-type: none">No tobacco or eating.
ADDITIONAL REQUIREMENTS: 			
FE / DATE:		PFE REVIEW / DATE:	
MATERIAL ACCOUNTABILITY REQUIREMENTS (Supv. / Lead):			
<input type="checkbox"/> Final Cleanliness Inspection <input type="checkbox"/> Control Access to Work Area <input type="checkbox"/> Install Plugs / Covers <input type="checkbox"/> Flush System / Component		<input type="checkbox"/> Use Personnel, Tool, and Material Log <input type="checkbox"/> Secure Tools / Materials <input type="checkbox"/> Items Not Allowed (List Below) <input type="checkbox"/> Access Control Monitor <input type="checkbox"/> FME Plan Required	
ADDITIONAL REQUIREMENTS (Supv. / Lead): 			
CLOSEOUT INSPECTION COMPLETED (QCE):			
INSPECTED BY: _____		DATE: _____	
COMMENTS: 			