

EQUIPMENT SAFETY PRE-STARTUP CHECKLIST

INSTRUCTIONS: *This checklist is intended to help focus attention on the safety and health issues to be evaluated and addressed before starting up new equipment. The checklist is intended to be a general guide. It is not comprehensive and does not guarantee compliance with applicable OSHA and ANSI standards.*

For the user's convenience, a "comments" section is included at the bottom of the checklist so that any items that may need to be corrected or further explored can be recorded. A reference section is also included at the end of the checklist to offer additional helpful resources related to this topic.



Through the OSHA and National Chicken Council (NCC) and the National Turkey Federation (NTF) Alliance, NCC and NTF developed this checklist for informational purposes only. It does not necessarily reflect the official views of OSHA or the U.S. Department of Labor.

March 2009

EQUIPMENT SAFETY PRE-STARTUP CHECKLIST

FACILITY _____ DATE _____

EQUIPMENT REVIEWED _____

PERFORMED BY _____ TITLE _____

INSPECTION ITEMS (ANY ITEM MARKED "NO" MUST BE RESOLVED BEFORE STARTUP)

1 EQUIPMENT GUARDING:

YES NO N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a) Have all guards & warning labels supplied by the manufacturer been installed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Are exposed hazards such as belt and pulley, chain and sprocket, and shackle line wheels below seven feet guarded on all sides (top, bottom, front, back, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Are guards labeled with the hazard that is being guarded (nip points, crushing hazards, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Guards arrived and were installed without damage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Are guards built of substantial material? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Issues with exposed set screws, key ways, collars, etc. have all been resolved? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Are all shaft ends covered with a non-rotating cap or cut down to a length of less than ½ the diameter of the shaft and made smooth? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Do the safeguards ensure that no objects will fall into the moving parts? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Can the equipment be lubricated without removing the safeguards? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) Does the equipment have a safety interlock or does it have a control for shutting down the equipment before safeguards are removed? |

2 DESIGN AND ENGINEERING:

YES NO N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a) Any necessary modification of the equipment for installation has been completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Have any problems created by modifications been resolved? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Are equipment controls clearly labeled (start, stop, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Is electrical disconnect located near the equipment and within line of sight of the operator? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Have safety issues with sharp edges, metal splinters, pinch points, etc. on conveyors and metal frames been resolved to prevent employee injuries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Have maintenance manuals, operating manuals, and schematics been reviewed? |

3 ENERGY CONTROL:

YES NO N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a) Has electrical grounding been tested? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Are local motor control disconnects labeled as to what they control? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Have all lockout-tagout procedures been written or updated to reflect the change in equipment and operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Have all special lockout devices, if required, been ordered and distributed to the appropriate personnel? |

- e) Does the equipment have highly visible lockout-tagout isolation devices for all energy sources?
- f) Have employees, operators and maintenance personnel been trained in their responsibilities in the Energy Control (Lockout/Tagout) Program for this piece of equipment?
- g) Have the FSIS IIC been briefed on the new equipment and procedures?

4 ERGONOMICS:

YES NO N/A

- a) Has an ergonomic audit been conducted on the new equipment?
- b) Have identified ergonomic hazards been addressed?
- c) Have employees been trained on the ergonomic issues pertaining to the equipment?

5 TRAINING:

YES NO N/A

- a) Have production employees been trained on the operating procedures for the equipment?
- b) Have maintenance employees been trained on maintenance & repair of the equipment?
- c) Have sanitation/contractors been trained in the sanitation procedures for the equipment?

6 INGRESS / EGRESS:

YES NO N/A

- a) Does the new installation have a minimum access width of 28 inches and height of 80 inches?
- b) If it was necessary, has the emergency evacuation plan been changed?
- c) Has new signage been posted designating new evacuation routes and procedures?
- d) Have employees been trained on the changes to the emergency evacuation plan?

7 VENTILATION:

YES NO N/A

- a) If hazardous vapors/gasses/fumes are expected in the area where the equipment has been installed, has additional ventilation been provided?

8 HAZARD COMMUNICATION:

YES NO N/A

- a) Have M.S.D.S.s been secured for any new hazardous chemicals needed for the equipment?
- b) Have employees been trained on changes according to the Hazard Communication Program?

9 PERSONAL PROTECTIVE EQUIPMENT:

YES NO N/A

- a) Has a Hazard Assessment been conducted for the operation of the new equipment?
- b) Has all newly required PPE been secured and issued to operators?
- c) Have operators been properly trained in the use and care of required PPE?

10 CONFINED SPACES & HAZARDOUS LOCATIONS:

YES NO N/A

- a) If necessary, have all new confined spaces or hazardous locations been identified?
- b) Have evaluations been completed for the new confined space or hazardous location?
- c) Has the proper signage been posted on the new confined space or hazardous location?
- d) Have employees been retrained and recertified on changes to the Confined Space Program?

11 FALL PROTECTION:

YES NO N/A

- a) Are platforms and other access points adequate to minimize falls?
- b) Are permanent ladder and platform widths at least 22 inches?
- c) Have guardrails been added for steps with four or more risers and for all platforms greater than 30 inches in height?

12 PROCESS SAFETY MANAGEMENT:

YES NO N/A

- a) Have all elements of P.S.M. been resolved?

COMMENTS: _____

References:

OSHA Standards:

- 29 CFR 1910.212 General Requirements for All Machines
- 29 CFR 1910.147 Control of Hazardous Energy (Lockout/Tagout)
- 29 CFR 1926.502 Fall Protection Systems Criteria and Practices

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