

**AMMONIA REFRIGERATION  
PROCESS SAFETY /  
RISK MANAGEMENT PROGRAM**

**SAFETY AND HEALTH REVIEW CHECKLIST**

**MCF Number:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Question	Answer	Comments
1. Does the design allow for access for personnel wearing appropriate Personnel Protective Equipment? (SCBA's, Respirators, level A suit, Etc.)	Yes / No / NA	
2. Does the modification alter the normal permitted discharges to the air or water of the facility? If yes, are any changes needed to existing permits?	Yes / No / NA	
3. Does the modification bypass any existing control interlock or safety feature? If so, describe in the Comments column what compensating features have been provided to preserve the same level of protection.	Yes / No / NA	
4. Does the modification require that ammonia detector placements be altered, alarm levels altered, or additional detectors be installed?	Yes / No / NA	
5. Are the indicators and alarms in the existing plant adequate for the modified plant?	Yes / No / NA	
6. Does the proposal for change or introduce new chemicals in the form of new reactants, solvents, catalysts or impurities?	Yes / No / NA	
7. Is there a risk of creating a damaging vacuum condition?	Yes / No / NA	
8. Is there an increased risk of backflow or cross-contamination?	Yes / No / NA	
9. Does the proposal introduce flammable liquids or gases or combustible dusts into areas that do not have the proper electrical area classifications?	Yes / No / NA	
10. Does the modification require additional operator protection measures (e.g., PPE, instrumentation, or signage)?	Yes / No / NA	

Question	Answer	Comments
11. Have the modifications created any additional vulnerabilities to external events which did not exist before (vehicle traffic, fire, water accumulation, high wind, etc.)?	Yes / No / NA	
12. Does the change create any new confined spaces. If so, have they been added to the facility Confined Space Entry Program?	Yes / No / NA	
13. Have provisions been made to the new or modified equipment to assure that Lockout / Tagout can be performed when required?	Yes / No / NA	
14. Has the change been reviewed and approved by the appropriate engineering management?	Yes / No / NA	
15. Has the change been reviewed and approved by appropriate maintenance management?	Yes / No / NA	
16. Has the change been reviewed and approved by appropriate operations management?	Yes / No / NA	

**Safety and Health Review Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Follow-up items (these items should be transferred to the Management of Change Form and added to the deficiency log.**

---



---



---



---



---



---



---



---



---



---



---



---