

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

Person Responsible for Decommissioning (Please list individual roles and responsibilities when multiple persons are included): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Description of Decommissioning Activities: \_\_\_\_\_

Purpose for Decommissioning: \_\_\_\_\_

	Required?	Date Completed:	Notes:
Will decommissioning Suspend or Modify Daily Operations?	Y – N – N/A		
Is it necessary to contact Local Representatives?	Y – N – N/A		
Is it necessary to notify Personnel in Area?	Y – N – N/A		
Will decommissioning Restrict Access at the Facility?	Y – N – N/A		
Will decommissioning Limit/Control Access by Motorized Equipment?	Y – N – N/A		
Are there Tank Trucks Parked near System that need moved?	Y – N – N/A		
Have all Labels, Signs and Placards been Installed?	Y – N – N/A		
Have Written Decommissioning Operating Procedures been Developed?	Y – N – N/A		
Are all Training and Safety Meetings Completed?	Y – N – N/A		
Have all Regulatory Requirements been met?	Y – N – N/A		
Have all Management of Change documents been completed?	Y – N – N/A		
Are all equipment and tools Assembled?	Y – N – N/A		
Do we have any manpower assembled?	Y – N – N/A		
Are all necessary PPE assembled?	Y – N – N/A		
Has a disposal plan been developed?	Y – N – N/A		
Has the decommissioning plan been developed?	Y – N – N/A		

COMMENTS:

\_\_\_\_\_

**This Decommissioning Checklist has been Completed by:** \_\_\_\_\_

**Contact Number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_**

**Date:** \_\_\_\_\_

**If Other than Facility Employee:** \_\_\_\_\_