

RISK INSIGHTS

FACILITY SHUT DOWN CHECKLIST



If you must shut down your facility, temporarily or permanently, this checklist will assist you in **evaluating the safety and security of your facility during the shut down.**

Facility Location: _____

Completed by: _____

Date: _____

1. Housekeeping and Waste Disposal:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| a. Has smoking been strictly regulated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Has combustible refuse material been removed and disposed of safely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Have flammable residues been removed from hoods, spray booths, ducts, ovens, floors, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Are passageways clear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Is there an 18" clear space between sprinklers and structural members and storage? (Pay particular attention in storage areas.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| f. Are fire doors unblocked and operating freely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| g. Has dust accumulation been removed from rafters, overhead piping, machinery, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

2. Electrical Power and Equipment:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a. Are security and emergency lights in proper working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Are lights clear of combustible materials? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Has temporary wiring been removed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Have unnecessary circuits at main switchboard been: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i. Disconnected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Locked out? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Is power available for: | | | |
| i. Fire pump(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Emergency elevator(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Emergency and security lighting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iv. Dry pipe valve air supply? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| f. Have unnecessary transformer(s) been de energized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| g. Has dirt and grease been cleaned from equipment that is necessary to remain operating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

3. Hydraulic Power Systems:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| a. Has oil been removed from the units (for long term shut downs)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Are hydraulic units clean and free of oil? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Is hydraulic oil stored in a safe place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

4. Steam Power and Heating:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a. Is sufficient heat maintained for: | | | |
| i. Building(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Fire pump house(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Dry pipe valve house(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Is sufficient heat available to prevent freezing of automatic sprinkler systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Are steam control and "lift" relief valves in good working condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Are steam control and "lift" relief valves tested regularly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Is there an emergency water feed for boiler(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

5. Flammable Gas and Equipment:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a. Have individual burner valves and the main valve for heating equipment been shut off and locked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Have main valves outside or at meters been shut off and locked, if possible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Are cylinders at manifolds disconnected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Have the number of portable cylinders in main building(s) been reduced to a minimum? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

6. Flammable Liquids and Equipment:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| a. Have discharge valves on butane or propane storage tank been shut off, unless needed for heating building(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Have pumps supplying fuel oil under pressure to facility distribution piping been shut off, except where needed for heating building(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Have liquids been removed from dip tanks, cleaning tanks, mixing tanks, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Have all liquids been relocated to safe storage areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Have liquids that cannot be moved been covered tightly to prevent vapors from leaking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

7. Security Protection:

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| a. Has the police department been notified of the shut down? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| b. Will standard recorded hourly watch rounds be maintained 24 hours a day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i. Do watch routes adequately cover the facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| ii. Are watchpersons familiar with the facility layout? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| iii. Are facility emergency plans and contacts reviewed with watchperson(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. Are there adequate, operating phone(s) available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| i. Are emergency numbers at each phone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| d. Are all buildings and fences secured and locked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| e. Is security lighting provided and maintained inside and outside of building(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| f. Does management conduct regular site visits and walk throughs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| g. Does the watchperson(s) accompany management on their site visits/walk throughs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| h. Is the land around the building is free of wood inventory, including the wood loading area (conveyors entering to the sawmill)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

7. Security Protection (continued):

- i. Are there adequate yard lighting to prevent thefts? Yes No N/A
- j. Are high value equipment or tools usually found outside should be securely stored? Yes No N/A
- k. Did you pay specific attention to any system or equipment leak on each inspection tour? Yes No N/A

8. Fire Protection:

- a. Are all sprinkler systems, local air maintenance compressors, hydrants, hose equipment, fire pumps, etc. in good operating condition? Yes No N/A
- b. Are sprinkler valve rooms included in daily inspection tour? Yes No N/A
- c. Are there adequate fire extinguishers available and easily accessible? Yes No N/A
- d. Has remaining personnel been trained on the facility's emergency response plan? Yes No N/A
- e. Is there a system set up for regular checking of all fire protection/detection equipment? Yes No N/A
- f. Are the Fuel level of diesel drivers, such as those for fire pumps, $\frac{3}{4}$ full? Yes No N/A
- g. Are backup generators at other other facilities and in good working order? Yes No N/A

9. Cutting and Welding:

- a. Is there to be any hot work being done during the shut down? Yes No N/A

If so, hot work permits must be used with all safe hot work procedures followed.

10. Mobile Equipment:

- a. Has mobile equipment been secured in locked and fenced area(s)? Yes No N/A
- b. Have fuel tanks been drained? Yes No N/A
- c. Have batteries been removed, disconnected, turned off? Yes No N/A
- d. Have ignition keys been secured? Yes No N/A
- e. Has all mobile equipment been separated a safe distance from each other to prevent a total loss? Yes No N/A

11. Special Equipment:

- a. Has proper storage for equipment requiring special protection or atmospheric conditions such as computers, micro processors, delicate electronic, etc., been provided? Yes No N/A

For more information on making your business safer, contact our Risk Services Department at **1.833.692.4111** or visit us at **www.nbins.com**.