

# Plastica Limited COMAH Specific PSI Safety Checklists

## Introduction

These work activity checklists should be completed by the designated person at the frequencies recommended on each checklist. They should be completed by ticking the appropriate Yes/No box or putting N/A if not applicable. The completed Checklist should be retained on file for purposes of verification.

|   |  |
|---|--|
| <b>Name of Department:</b>                      |  |
| <b>Name of Person Completing the Checklist:</b> |  |
| <b>Position in Company:</b>                     |  |
| <b>Date of Completion:</b>                      |  |
| <b>Signature:</b>                               |  |

# COMAH Specific PSI Safety Checklist Prompt

- Please answer Yes/No or Not Applicable
- Where 'No' is the answer to any questions then an action should be recorded and this should be followed through until completed.

## 6 Monthly

### COMAH Information, Instruction and Training - 6 Monthly

| No | Question  | Yes | No | N/A |
|----|---|-----|----|-----|
| 1  | Is the Major Accidents Protection Procedure (MAPP) up to Date?                              |     |    |     |
| 2  | Do all the relevant authorities have a copy of the Plastica Ltd MAPP?                       |     |    |     |
| 3  | Have all the procedures outlined in the MAPP been practiced and any deficiencies addressed? |     |    |     |

Where any item above is ticked 'No' provide the details below listing recommendations or alternative means of compliance.

### **List of Appropriate actions from the audit assessment**

| Item No | Action Required | Actioned By | Action Completed (initial) |
|---------|-----------------|-------------|----------------------------|
|         |                 |             |                            |
|         |                 |             |                            |
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|         |                 |             |                            |

|                                |         |       |
|--------------------------------|---------|-------|
| All Actions Completed<br>Name: | Signed: | Date: |
| Designation:                   |         |       |