

# 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.

## **3 Monthly**

### **Inspection and Maintenance - 3 Monthly**

No	Question	Yes	No	N/A
1	Have all COMAH related incidents been investigated and corrective actions put in to place?			
2	Has all plant and machinery performed to the agreed standards in terms of failure and or the need for additional maintenance repair?			
3	Is all routine maintenance of plant and equipment being maintained according to the agreed maintenance schedule?			

### **Staff Competence – 3monthly**

No	Question	Yes	No	N/A
4	Have there been any COMAH related accidents/incidents caused as a result of lack of staff training or awareness?			
5	Has addition training been provided for staff where an incident has been caused by lack of training?			
6	Is all COMAH related training up to date according to the agreed timetable?			
7	Have actions been put in to place to address any areas where training is not up to date?			

### **Operational Procedures – 3 Monthly**

No	Question	Yes	No	N/A
8	Have there been any COMAH related accidents/incidents caused as a result of incomplete or incorrect operational procedures?			
9	Are all operational procedures up to date and available to the relevant staff?			
10	Has an audit of the operational procedures been carried out and any defects in the procedures been rectified?			
11	Have the operational procedures related to fire and/or spillage been tested within the last 6 months?			
12	Have any defects revealed in the fire/spillage related procedures been rectified?			

### **Communication - 3 Monthly**

No	Question	Yes	No	N/A
13	Have there been any COMAH related accidents/incidents caused as a result of poor or lack of communication to the relevant staff?			
14	Are all staff aware of how COMAH related information is relayed to them?			

## **Emergency Arrangements – 3 Monthly**

No	Question	Yes	No	N/A
15	Have there been any COMAH related accidents/incidents caused as a result of poor emergency arrangements?			
16	Have the emergency arrangements been tested according to the agreed timetable?			
17	Have any defects in the emergency arrangements been rectified and the relevant staff informed?			

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)

<b>All Actions Completed Name:</b>	<b>Signed:</b>	<b>Date:</b>
<b>Designation:</b>		