



STOP if not clear how to do the work

Integrity of Critical Control | Critical Checklist Systems



Site Name: _____ Site Address: _____

Contractor: _____ Supervisor: _____

The following must be completed for all work where the integrity of Critical Controls is affected.

Critical Control(s) (Refer to Clearance Certificate):

- Emergency Shut Down (ESD) - Petroleum
- Emergency Shut Down (ESD) - Car Wash
- Tank/ Monitoring System (VeederRoot or equivalent)
- Burglar Alarm/Panic Button
- Line Leak Detector (associated with STP)
- Automatic Front Door Lock
- Fire Extinguisher(s)
- Other _____

Monitoring Company Advised of Shutdown YES N/A

Date: _____ Time: _____

Reason for Disarming/Removal:

Back-up Control:

Expected Duration Outage: _____

Contractor's Signature: _____ **Date:** _____

Operator's Signature: _____ **Date:** _____

Actual Restored Date: _____

Monitoring Company Advised of Restoration YES N/A

Date: _____ Time: _____

Contractor's Signature: _____ **Date:** _____

Operator's Signature: _____ **Date:** _____