Systems

STOP if not clear how to do the work Integrity of Critical Control | Critical Checklist



Cystems	
Site Name:	Site Address:
Contractor:	Supervisor:
The following must be completed for all work w	here the integrity of Critical Controls is affected.
Critical Control(s) (Refer to Clearance Certif	icate):
Emergency Shut Down (ESD) - Petroleum	, □ Emergency Shut Down (ESD) - Car Wash
□ Tank/ Monitoring System (VeederRoot or ed	quivalent) 🗅 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:	
Operator's Signature:	Date:

VER. P005-08-15 Use of this form is subject to applicable local laws/regulations, does not replace the need to use good judgment nor applicable practices, and does not in any way amend or modify or supersede the terms or conditions of any contract by and between Owner and contractor.