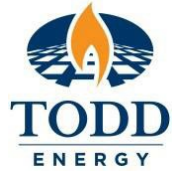


PTW Safety Checklist No. 21



DEALING WITH BENZENE

Other Checklists that may be relevant:		00 , 25 , 54 , 59
Permit Number:		Date:
Rev 1.3	Issue Date: 20/09/2023	Authorised By: PSM

CAUTION:

- Where the Benzene vapour in or around the equipment/system is recorded over >100 ppm.
 - The work is to be STOPPED.
 - The activity REASSESSED.
 - Measures put in place to reduce the Benzene levels and (or) use the correct PPE as specified in the Dealing with Benzene SOP.

PRIOR TO PERMIT ISSUE:

- | | Y | N | N/A |
|---|--------------------------|--------------------------|-----|
| 2 Is this system one that may contain Benzene contamination?
Refer to:
Dealing with Benzene Standard Operating Procedure.pdf
Health Hazards Management Registers | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Does the system contain known Benzene contamination and if so, what are the latest recorded readings from the Health Hazards Management Registers for Benzene at this location?
_____ ppm. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 The PICWS has read and understood the Dealing with Benzene Standard Operating Procedure (SOP). (See link item 2). | <input type="checkbox"/> | | |
| 5 The following PPE must be worn for the initial checking of Benzene levels at the worksite, as per the Dealing with Benzene Standard Operating Procedure. <ul style="list-style-type: none">Half face respirator with a P3 organic vapour cartridgeGloves Black / Blue Armour Nitrile gloves or equivalent. | <input type="checkbox"/> | | |

DURING TASK:

- | | | | |
|--|--------------------------|--------------------------|--|
| 6 During the Benzene testing, if the Benzene threshold limits are reached. <ul style="list-style-type: none">All Benzene testing work must STOP.All personnel withdrawn to an area with safe levels while an assessment is made in conjunction with the Dealing with Benzene SOPSigns and barriers are to be erected to restrict others from entering the work area. | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--------------------------|--------------------------|--|

ON COMPLETION OF TASK:

- | | | | |
|---|--------------------------|--|--|
| 7 Advise work party of results and if any additional PPE required as per SOP. | <input type="checkbox"/> | | |
| 8 All equipment to be cleaned, checked and / or disposed of as per the Dealing with Benzene SOP. | <input type="checkbox"/> | | |
| 9 Ensure any test results carried out for Benzene, are entered into the Health Hazards Management Registers | <input type="checkbox"/> | | |

Benzene Vapour Measurement Form

Date:		Day/Night Shift:		
Site:		Testers Name:		
Process Equipment-System:		Equipment Tag:		
Reason for test:				
Benzene: (0.05ppm TWA)	Reading 1	Reading 2	Reading 3	Average of three readings
Benzene Reading				
Reading location e.g., Nozzle # (N1)				
Equipment Temperature				
Time of Readings:				
Equipment Purged Y/N				
Analyser Tag #				
Comments on any readings:				