



Safety Evaluation For New, Transferred Or Significantly Modified Equipment
Procedure

Table with 2 columns: Office of Administrative Responsibility, Approver, Scope. Content includes Agri-Food Discovery Place, Executive Director, and scope of compliance.

Overview

Health and Safety is an integral part of all our business and research activities at Agri-Food Discovery Place, and we are continually working towards making measureable improvements in the health and safety aspects of our workplace on an ongoing basis.

Purpose

To ensure that provisions for the Safety and Health of employees have been adequately planned and implemented prior to the purchase, construction, installation and start-up of new, transferred, or significantly modified equipment.

Responsibilities

Executive Director(s)

- Provide resources and support to ensure new, transferred or significantly modified equipment is inspected and certified to Canadian Standards electrical certification...
Ensure all employees responsible for the purchase of equipment have been trained on this standard.
Ensure all deficiencies noted during the Safety Evaluation shall be rectified prior to commissioning and/or operation of equipment.

Managers/Supervisors

- Ensure all equipment that is being considered for purchase, transfer or modification is evaluated according to the procedure developed below.
Ensure all employees responsible for operating equipment have been trained on this procedure.
Do not permit any equipment or machinery to be put into operation that has not been properly evaluated using this procedure.

Engineering Technician

- Ensure all applicable equipment is installed, commissioned and operated in accordance with this procedure.



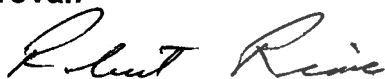
Procedure

- I. AFDP can minimize employee exposure to the potential safety and health hazards of new, transferred and modified processes and equipment by conducting a series of safety reviews.
 - a. The review process must start at the Requisition stage and continue through to actual installation and operation.
- II. **All equipment coming into AFDP must be approved by a Wing Manager prior to being brought into the building.**
- III. Contact must be made with vendors and/or other qualified personnel (trades, ergonomist, health and safety, industrial hygiene, biosafety, radiation safety) if assistance is needed in evaluating the potential hazards of an installation and in proposing techniques for minimizing employee exposure to these hazards.
- IV. The Agri-Food Discovery Place Equipment Commissioning Form will help identify the following issues:
 - a. Provide for an integrated installation of new, transferred or significantly altered equipment into AFDP
 - b. Ensure all equipment has relevant instructions for operating and maintenance.
 - c. Ensure all equipment is listed in the equipment inventory and has a preventative maintenance schedule set up.
 - d. Identify the hazards of the process or equipment to which an employee could be exposed.
 - e. Provide for process and equipment safety and health devices that will minimize the risks of exposure to identified hazards.
 - f. Provide Personal Protective Equipment (PPE) to each employee in situations where such risks cannot be adequately minimized through engineered solutions.
 - g. Develop SOPs.
 - h. Provide employees with a training program, which details both the hazards to which they could be exposed, and SOPs, which will minimize exposure to these hazards.
- V. Completed forms must be forwarded to the Engineering Technologist with a copy to the appropriate Wing Manager.

Related Documents

- AFDP Health and Safety Policy (UAPPOL)
- AFDP Health and Safety Responsibility Procedure (UAPPOL)
- Agri-Food Discovery Place Equipment Commissioning Form AFDP Website and Google Docs)

Approval:



 Executive Director

Sept. 9, 2011

 Date



 Chair WHSC

Sept 9 / 11

 Date



Agri-Food Discovery Place Equipment Commissioning Form

1. Completed by person ordering equipment

Equipment Name	
Model #	
Serial #	

Lead Member of AFDP in charge of commissioning Equipment								
Shipping Height		Width		Length		Weight		
Actual Height		Width		Length		Weight		
Hallway doors: 7'x 5'9.5" or 213cm x 175cm								
Fork lift Capacity: 2200lb Pallet jack capacity:2500kg								
Preferred Location:				Location in the Room				
Equipment fits with capacity line up string:							Yes	No

Required Feeds:

Electrical Requirements	Amps		Volts	Phase	Frequency	
Natural Gas	Yes	No	Size	Pressure		
Compressed Air	Yes	No	Size	Pressure	Volume	
Water	Yes	No	RO	Domestic Cold Water	Domestic Hot Water	
Steam	Yes	No	Clean	High Pressure	Low Pressure	
Cooling	Yes	No	Temp		Rate	

Expected Feed Material

Discharge Streams:

Venting	Yes	No	Type	
Drain Access	Yes	No		
Other Waste Streams	Yes	No	If Yes describe	

Responsible Party for Installation	
Speed Code	

Wing Manager Approval	Signature		Date	
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2 Work Request Placed for installation of:

Electrical	Yes		No		Initial:
Natural Gas	Yes		No		Initial:
Compressed Air	Yes		No		Initial:
Water	Yes		No		Initial:
Steam	Yes		No		Initial:
Cooling	Yes		No		Initial:
Venting	Yes		No		Initial:
Misc Installation	Yes		No		Initial:
Describe below					

3 Pre Use Equipment Check

Equipment received in good order	Yes		No		Initial:
Manual Existing	Yes		No		Initial:
Manual has been read	Yes		No		Initial:
Electrical connections free of fraises, cracks or bare wires	Yes		No		Initial:
Is there anything broken or scratched?	Yes		No		Initial:
Did the manual come with the equipment	Yes		No		Initial:
Electronic copy of manual received	Yes		No		Initial:
Equipment rated according to specs	Yes		No		Initial:
Equipment turns on	Yes		No		Initial:
Motors run in correct direction	Yes		No		Initial:
All valves operate properly	Yes		No		Initial:
Tanks have had volumes calibrated	Yes		No		Initial:
Safety devices work	Yes		No		Initial:
All transportation equipment has been removed	Yes		No		Initial

4 Hazard Management

CSA Inspection and Certification completed	Yes		No		Initial:
AFDP Hazard Assessment and Control document has been completed and given to Wing Manager	Yes		No		Initial:
Draft SOP written	Yes		No		Initial:
Wing Manager approved running of equipment	Sign:			Date:	



5 Test Run

Test run completed based on draft SOP	Yes		No		Initial
SOP has been reviewed	Yes		No		Initial:
Wing Manager approved the above SOP	Yes		No		SOP #
Wing Manager Signature:					Date

6 Equipment Maintenance

Manuals given to Maintenance	Yes		No		Initial
Regular maintenance set up	Yes		No		Initial:
Manuals filed	Yes		No		Initial:
Equipment placed on website	Yes		No		Initial:
Consumables ordered	Yes		No		Initial:

FOR OFFICE USE ONLY					
EQUIPMENT READY FOR CLIENT USE					
Purchaser/Lead Name: Print		Signature:		Date:	
Operator name: Print		Signature:		Date:	
Maintenance: Print		Signature:		Date:	
Wing Manager: Print		Signature:		Date:	

Approval:


 Executive Director

Sept. 9, 2011
 Date


 Chair WHSC

Sept 9/11
 Date