

Layer of Protection Analysis (LOPA) Checklist

Process Hazard Identification

Identify potential hazards associated with the manufacturing process and the potential consequences if those hazards are realized.

| Write something | | |
|---|---|------|
| | | |
| Identify potential haza Write something | ards associated with each step of the proce | ess. |
| write something | | |
| | | |
| Which hazard types a | re present? (Select all that apply) | |
| Mechanical | | |
| Electrical | | |
| Chemical | | |
| Thermal | | |
| | | |
| Ergonomic | | |
| Ergonomic Process Safety | | |

| Write something | |
|--|----------|
| | |
| | |
| Estimated Number of Employees Potentially Affected by Each Haz | zard |
| Enter a number | |
| | |
| Describe any existing documentation related to these hazards (e.g. process procedures) | g., SDS, |
| Write something | |
| | |
| | |
| Upload Process Flow Diagram (PFD) | |
| ♣ Upload File | |
| | |
| | of |
| nitial Risk Assessment (Without Lavers | |
| nitial Risk Assessment (Without Layers (Protection) | |

Write something...

| Estimated Frequency of Occurrence (per year) |
|---|
| Enter a number |
| |
| Severity Classification (e.g., Catastrophic, Critical, Moderate, Minor) |
| Catastrophic |
| Critical |
| ■ Moderate |
| ☐ Minor |
| |
| Describe the potential consequences of the hazard if it were to occur. |
| Write something |
| |
| |
| Estimated Newsbar of Dans and Datastic He Affected |
| Estimated Number of Personnel Potentially Affected |
| Enter a number |
| |
| Environmental Impact Classification (e.g., High, Medium, Low) |
| High |
| Medium |
| Low |
| |
| Justification for Severity and Frequency Assignments |
| Write something |
| |
| |

Existing Layers of Protection (LOLs)

Document and describe the existing controls and safeguards in place to prevent or mitigate the identified hazards. This includes procedural, mechanical, electrical, and administrative controls.

| Describe the Standard Operating Procedure (SOP) for the process. |
|--|
| Write something |
| Which of the following mechanical safeguards are in place? (Select all that apply) |
| ☐ Guards ☐ Interlocks |
| Light Curtains |
| ☐ Presence Sensing Devices ☐ None |
| What is the frequency of preventative maintenance for critical equipment (e.g., machine, conveyor)? (Days) |
| Enter a number |
| What type of personal protective equipment (PPE) is required for this process? |
| Safety Glasses |
| Hearing Protection |
| Gloves |
| Respirator |
| ☐ Full Body Suit ☐ None |
| |

| Enter date | |
|--|--|
| | levant training records for personnel involved in this |
| process. △ Upload File | |
| | |
| OL Effortivos | oo Accoment |
| | ess Assessment |
| valuate the effectiveness of sting, and past performan | of each existing LOL. Consider independent verification, |
| zanig, cara pact periorman | |
| Frequency of LOL Testi | ng/Inspection |
| Enter a number | |
| | |
| | |
| | |
| LOL Verification Method | d |
| Regular Inspection | |
| Regular Inspection Periodic Testing | |
| Regular Inspection Periodic Testing Operational Review | |
| Regular Inspection Periodic Testing Operational Review Auditing | |
| Regular Inspection Periodic Testing Operational Review | d |
| Regular Inspection Periodic Testing Operational Review Auditing | |
| Regular Inspection Periodic Testing Operational Review Auditing Management of Change | OL Performance/Failures |
| Regular Inspection Periodic Testing Operational Review Auditing Management of Change | |

| Is the LOL Fully Operational? Yes No |
|---|
| Last LOL Maintenance Date (YYYY-MM-DD) |
| Enter a number |
| Which supporting documentation is available for this LOL? |
| Operating Procedures |
| Maintenance Records |
| Training Records |
| Design Specifications |
| Inspection Reports |
| Describe any known limitations of this LOL. |
| Write something |
| Potential Failures of LOLs |
| Identify potential failure modes of each existing LOL. What could cause the LOL to fail to perform its intended function? |
| Describe potential human error scenarios that could lead to LOL failure. |
| Write something |

| Which of the following factors could contribute to LOL failure due to inadequate training? |
|---|
| Insufficient Initial Training |
| Lack of Refresher Training |
| Training not specific to the LOL |
| ☐ Inadequate competency assessment |
| Poor training documentation |
| What is the estimated frequency (per year) of scheduled maintenance for this LOL? |
| Enter a number |
| When was the last time a complete audit/review of this LOL was conducted? Enter date |
| Describe any historical incidents or near misses where this LOL failed or nearly failed. (Include details of root cause and corrective actions) |
| Write something |
| What is the primary reason for LOL failure in similar processes or equipment? Mechanical Failure Electrical Fault |
| Procedural Deviation |
| Human Error |
| Design Flaw |
| Environmental Factors |

| Write something | |
|---|--|
| | |
| Ipload any relevantor this LOL. Lypload File | t maintenance logs, inspection reports, or failure analyses |
| | on with Existing LOLs |
| | n provided by the existing LOLs. How much has the likelihood |
| | |
| - | inspected and maintained? |
| Yes | inspected and maintained? |
|] Yes | inspected and maintained? |
| Yes No Not Applicable | inspected and maintained? nspection (e.g., days, weeks, months) |
| Yes No Not Applicable | |
| Yes No Not Applicable requency of LOL in | |
| Yes No Not Applicable requency of LOL in Enter a number | nspection (e.g., days, weeks, months) |

| Has the LOL performed as intended in the past? Yes No Unknown |
|--|
| If 'No' was selected above, describe past failure events and corrective actions taken. |
| Write something |
| Estimated reduction in consequence severity (as percentage) |
| Enter a number |
| Estimated reduction in frequency of occurrence (as percentage) |
| Enter a number |
| Is independent verification of the LOL effectiveness available? Yes No |

Risk Evaluation After Existing LOLs

Re-evaluate the risk level after accounting for the existing LOLs. This provides a current risk level assessment.

| Severity Rating (Pre-LOLs) | |
|---|--|
| Enter a number | |
| | |
| _ikelihood Rating (Pre-LOLs) | |
| Enter a number | |
| | |
| Risk Score (Pre-LOLs) | |
| Enter a number | |
| | |
| Severity Reduction Factor (Due to LOLs) | |
| Soverity Reduction Laster (But to EGES) | |
| Enter a number | |
| | |
| Enter a number | |
| Enter a number | |
| Enter a number Likelihood Reduction Factor (Due to LOLs) | |
| Enter a number Likelihood Reduction Factor (Due to LOLs) Enter a number | |
| Likelihood Reduction Factor (Due to LOLs) Enter a number Residual Severity Rating (Post-LOLs) | |
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| Residual Risk Score (Post-LOLs) | |
|--|---------|
| Enter a number | |
| Risk Level (Post-LOLs) | |
| Acceptable | |
| ☐ Tolerable | |
| Significant | |
| ☐ Intolerable | |
| Justification for Risk Level Assessment | |
| Write something | |
| dentification of Additional Layers of Protection ALOPs) etermine if additional layers of protection are needed to reduce the risk to evel. Consider feasibility and cost-effectiveness. | |
| Describe potential failure scenarios that existing LOLs cannot adec | quately |
| address. | |

| Which of the following ALOP types are being considered? |
|--|
| Procedural Controls |
| Mechanical Safeguards |
| ☐ Electrical Interlocks |
| Emergency Shutdown Systems |
| Redundancy |
| Containment Systems |
| Independent Verification |
| Training & Competency |
| |
| Estimated Cost of implementing the ALOP (in USD). |
| Enter a number |
| |
| |
| Target Implementation Date for the ALOP. |
| Enter date |
| |
| |
| Which department/team will be responsible for ALOP implementation? |
| Engineering |
| Maintenance |
| Operations |
| Safety & Health |
| Other |
| |
| |
| Briefly explain the rationale behind selecting this particular ALOP. |
| Write something |
| |
| |

| Attach supporting documentation (e.g., vendor quotes, design drawings). L Upload File | |
|--|--|
| Describe any potential limitations or secondary risks associated with the proposed ALOP. | |
| Write something | |
| Proposed ALOP Implementation | |
| retail the proposed implementation of any additional layers of protection. Include melines, responsibilities, and resource allocation. | |
| Detailed Description of Proposed ALOP | |
| Write something | |
| Estimated Cost of Implementation (USD) | |
| Enter a number | |
| Target Implementation Start Date | |
| Enter date | |
| Target Implementation Completion Date | |
| Enter date | |

| Responsible Department for Implementation Engineering Maintenance Operations Safety Procurement |
|--|
| Required Resources (Select all that apply) Personnel Equipment Software Budget Training |
| Supporting Documentation (e.g., vendor quotes, design drawings) Upload File |
| Potential Challenges & Mitigation Strategies Write something |

ALOP Effectiveness Assessment

Assess the expected effectiveness of the proposed ALOPs. Consider independent verification and potential limitations.

| Has the ALOP been subject to independent review? Yes No Not Applicable |
|---|
| Estimated Reduction in Likelihood (Percentage) Enter a number |
| Estimated Reduction in Consequence (Scale 1-5) Enter a number |
| Justification for Estimated Reduction Write something |
| What verification methods were used to assess ALOP effectiveness? Review of Design Documentation HAZOP Study Simulated Testing Operational Testing Past Performance Data Other (Specify in LONG_TEXT) |
| Specify 'Other' verification method (if selected) Write something |

| Upload Verification Documentation (e.g., test reports) Lupload File |
|--|
| |
| CES Opload File |
| |
| Risk Evaluation with Proposed ALOPs |
| Re-evaluate the risk level after accounting for both existing and proposed layers of protection. |
| Estimated Reduction in Likelihood (%), after implementing ALOPs |
| Enter a number |
| Estimated Reduction in Consequence Severity (Scale: 1-5, 1=Negligible, 5=Catastrophic) |
| Enter a number |
| Overall Risk Level After ALOP Implementation (Compared to 'Risk Evaluation After Existing LOLs') |
| ☐ Higher ☐ Same |
| Lower |
| Acceptable |

| rite something | |
|---|--|
| nite something | |
| | |
| | |
| es the calculated risk level meet the pre-defined acceptance criteria? | |
| Yes | |
| No | |
| | |
| | |
| lo' to acceptance criteria, describe necessary actions or alternative ategies | |
| rite something | |
| | |
| | |
| | |
| | |
| e of Next Review of Risk Level and ALOP Effectiveness | |
| e of Next Review of Risk Level and ALOP Effectiveness atter date | |
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| iter date | |
| cumentation and Review | |
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| Review Frequency (in months) | |
|--|--|
| Enter a number | |
| Summary of Key Findings & Recommendations | |
| Write something | |
| Supporting Documentation (e.g., P&IDs, Procedures) L Upload File | |
| Areas Requiring Follow-Up Actions | |
| Procedure Updates Training Needs | |
| Equipment Modifications | |
| Management of Change | |
| None | |
| Notes from Review Meeting (including action items and assigned responsibility) | |
| Write something | |
| | |
| | |
| Date of Next Scheduled Review | |
| Enter date | |
| | |