

Maintenance Pre-Startup Safety Review (PSSR)

This Template was installed 0 times.

General Information

Records basic details about the PSSR process.

Enter date	
Equipment/System Name	
Write something	
Equipment/System ID	
Equipment/System ID	
Write something	
Revision Number (if applicable)	
Enter a number	







Brief Description of Changes/Maintenance	
Write something	
Type of Change	
New Equipment	
Modified Equipment	
Repair/Maintenance	
Process Change	
Location of Equipment	
Write something	
PSSR Initiated By	
Maintenance	
Operations	
Engineering	

Verifies understanding of the changes, their impact, and the planned maintenance activities.

Brief Description of Maintenance/Modification

Write something...

Write something),
Type of Maintenance (e.g., Preventative, Corrective, Upgrade) Preventative Corrective Upgrade Other	
Estimated Duration of Maintenance (Hours) Enter a number	
Planned Start Date Enter date	
Planned Start Time	
Affected Systems/Areas (Select all that apply) Mechanical Electrical Pneumatic Hydraulic Control System	

Reference Documentation (e.g., Work Order #, Engineering Change Order)	
Write something	
ű	
	on & Risk Assessment

Describe the changes made to the equipment or process.
Write something
List all potential hazards identified related to the changes.
Write something
Severity of each identified hazard (High, Medium, Low)
High
☐ Medium ☐ Low
Probability of Occurrence for each hazard (High, Medium, Low)
☐ High ☐ Medium
Low

Risk Score (Severity x Probability - calculated field)
Enter a number
Existing Risk Mitigation Measures (Select all that apply) ☐ Engineering Controls
Administrative Controls PPE
Training
Other (Specify in Long Text)
Describe any additional risk mitigation measures required.
Write something
Overall Risk Level After Mitigation (High, Medium, Low)
☐ High ☐ Medium
Low
Attach any supporting documentation (e.g., MSDS, P&ID updates). L Upload File

Engineering Controls & Safeguards

Confirms the implementation and effectiveness of engineered cofety measures

Are all safety guards in place and functional? Yes No N/A
Emergency Stop (E-Stop) functionality verified? Yes No N/A
Pressure Relief Valves (PRVs) inspected and tested? Yes No N/A
PRV Set Pressure (if applicable) Enter a number
Description of any modifications to safety circuits or interlocks (if applicable) Write something
Attach photos/documentation of safety device inspection results (e.g., PRV test reports) A Unload File By clicking "Accord" you direct us to store cookies on your device and disclose information in

Are all interlocks functioning correctly and preventing access to hazardous areas? Yes No N/A
Administrative Controls & Procedures Evaluates the adequacy of written procedures, training, permits, and lockout/tagout processes.
Is a detailed, up-to-date maintenance procedure available for this task? Yes No N/A
Which permits are required for this work? Hot Work Permit Confined Space Entry Permit Lockout/Tagout Permit Electrical Work Permit None
Has all personnel involved received the required training for this task? Yes No N/A

Write something	
Is a Lockout/Tagout (LOTO) procedure in place and understood by al personnel? Yes No N/A	
Date of Last Safety Training for Task Enter date	
Describe any specific safety briefings given before starting work. Write something	

Personal Protective Equipment (PPE)

Ensures appropriate PPE is available and used.

Required PPE for Task Safety Glasses Safety Shoes Hard Hat Gloves (Specify Type) Hearing Protection Respirator (Specify Type) High Visibility Vest Face Shield Other (Specify)
PPE Condition Verification Notes
Write something
Quantity of Safety Glasses Available
Enter a number
Glove Type Appropriateness
Correct Glove Type Selected
Glove Type Requires Revision
PPE Inspection Sign-off

Confirm Lockout/Tagout (LOTO) Devices Installed and Verified? Yes No N/A
Verify Safety Interlocks Functioning Correctly? Yes No N/A
Pressure Test Results (if applicable - e.g., Hydraulic/Pneumatic Systems)
Enter a number
Verify Emergency Shutdown (ESD) System Functionality? Yes No
□ N/A
□ N/A
Describe Any Observed Issues or Deviations from Expected Behavior:

Enter date	
Attach Calibration	on/Tost Panorts (if annlicable)
	on/Test Reports (if applicable)
4 Upload File	
nvironme	ntal Considerations
uresses potential	environmental impacts and mitigation measures.
Potential for Spi	lls/Leaks?
Yes	
☐ No	
Uncertain	
Describe potent	ial environmental impacts (e.g., water, air, soil contamination)
Describe potent Write something	

Estimated Spill Volume (if applicable, in gallons/liters)

Enter a number...

Potential Contaminants Released (Select all that apply) Oil/Grease Solvents Chemicals Dust/Particulates Noise Other (Specify)
Describe mitigation measures to prevent/control environmental impacts.
Write something
Containment System in Place? Yes No N/A
Supporting Documentation (e.g., spill prevention plan, waste disposal permits) L Upload File

Review & Sign-Off

Records sign-off by responsible personnel, confirming the safety review is complete.

PSSR Review Date	
Enter data	

PSSR Review Time	
Maintenance Supervisor Signature	
Operations Representative Signature	
Reviewer Name (Maintenance) Write something	
Reviewer Name (Operations) Write something	
Comments/Observations Write something	
PSSR Approval Code (if applicable) Enter a number	

Overall PSSR Status	
Approved	
Approved with Conditions	
Rejected	

Related Checklist Templates

Good
Laboratory
Practice
(GLP)
Checklist

Space Entry Checklist

Management
Of Change
(MOC)
Checklist

Personal
Protective
Equipment
(PPE)
Compliance
Checklist

A3
Problem
Solving
Report
Checklist

Ergonomic Assessment Checklist First
Article
Inspection
(FAI)
Checklist

Lockout/Tagout (LOTO) Checklist

FMEA (Failure Mode And Effects Analysis)

Calibration Checklist

WE CAN DO IT TOGETHER

NEED HELP WITH CHECKLISTS?

Have a question? We're here to help. Please submit your inquiry, and we'll respond promptly.

Email Address	
Phone Number	
How can we help?	
	SEND YOUR REQUEST