

# Process Hazard Analysis (PHA) Checklist

### **Process Description & Scope**

Ensures a complete and accurate understanding of the process being analyzed.

Process Name	
Write something	
Process Description (Detailed)	
Write something	
Process Capacity (e.g., Units/Hour)	
Enter a number	
Raw Materials Used (List)	
Write something	
	<i></i>

Process Flow Diagram (PFD) Description & Location
Write something
Process Flow Diagram (PFD) - Uploaded File
♣ Upload File
Equipment List & Key Operating Parameters
Write something
Process Phase (e.g., Mixing, Reaction, Drying)  Mixing
Reaction
Separation
<ul><li>□ Drying</li><li>□ Formulation</li></ul>
☐ Packaging
Boundaries of the Analyzed Process (Start & End Points)
Write something

#### **Hazard Identification**

Identifies potential hazards associated with the manufacturing process, equipment, and materials.

Write something	
Identify raw mate	rials used in the process. (Select all that apply)
Chemical A	
Chemical B	
Material C	
Other (Specify in	LONG_TEXT)
List any potential temperature, flow	deviations from normal operating conditions (e.g., pressure, rate).
Write something	
Identify potential	energy sources present in the process. (Select all that apply)
Electrical	
☐ Thermal	
Mechanical	
Chemical (e.g., fla	ammable, corrosive)
Pressure	
Describe any kno process (refer to	wn hazards associated with the chemicals used in the SDS/MSDS).
Write something	
I .	

Write something	
escribe any potential release s	scenarios (e.g., spills, leaks, explosions).
Write something	
oload relevant process diagra	ms and layouts.
<b>小</b> Upload File	
sk Assessment (S	everity & Probability)
aluates the potential consequence	everity & Probability) es (severity) and likelihood (probability) of the
aluates the potential consequence ntified hazards.	es (severity) and likelihood (probability) of the
aluates the potential consequence ntified hazards.	rst possible consequence?
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Enter a number	sign a numerical value based on the probability rating)
Enter a number	
Justification for Sever	ity Rating
Write something	
Justification for Proba	bility Rating
Write something	
	(Dood on Coverity & Duchahility Coores)
Diels Matrix Catagons /	Based on Severity & Probability Scores)
Risk Matrix Category ( High Medium	
High	
☐ High ☐ Medium	
☐ High ☐ Medium	

# **Existing Controls & Safeguards**

cuments the controls already in place to mitigate the identified hazards.	
Are safety interlocks present and functioning on critical equipment?	
Yes, documented and tested annually	
Yes, but testing is less frequent	
No No	
Not Applicable	
Describe the existing alarm system and its response procedures.	
Write something	
	<i>J.</i>
What type of pressure relief devices are in place?	
Spring-loaded relief valve	
Rupture disk	
Pilot-operated relief valve	
Combination	
None	
What is the frequency of inspections for critical safety devices?	
Enter a number	
Describe any Standard Operating Procedures (SOPs) related to this process.	
Write something	
	J:

Are lockout/tagout procedures in place and followed?  Yes, documented and enforced Yes, but enforcement needs improvement No Not Applicable
Which of the following Personal Protective Equipment (PPE) is required for this process?  Safety Glasses Gloves Respirator Hearing Protection Other (Specify)
Date of last inspection of fire suppression system.  Enter date  Recommended Risk Reduction Measures  Identifies and prioritizes additional measures to reduce the risk to acceptable levels.
Detailed Description of Proposed Mitigation  Write something
Estimated Cost of Mitigation (USD)  Enter a number

Target Completion Date for Mitigation	
Enter date	)
Responsibility for Implementation	
Engineering	
Operations	
Maintenance	
Safety	
Relevant Departments to Notify	
Production	
Quality	
Maintenance	
Safety	
Rationale/Justification for Chosen Mitigation	
Write something	
Supporting Documentation (e.g., drawings, vendor specs)	
♣ Upload File	

Status of Mitigation  Not Started In Progress Completed Deferred
Management of Change (MOC)
Addresses how changes to the process, equipment, or materials will be reviewed and approved.
Describe the proposed change to the process, equipment, or materials.
Write something
Justification for the change - Why is this change necessary?
Write something
Type of Change (Select one)
Equipment Modification
Process Modification
Material Substitution
Personnel Change
☐ Procedure Modification ☐ Other

Enter a number	
Proposed Implementation Date	
Enter date	
Potential Hazards Identified due to this change (Select all that apply	у)
Increased Risk of Fire	
Increased Risk of Explosion	
Increased Chemical Exposure	
Equipment Failure	
Process Instability	
Personnel Safety Concerns	
Environmental Impact	
No Identified Hazards	
Reviewer Name	
Write something	
Reviewer Signature	

# **Training & Competency**

Verifies adequate training and competency of personnel involved in the process.

List the core competencies required for personnel involved in this process.    Process Knowledge   Equipment Operation   Hazard Recognition   Emergency Procedures   Lockout/Tagout   Personal Protective Equipment (PPE)	
Number of personnel trained on this process.  Enter a number	
Date of last training session for this process.  Enter date	
Describe the content of the training program.  Write something	
Training Method Used  Classroom On-the-Job Training Computer-Based Training Simulated Training	
Upload copies of training records/certificates.   L Upload File	

Verification of Competency Method
Written Exam
☐ Practical Demonstration ☐ Observation
Other
Describe the method used to verify individual competency.
Write something
Emergency Response & Procedures
Ensures adequate emergency response procedures are in place and personnel are
trained.
Describe the established emergency shutdown (ESD) procedure for the process.
Write something
Which emergency response teams are available and notified during an incident?
Fire Department
Medical Team
Spill Response Team
Spill Response Team Security
Security

Enter a number	
	. Laborita es au
Describe the communication methods used to alert personne emergency.	ei during an
Write something	
	<i>)</i> .
Are emergency drills conducted regularly?	
Yes	
No	
☐ Not Applicable	
Date of last emergency response drill.	
Enter date	
Summary of findings and corrective actions from the last em drill.	ergency response
Write something	
Are emergency procedures posted in accessible locations?	
Are emergency procedures posted in accessible locations?	

# Attach a copy of the emergency response plan. L Upload File

#### **Review & Documentation**

Covers the necessary review, approval, and documentation of the PHA process.

ter date	
A Revision Number	
ter a number	
nmary of PHA Findings & Conclusions	
ite something	
A Report File	
Upload File	
A Review Status	
Not Reviewed	
Reviewed	
Approved	

Write something	
Next PHA Review Date	
Enter date	
PHA Lead Signature	
Compliance & Regulatory Requirements	
onfirms adherence to applicable regulatory requirements and industry sta	andards.
Applicable OSHA Standards?	
00 OED 1010 110 (Duanna Cofet Menanana)	
29 CFR 1910.119 (Process Safety Management)	
29 CFR 1910.120 (Hazard Communication)	
29 CFR 1910.120 (Hazard Communication)  Other (Specify in LONG_TEXT)	
29 CFR 1910.120 (Hazard Communication)  Other (Specify in LONG_TEXT)  Not Applicable	
29 CFR 1910.120 (Hazard Communication) Other (Specify in LONG_TEXT) Not Applicable  Relevant EPA Regulations?	
☐ 29 CFR 1910.120 (Hazard Communication) ☐ Other (Specify in LONG_TEXT) ☐ Not Applicable  Relevant EPA Regulations? ☐ Clean Air Act ☐ Clean Water Act ☐ Resource Conservation and Recovery Act (RCRA)	
29 CFR 1910.120 (Hazard Communication) Other (Specify in LONG_TEXT) Not Applicable  Relevant EPA Regulations? Clean Air Act Clean Water Act	

Documentation of Permit Requirements (e.g., Air Permits, Wastewater Permits)	
Write something	
Last PHA Review/Update Date (per Regulatory Requirements)	
Enter date	
Frequency of PHA Review (as per regulation or company policy)	
Enter a number	
State-Specific Regulations?	
Yes (Specify in LONG_TEXT)  No	
Upload Copies of Relevant Permits  L Upload File	