



# Shutdown/Turnaround Checklist

## Planning & Preparation

Activities related to planning, risk assessment, permit acquisition, and communication prior to the shutdown.

### Planned Shutdown Start Date

### Planned Shutdown End Date

### Estimated Shutdown Duration (Days)

### Shutdown Scope Description


### Affected Areas/Units

- Area A
- Area B
- Unit 1
- Unit 2

### Shutdown Type

- Preventative Maintenance
- Corrective Maintenance
- Capital Upgrade
- Emergency Shutdown

### Risk Assessment Document

 Upload File

### Permit Required (Yes/No)

Write something...

## Personnel & Safety

Ensuring adequate staffing, safety protocols, and emergency preparedness for the shutdown.

### Number of Personnel Involved

Enter a number...

**PPE Requirements (Select all that apply)**

- Hard Hat
- Safety Glasses
- Gloves
- Safety Shoes
- Respirator
- Hearing Protection
- High-Visibility Vest

**Briefing/Toolbox Talk Topics Covered**

Write something...

**Date of Safety Briefing**

Enter date...

**Time of Safety Briefing**

**Emergency Contact Person(s)**

- Contact 1
- Contact 2
- Contact 3

**Emergency Procedures Reviewed (Fire, Medical, Spill)**

Write something...

### Attach Relevant Safety Documentation (SDS, Permit to Work)

 Upload File

### Safety Supervisor Sign-off

## Utilities & Services

Steps required to isolate, depressurize, and secure utilities like electricity, water, steam, and compressed air.

### Main Power Supply Voltage (V)

### Steam Supply Isolation Method

- Blind Flange
- Valve Isolation
- Other (Specify)

### Detailed Notes on Steam Isolation Procedure

### Scheduled Time for Water Supply Isolation

### **Compressed Air Line Isolation**

- Complete Isolation
- Partial Isolation (Specify)

### **Description of Partial Compressed Air Isolation**

Write something...

### **Date of Last Utility System Inspection**

Enter date...

### **Water Tank Level (%), prior to shutdown**

Enter a number...

### **Nitrogen Purge Required?**

- Yes
- No

## **Equipment Isolation & Lockout/Tagout (LOTO)**

Procedures for isolating and securing equipment to prevent accidental startup.

### Select Isolation Method

- Physical Isolation (Valves, Blinds)
- Lockout/Tagout (LOTO)
- Double Break Isolation
- Energy Absorbent Devices

### Describe Isolation Procedures

Write something...

### Lock Number (if applicable)

Enter a number...

### Energy Source

- Electrical
- Pneumatic
- Hydraulic
- Steam
- Water

### Affected Equipment (Check all that apply)

- Pumps
- Motors
- Valves
- Compressors
- Reactors
- Heat Exchangers

**Isolation Verification Signature**

**Isolation Verification Date**

Enter date...

**Isolation Verification Time**

## Mechanical Work

Tasks related to mechanical repairs, replacements, and inspections.

**Describe the specific mechanical work to be performed.**

Write something...

**Estimated labor hours required for mechanical work.**

Enter a number...

**Upload detailed mechanical work scope documents/drawings.**

 Upload File

**Type of Mechanical Repair (e.g., replacement, overhaul, inspection).**

- Replacement
- Overhaul
- Inspection
- Repair
- Other

**Estimated Start Date for Mechanical Work.**

Enter date...

**Estimated Start Time for Mechanical Work.**

**Specialized tools or equipment required.**

- Crane
- Specialized Wrench Set
- Hydraulic Tools
- Welding Equipment
- None

**Part Number(s) of replaced components.**

Write something...

**Mechanical Work Completion Signature**

**Electrical Work**

Activities involving electrical equipment, including testing, repairs, and upgrades.

### **Voltage Readings - Phase A**

Enter a number...

### **Voltage Readings - Phase B**

Enter a number...

### **Voltage Readings - Phase C**

Enter a number...

### **Insulation Resistance Test Result (Megger)**

- Pass
- Fail
- Not Performed

### **Detailed Observations During Insulation Resistance Testing**

Write something...


### **Electrical Safety Checks Performed**

- Grounding Verification
- Overcurrent Protection
- Personnel Protective Equipment (PPE) Inspection
- Arc Flash Hazard Assessment Review

### Date of Next Electrical Inspection

Enter date...

### Upload Infrared Thermography Report (if applicable)

 Upload File

### Equipment Tag Number for Disconnect Switches

Write something...

### Electrician Sign-off

## Instrumentation & Control Systems

Tasks related to calibration, testing, and maintenance of instrumentation and control systems.

### Calibrate Flow Meter - Loop X

Enter a number...

### PLC Program Backup Status

- Completed
- In Progress
- Not Started

### Record any observed deviations during calibration

Write something...

### Last Calibration Date - Controller Y

Enter date...

### Time of Calibration - Controller Y

### Upload Calibration Certificates

 Upload File

### HMI Screen Functionality Test Result

- Pass
- Fail
- Not Tested

### Loop Checks Performed

- PID Tuning
- Signal Integrity
- Input/Output Validation
- Communication Tests

## Process & Cleaning

Steps for cleaning, flushing, and preparing process equipment for maintenance or inspection.

**Describe the cleaning procedure to be followed. Include any specific chemicals or techniques.**

Write something...

**Target cleanliness level (e.g., % reduction in contaminants)**

Enter a number...

**Cleaning Method Selected**

- Manual Cleaning
- Pressure Washing
- Chemical Cleaning (specify in LONG\_TEXT)
- Other (specify in LONG\_TEXT)

**Upload SDS (Safety Data Sheets) for cleaning chemicals.**

 Upload File

**Date of Last Cleaning**

Enter date...

**Record any unusual observations or issues encountered during cleaning.**

Write something...

### Waste Disposal Method

- Recycle
- Landfill
- Specialized Disposal (specify in LONG\_TEXT)

### Estimated Cleaning Duration

## Post-Shutdown Activities & Restart

Procedures for post-maintenance checks, system re-integration, and controlled equipment restart.

### Planned Restart Date/Time

### Actual Restart Time

### Pressure Readings (Confirm within spec)

### Temperature Readings (Confirm within spec)

### Checklist Verification - Restart Sequence Complete?

Yes

No

### Confirm Safety Interlocks Functioning Correctly

Yes

No

### Any Issues Encountered During Restart?

Write something...

### Restart Verification Signature

\_\_\_\_\_

### Production Levels Restored?

Yes

No

### Notes on initial production run

Write something...

## Documentation & Sign-off

Ensuring all work is properly documented, signed off, and lessons learned are captured.

### Shutdown Start Date

Enter date...

### Shutdown End Date (Planned)

Enter date...

### Planned Restart Time

### Summary of Work Performed

Write something...

### Total Shutdown Duration (Hours)

Enter a number...

### Deviations from Planned Shutdown (Check all that apply)

- Unforeseen Repairs
- Scope Changes
- Equipment Delays
- Safety Concerns
- None

### Details of Deviations (if any)

Write something...

### Supporting Documentation (e.g., Inspection Reports, Photos)

 Upload File

### Shutdown Supervisor Sign-off

---