

Equipment/Tool Engineer:		Date Equipment Decommissioned:
Name of Organization:		
Tool Identification	Equipment Description	
Tool ID Code:		
Tool Name:		
Building and Room Number:		
Manufacturer/Supplier:		
Model:		

Two copies of this form shall be maintained.

Pre-Decommissioning			
Description	Equipment Engineer/ Tool Owner (Initials)	EHS (Initials)	N/A
1. Has the decommission been presented to the tool owner and CRB? CRB Release date: _____			<input type="checkbox"/>
2. A description of the demolition and decommissioning work has been reviewed by EHS?			<input type="checkbox"/>
3. A work plan for the decontamination of the equipment and support systems (if necessary) has been reviewed by EHS? (Ref. Doc. # EHS-00037)			<input type="checkbox"/>
4. A plan for the lockout/tagout of the equipment's hazardous energy source(s) has been reviewed by EHS?			<input type="checkbox"/>
5. TGMS, ERT, and Facility Engineering/system owners have been notified of the decommissioning work plan?			<input type="checkbox"/>
6. Has a DCN to the P&ID been issued?			<input type="checkbox"/>

Decommissioning			
Description	Equipment Engineer/ Tool Owner (Initials)	EHS (Initials)	N/A
1. Has the Equipment Engineer/ Tool Owner applied administrative locks?			<input type="checkbox"/>
2. Have EHS process control locks been applied?			<input type="checkbox"/>
3. a. For modification: has the TGMS matrix been revised and approved by TGMS and EHS? b. For complete TGMS removal: has TGMS and EHS approved?			<input type="checkbox"/>
4. Have approvals been obtained from TGMS and EHS for idling or bypass of TGMS points?			<input type="checkbox"/>
5. Have approvals been obtained from FOG/FEG for removal and deprogramming of Building Fire Alarm System monitoring points.			<input type="checkbox"/>
6. Have affected fire suppression systems been isolated from the tool?			<input type="checkbox"/>

TGMS approval: _____ **Date:** _____

EHS approval to perform Decontamination: _____ **Date:** _____

Decontamination Verification			
Description	Install Coordinator (IC) (Initials)	Equipment Engineer (Initials)	N/A
1. Have all affected bulk chemical delivery lines been isolated from the tool, drained, and removed, and have the remaining lines been capped?			<input type="checkbox"/>
2. Have all applicable equipment systems, support equipment, parts, and components been properly decontaminated in compliance with Policy for Equipment Decontamination (EHS-00037)?			<input type="checkbox"/>
3. Have all affected waste drain lines been isolated from the tool, drained, and removed, and have the remaining lines been capped?			<input type="checkbox"/>
4. Have the remaining lines been cut back (to reduce tripping and bump hazards) and capped?			<input type="checkbox"/>
5. Has support equipment, which is to continue serving other tools, been isolated from the tool, and affected lines purged (or drained) and properly capped or decontaminated?			<input type="checkbox"/>
6. Have all removed segments of process gas lines, vents, forelines/pumping lines, bulk delivery, waste drains and exhaust ductwork been decontaminated, and have provisions been made for the proper disposal of all hazardous waste generated by the removal of this tool?			<input type="checkbox"/>
7. Has EHS been informed about abatement device removal?			<input type="checkbox"/>
8. Have all inert facilities piping and inert process piping been isolated from the tool?			<input type="checkbox"/>
9. Have all inert facilities piping been isolated from affected support equipment and capped?			<input type="checkbox"/>
10. Are all remaining electrical wiring and equipment protected from water potential?			<input type="checkbox"/>
11. Has support equipment, which is to remain in service, been relabeled to reflect the removal of this tool (HAZCOM labels, tool associations, etc.)?			<input type="checkbox"/>
12. Have all affected Building Management Systems (BMS) points been deleted?			<input type="checkbox"/>
13. Have any building Fire Alarm System monitoring modules associated with tool been removed from fire alarm network and program? (If yes, please attach NFPA Record of Completion document.)			<input type="checkbox"/>
14. Is the EHS Equipment Decontamination Certification Form (EHS-00037-F1) posted on the equipment or component?			<input type="checkbox"/>

EHS approval to remove equipment: _____ Date: _____

Equipment Removal Verification			
Description	Install Coordinator (IC) (Initials)	Equipment Engineer/ Tool Owner (Initials)	N/A
1. Have all process piping labeling been updated to reflect any changes in direction of flow or contents?			<input type="checkbox"/>
2. Have all exhaust duct work been removed to the nearest blast-gate and capped. Has the remaining branch(es) been rebalanced?			<input type="checkbox"/>
3. Has TGMS completed decommissioning and removal?			<input type="checkbox"/>
4. If TGMS equipment is left in place and idled, are the devices clearly labeled with date of removal from active services?			<input type="checkbox"/>
5. Have all electrical feeds to tool and support equipment been removed back to the electrical panel? Have breakers and panel index card been relabeled as spare?			<input type="checkbox"/>

Equipment Removal Verification			
Description	Install Coordinator (IC) (Initials)	Equipment Engineer/ Tool Owner (Initials)	N/A
6. Are all remaining electrical junction covers secured?			<input type="checkbox"/>
7. Is good wiring management exhibited for all remaining wiring?			<input type="checkbox"/>
8. Have all wall, floor, and ceiling penetrations, which were created by the removal of the tool (or its support equipment), been properly sealed?			<input type="checkbox"/>
9. Have all affected TGMS documentation been completed and updated?			<input type="checkbox"/>
10. Has all unneeded equipment been removed from the area?			<input type="checkbox"/>
11. Has all unnecessary clutter been cleaned and removed from the area?			<input type="checkbox"/>
12. Has all unnecessary tape, debris or tags on walls, floors and equipment been removed?			<input type="checkbox"/>
13. Have all equipment and work areas impacted by the equipment removal been checked and cleaned?			<input type="checkbox"/>
14. If the tool presented ionizing radiation potential (e.g., x-ray, Beta, etc.), has the disposal date been filled-in on the Radiation Inventory Form and the completed form logged with the EHS Radiation Safety Office (RSO)?			<input type="checkbox"/>
15. Have all LOTO locks been removed? (Administrative control locks may remain in place)			<input type="checkbox"/>
16. Have all drawings/records been updated to reflect changes?			<input type="checkbox"/>
17. Other?			<input type="checkbox"/>

EHS approval: _____ Date: _____

SIGN-OFF PUNCHLIST		
Issue	Responsible Party	Completion Date

Equipment Sign-Off			
	Print Name	Signature	Date
Equipment/Tool Engineer			
Facilities Engineer (Exhaust)			
Facilities Engineer (Drains)			
Facilities Engineer (Electrical)			
Facilities Engineer (Building Fire Alarm)			
Chemical/Gas Manager			
Tool Hookup Project Manager			
TGMS			
NYCREATES Equipment Engineering Manager			
Other:			
EHS			

General Comments		
Comment	Initials	Date