

Complete the checklist by ticking the checkbox and entering a progressive reference number () in order to specify later on: If NO → mitigation action / alternative requirement; if N / A → reason.

In the checklist there are Mandatory YES. If one cannot tick YES, the activity cannot continue until a corrective Action will be done in order to tick YES.

VERIFICATION BY MAPEI PERSONAL		CHECK LIST <small>rev 14 nov 2014</small>	
PRELIMINARY CHECKS IN LOCO BEFORE ENTRY IN TO THE MILL			
PRELIMINARY INFO	Have I already worked on this mill ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Have I received enough data on the mill's characteristics to operate within it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Have I received from the customer the procedure/current instructions to lock out the mill?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Have I received the emergency recovery procedure ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
ACCESSIBILITY TO THE AREA	Has all eventual work of an interfering nature (connected to the mill) been suspended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Is the mill in the correct stop position? (The manhole in safety access position and the ball charge in horizontal position)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Are the manhole entrances to the mill accessible by safe means? (stable stairs, height protection, lifeline for harness use, ...)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Is the access to the mill safe? OR Is there a lifeline?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
VERIFICATION OF THE SAFETY LOCK OUT OF THE MILL ACCORDING THE INTERNAL CUSTOMER PROCEDURE			
SEZIONAMENTO E MESSA IN SICUREZZA	Has the safety lock out procedure been activated and has the person been identified who will be responsible for the actuation of prescribed measures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Is there any residual pneumatic energy working on the mill?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Has the main motor been locked out? (padlock, fuse removed and not accessible without your permission, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Has the auxiliary motor been locked out? (padlock, fuse removed and not accessible without your permission, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Has the Dynamic separator motor been locked out? (padlock, fuse removed and not accessible without your permission, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Have the oil pressure pumps been locked out? (padlock, fuse removed and not accessible without your permission, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Has the interruption of combustion gases and exhaust gases been carried out? (valid for mills equipped with hot gas generator: ad es. flange cieche o altri apprestamenti atti a intercettare combustibili o materiali)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	THINK AGAIN! Was the procedure for securing the mill carried out successfully?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
VERIFICATION OF THE ENVIRONMENTAL CONDITIONS			
LIGHT/AIR/TEMP	Has the mill internal illumination?: connected to low voltage (24V)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Is there a torch or any other external portable illumination system available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <input type="checkbox"/> N/A ()
	Is the mill temperature lower than 50°C? OR Sufficient air renewal (mill fan at ~20% of its nominal capacity)	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
VERIFICATION OF STAFF SUPPORT.			
PRESIDIO	Is there a squad present all the time to monitor and support all of the operation: at least 2 people of which one is in the mill with me?	<input type="checkbox"/> YES	<input type="checkbox"/> NO () <i>If one can't tick YES, STOP the Activity</i>
	Have I agreed with the squad the procedure to be followed in case of a sudden ill feeling?		
	Am I able to communicate with the team member: Does he hear me/see me and can I hear him/see him? Perform a communication test to ensure the absence of shielding of transmissions caused possibly by environments of a metallic nature.		

Fill the checklist by ticking the checkbox and entering a reference numerical order in () to specify more below: If NO → mitigation action / alternative requirement; if N / A → reason.

In the checklist there are Mandatory YES. if you cannot tick YES, the activity cannot continue until any corrective Action will be done in order to tick YES.

VERIFICATION BY MAPEI PERSONAL
CHECK LIST rev 14 nov 2014

INDIVIDUAL PROTECTION DEVICES (DPI)

DPI	Wear body harness - 5 points (for recovery)	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	<i>If one can't tick YES, STOP the Activity</i>
	Wear safety shoes	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	
	Wear helmet	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	
	Wear appropriate gloves	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	
	Wear safety goggles	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	
	Wear a breathing mask (with valve)	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	
	Wear other (specify): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO () <input type="checkbox"/> N/A ()	
O₂	Have I verified if it is necessary to wear an O ₂ meter?	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	<i>If one can't tick YES, STOP the Activity</i>
	Is it necessary to wear an O ₂ meter?	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	
	If it is necessary to wear an O ₂ meter, am I wearing it?	<input type="checkbox"/> YES <input type="checkbox"/> NO ()	<i>If one can't tick YES, STOP the Activity</i>

IT IS COMPLETELY FORBIDDEN FOR MAPEI PERSONNEL TO ENTER IN TO: COAL MILLS , THE RAW MEAL , MILLS WHERE IT IS POSSIBLE THAT CARCENOGENIC SUBSTANCES MAY BE USED.

NOTES:

Indicate mitigation actions as alternatives provided against a barred NO (place a number in the brackets to be referred to here below):

Faults / other notes to be reported to your respective Manager Mapei / service SPP / HSE:

Place: _____

Signature of the compiler of the check-list:

Date: _____

TO BE COMPILED BY THE CLIENT:

I have read the content of the check-list and confirm that the conditions of security exist in order to enter the mill.

Place: _____

Signature of the Department Chief in loco:

Date: _____
