**Pressure Safety Valve MOC Form**

This checklist is for identifying when a pressure safety valve (PSV) is being added, changed, or removed. It’s designed to ensure the correct documents are filed to update the PSV program.

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| --- | --- |
| Project ID: | Date: |
| 1. PSV Asset Tags: | |
| 2. Describe the reason for the change: | |
| 3. PSV is: ☐ New   ☐ Changed ☐ Removed | |
| 4. Does any new equipment that needs to be installed have factory provided PSVs?  ☐ Yes – Type of equipment w/factory PSVs:  ☐ No – Determine the design case, size, capacity, and type of PSV: | |
| 5. Will PSVs be added to the PSV program?  ☐ Yes (Skip to #7)   ☐ No ☐ Already in the PSV program (Skip to #7) | |
| 6. For PSVs that will be repaired outside of the PSV program (e.g., with equipment skid maintenance, by facility personnel):  ☐ List equipment maintenance procedure that will include PSVs and submit a procedure for review.  *Maintenance procedure number and description*:  ☐ Identify asset, facility, or staff responsible for maintenance activity.  *Asset/crew completing maintenance*: | |
| 7. What access equipment/structures are needed to access the PSVs?  ☐ Scaffold ☐ Ladder ☐ Fall Protection  ☐ None – List general location and access type (e.g., ground level):  ☐ Other – List access equipment: | |
| 8. Is a system/process shutdown required for PSV maintenance?  ☐ No – Will isolation valve(s) be used for PSV maintenance? ☐ No   ☐ Yes – Contact PSV engineer  ☐ Yes – Shutdown duration:  Does shutdown impact other systems? ☐ No   ☐ Yes | |
| 9. Will a safe operating procedure (SOP) be required for PSV maintenance?  ☐ No   ☐ Yes – SOP # and Title: | |
| 10. When should maintenance be performed?  ☐ Summer   ☐ Winter ☐ Anytime  ☐ Other – Preferred maintenance time: | |
| Prepared By: | Date: |
| Reviewed By: | Date: |