

# PERMISSION TO START EXPERIMENT

## Section 1: Job Safety Analysis (JSA)

<b>Experiment Name:</b>	<b>JSA Author(s):</b>
<b>Room Number/Building:</b>	<b>Faculty Supervisor:</b>
<b>Revision #:</b>	<b>Revision Date:</b>

**Purpose of Experiment / Equipment:** Briefly describe the project and major hazards.

**Personal Protective Equipment (PPE)** – Check all PPE worn during fabrication and operation of the equipment/experiment.

<input type="checkbox"/> Long Pants	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Long Sleeves	<input type="checkbox"/> Splash Goggles	<input type="checkbox"/> Insulated Gloves	<input type="checkbox"/> Ear Protection
<input type="checkbox"/> Close-Toed Shoes	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Chemical Gloves	<input type="checkbox"/> Other:

**Available Safety Equipment** – Provide the location of each item shown below. You will be expected to show others where these items are located. If not available, type “NA” in the field.

Item	Location
Fire Extinguisher:	
Eyewash:	
Safety Shower:	
Telephone:	
First Aid Kit:	
Spill Kit:	
Other:	

### List Required Chemicals:

Chemical	State	Concentration	Amount

Incompatible chemicals involved? ☐ yes ☐ no If yes, identify and state why no alternatives used: \_\_\_\_\_

**Hazard Summary – JSA Page 2 of 2** – Check all hazards that are likely to be encountered during your experiments. List the major source(s) of the hazard and describe how the hazard(s) will be controlled.

Hazard Type	Major Source(s) of Hazard	Control Method(s)	PPE Required
<input type="checkbox"/> List Pressure Minimum (psi):			
<input type="checkbox"/> List Pressure Maximum (psi):			
<input type="checkbox"/> List Temperature Min (F):			
<input type="checkbox"/> List Temperature Max (F):			
<input type="checkbox"/> Electrical			
<input type="checkbox"/> Corrosive materials (Solid, liquid, or gas)			
<input type="checkbox"/> Flammable materials (Solid, liquid, or gas)			
<input type="checkbox"/> Toxic materials (Solid, liquid, or gas)			
<input type="checkbox"/> Reactive materials (Solid, liquid, or gas)			
<input type="checkbox"/> Asphyxiates			
<input type="checkbox"/> Open flames, exclusive of welding			
<input type="checkbox"/> Rotating equipment			
<input type="checkbox"/> Pinch points			
<input type="checkbox"/> Biohazard			
<input type="checkbox"/> Steam			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Other: _____			

**APPROVED BY (Faculty, or Staff Engineer):** \_\_\_\_\_

# DOCUMENTATION PAGE

Operating procedures approved by Faculty Manager	Faculty Manager (Initial if approved)
Startup	
Data Collection	
Shutdown	
Emergency Shutdown	

Team Safety Officer (Print Name): \_\_\_\_\_

Is all required personal protective equipment on hand? ☐ **yes** ☐ **no**

All SDS's reviewed \_\_\_\_\_

Signature of Safety Officer \_\_\_\_\_ Date \_\_\_\_\_

This form has been reviewed by Process Technician:\_\_\_\_\_

Staff Engineer Signature	Date
--------------------------	------

State issues found (if any): \_\_\_\_\_

By signing below you agree to have:

- An active CITI Training “General Lab Safety” certificate completed and on file
- Read and agree to follow the Rowan ChE Lab Safety Manual
- Completed and follow all items in this Permission to Start Form

[illegible]

**Permission to start is granted by:**

Signature of Faculty Project Manager	Date
--------------------------------------	------