

PERMISSION TO START EXPERIMENT

Section 1: Job Safety Analysis (JSA)

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

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 Technician): _____

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: _____

Process Technician 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

Name (Printed)	Signature	Date

Permission to start is granted by:

Signature of Faculty Project Manager Date