

# SITE ASSESSMENT PROFILE- CONVEYORS

Date	Site Name	Completed By
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Overall Site Information	Description (Quantity/Size)
<p><b>Material Handling Systems</b></p> <ul style="list-style-type: none"> <li>• Conveyors,</li> <li>• Trucks,</li> <li>• Trains,</li> <li>• Pipelines</li> <li>• Other (explain)</li> </ul>	
<p><b>Production</b></p> <ul style="list-style-type: none"> <li>• 24 hours x 7 days/week,</li> <li>• 10 hours x 5 days/week,</li> <li>• Batch production (operating hours/week)</li> <li>• Downtime costs</li> <li>• Include site layout and process flow diagrams</li> </ul>	
<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>• Maintenance practices; e.g. preventative, predictive breakdown, or combination (describe)</li> <li>• On-site technical skills capability?</li> <li>• On-site diagnostic equipment?</li> <li>• Condition monitoring tools (hardware/software)</li> <li>• Availability of spares (in store, or off site)</li> </ul>	

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(attach pages with responses to the sub-headings below as required)

Critical Conveyors (single point of failure affects production)	Description	Importance
a) quantity and length for each?  List location, structure type (fixed frame, suspended), lengths.		<input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Not Important
b) ignition sources?  e.g. electrical switchgear overheated rotating equipment, hydraulic oils, nearby fuels, spontaneous combustion  List location, type and quantity?		
c) existing fire and/or heat detection?  e.g. CO, infra-red, smoke detectors, location, coverage, zoning  List location type and quantity?		<input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Not Important
d) are they carrying combustible materials?  e.g. coal, potassium, lithium, sodium  List type and quantity?		<input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Not Important
e) fire or heat location and alarm system?  e.g. automatic or manual (personnel detection)  Describe type, locations, resolution		<input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Not Important
f) firefighting equipment & personnel?  e.g. fire extinguishers, automatic suppression, sprinklers, gas.  List location type and quantity?		<input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Not Important
g) remote monitoring of fire or abnormal heat?  e.g. local, integrated, centralized for evacuation management, fire movement, and historical data for investigation.  List location, type and quantity?		<input type="checkbox"/> High  <input type="checkbox"/> Low  <input type="checkbox"/> Not Important
h) emergency access to this equipment or area for firefighting activities?  Describe entry points.	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
i) Business Impact Effect: <ul style="list-style-type: none"> <li>• Personnel Safety (WHS)</li> <li>• Environmental (EPA, community impact)</li> <li>• Equipment Damage (Repair, Replace)</li> <li>• Production Loss (Downtime)</li> <li>• Legal (Compliance breaches)</li> <li>• Loss of reputation</li> <li>• List risk assessments relevant to impacts</li> </ul>		