

Date revised: 8/16/2021

## MOSAIC FERTILIZER, INC. WATERBLASTING AUDIT CHECKLIST

Date:			Time:		Location:			
Departme	nt / Plant			Auditor:				
Equipment				Permit App	orover:			
Waterbla	sing Com	pany:		<u>.                                      </u>	_			
Job Supe	ervisor:							
YES	NO	N/A	<u>-</u> -					
			PERMIT/LOCKOUT					
			1. Is the safework and/or confined space permit properly completed and available at the work site?					
			2. Is required PPE being worn by crew perforr	required PPE being worn by crew performing the work?				
			3. Are proper lockout control measures taken for all identified hazards?					
			4. Does each employee involved with the job have a personal lock on the energy control device(s), or on a					
			lockbox.					
5. Are all contractor personal lock properly identified/tagged with company and employee						mployee name?		
			PRECAUTIONS:					
			<ul> <li>1a. Has Mosaic High Pressure Water Blasting Prior-To-Use Checklist been completed?</li> <li>2. Has the blast area been properly red taped, barricaded or watchman posted?</li> <li>3. All equipment, hoses and connections appear to be in good condition – no visible leaks on equipment?</li> <li>4. Hoses arranged so that they do not present a trip hazard and are protected from being run over and crushed</li> </ul>					
			by vehicles, forklifts, etc.					
			5. Any electrical equipment in the immediate area of Pressure Washer operations that may present a hazard de-energized or shielded?					
			6. Personnel demonstrate knowledge and skil	ll in proper operatior	of equipment	and practical applicat	ions.	
			SIGNATURES:					
			1. Permission granted for the work (approvals	per matrix)?				
			2. Person(s) performing work listed on permit	?				
Justify / E	Explain an	y NO ans	swers:					
Feedback	( / follow	up provid	ded					