

Unit: _____

Reason for Piping: _____

Earliest Date Piping is Connected:

Latest Date Any Temporary Piping will be Removed:

Utility	Other

Checklist Prepared by: _____

Item No.	Location and/or Description of Piping and processes connected	Approval Category	Installed		Remove Prior to Startup		Removed	
		N/A, Hazard Review, PMOC, or MOC	OPR	Date	Yes	No	OPR	Date
	Connections: _____							
	Connections: _____							
	Connections: _____							
	Connections: _____							
	Connections: _____							
	Connections: _____							

ATTENTION: Printed copies should be used with caution.

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