
	<b>Safe Work Procedures Chlorination Maintenance</b>		2300-002
	<b>Title</b>		
	Approved By:	PW Director	
	Date Approved:		Review 3 Years
	Date JWHSC Approved:		
	Revision Date:		

### Required Personal Protective Equipment

- CSA Grade 1 Safety Boots
- CSA Safety Glasses
- Coveralls
- Rubber Gloves
- Full Face Respirator with Chlorine Filter

Sequence of Basic Job Steps	Potential Accidents or Hazards	Safe Job Procedure
Check and record chlorine residual	Burns, corrosive liquid, splashes.	<ol style="list-style-type: none"> <li>1. Follow test procedures of test kit.</li> <li>2. Always wear rubber gloves</li> </ol>
<p>Prior to entering chlorine room, check fan operation in the chlorine room.</p> <p>Exterior door to remain open.</p> <p>A stand-by person required.</p> <p>Check weight of gas in tanks.</p>	Toxic gases.	<ol style="list-style-type: none"> <li>1. Test the atmosphere for oxygen deficiency and/or toxic gas.</li> <li>2. Provide adequate lighting in an explosion-proof fixture.</li> <li>3. Keep area free of debris.</li> <li>4. Wear rubber gloves.</li> <li>5. Ensure SCBA and other safety equipment is operational and available.</li> <li>6. Ensure life support equipment is not stored in the same room as the chlorine.</li> </ol>
Check for leaks with an ammonia solution.	Toxic gas, corrosive solution, burns, asphyxiation, slips and falls.	<ol style="list-style-type: none"> <li>1. Rubber gloves to be worn.</li> <li>2. Keep area adequately lighted and free of debris.</li> <li>3. Provide and emergency eye wash in the area of chlorine equipment.</li> <li>4. Provide first aid kit in area.</li> </ol>

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Check gas chlorinator for proper operation; adjust feed rate as required.	Slips and falls	1. Follow supplier's procedures for feed rate adjustment.
Replace empty tanks as soon as they run out.  Check all joints for gas leaks when tanks changed.	Toxic gas, burns, asphyxiation, injured back, dropping cylinder on foot.	1. Use Full Face Respirator. Refer Respirator Breathing Equipment program.  2. Provide adequate lighting.  3. Use cylinder cart to transport cylinders.

Workers Signature \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date Reviewed \_\_\_\_\_