

MPC Energy Isolation List

Unit:	Equipment No:	Equipment Description:	Sheet # of
Job Description:			
Associated Blind List <input type="checkbox"/> Yes <input type="checkbox"/> No		Lockbox No. / Location:	

Energy Sources Locked/Tagged

Process Electrical Steam Water Air Nitrogen Radiation Hydraulic Other:

Energy Isolation Device Identification

Lock / Tag No.	Location / Description of Isolation Point	Status On/Off Open/Closed	Installation		Removal		Status Change / Temporary Release	
			Initials	Date	Initials	Date	Number	Initials

Owning Department Supervision Approval of Isolation List

By signing below, owning department supervision is approving this isolation list that will be used to isolate equipment

Date	Time	Owning Department Supervision Signature:
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Owning Department Verification of Isolation

By signing below, the owning department representative is confirming that the equipment has been isolated and de-energized according to the plan documented on this isolation list

Date	Time	Owning Department Representative Signature:
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Servicing Group Verification of Isolation

Date	Time	Signature/Company:	Date	Time	Signature/Company:
Date	Time	Signature/Company:	Date	Time	Signature/Company:
Date	Time	Signature/Company:	Date	Time	Signature/Company:

Safety Comments:

Unit:	Equipment No:	Equipment Description:
Job Description:		
Lockbox No. / Location:		

Verification of Isolation							
List all Isolation Verification Points that are used in the preparation of the equipment							
Location / Description of Isolation Verification Point	Means / Action Used to Verify Control of Hazardous Energy	Initials	Date	Location / Description of Isolation Verification Point	Means / Action Used to Verify Control of Hazardous Energy	Initials	Date

Note: If there are not adequate means to verify that the equipment is de-energized, requirements in RSW-SAF-002-DT, Section 3.1, Stage (2)(e) must be followed.

Temporary Release								
Temporary Release Number	Reason for Temporary Release	Equipment/Area Safe For Temporary Release			Isolation Restored			
		Date	Time	Owning Department	Date	Time	Owning Department	

Status Change								
Status Change Number	Reason for Status Change	Equipment/Area Safe For Status Change			Status Change Complete			
		Date	Time	Owning Department Supervision	Date	Time	Owning Department	