

MPC Blind List

Unit:	Equipment No:		Equipment Description:	Sheet #
-------	---------------	--	------------------------	---------

Associated Isolation List	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lockbox No. / Location:	of
---------------------------	--	-------------------------	----

Owning Department Approval of Blind List

Date	Time		Owning Department Supervision Approval Signature
------	------	--	---

Blind Identification

Blind Tag No.	Description of Blind Location	Size / Rating	Live Flare Invasive Y or N (SAF-083)	Installation			Removal		Status Change / Temporary Release	
				Fresh Air Required	Servicing Initial / Date	Owner Initial / Date	Servicing Initial / Date	Owner Initial / Date	Number	Initials

Owning Department Verification of Blind Installation

Date	Time		Owning Department Representative Signature
------	------	--	--

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

Verification of Isolation								
List all Isolation Verification Points that are used in preparation to remove Primary Isolation Point blinds								
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	