Attachment C – Blind List Template

Unit:	Equipment No:	Equipment Description:	Sheet # of
Associated Isolation List ☐ Yes ☐ No	Lockbox No./Location:	Initiated By:	

Owning Department Approval of Blind List		
Date	Time	Owning Department Supervisor Approval Signature

Blind Tag No.	Description of Blind Location	Size/ Rating	Installation		Removal		Status Change/ Interim Test	
			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
Work Complete To be Signed by Owning Department and Craft when blinds are no longer needed.		
Date	Time:	Owning Department Representative Signature:
Date	Time:	Craft Representative Signature:

Printed copies should be used with caution. The user of this document must ensure that the current approved version of the document is used.