

Attachment K – Blinding and Energy Isolation Audit Form

**Blinding and Energy Isolation Audit
(RSP-1121-010-FORM06)**

Equipment Type: _____ Equipment Name: _____ Date: _____

Equipment Number: _____ Work Permit Number: _____

Attach the appropriate Master Isolation List used during the audit.

This equipment, its energy isolating devices, involved personnel and applicable energy control procedure (isolation list) have been audited and evaluated. The conclusions are:

	Yes	No	NA
Did the authorized employee performing the audit walk down the job to verify each energy isolation device (i.e. valve, disconnect, etc.) is de-energized and locked/tagged properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Were appropriate isolation locks used on the energy isolation devices?	<input type="checkbox"/>	<input type="checkbox"/>	
Did each individual apply a personal lock on the lock box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If contractors were involved, were locks/tags appropriate (identified owner)?	<input type="checkbox"/>	<input type="checkbox"/>	
Did all involved employees and contractors (authorized and affected) understand their responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the Blinding and Master Isolation Lists(s) properly followed by everyone involved?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all the energy sources properly isolated and is the equipment specific energy control procedure adequate?	<input type="checkbox"/>	<input type="checkbox"/>	

Provide details for any NO responses above and include corrective actions and/or recommendations:

List the names of the Authorized Personnel performing the lockout/tagout:

CERTIFICATION OF ENERGY ISOLATION AUDIT

Authorized Employee Signature: _____ Date: _____