

Attachment K – Blinding and Energy Isolation Audit Form

Equipment Type: _____ Equipment Name: _____

Equipment Number: _____ Unit: _____ Date: _____

Master Isolation List Paperwork (Attachment B):

	Yes	No	N/A
1. Is the top section of the MIL completed accurately? (Unit, equipment #, equipment description, job description, initiated by, lockbox #/location, blind list associated)			
2. Is the Type of Energy Source(s) locked/tagged accurate to the job?			
3. Is the Energy Isolation Device Identification section completed accurately? (A Lock/Tag number associated with each, Energy Isolation Status identified, and proper initials for installation)?			
4. Does the LOTO require a second lockbox for more than 20 orange locks? (known as a piggy-back lockbox) if so, does the MIL identify the new box as the new primary box?			
5. If there was a status change/interim test performed, is the paperwork completed and attached to the MIL?			
6. If there was a status change/interim test performed, was it documented correctly on the MIL and attachment D?			
7. Is the Verification of Isolation identified and initialed/dated?			
8. Are the bleeders associated with the isolation that will remain open during the maintenance work listed on the MIL under the Energy Isolation Device Section?			
9. Are the bleeders that were solely used as a means of isolation verification that will not remain open during the maintenance work listed under the "Verification of Isolation" section?			
10. Has the Owning Department Supervisor approved the isolation and verification plan by signing and dating this section?			
11. Has the Owning Department Representative verified the isolation is complete and de-energized per the plan and that the equipment is safe for service by signing and dating this section?			
12. Has a Servicing Group Representative signed the MIL prior to starting work?			
13. Was the MIL Work Complete Section filled out and signed by an Owning Department Representative?			
14. Was the MIL Work Complete Section filled out and signed by a Craft Representative?			

Blind List Paperwork (Attachment C):

	Yes	No	N/A
1. Is the top section of the blind list completed accurately? (Unit, equipment #, equipment description, associated isolation list, initiated by, lockbox #/location)			
2. Has the Owning Department Supervisor approved the plan by signing and dating this section?			
3. Is the List of Blinds Section completed correctly? (A Blind Tag number associated with each blind, Description of Blind Location, Size/rating of blinds, and proper initials for installation)			
4. Has the Owning Department Representative verified the blinds are installed and put their signature in the section?			
5. Was the Work Complete section filled out and signed by an Owning Department Representative?			
6. Was the Work Complete section filled out and signed by a Craft Representative?			

Field Review of LOTO:

	Yes	No	N/A
1. Can the workers in the field identify where the lockbox is for their job?			
2. Are all people working on the equipment locked onto the lockbox utilizing personal locks or utilizing PAE?			
3. Are maintenance task tracking locks and/or contractor company identification locks locked onto the box?			
4. Do all personal locks have identification on each lock? (Name, Company, Contact info)			
5. Is the Silver Owning Department Lock with the White MPC Return to Service Checklist Tag and the Green and Yellow EID Tag on the lockbox?			
6. Is the key/keys to the Orange locks inside the locked lockbox?			
7. Are all the orange locks identified on the MIL installed in the field and locked?			
8. Are the orange locks identified on the MIL locked on the equipment in the field so that the equipment cannot be re-energized while work is being performed?			
9. Does the orange lock number in the field match the MIL for each location?			
10. Does each orange lock have a Green and Yellow EID tag installed on it?			
11. Are all of the Green and Yellow EID tags filled out with the appropriate information?			
12. Is there a piggyback box for this LOTO?			
13. (Piggyback) Is the Return to Service Checklist Tag on the second box identifying it as the new primary?			
14. (Piggyback) Has an orange isolation lock from the second lockbox been applied the first box?			
15. (Piggyback) Is the silver operations lock applied to the new primary box? (box #2)			
16. (Piggyback) Is everyone locking out on new primary piggyback box? (box #2)			
17. Are all blinds on the Blind List installed in the field?			
18. Are blinds installed at the closest flange to the confined space?			
19. Are the blinds properly tagged with the correct color streamer?			
20. Does the Blind tag match the Blind List number for that Blind?			
21. Are the bleeders associated with the isolation that will remain open during the maintenance work tagged with a Pink MPC Do Not Operate tag?			
22. Is the MIL Accurate?			
23. If no to Question 22, Did they miss any piece of equipment or blind location in the field?			
24. Does the LOTO comply with the Minimum Energy Isolation Requirements in Attachment A? (ex: Blinds for CSE, Blinds for Hot Work except non-flammables and utilities, lockout for cold work)			

Comments

Print Observer Name _____

Operations Participant(s) _____

Maintenance Participant(s) _____