

Attachment B – Master Isolation List Template

Unit:	Equipment No:	Equipment Description:	Sheet # of					
Job Description:		Initiated By:						
Lockbox #/Location		Blind List Associated?						
Energy Sources Locked/Tagged								
<input type="checkbox"/> Process <input type="checkbox"/> Electrical <input type="checkbox"/> Steam <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Nitrogen <input type="checkbox"/> Radiation <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other:								
Energy Isolation Device Identification								
Lock/Tag No.	Location/Description of Isolation Point	Energy Isolation Status On/Off Open/Closed	Installation		Removal		Status Change/ Interim Test	
			Initials	Date	Initials	Date	Number	Initials
Verification of Isolation								
List all Isolation Verification Points that are used in the preparation of the equipment. For Batch and Cyclic operation: Has isolation verification occurred at the expected Extreme Operating Pressure and Temperature? If not, Positive Isolation (such as Blinding) must occur or measures must be taken to ensure the batch/cyclic operation does not change while the system is isolated (4.2.3 Note).								
Location/Description of Isolation Verification Point	Means Used to Verify Control of Hazardous Energy	Initials	Date	Location/Description of Isolation Verification Point	Means 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 Section 4.2.4, must be followed.								
Owning Department Supervisor - Approval of Isolation and Verification of Isolation Plan								
By signing below, owning department supervisor is approving the plan documented on this isolation list that will be used to isolate the equipment and verification points								
Date	Time	Owning Department Supervisor Signature:						
Owning Department Verification of Isolation								
By signing below, the owning department representative is confirming the equipment has been isolated and de-energized per the plan and has verified that the equipment is safe to be serviced. (Any alterations necessary to the energy isolation plan must be approved and initialed by the owning department supervisor.)								
Date	Time	Owning Department Representative Signature:						
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:	
Work Complete								
To be signed by Owning Department and Craft when Isolation is no longer needed.								
Date	Time	Owning Department Representative Signature:						
Date	Time	Craft Representative Signature:						