



**Marathon
Petroleum Company LP**

RULES & STANDING INSTRUCTIONS

08-02-F01

MARTINEZ REFINERY

Energy Isolation List

Unit:	Equipment No:	Equipment Description: <i>Name of the equipment or service the equipment is in.</i>	Sheet # ____ of ____
Job Description: <i>Maintenance Scope, Job Card #, Work Order #, etc.</i>			
Lockbox No. / Location: <i>Location will be necessary if using a satellite lockbox or have lockboxes in more than one area.</i>			

Energy Sources Locked/Tagged

Process
 Electrical
 Steam
 Water
 Air
 Nitrogen
 Radiation
 Hydraulic
 Other:

Energy Isolation Device Identification

Lock / Tag No.	Location / Description of Isolation Point	Status On/Off Open/Closed	Installation		Removal		Status Change / Temporary Release	
			Initials	Date	Initials	Date	Number	Initials
<i>List lock and/or tag numbers here</i>	<i>Describe each isolation point here. The description should have enough information to make the isolation point easily identifiable. (e.g. 6" suction line, electrical breaker in substation, 2" warm up line)</i>	<i>Status required for maintenance</i>						
1111	8" Suction Line	Closed					Status Change1	
2222	6" Discharge Line	Closed						
3333	Electrical Breaker at Switch Rack 1234	Open/Off						
4444	2" Flare Line	Closed					Temp Release1	
5555	Low Point Bleeder on Pump Case	Open					Temp Release1	

Verification of Isolation (List all Isolation Verification Points that are used in the preparation of the equipment)

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
<i>Pump Switch for 1-P-0001</i>	<i>Push start button</i>			<i>High Point Vent</i>	<i>Vent line until no pressure remains</i>		
<i>Bleeder between check valve & discharge valve</i>	<i>Use bleeder reamer to verify valve is not plugged; has a history of plugging</i>						

Note: *If there are not adequate means to verify that the equipment is isolated, requirements in RSP-1121-10, Section 3.1, must be followed.*

Owning Department Supervision Approval of Isolation and Verification of Isolation Plan

By signing below, owning department supervision is approving the plan documented on this isolation list that will be used to isolate the equipment and to verify the equipment is de-energized following isolation

Date: _____ Time: _____ Owning Department Supervision Signature: _____

Owning Department Verification of Isolation

By signing below, the owning department representative is confirming that the equipment has been isolated and de-energized according to the plan documented on this isolation list

Date: _____ Time: _____ Owning Department Representative Signature: _____

Servicing Group Verification of Isolation (Verification signatures may be documented on work permit if allowed by site)

Date:	Time:	Signature/Company:	Date:	Time:	Signature/Company:
Date:	Time:	Signature/Company:	Date:	Time:	Signature/Company:
Date:	Time:	Signature/Company:	Date:	Time:	Signature/Company:

Safety Comments: