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|-------------------------|---------------|------------------------|-------------------------|
| Unit: | Equipment No: | Equipment Description: | Sheet # ____ of ____ |
| Job Description: | | | |
| Lockbox No. / Location: | | | |

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 |
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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 |
|--|--|----------|------|--|--|----------|------|
| | | | | | | | |
| | | | | | | | |

Note: If there are not adequate means to verify that the equipment is isolated, requirements in RSI 08-02, Section 4, 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: _____