

 Marathon Petroleum Company LP		RULES & STANDING INSTRUCTIONS		08-02-F06
MARTINEZ REFINERY		LOTO Lock, Shift, or Personnel Change Tag Removal Notification		Page 1 of 1
RESPONSIBLE DEPT.		CONTENT STEWARD		APPROVED BY
Environment, Health, Safety & Security				
ORIGINAL ISSUE:		LATEST REVISION:		NEXT REVIEW:

SECTION A					
To be Completed by Operations Department					
				YES	NO
Lock / Tag Must Be Removed So Equipment Can Be Returned to Service:				<input type="checkbox"/>	<input type="checkbox"/>
Lock / Tag Must Be Removed So Equipment Can Be Temporarily Energized:				<input type="checkbox"/>	<input type="checkbox"/>
Lock / Tag Must Be Removed So Additional LO/TO Equipment Can Be Added:				<input type="checkbox"/>	<input type="checkbox"/>
Individual or Craft is Not Available to Remove Lock / Tag:				<input type="checkbox"/>	<input type="checkbox"/>
Attempt(S) Made to Contact Individual/Craft: <input type="checkbox"/> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Page <input type="checkbox"/> Other:					
LOCK / TAG REMOVAL					
Lock / Tag Removed Time:		AM / PM	Lock / Tag #:	Lock / Tag Owner:	
Lock / Tag Removed Date:					
ISOLATION POINTS THAT WERE REMOVED, ALTERED OR ADDED					
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
Lock/Tag #:		Description:			
TITLE	PRINTED NAME	SIGNATURE	DATE	TIME	
Operation Supervisor				AM / PM	
Unit Operator				AM / PM	
AFTER COMPLETING SECTION A, ENSURE FORM IS GIVEN TO CRAFT EMPLOYEE'S SUPERVISOR PRIOR TO EMPLOYEE STARTING NEXT SHIFT					

SECTION B					
To be Completed by Employee Whose Lock / Tag Was Removed					
				YES	NO
I was informed of the removal of my Lock/Tag before returning to this job.				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	PRINTED NAME	SIGNATURE	DATE	TIME	
Employee				AM / PM	
FORWARD TO SAFETY DEPARTMENT WHEN COMPLETED					