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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete sections that apply to the work being performed.** | | | | | | | | | | | | | | | | | | | | | | |
| **LOCKOUT TAGOUT** | | | | | | | | | | | | | | | | | | | | | | |
| Date and Time: | | |  | | | | | | | | Location: | | | | K1  K2  K3  Inflow  Grout Site | | | | | | | |
| Specific Equipment: | | |  | | | | | | Area: | | |  | | | | | | | | | | |
| Lockbox Lockout: | | Yes  No | | If Yes, Lockbox ID and Seal #: | | | | |  | | | | | | | | | | | | | |
| Satellite Lockbox: | | Yes  No | | If Yes, owner lock on lock box and tag in place?  Yes | | | | | | | | | | | | | | | | | | |
| Identify all types of hazardous energy sources and magnitude (Check all that apply): | | | | | | | | | | Flammables  Electric  Thermal  Hydraulic  Chemical | | | | | | | | | | | | |
| Pneumatic  Radiation Mechanical  Gravitational  Other: Electrical (Specify) Greater than 750V  750V and below | | | | | | | | | | | | | | | | | | | | | | |
| **Sequence of Isolation Steps:** | | | | | | | | | | | | | | | | | | | | | | |
| Step: 1 | Notify all affected workers of the equipment shutdown.  Yes  N/A | | | | | | | | | | | | | | | | | | | | | |
| Step: 2a | Refer to lockbox tag for list of specific equipment to lock out. | | | | | | | | | | | | | | | | | | | | | |
| Step: 2b | Identify and list below each individual isolation device required to lockout. (lockout that does not utilize a lockbox tag) | | | | | | | | | | | | | | | | | | | | | |
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| Step: 3 | Isolate each hazardous energy source. | | | | | Does equipment need to be locked out in order listed on lockbox tag or above? | | | | | | | | | | | | | | Yes  No | | |
| Step: 4 | Additional measures required to ensure equipment that can be started/energized remotely are appropriately isolated:  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| Step: 5 | Method(s) to remove residual energy/contain stored energy: | | | | | | | | | | | | | | | | | | | | | |
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| Step: 6 | Bump test equipment to verify isolation. If lockbox lockout independent verification is required. | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Equipment Owner (Name of worker that performed Bump Test): | | | | |  | | | | | | | | Initials: | | |  | | | Date/Time: |  | | |
| Workgroup Representative (Name of worker that performed verification): | | | | |  | | | | | | | | Initials: | | |  | | | Date/Time: |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **LINE BREAK** | | | | | | | | | | | | | | | | | | | | | | |
| **Sequence of Line Break Steps:** | | | | | | | | | | | | | | | | | | | | | | |
| Step:7 | Material that was in the line/equipment? SDS reviewed:  Yes  No (STOP and review the SDS) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Step 8 | Special PPE required to protect workers for hazards?  Yes (refer to PPE Matrix on back and indicate what types are required)  No | | | | | | | | | | | | | | | | | | | | | |
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| Step 9 | Immediate area barricaded to keep other workers at a safe distance?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Step 10 | Safety shower/eyewash or other adequate supply of potable water readily available?  Yes (list closest location below)  No | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Step 11(a) | System/Lines/Vessels are isolated and purged and if necessary tested for LEL prior to working on?:  Yes  No (explain why) | | | | | | | | | | | | | | | | | | | | | |
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| Step11(b) | For hazardous Systems/Lines/Vessels, have Double Block and Bleed been utilized?  Yes  No (If NO then Safe Work Plan & Manager or designate approval needed) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Step 12(a) | Are Drains opened and checked for blockage?  Yes  N/A | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Step 12(b) | Are required vents open?  Yes  N/A | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Name of Attendant (Line Break Only): | | | | | | |  | | | | | | | Initials: | | |  | Date/Time: | | |  | |
| Equipment Owner:(verification line is correct and isolated) | | | | | | |  | | | | | | |  | | |  |  | | |  | |
| Workgroup Representative: | | | | | | |  | | | | | | |  | | |  |  | | |  | |
| Supervisor: | | | | | | |  | | | | | | |  | | |  |  | | |  | |
| Additional Approval: (No DBB requires Manager or designate approval) | | | | | | |  | | | | | | |  | | |  |  | | |  | |
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| **Persons Performing Work** | | | | | | | | | | | | | | | | | | | | | | |
| **Print Name – Indicate Equipment Owner and Workgroup Representative** | | | | | | | | **Initial** | **Print Name** | | | | | | | | | | | | | **Initial** |
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| **Restoring Equipment to Service (LOTO and Line Break):** | | | | | | | | | | | | | | | | | | | | | | |
| Step: 1 | Inspect the work area and clear all employees and tools. | | | | | | | | | | | | | | | | | | | | | |
| Step: 2 | Verify work is complete and Lockout/Tag out devices have been removed. | | | | | | | | | | | | | | | | | | | | | |
| Step: 3 | If work is not complete, lockout equipment with a tagout lock and detailed tag | | | | | | | | | | | | | | | | | | | | | |
| Step: 4 | Energy Isolation Devices have been returned to “Normal Operating” position. | | | | | | | | | | | | | | | | | | | | | |
| Step: 5 | Verify safe guards have been replaced. | | | | | | | | | | | | | | | | | | | | | |
| Step: 6 | Notify affected workers. | | | | | | | | | | | | | | | | | | | | | |

