|  |
| --- |
| **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: |
|  |  |
|  |  |
|  |  |
| 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  |
|  |
|  |
| 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) |
|  |
|  |
| Step11(b) | For hazardous Systems/Lines/Vessels, have Double Block and Bleed been utilized? [ ]  Yes [x]  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) |  |  |  |  |  |
|  |
| **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. |

