

Checklist Energy Isolation

Project Information	
Subcontractor Name:	Work Order or Purchase Order #:
Project or Job Title:	Project Location:
Estimated Start Date:	Estimated End Date:
Task Description:	
ENERGY SOURCES	
Energy sources to be isolated: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Gases <input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydraulic <input type="checkbox"/> Steam <input type="checkbox"/> Water <input type="checkbox"/> Other:	
Potential for Stored Energy: <input type="checkbox"/> Yes <input type="checkbox"/> No Sources of Stored Energy:	

Checklist	Yes	No	N/A
NOTIFICATION OF AFFECTED EMPLOYEES			
Affected employees who use/work near the equipment/system will be notified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEACTIVATION AND ISOLATION			
Describe the sequence to isolate the system/equipment:			
Electrical			
The equipment/system will be deactivated by switching "off" the electrical breaker/switch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of power sources:	Voltage:		
The breaker/switch is fed by:	LOTO Supplies Required:		
Pneumatic/Hydraulic/Steam			
Equipment/system will be deactivated by valving "off" pneumatic/hydraulic/steam power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double block and bleed will be implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of energy sources:	LOTO Supplies Required:		
Water/Gas			
The equipment/system will be deactivated by valving "off" water/gases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of energy sources:	LOTO Supplies Required:		

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VERIFICATION METHOD			
Electrical:			
Pneumatic/hydraulic/steam:			
Water/gases:			
SAFE WORKING CONDITIONS			
All energy sources will have LOTO and zero energy verification made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RE-ENERGIZATION			
Prior to re-energization, all equipment/system parts will be replaced; all personnel and tools will be cleared, and the area/equipment/system will be inspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each person involved in the work will remove their own locks and tags.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All affected employees will be notified of re-energization, and all tools will be cleared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps to restore energy:			

COMMENTS	
Additional notes/comments:	

Preparer	
Name and signature of the Competent Person who completed this Plan:	Date:

By signing this Plan, the preparer is certifying that the information provided is true, and that any change in the conditions described in this Plan or inadequacies found for protecting employees during the activity may require a revision to this Plan.

Acceptance by Leidos Biomed personnel	
Name and signature of Project Administrator:	Date:
Name and signature of EHS POC:	Date: