

MPC Energy Isolation List

Unit:	Equipment No:	Equipment Description:	Sheet # ___ of ___
Job Description:			
Lockbox No. / Location:			

Energy Sources Locked/Tagged

Process/Hydrocarbon: Gas/Vapor Liquid Heavy Materials/Solids **Chemicals:** Corrosive/Toxic Electrical Steam Water Air Nitrogen Radiation Hydraulic Other:

Energy Isolation Device Identification

ID Number	Tag Number	Status Open/Closed On/Off	Location / Description of Isolation Point	ISO VER	Normal Position	Installation			Removal		Status Change / Temporary Release	
						Ops Initials	Maint. Initials	Date	Ops Initials	Date	Number	Initials
1												
2												
3												
4												
5												
6												
7												
8												
9												

Verification of Isolation Used in Preparation of Equipment

For Example: • A verification opened between the isolation and blind point which will be closed after blinding and opened again prior to blind removal.
• Electrical equipment that needs to be tested at the start/stop button to verify electrical isolation.

ID Number	Tag Number	Status Open/Closed On/Off	Location / Description of Isolation Point and Means Used to Verify Control of Hazardous Energy	Normal Position	Initial Verification						Final Verification									
					Open			Closed			Open			Closed						
					Ops Initials	Maint. Initials	Date	Ops Initials	Date	Ops Initials	Maint. Initials	Date	Ops Initials	Date						

Note: If there are not adequate means to verify that the equipment is isolated, requirements in R-11-032, Section 4.1 (j), 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:
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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:
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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: Owning Dept. Fit for service verification type: P&ID Walkdown Pressure Test Date: _____ Initials: _____