Energy Isolation Permit

(Location/Facility: ______________________  Date/Time: ______________________)

Isolation Procedure(s) to be Performed:  ☐ Energy Isolation (LO/TO)  ☐ Process Equipment/Piping Isolation

Reason for Energy Isolation: ____________________________________________________________

List equipment to be de-energized (be specific): __________________________________________

Check all energy to be controlled:  ☐ Electrical  ☐ Mechanical  ☐ Pressure  ☐ Hydraulic  ☐ Gravity
☐ Pneumatic  ☐ Chemical  ☐ Thermal  ☐ Radiation  ☐ Other: __________________________

The person supervising or authorized person shall complete the following checklist by placing a Check or X in the box signifying each item has been considered or completed:

1. JSA (Job Safety Analysis) completed and reviewed.
2. Shift change notes have been reviewed.
3. Site/location has been visually inspected.
4. All affected personnel have been notified.
5. All equipment requiring isolation has been identified.
6. All energy sources have been identified and isolated.
7. All locks and/or tags have been applied as per the requirements of Section D, Chapter 5.
8. All vessel/piping isolation procedures followed as per requirements of Section D, Chapter 28
9. All equipment isolation tested, verified to zero energy state.
10. Permit information has been documented in the Lockout/Tagout Log Sheet (Sec. D, Chap. 5, Part A)

Prior to Restoring Equipment to Service, check the following:
1. Ensure that nonessential items have been removed from machine or equipment components are operationally intact.
2. Ensure that all employees have been safely positioned or removed from the area.
3. Verify controls are in neutral.
4. Remove lockout devices and reenergize equipment or machine.
5. Notify affected employees that equipment is ready for use.

The undersigned have reviewed the above information and will comply with the conditions set forth by this permit. They understand that the permit is void if these conditions change.

Approval Signatures:
Immediate Supervisor of Job/Task: Name (Print): ______________________  Company: ______________________
Signature: ______________________  Date: ______________________

Facility Person in Charge (PIC) or Consultant (Print): ______________________  Company: ______________________
Signature: ______________________  Date: ______________________

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