When systems or equipment require the shutdown of multiple energy isolating devices or have multiple hazardous energy sources, a written Multiple Energy Isolation Checklist shall be established.

All forms of hazardous energy must be isolated before service or maintenance can begin. This is the responsibility of all employees. The complete Lock/ Tag/ Verify Program must be followed by all authorized employees involved in service or maintenance activities. Any questions or discrepancies with this MEIC must be addressed with your supervisor prior to placing the equipment in lockout condition.

MEIC’s must be available for review during work.

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| **DEPARTMENT** | **ZONE** | **ASSET NUMBER** | **MEIC REVISION DATE** |
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| **EQUIPMENT BEING ENTERED (and job if specific)** | | **ORIGINATOR** |
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| **EQUIPMENT TO BE ISOLATED (general description)** | | | | | **HAZARD / ENERGY / MAGNITUDE (check all that apply)** | | | | | |
| Hydraulics | | | | | Less than **100psi / 1000psi / 10000psi** | | | | | |
| Pneumatics | | | | | Less than  **100psi / 1000psi** | | | | | |
| Electrical | | | | | Motors / Drives / Heaters / Other | | | | | |
| Gravity | | | | | Constant | | | | | |
| Chemical | | | | | CO2 / N2 / Natural Gas / Coolant / Other | | | | | |
| Thermal | | | | | Burners / Other | | | | | |
| Ionizing Radiation | | | | | Alpha / Beta / Gamma / X-ray | | | | | |
| Non-Ionizing Radiation | | | | | Laser / Magnet | | | | | |
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| **STEPS REQUIRED FOR LOCKOUT** | | | | | | | | | | INITIALS |
| Notify affected employees. | | | | | | | | | |  |
| Conduct pre-job safety meeting. | | | | | | | | | |  |
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| **Key #** | Isolation Device # *(If Known)* | ISOLATION DEVICE | LOCATION | | | **EQUIPMENT**  **LOCKED OUT** Safe Energized | | **QUALIFIED PERSON** | | |
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| **STEPS REQUIRED FOR VERIFICATION** | | | | | | | | | **Verified by (initials)** | |
| Describe steps necessary to verify isolation of hazardous energy | | | | | | | | |  | |
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| **ADDITIONAL SAFETY MEASURES** | | | | **STEPS REQUIRED FOR RELEASE FROM LOCKOUT** | | | | | | |
|  | | | | Notify affected employees | | | | | | |
|  | | | | Energize Isolation Devices and initial above | | | | | | |
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| SIGN-OFFs/Transfer Log | Date | Time | Signature | Dept. | Contractor’s Signature  (If applicable) |
| Locked Out  1st Primary Authorized Person: |  |  |  |  |  |
| 2nd Primary Authorized Person: |  |  |  |  |  |
| 3rd Primary Authorized Person: |  |  |  |  |  |
| 4th Primary Authorized Person: |  |  |  |  |  |
| 5th Primary Authorized Person: |  |  |  |  |  |
| Returned to Service |  |  |  |  |  |