Hazardous Energy Control Form, Section A- Pre-Evaluation

Step 1 – System details

Name of the system being worked upon: _____

Location: _____

Details of activity (purpose of shutdown): _____

Step 2 – Determine the boundaries of the system and incoming energy sources

Describe the boundaries of the system being worked upon. If required draw a rough sketch below

List the energy sources going into / connected to the system (E.g. Electricity, Hydraulic, Pneumatic, and Thermal etc.). Also if known mention the magnitude of each energy source.

1. _____

2. _____

3. _____

4. _____

Step 3 – Identify the energy isolation point and devices for the above listed energy sources

S.No.	Type of Energy	Can be Isolated		Type of Energy Isolating Device	Can the Device be Locked (or) Tagged	
		Yes	No		Yes	No

Details of energy sources from step 3 that do not have an isolating device of that cannot be locked or tagged. Alternative methods of control need to be defined here.

Step 4 – Identification of stored energy – List down all possible energies that could be stored in the system

S.No.	Type of Energy	Can be Dissipated/Controlled Safely		Method of Dissipation/Control
		Yes	No	

Details of energy sources from step 4 that cannot be dissipated or controlled. Suitable protection measures will have to be adopted for energies that cannot be dissipated or controlled.

The method adopted can be defined here

Step 5- Identify all Affected Persons (*WICF can be used in lieu of this section*)

S.No.	Name	Designation	Department	Have they been notified and agreed to the shutdown (attach approval if required)

Section B – Implementation of Energy Control

This section will aid in completing a safe shutdown of the system and render it safe for work through an effective isolation of energy sources and dissipation/control of stored energy.

1) Has the pre – evaluation section been completed : Yes ☐ No ☐

2) Have all affected persons been notified and approvals obtained: Yes ☐ No ☐

3) Complete shutdown of the system following standard operating procedures : Yes ☐ No ☐

4) Are all operating controls in neutral/zero/off position : Yes ☐ No ☐

5) Locate and de-activate energy isolating devices listed in pre-evaluation: Yes ☐ No ☐

6) Have all the energy isolating devices been secured through suitable means (lock,tag,alternative means) : Yes ☐ No ☐
   Note: Complete table below to ensure effective isolation, tags to contain all the required information.

S.No.	Energy Source Type	Isolating Device Type	How the Isolating Device is Secured

7) Has all the stored energy identified previously been dissipated/controlled: Yes ☐ No ☐

8) Has the system been tested to ensure there is no incoming energy and that all the stored energy has been dissipated/controlled : Yes ☐ No ☐
Note: Use system operational controls in combination with instruments to verify de-energization

9) Are all the employees involved in task suitably qualified and competent : Yes ☐ No ☐

10) Has a TBT been delivered and the contents of the risk assessment shared with all the employees involved in the task : Yes ☐ No ☐

11) Have adequate warning signs been placed around the work area : Yes ☐ No ☐

12) Are all the tools being used suitable, maintained and fit for purpose : Yes ☐ No ☐

13) Have all checks been completed to ensure the system is completely isolated , de-energized and employees /impacted personnel protected : Yes ☐ No ☐

The system has been rendered safe and suitably isolated from energy sources by means of lock-out/tag-out or effective alternative methods.

Completed By: _____ Date: _____Time:_____

Authorized Employee(s)

Note: *For group lock-out the details of all the authorized employees applying locks should be captured in a supplemental sheet. Details of locks or tags applied to each isolating device by the respective authorized employees have to be recorded in the sheet. Sign-off to be completed by all participating authorized employees.*

Section C – Return to Service / Testing

Once work on the system is complete it is essential that all necessary checks and processes be completed prior to bringing the system online or re-energizing the system. This section will aid in returning the system to service in a safe and effective manner.

1) Has all the planned work been completed: Yes ☐ No ☐

2) Notify all impacted and involved personnel that the work is complete and the system is going to be energized : Yes ☐ No ☐

3) All non- essential items and tools have been removed from the area : Yes ☐ No ☐

4) Verify that the system components and connections are operationally intact : Yes ☐ No ☐

5) Check area to ensure that all employees and persons have been removed : Yes ☐ No ☐
6) Verify that system or equipment controls are in neutral/off position : Yes ☐ No ☐

7) Ensure that system components that have been disconnected or blinded are reconnected in a safe manner : Yes ☐ No ☐

8) Verify that safeguards that have been removed, bypassed or disabled have been restored as per the standard : Yes ☐ No ☐

9) Pre-startup safety review complete : Yes ☐ No ☐

10) Have all the lock-out/tag-out devices been removed by the respective Authorized Employee(s)and the same recorded : Yes ☐ No ☐

11) Equipment being re-energized as per standard operating procedure / sequence : Yes ☐No ☐

12) Verify that the system is back online and everything is safe as per laid down standard operating procedure : Yes ☐ No ☐

Note : In case during the re-energization if system does not start or get back online , isolate the system and reapply the lock / tag . Further investigation to be completed by responsible person and Authorized Employee(s).

Note: *In case during the course of the work a system component or function needs to be tested the above sequence of actions need to be completed. While testing run the system in the lowest speed or mode that requires the least amount of energy. Before testing notify all affected personnel and install adequate signage's to warn people of the testing activity.*

Completed By: _____ Date: _____Time:_____

Authorized Employee(s)

Section D– Shift or Duty Handover

The aim of this section is to ensure that in the event of the work crew changing a seamless and safe transfer of the control of the locks and tags is completed and the system is continued to be maintained in a safe manner.

1) Is there a change in the Authorized Employee(s) / work crew : Yes ☐ No ☐

2) Will incoming employee(s) apply their own locks/ tags : Yes ☐ No ☐
If yes complete the table below

S.No	Energy Source Type	Isolating Device Type	How the Isolating Device is Secured(Mention details of removed locking/tagging device and new locking/tagging device)

3) Will current locks & tags be transferred : Yes ☐ No ☐

4) If being transferred has the incoming employee(s) been briefed and shown all the isolating points and locking/tagging devices : Yes ☐ No ☐

5) Has the information of the employee(s) who is taking over been recorded on the locks & tags: Yes ☐ No ☐

6) Does the employee(s) who is taking over fully understand the requirements of the task and are adequately qualified , authorized & competent to undertake the activity : Yes ☐ No ☐

7) Are all stakeholders notified of this change : Yes ☐ No ☐

The employee(s) taking over fully understands the requirements of the activity and hazards posed by energy sources. The employee(s) completely understands the requirements of the lock-out/tag-out program and agrees to comply with all the procedures. The employee taking over is satisfied with the current control mechanism in place and will continue to ensure compliance to all the norms and standards.

Handover By: _____ Date: _____Time:_____

Authorized Employee(s)

Takeover By: _____ Date: _____Time:_____

Authorized Employee(s)