



EQUIPMENT ISOLATION CHECKLIST (EIC)

Facility: _____ Area: _____ EIC Number: _____
Equipment Number: _____ Description Of Work Required: _____

Associated Permit/Form Req'd: ☐ Permit To Work # _____ ☐ Hot Work Form # _____ ☐ Confine Space Entry Form # _____

EIC Prepared By: _____ EIC Field
Checked/Validated By: _____

| Isolation Point | Equipment Isolation Point | ✓ if Tag Installed | ✓ if Lock Installed | Lock Number | Blind Installed | Blind Number | Normal Operating position | Date installed | Initials | Date Removed | Initials |
|-----------------|---------------------------|--------------------|---------------------|-------------|-----------------|--------------|---------------------------|----------------|----------|--------------|----------|
| 1 (Primary) | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
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| 23 | | | | | | | | | | | |

COMMENTS