



Suncor St. Clair Ethanol Hazardous Energy Isolation Plan (HEIP) Form

	Date of Hazardous Energy Isolation Plan (HEIP) development (DD/MM/YY): Date of schedule work execution (DD/MM/YY):
	Equipment Number/System Description and (P&ID if available):
	Description of Work Scope:
	Blank(s)/Blind(s) Required: Yes/No - If Yes Completed Blank Blind List Must Be Attached with HEIP # Noted On Blank Blind List
	Safe Work Permit(s) _____

Device Description/Location (i.e. 3" whole stillage supply block valve to centrifuge #2)	Equipment Status (depressurized, drained, flushed, clean etc.)	Common Isolation Point (Yes/No – Include reference)	Position When Isolated (Open or Closed)	Lock or Tag	Lock Key Number or Identifier	Isolation Established By		Position In Service	Initial
						Name	Date: DD/MM/YY		
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HEIP Plan Prepared By Planner (Print and Sign):		Date (DD/MM/YY)
HEIP Plan Approved By Operations Manager or Delegate (Print and Sign):		Date (DD/MM/YY)
HEIP Changed By (Print and Sign):		
Reason For Change:		
HEIP Complete in Field	Acknowledgement that all Hazardous Energy Isolation Device are in place Signature: _____ Print: _____ Date/Time: _____	
HEIP Terminated In Field	Acknowledgement that all tags and locks have been removed (if appropriate). Signature: _____ Print: _____ Date/Time: _____	