

Isolation Control Register (ICR)

Job Name/Description:	Document Control No: (PERMIT-Date-Initials) PERMIT-
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Issuing Authority (Isolation Control Register Coordinator):	Performing Authority:
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Date/Time ICR Initiated:	Date/Time ICR Closed:
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No.	Equipment Being Isolated (name or #)	Description of Isolation Procedure	Isolation Type (Lock, Blind, Disconnect)	Source Type (Electrical, Process)	Long- term Isolation * (Y/N)	Line/Circuit Diagram or P&ID No.	Person(s) Performing Isolation	Issuing Authority Initials
1.								
2.								
3.								
4.								
5.								

* Long-term isolations (LTI) are any isolations that will last beyond the shift during which the job was initiated.

APPROVAL SIGNATURES

Electrical Isolation – Where high voltage or high-energy low voltage is involved, the signature of the authorized electrical person or supervisor is required.	Electrical Professional Signature:	Date/Time:
Lockout/Tagout Implemented – The isolations on this ICR have been fully implemented.	Performing Authority Signature:	Date/Time:
Lockout/Tagout Closed – All isolations on this ICR have been removed.	Performing Authority Signature:	Date/Time:
System Checked – All valves, switches and controls have been checked for correct positions and settings before restarting.	Performing Authority Signature:	Date/Time:
Long-Term Isolations – Long-term isolations marked above shall remain in effect after all other isolations are removed and the permit closed.	Issuing Authority Signature:	Date/Time:
Final ICR Closure – All non-LTI isolations have been removed and the equipment has been returned to service.	Issuing Authority Signature:	Date/Time: