Form Number	Issue Date 03/17/1	6	Revision Date 01/01/24	Form Number
LLCF-040	IHE /	Annual	Inspection	LLCF-040
	Isolat	ion of Haza ANNUAL (Inspect)	-	
Date of Audit/Inspec	ction:	-		
Equipment Isolated:				
Location of Equipm	ent Isolated:			
I, certify that; (Person Performing Inspection) (Representative of Inspected Crew)				
Company's IHE Procorrectly.	cedure for the equipment	indicated an	cedure on the above date. I hav d the isolation <u>was / was not</u> (o	circle one) performed
Employee Perf	forming Inspection		Representativ	e of Inspected Crew
Employee Perf	forming Inspection		Representativ	e of Inspected Crew
	-	Date		
A separate fo			n person being audited. F ot performed correctly.	Retraining will be