

Form Number LLCF-040	Issue Date 03/17/16	Revision Date 01/15/26	Form Number LLCF-040
IHE Annual Inspection			

**Isolation of Hazardous Energy
ANNUAL FORM
(Inspection)**

GIS Company Name: _____

Date of Audit/Inspection: _____

Equipment Isolated: _____

Location of Equipment Isolated: _____

I, _____ certify that _____;
 (Person Performing Inspection) (Representative of Inspected Crew)

was inspected for compliance with the Corporate IHE procedure on the above date. I have reviewed the Company's IHE Procedure for the equipment indicated and the isolation was / was not (**circle one**) performed correctly.

Additional Comments: _____

 Employee Performing Inspection
 (Print)

 Representative of Inspected Crew
 (Print)

 Employee Performing Inspection
 (Sign)

 Representative of Inspected Crew
 (Sign)

 Date

A separate form must be submitted for each person being audited. Retraining will be required if isolation was not performed correctly.