

Form Number LLCF-076	Issue Date 03/17/16	Revision Date 01/15/26	Form Number LLCF-076
Line Cutting Checklist			

GIS Company Name: _____

<i>General Requirements</i>			
Y	N	Tasks	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Operations has been notified and has approved the work plan?	
<input type="checkbox"/>	<input type="checkbox"/>	All required permits have been obtained and are present at the work site?	
<input type="checkbox"/>	<input type="checkbox"/>	Client Representative has been notified and has approved the work plan?	
<input type="checkbox"/>	<input type="checkbox"/>	Work site(s) have been barricaded and tagged appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	PPE requirements have been identified and are available for use?	
<input type="checkbox"/>	<input type="checkbox"/>	LAW & JSEA completed and signed by all crew members?	
<input type="checkbox"/>	<input type="checkbox"/>	Has Operations identified the proper locations for cuts/breaks to be made?	
<input type="checkbox"/>	<input type="checkbox"/>	If Hot Work is expected, has a properly trained & equipped fire watch been assigned?	
<input type="checkbox"/>	<input type="checkbox"/>	All crew members have verifiable training or experience in their area of responsibility?	
<i>Specific Requirements For All Line Cutting Activities</i>			
<input type="checkbox"/>	<input type="checkbox"/>	If this is a demolition task, has the entire length to be demolished been identified by paint stripe, soapstone or other means, including cut-line tape?	
<input type="checkbox"/>	<input type="checkbox"/>	Has proper tool selection been identified? (i.e. to included blade length)	
<input type="checkbox"/>	<input type="checkbox"/>	Has cut-line tape been attached at all cut sites, prior to first cut? (each cut point must be signed by the Customer/Operator or Customer designee, Company supervisor and employee making the cut, at time of cut)	
<input type="checkbox"/>	<input type="checkbox"/>	Has preparation been made to capture and dispose of possible spilled materials?	
<input type="checkbox"/>	<input type="checkbox"/>	Has Operations and the Company Supervisor walked the line and verified ID, LO/TO, cleaning and depressurization of the line?	
<input type="checkbox"/>	<input type="checkbox"/>	P&IDs are available at the work site for the system on which the line cut will be performed?	
<input type="checkbox"/>	<input type="checkbox"/>	Potential high and low points in the piping system to be cut have been identified and the hazards addressed?	
<input type="checkbox"/>	<input type="checkbox"/>	Insulation has been stripped from within 16" of either side of the identified cut-line?	
<input type="checkbox"/>	<input type="checkbox"/>	Have adjacent equipment, supports, piping, etc. identified to be out of line of fire and impossible of contact during the cut?	
<input type="checkbox"/>	<input type="checkbox"/>	Has each line to be cut, been planned individually for changes and/or conditions to include cut tape on each piece?	
<input type="checkbox"/>	<input type="checkbox"/>	Paint has been identified as non-lead based or has been properly abated?	
<input type="checkbox"/>	<input type="checkbox"/>	Has a team member been identified which will be responsible to visibly watch the cut being made at all times as per policy?	
<i>Supervisor Signature</i>			
Print:			Date:
Signature:			Time: