

Lockout procedure

01 - SAGUENAY

VR-001
SIMULATOR ACTUATOR

WORK IN DANGEROUS AREA - ACTUATOR IN LOW POSITION

Location: LEFT SIDE OF THE SIMULATORApproved by **Etienne Morin****Approved - 2024-03-19**

Reason for work:


Work order #:



Box #:

Series #:

Seal #:

	Date, hour	Name	Employee # / Signature
Locked by:			
Wittness :			
Unlocked by:			

Required lockout devices 2 Padlocks 1 Valve cover 2½"**Shutdown**

N°	Device	Location	Energy	Position	Material	Done	Verif
1	NOTIFY assigned employees that the equipment/machine will be locked.						
2	 MAN-001 Actuator VR-001 control joystick	Left side of the simulator	Com-pressed air				
	DIRECT the joystick downwards to position the cylinder in the LOW position.						
3	 SW-001 Compressor CO-001 control switch	Left side of the simulator	12 Volts DC	OFF			
	MAKE SURE the light on the switch is off.						

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Isolation

N°	Device	Location	Energy	Position	Material	Done	Verif
4	 ED-001 Compressor CO-001 disconnect switch	Left side of the simulator	12 Volts DC	OFF	 1 Padlock		
5	 MV-002 Tank TK-001 supply valve CHECK valve position.	Right side of the simulator	Compressed air	OPEN			
6	 MV-003 Tank TK-001 bypass valve CHECK valve position.	Right side of the simulator	Compressed air	OPEN			
7	 MV-004 Air system drain valve CHECK valve position.	Right side of the simulator	Compressed air	OPEN	 1 Padlock  1 Valve cover 2½"		
8	 PG-001 Air system pressure indicator MAKE SURE the pressure gauge reads ZERO (0 psi)	Right side of the simulator	Compressed air				
9	 SW-001 Compressor CO-001 control switch PERFORM a start-up test using the control switch. NO movement should be detected.	Left side of the simulator	12 Volts DC	ON and OFF			
10	 MAN-001 Actuator VR-001 control joystick DIRECT the joystick UP and then DOWN to ensure that there is NO POSSIBLE MOVEMENT.	Left side of the simulator	Compressed air				

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Return to service

N°	Device	Location	Energy	Position	Material	Done
11	CHECK the equipment and work area to ensure that only authorized personnel remain on site and that all personnel have left the hazardous area, that tools and non-essential items have been removed, and that safety devices are in place.					
12	 MV-004 Air system drain valve	Right side of the simulator	Compressed air	CLOSED		
	CHECK valve position.					
13	 MV-003 Tank TK-001 bypass valve	Right side of the simulator	Compressed air	CLOSED		
	CHECK valve position.					
14	 MV-002 Tank TK-001 supply valve	Right side of the simulator	Compressed air	OPEN		
	CHECK valve position.					
15	 MV-001 Tank TK-001 outlet valve	Right side of the simulator	Compressed air	OPEN		
	CHECK valve position.					
16	 ED-001 Compressor CO-001 disconnect switch	Left side of the simulator	12 Volts DC	ON		
17	 MAN-001 Actuator VR-001 control joystick	Left side of the simulator	Compressed air			
	DIRECT the joystick downwards to position the cylinder in the LOW position.					
18	 SW-001 Compressor CO-001 control switch	Left side of the simulator	12 Volts DC	ON		
19	NOTIFY all personnel who may be affected by restarting the equipment that the lockout mechanisms have been removed and that the equipment is ready for use.					

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Minor deficiency (must be reported to the supervisor):

- ☐ Spelling mistake (encircle fault)
- ☐ Instructions order to review (indicate the numbers in correct order)
- ☐ Wrong information for instruction (encircle and give details)
- ☐ Wrong information in the header of the page (encircle and give details)
- ☐ Missing identification (encircle the device)

Major deficiency (must be approved by the supervisor before the work):

- ☐ Faulty isolation device (encircle the number and give details)
- ☐ The padlock and/or mechanism can be accidentally removed (encircle and give details)
- ☐ Missing instruction (indicate where to insert the instruction and give details)
- ☐ Wrong device number (encircle and give details)
- ☐ Other: _____

Details: _____
_____Authorized main
person:_____
Date, hour_____
Name_____
Employee # / Signature

ALL MAJOR DEFICIENCY MUST BE APPROVED BY THE SUPERVISOR BEFORE STARTING THE WORK

Supervisor:

Date, hour_____
Name_____
Employee # / Signature