

ESR Supporting Procedure 6

Lost Safety Document and Lost Key Procedure

SHEQ/HS/TCSESR/SP/006-2.0

DOCUMENT AUTHORISATION SHEET

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1 INTRODUCTION

There may be exceptional circumstances when a **Safety Document** or **Key** cannot be located and is considered to be lost. This document defines the procedure to be followed to maintain the integrity of safety precautions and enable work to continue.

Prior to initiating this procedure, a thorough search *shall* be made for the missing **Safety Document** and/or **Key**.

2 LOST SAFETY DOCUMENT

In the event of a lost **Safety Document**, all work shall be suspended and personnel withdrawn from the associated **Equipment**.

The **Senior Authorised Person** *shall* prepare and complete the appropriate section of the “Lost Safety Document / Lost Key Form” and obtain a countersignature (in person or by recorded instruction) from the **Control Person**.

A copy *shall* be made from the duplicate held in the **Control Room**.

The recipient of the lost **Safety Document** *shall* sign the clearance section of the copy, stating in the exceptions section that the original document has been lost.

The **Safety Document** copy *shall* then be cancelled, retained and re-married with the duplicate as though it were the original **Safety Document**.

A copy of the Lost Safety Document / Lost Key Form *shall* be attached to the cancelled copy of the lost **Safety Document** and the original filed separately.

3 LOST KEYS

In the event of a lost **Key** associated with a **Key Safe** that is securing **Safety Keys** associated with safety precautions that are providing **Safety from the System**, any work *shall* be suspended and personnel withdrawn from the associated **Equipment**. No further work *shall* be undertaken until the security which the locking arrangements provided has been re-established.

If a **Key** has been lost the **Senior Authorised Person** *shall* prepare and complete the “Lost Safety Document / Lost Key Form” and obtain a countersignature (in person or by recorded instruction) from the **Control Person**. A copy of this form *shall* be attached to any associated **Safety Document**, and the original filed separately.

The **Senior Authorised Person** *shall* force entry to the **Key Safe** to gain access to **the Safety Keys**. The **Key Safe** *shall* be taken out of use until the **Key Safe** has been repaired, or if it cannot be

repaired it *shall* be destroyed. The **Senior Authorised Person** *shall* place the **Safety Keys** into a new **Key Safe**.

Alternatively, the Senior Authorised Person, in conjunction with the Control Person, *shall* remove the Safety Padlocks and fit new locks as required to all **Points of Isolation** and **Earthing Devices**. The **Safety Keys** to these new locks *shall* be put into the new **Key Safe**. A replacement **Key Safe Key** *shall* then be issued by the **Senior Authorised Person** to the recipient of the **Safety Document**.

4 RECORDS

Completed Lost Safety Document/Lost Key Forms *shall* be retained in the Control Room and subsequently archived by the **Control Person**

5 SAFETY DOCUMENT CLEARANCE WITHOUT DOCUMENT HOLDER

If a **Safety Document** is required to be cleared and cancelled when the **Safety Document** holder is not available (in the case of illness or when emergency restoration is required) the following procedure *shall* be followed:

- a) A **Senior Authorised Person** *shall* make every attempt to contact the document holder and make him/her aware that the document will be cleared and cancelled.
- b) A **Senior Authorised Person** *shall* ensure that no-one is signed onto a working party schedule for the relevant **Safety Document**.
- c) A **Senior Authorised Person** *shall* ensure that he has in his possession or has accounted for, all items originally issued with the **Safety Document**, all gear, tools loose materials and waste have been removed and guards and access doors have been replaced. It *shall* also be confirmed that all equipment is in working order.
- d) A **Senior Authorised Person** *shall* confirm that all **Drain Earths** relating to the **Safety Document** have been removed or he/she shall remove them and ensure that any exceptions are recorded in the cancellation section of the Safety Document.
- e) A **Senior Authorised Person** *shall* remove all relevant demarcation equipment relating to the **Safety Document** to be cancelled.
- f) A **Senior Authorised Person** will then be permitted to complete the clearance section of the **Safety Document** on behalf of the **Safety Document** holder and then cancel the **Safety Document**. If the original **Safety Document** is unavailable, the approved procedure in the event of lost **Safety Documents** (SPSR6) *shall* be followed.
- g) The **Senior Authorised Person** *shall* then put in place measures to ensure all relevant previous members of the **Working Party** and the **Safety Document** holder are made aware of the cancellation of the **Safety Document** as soon as possible. This may involve, but not limited to, direct contact by phone, the posting of signs, and the posting of a person at the work site. The **Senior Authorised Person** *shall* ensure that all relevant parties are aware of the cancellation of the **Safety Document** before they can arrive at the working area.

6 NOTES

APPENDIX 1 – LOST SAFET DOCUMENT / LOST KEY FORM

LOST SAFETY DOCUMENT* / LOST KEY FORM*

To: **Control Person**

This is to certify that the **TCS** Electrical Safety Rules procedures cannot be applied in the normal manner due to the loss of a **Safety Document*** and/or **Key***. All **Persons** associated with the **Equipment** have been informed of the loss and warned that it is no longer safe to work on the **System** specified until further notice.

(* Delete as appropriate)

Safety Document* / Key* No: Isolation affected:
.....
.....

Issued to:

Employed by: Date of Receipt:

ACTION TAKEN

.....
.....
.....

SENIOR AUTHORISED PERSON:

Signed Print Name

Date Time

CONTROL PERSON:

Signed* / Recorded Instruction* Print Name

Date Time

CLOSE OUT

.....
.....
.....

SENIOR AUTHORISED PERSON:

Signed Print Name

Date Time

CONTROL PERSON:

Signed* / Recorded Instruction* Print Name

Date Time