



This is an HECP Request for Information Form

Use this form to request a Quote for a Site-Specific Hazardous Energy Control Plan

This form can be submitted to request a Quote for Ascendant Safety Services to provide a completed Site-Specific Hazardous Energy Control Plan (SSHECP) for the scope of work listed below. It is not all-inclusive and Ascendant Safety Services retains the right to make changes to this form (but not the information entered by the customer) at any time. Additionally, additional information may be requested by Ascendant Safety Services in order to complete the SSHECP if this form leads to a contract between Ascendant Safety Services and the customer.

1. Admin Info

Your Company Name:

General Contractor (Prime Contractor):

Contract Number:

Task Order Number:

Your name, or the name of your Safety Admin and a good contact phone number

Which dated version of the EM-385-1-1 will be the reference for this job?

☐ 30 Nov 2014

☐ 15 March 2024

☐ N/A

Do you need Ascendant Safety Services to prepare an Activity Hazard Analysis (AHA) Form?

☐ Yes

☐ No, we'll do it ourselves

Is this Safety Plan Routine or **Expedited**? (*Expedited Plans are usually an added \$500 fee, but fees may vary. Expedited plans are moved to the top of the list, prioritizing it over all non-expedited (routine) work until it has been submitted and approved*)

☐ Routine

☐ **Expedited**

2. Job location/address

Street:

Building or House Number:

On Fort Hood?

Yes ☐

No ☐

If there is no actual street address, give a description with closest street or intersection:

3. Type of Hazardous Energy

Please specify the type or types of hazardous energy to be controlled on this job site.

☐ Gas is it ☐ Flammable and/or ☐ High Pressure

☐ Steam

☐ Hydraulic

☐ Electrical

☐ Mechanical

☐ Other



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4. Job Description

Job Title: (Project Reference Description)

Scope of Work: (If more room is needed, you can add a submit additional word documents.)

Please limit to only the scope of work. You may indicate the hazardous energy and anything you feel is relevant to that, but please save the specific control measures and testing procedures for sections 7, 8, and 9.



If all your looking for is a Quote, you can stop STOP here.

Submit this form by emailing it to ascendantss@ascendantss.com

Otherwise, Keep going on to the next page. If you accept our quote and hire us to create this SSHECP for you, we are going to need the rest of the form filled out anyway.

Hazardous Isolation Process Development

The following section will help us develop a specific set of procedures, called a HIP (Hazardous Isolation Procedure). A HIP is required for each unique machine, piece of equipment, or the process of control. This is compounded if there are multiple types of hazardous energies and or locations.

As an example, let's say you are replacing the gas piping that feeds into some HVAC units. You're just replacing the piping and not touching the HVAC units (except to disconnect and/or reconnect the gas piping).

If all the piping leads back to a single source that can be isolated, a single HIP can be used. You can do this because there are no machines or equipment involved, only a process of control. However, if there were multiple sources, a HIP for each source must be used.

Now, let's say you are replacing the HVAC units, not just the piping.

Each HVAC unit will require a HIP for gas and another for electricity, even if the gas or electric can be traced back to a single source. This is because each unique machine or piece of equipment requires a HIP and different process of control is used for the gas and electric.

You will use this form for **ONE** HIP. Each additional HIP will require the customer to complete an "HECP Additional HIP Form", available by request or downloaded from our website at www.ascendantss.com/downloads

5. **Describe step by step process you will take to 'de-energize' the hazardous energy as it pertains to a single Machine, Piece of Equipment, or process of control. Please make sure to list locations, isolation points, and any and all lock out/tag out devices.**



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6. Describe the steps you will take to test and verify that the method of control has worked and the hazardous energy is in fact de-energized before work begins.

7. Describe the steps for safely testing the system for leaks/verifying the system is re-energized.

Is it anticipated that the HECP Activity will require more than one shift or can it be done in one shift without having a shift change?

☐ Single shift, no shift change ☐ Multiple Shifts

Will you be requesting any outages?

☐ Yes ☐ No

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8. Who are your Primary competent persons?

If possible, list one primary and at least two alternates along with their job titles. These will be the main points of contact at the job site. They may be referred to as "Issuing Individuals" and must be Qualified to devise and evaluate "Hazard Isolation Procedures (HIP)". One of these CPs will be required to be at the job site any time work is being performed and must be aware of all HIP processes in place. They are responsible for the correct deployment and inventory of any lock-Out/Tag-Out (Lo/To) devices, ensuring that the written HIP is on hand, and that all "Affected Persons" are aware of the processes in place. Furthermore, they must keep a constant watch for any "Incidental Persons" that may be in the area.

Primary Name:

Job Title:

Alternate Name:

Job Title:

Alternate Name:

Job Title:

Alternate Name: (optional)

Job Title:

9. Training

Provide copies of all of the non-Expired training certificates your employees have related to HECP and/or lock-Out Tag-Out.

Additionally, if the employees did not receive their certifications from "Jimmy Knox Services", then please provide the certifications of the trainer.

Training Certificates and this form can be emailed to: ascendantss@ascendantss.com

10. Additional Documents that will be needed:

Pictures – Please send all pictures taken of the job site paying close attention to the following.

- Area where work will be performed
- Entry Points
- Equipment and or Piping
- Main Service Valves
- Unit Service Valves
- Locations where isolation devices can be installed
- All Hazardous Sources such as but not limited to electrical, water, gas, compressed air, meters, mechanical motion etc.
- If possible, include an overhead picture (bird's eye view)

Activity Hazard Reports.

Any Documents or notes taken at the PRECON meeting.

Pictures and documents can be emailed to: ascendantss@ascendantss.com