

## (Systems Interruption Prevention Plan) SIPP Systems Verification

I. Authorization Requestor:					
Company Requesting Authorization:	Quality Electric Inc.				
	5272 Irving, Boise Id 83704				
Contact Information:	Project Manager	-			
	General Foreman				
Time:		Date:			
II. Scope of Work:					
TTT A 00 1 1 0 1					
III. Affected Systems					
Affected System A:					
Energy Source:	Panel / Circuit:				
Energy Isolation Ves	No 🗆	If No, then what procedure is in place:			
Procedure (EIP)		,	1		
(Shutdown / Start					
Responsible Technician:		Contact:			
	Authorization Sign o	off by System Owner:			
Print Name:					
Signature:			Date:		
Affected System B:					
Affected System B.					
Energy Source:	Panel / Circuit:				
Energy Isolation Yes	No 🗖	If No, then what procedure is in place:			
Procedure (EIP) (Shutdown / Start					
112).			_		
Responsible Technician:		Contact:			
	Authorization Sign o	off by System Owner:			
Print Name:			_	_	
Signature:			Date:		



## SIPP Systems Verification

Affected System C:				
Energy Source:	Panel / Circuit:			
Energy Isolation Yes	No 🗆	If No, then what procedure is in place:		
Procedure (EIP)		· · · · · · · · · · · · · · · · · · ·	-	
(Shutdown / Start				
Responsible Technician:		Contact:		
•	Authorization Sign of	off by System Owner:		
Print Name:				
Signature:			Date:	
ACC + 1C + D				
Affected System D:				
Energy Source:	Panel / Circuit:			
Energy Isolation Yes	No 📮	If No, then what procedure is in place:		
Procedure (EIP)				
(Shutdown / Start				
Responsible Technician:		Contact:		
Authorization Sign off by System Owner:				
Print Name:				
Signature:			Date:	
ACC + 1C + F				
Affected System E:				
Energy Source:	Panel / Circuit:			
Energy Isolation Yes	No 🛚	If No, then what procedure is	s in place:	
Procedure (EIP)		· · · · · · · · · · · · · · · · · · ·	-	
(Shutdown / Start				
Responsible Technician:		Contact:		
Authorization Sign off by System Owner:				
Print Name:				
Signature:			Date:	



## SIPP Systems Verification

Affected S	ystem F:					
Energy	Source:	Panel / Circuit:				
Energy Isolation	Yes $\square$	No   If No, then what procedure is in place:				
Procedure (EIP)			,	•	1	
(Shutdown / Start						
Responsible	Technician:	1		Contact:		
responsible	Teemmeran.	Authorization Sig	gn off by System Owner			
Print N	Jamas	Authorization Sig	in on by System Owne.	ι.		
					D-4	1
Signa	ture:				Date:	
Affected S	vetom G:					
Affected D	ystem a.					
Energy	Source:	Panel / Circuit:				
Energy Isolation	Yes $\square$	No 📮	If No, then what procedure is in place:			
Procedure (EIP)				-	-	
(Shutdown / Start						
Responsible	Technician:			Contact:		
1111		Authorization Sig	gn off by System Owne			
Print N	Jame:		,			
Signa					Date:	
Digita	ture.				Date.	
Affected S	ystem H:					
Energy		Panel / Circuit:				
Energy Isolation	Yes □	No   If No, then what procedure is in place:				
Procedure (EIP)						
(Shutdown / Start						
Responsible	Technician:			Contact:		
Authorization Sign off by System Owner:						
Print N	Name:		,,			
Signa					Date:	
Signa					1 2 400.	



## SIPP Systems Verification

v. Approvais			
Quality Electric Supervisor:	Print Name:		
	Signature:	Date:	
GC Superintendent:	Print Name:		
	Signature:	Date:	
Customer Representative:	Print Name:		
Position:	Signature:	Date:	
Customer Representative:  Position:	Print Name:		
	Signature:	Date:	
Customer Representative:	Print Name:		
Position:	Signature:	Date:	
Customer Representative:	Print Name:		
Position:	Signature:	Date:	