Lockout/Tagout Procedure Sheet

Equipment Name _________________________________   Equip. Number ____________________

Description ________________________________________________________________________

Location (provide as much detail as possible): Building Name ________________________________

        Room Number _________  Room Name and other details _____________________________

Associated equipment that will be affected: ______________________________________________

Type of Energy Source and Description:

Check all that apply:

___ 1. Electrical (please circle) 120v 280v 240v 480v
___ 2. Hydraulic (please circle) Main Source  Secondary Source  Supply  Return
___ 3. Pneumatic (please circle) Main Source  Secondary Source  Supply  Return
___ 4. Gas (please circle) Main Source  Secondary Source  Supply  Return
___ 5. Water (please circle) Main Source  Secondary Source  Supply  Return
___ 6. Other (please specify in detail) _____________________________________________

Device used on #: (A) Disconnect   (B) Breaker   (C) Plug   (D) Valve

1. _______  2. _______  3. _______  4. _______  5. _______  6. _______

Location of LOTO on Equipment (please circle): Front Side  Back Side  Top Side  Bottom Side

        Left Side  Right Side  North Side  South Side  East Side  West Side

Hazardous Stored Energy Condition to Avoid (explain): _______________________________________

Power Down Time: No  Yes: length of time ___________  Power Up Time: No  Yes: length of time __________

Affected Employees/Department: _________________________________________________________

Authorized Employee Writing Procedure ______________________________ Date ____________

Authorized Employee Verifying Procedure _____________________________ Date ____________