

# 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 208v 240v 480v 13,200v 50,000v 100,000v

\_\_\_ 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 \_\_\_\_\_

**Write Additional Information on the reverse side**

**Return Completed Form to EHS so Procedure Can be Documented and Placed on File**

