



ENERGY ISOLATION PROCEDURE FORM LOCKOUT / TAGOUT

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Area:					
Location:					
Print Name of Authorized Individual Completing Energy Isolation:					
Work to be Conducted:					
Equipment to be Locked/Tagged Out:					
Have Affected Individuals Been Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
LOTO Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group					
ENERGY TO BE CONTROLLED (CHECK ALL THAT APPLY)					
<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Thermal <input type="checkbox"/> Flammable Gas/Liquids <input type="checkbox"/> Stored Energy <input type="checkbox"/> Chemicals <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure <input type="checkbox"/> Other (specify):					
Isolation Point/Device <small>(Valve, Breaker, Disconnect, Bleeder Valve, etc.)</small>	Isolation Position <small>(On/Off, Open/Closed)</small>	Isolation Device		Normal Position <small>(On/Off, Open/Closed)</small>	Isolation Device Removed & Returned to Normal Position <small>(Initial)</small>
		Lockout	Tagout		
1		<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>		
9		<input type="checkbox"/>	<input type="checkbox"/>		
10		<input type="checkbox"/>	<input type="checkbox"/>		
11		<input type="checkbox"/>	<input type="checkbox"/>		
12		<input type="checkbox"/>	<input type="checkbox"/>		
13		<input type="checkbox"/>	<input type="checkbox"/>		
14		<input type="checkbox"/>	<input type="checkbox"/>		
15		<input type="checkbox"/>	<input type="checkbox"/>		
16		<input type="checkbox"/>	<input type="checkbox"/>		
17		<input type="checkbox"/>	<input type="checkbox"/>		
18		<input type="checkbox"/>	<input type="checkbox"/>		
19		<input type="checkbox"/>	<input type="checkbox"/>		
20		<input type="checkbox"/>	<input type="checkbox"/>		
ENERGY VERIFICATION COMPLETE ***TRY***					
List method(s) used to try/test energy sources are isolated, and equipment is safe:					
APPROVALS AND SIGNATURES					
<i>I certify these precautionary measures have been taken to control hazardous energy prior to servicing and/or maintenance.</i>					
Authorized Individual Print Name:			Phone:		
Date In:	Time In:	Date Out:	Time Out:		
GROUP LOTO SECONDARY REVIEW					
<i>I verify that all potential hazardous energy sources have been isolated.</i>					
Secondary Authorized Individual Print Name:			Phone:		
Date In:	Time In:	Date Out:	Time Out:		
CHANGE OF RESPONSIBILITY *COMPLETE ONLY WHEN TRANSFERRING OWNERSHIP					
PRIMARY					
Authorized Individual Print Name:			Phone:		
Date In:	Time In:	Date Out:	Time Out:		
SECONDARY					
Secondary Authorized Individual Print Name:			Phone:		
Date In:	Time In:	Date Out:	Time Out:		

