



Employee Name: _____ LOTO Date & Time: _____

Equipment/System for LOTO: _____

Equipment/System Description: _____

Equipment/System Location: _____

Affected Employees (who will be notified that LOTO is happening on the equipment/system):

Type of Hazardous Energy:

- Electrical Mechanical Thermal Other
 Hydraulic Pneumatic Chemical Specify _____

Equipment/System shutdown procedure (include types & locations of operating controls): _____

Steps to Isolate and Control Energy:

#	Isolating Devices (Type and Location)	Control Devices (Lock, Chain, Wedge, etc.)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Special procedures and/or Additional safety measures: _____



If applicable, list: Type(s) of stored energy in the equipment/system, Methods used to dispel or restrain stored energy, Steps to prevent buildup of energy while LOTO is in effect: _____

Test methods to ensure energy isolating steps were effective: _____

Steps to Reenergize Equipment/System (this must include: Inspections to ensure employees and tools/other items are not in the LOTO area, Notification that the equipment/system will be reactivated, Conformation that the equipment/system is operationally intact and all guards are in place, Notification that the equipment/system is reactivated):

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

To be completed when lockout/tagout devices are removed:

Date & Time that LOTO devices were removed: _____

Reason LOTO devices were removed: _____

Employee Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

This form must be filed at the end of the LOTO procedure and kept for at least 2 years.