**Lock Out Tag Out Form**

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| **Equipment Details** | | |
| Company: | Location: | |
| Equipment Name/Description: | | |
| Equipment Manufacturer: | Equipment Location: | |
| Date: | Time: | |
| **Lockout Implementation** | | |
| Notify employees in the area that you’re shutting down the equipment. | | Yes  No |
| Identify all the hazardous energy sources. | | Yes  No |
| Safely shut down the equipment. | | Yes  No |
| Deactivate the energy-isolating devices to cut off the energy source. | | Yes  No |
| Lock out all the energy-isolating equipment. | | Yes  No |
| Make sure to dissipate residual energy from the shutdown process. | | Yes  No |
| Double check that the energy source is properly isolated. | | Yes  No |
| **Lockout Release** | | |
| Inspect the equipment to make sure that all the components are in working order. | | Yes  No |
| Audit the area to ensure that no employees are in harm’s way. | | Yes  No |
| Check that the equipment controls are in a neutral position. | | Yes  No |
| Take off the lockout device and turn on the energy-isolation devices. | | Yes  No |
| Notify employees that the equipment is unlocked for use. | | Yes  No |
| Activate the equipment and ensure that it’s working properly. | | Yes  No |
| I certify that I have completed the steps above and have received the proper training to complete the lockout tagout procedures safely and correctly. | | |
| Name: | Title: | |
| Signature: | Date: | |