

Control of Hazardous Energy (Lockout/Tagout) – Form 1: LO/TO Equipment Evaluation and Energy-Control Procedure

EQUIPMENT EVALUATION (*Use this side for documenting an equipment evaluation for machinery or equipment in your department*)

Department: _____

Equipment Description (Make/Model/SN/Other ID): _____

Equipment Location (Campus/Bldg/Room): _____

Purpose: _____

Comments: _____

Is the activity excepted by Section IV.B.1 of the Plan?

Yes No

(If **Yes**, sign below and stop; If **No**, sign below and proceed to next page)

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

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ENERGY-CONTROL PROCEDURE (Use this side for documenting a department energy-control procedure for the machinery or equipment listed on the front side of this form)

Is the activity described on this form excepted by Section IV.B.2 of the Plan? Yes No
(If **Yes**, sign below and stop; If **No**, address the topics below)

Intended Use of Procedure: _____

Hazardous Energy Type: _____ Magnitude: _____
Energy Isolation Device Locations: _____

Method of Control (LO, TO, LO/TO): _____

For the sections below, be sure to address issues of shift/personnel changes, group lockout, etc.

Steps for Shutting-down, Isolating, Blocking & Securing Equipment: _____

Steps for Placement, Removal and Transfer of LO/TO Devices: _____

Responsibility for LO/TO Devices: _____

Requirements for Testing Machine or Equipment to Determine and Verify the Effectiveness of LO/TO Devices and Energy Control Measures: _____

Additional Information: _____

Energy-Control Procedure Last Review Date: _____

Name of Person Documenting Energy-Control Procedure: _____

Signature: _____ Date: _____