

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: _____

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: _____