|  |
| --- |
| **TYPICAL LOCKOUT/TAGOUT PROCEDURE CHECKLIST** |
| **Date:** |  |
| **Equipment:** |  | **Make:** |  |
| **Model No:** |  | **ID No:** |  |
| **Equipment Location(s):** |  |
| **Task(s) to be Performed:** |  |
| **Name of Person(s) Performing Assessment:** |  |
| **A. ENERGY SOURCES:** (Check all that apply) |
| * Electrical

❑ Low Voltage (50V to 600V)❑ High Voltage (>600V)* Chemical/Explosion, pressure, extreme heat, fire, corrosives, reactive, oxidizer, toxic
* Pressure
* pneumatic
* hydraulic
* Vacuum
 | * Mechanical – capable of crushing, pinching, cutting, snagging, striking
* Thermal – high temperature, surface temperature, hot liquids, steam
* Thermal – Cryogenic – contact with super cold surface or with cryogenic liquid
* Ionizing Radiation
 | * Non‐Ionizing Radiation
* ultraviolet
* infrared
* RF/microwave
* laser
* magnetic fields
* Stored – flywheels, springs, differences in elevation, elevated parts that could drop, capacitors, batteries
 |
| **B. BASIC LOTO PROCEDURES** |
| 1. Notify all affected personnel of LOTO.2. Turn off power at disconnect points listed in Column C.2.3. LOTO each energy control point listed in Column C.2.4. Dissipate/disconnect any stored energy. See Column C.3 **❑ N/A NOTE**5. Block any mechanical parts, remove any mechanical links. See Column C.4 Lock blocking in place. **❑ N/A NOTE:** Two physical blocks are required to secure any gas or liquid line.6. Verify personnel are clear of hazards.7. Verify no hazardous energy remains. Use circuit tester/meter if electrical energy is involved. See Column C.5.8. Attempt to re‐start machinery or re‐energize equipment through normal means. **NOTE:** Return switch back to **OFF** or **NEUTRAL** position.9. Perform required work. |

|  |
| --- |
| **C. SPECIFIC LOTO PROCEDURES** |
| **C.1 Hazardous Energy****Specify all types & values (including names of chemicals)** | **C.2 Specific Lockout Locations** | **C.3 Dissipate All Stored Energy At These Locations** | **C.4 Block These Parts****Remove These Linkages** | **C.5 Verify Residual Energy By These Methods** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **D. PROCEDURE TO RETURN DEVICE TO OPERATION** |
| 1. Verify ***Danger Zone*** is clear of equipment, workers, tools, and test equipment.
2. Unlock and remove any blocking devices; remove linkages.
3. Reposition any safety devices.
4. Warn workers to stay clear of area.
5. Remove all locks and tags from energy control points.
6. Verify area is clear of personnel.
7. Re‐start/re‐energize the equipment.
8. Notify all affected personnel and other persons that the lockout has been cleared.
 |
| **E. SHIFT CHANGES** |
| If this procedure lasts beyond one work shift, the relief crew will apply their own locks and tags before the departing shift removes their locks and tags.**If this does not happen, the new crew must start with a new LOTO procedure.** |

|  |
| --- |
| **LOTO DEVICE REMOVAL REPORT** |
| ***This form is to be used any time a LOTO device is to be removed by someone other than the person who installed the LOTO device. The person removing the LOTO device must be directed to do so by an authorized management representative. Failure to follow and document the appropriate steps to remove a LOTO device may result in disciplinary action up to and including termination of employment.*** |
| **DATE:** |  | **TIME:** |  |
| **1.** | **Name of LOTO device owner whose LOTO device is to be removed:** |
| **2.** | **LOTO device owner’s phone/extension/cell phone number:** |
| **3.** | **Name of LOTO device owner’s First-Line Supervisor or On-Shift Supervisor:** |
| **4.** | **Documented attempt(s) to contact LOTO device owner.** |
|  | **Date/Time** | **Method of Attempted Contact**  | **Result of Attempted Contact** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **5.** | **Reason for removing LOTO device (i.e. LOTO device owner called in sick; LOTO device owner forgot to remove LOTO device before leaving worksite: LOTO device owner lost key):** |
| **6.** | **Evaluation of entire affected area/system to ensure employee safety before LOTO device is removed.****YES ❑ safe to remove LOTO device NO ❑ unsafe to remove LOTO device** |
| **7.** | **LOTO device removal:** |
| **Removed by (print):** | **Time:** | **Date:** |
| **Witnessed by (print):** | **Time:** | **Date:** |
| **Supervisor’s Signature:** | **Time:** | **Date:** |
| **8.** | **H&S Representative informed by email ❑ /phone call ❑ / message ❑ that a LOTO device has been removed within 24 hours of LOTO device removal.** |
| **H&S Representative notified by (print):** | **Time:** | **Date:** |