

PART NAME

LOCKOUT

LOCKOUT CREATED / REVISED BY:		DATE:		LOCKOUT DATE:	Lock Box #:
LOCKOUT APPROVED BY:		DATE:			
EQUIPMENT NUMBER:		DESCRIPTION:			
REVISION NUMBER:		AREA:			
WORK DESCRIPTION:					
SPECIAL INSTRUCTIONS:					

DEPARTMENT LOCK #:		HAZARDS:				
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Item #	DESCRIPTION OF ISOLATION POINT (i.e. valve, switch, blank, etc.)	NORMAL VALVE POS. OP/CL	ACTION REQUIRED	LOCK ON (Initials)	ISOLATION VERIFIED/ JOG TEST (Initials)	LOCK OFF (Initials)	LOCATION/ COMMENTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

ISOLATED BY:		DATE/TIME:	
VERIFIED BY WORKER:		DATE/TIME:	
VERIFIED BY WORKER:		DATE/TIME:	
VERIFIED BY WORKER:		DATE/TIME:	
VERIFIED BY WORKER:		DATE/TIME:	
VERIFIED BY WORKER:		DATE/TIME:	
VERIFIED BY WORKER:		DATE/TIME:	
DE-ISOLATED BY:		DATE/TIME:	
REASON FOR MODIFICATION:		INITIAL/DATE:	
MODIFICATION APPROVED BY:		DATE:	