

EQUIPMENT SPECIFIC LOCKOUT/TAGOUT PROCEDURE

Machine or Equipment: _____

Names of Authorized Employee(s) _____

Location of Equipment: _____

Type of Energy (e.g. Electric, Mechanical, Steam, Air)	Magnitude of Energy (e.g. Voltage, Temp., Pressure)	Type & Location of Energy Isolating Device(s) (e.g. Breaker, Valve)	Method(s) of Isolation (e.g. Lock on breaker, Chain and lock valve)	Steps Taken to Verify Lockout

Procedure Approved by: _____

Date: _____