



**Template for specific Lockout tag instructions for equipment – (Page 1 of 2)**

This template is to be filled out for the locking and tagging of machinery or equipment under the following conditions:

- When the machine being serviced has the potential for stored or residual energy, or the re-accumulation of stored energy after shut down;
- When the machine has multiple energy sources;
- When the isolation and locking of the machine will not completely deactivate it;
- When the machine cannot be locked out;

***Specific Instructions for Hazardous Machinery***

Part I

MachineName: \_\_\_\_\_  
Machine Serial Number: \_\_\_\_\_  
Department Name: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Part II

a. What types of hazardous energy may be present?  
Circle all that apply.

Electrical Chemical Pneumatic Hydraulic Thermal Other: \_\_\_\_\_

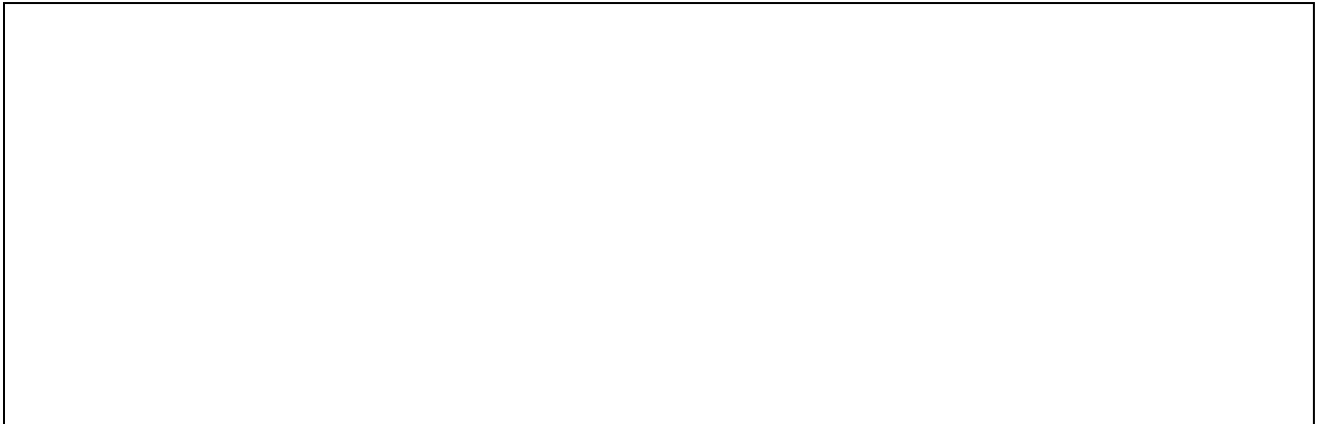
b. Complete Energy Check List (second page of this form)

c. Special Locking and Tagging instructions or substitute for Lockout/Tagout:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part III

Attach a diagram or photo identifying lock and tag locations:





**Template for specific Lockout tag instructions for equipment continued – (Page 2 of 2)**

I. Energy Checklists- circle that which applies

Energy Type	Hazard	Magnitude	Control Method
Electrical	Shock Burn Fire _____	110 VAC 220 VAC 208 VAC/30 ____V____A	Main Switch Plug Control Fuse Blocks Shielding
Pneumatic	Mechanical/ Pinch Points Crush Laceration Flying Debris	Moderate Slight High ____lb Force	Air Line Valve Gas Cylinder Valve Gas Line Valve _____
Chemical (Gas)	Flammable Corrosive Toxic Reactive	Slight Moderate High	Cylinder Valve Gas Line Valve
Chemical (Liquid)	Flammable Corrosive Toxic Reactive	Slight Moderate High	Valve Flange Plate
Mechanical	Shaft in Motion Moving Parts Crushing Laceration Impalement	Slight Moderate High ____ft-lb ____hp	Main Electrical Switch Plug Control Shielding Blocking Anti-Motion Pin
UV	Skin and Eye Burns	Slight Moderate High ____W/cm <sup>2</sup> @____%	Shielding Main Switch Plug Control Circuit Breaker
Electro Magnet	Strong Field	Slight Moderate High ____Gauss	Main Switch Plug Control Circuit Breaker
Thermal	Burns	Moderate Temperature High Temperature Cryogenic ____°C	Main Switch Plug Control Steam Valve Fluid Line Valve



**ANNUAL PERIODIC INSPECTION FORM**

Lockout/Tagout Periodic Inspection Form Date of inspection: \_\_\_\_\_  
 Shop/Area: \_\_\_\_\_  
 Name of Equipment or Process and Procedure Reviewed: \_\_\_\_\_

Name of Employee(s) Being Reviewed (use additional sheets if necessary):

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ |
| 2. _____ | 7. _____  | 12. _____ |
| 3. _____ | 8. _____  | 13. _____ |
| 4. _____ | 9. _____  | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

Inspection Items – Review the Energy Control Procedure and employee responsibilities with the involved employees and complete the following:

	Yes	No
1. Are the steps in the energy control procedure being followed? (If no, provide a detailed description of the problem below, along with a description of any corrective action taken or planned.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the involved employees understand their responsibilities under the procedure? (If no, provide a detailed description of the problem and any corrective action needed below.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any inadequacies in any employee's knowledge, abilities, or use of the procedures? (If yes, provide a detailed description of the problem and any corrective action needed below.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the procedure adequate to provide the necessary protection? (If no, provide a detailed description of the problem and any corrective action needed below.)	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Action – Use the space provided below to describe any problems identified during the inspection, along with a description of any corrective action needed. Appropriate action must be taken to ensure that the deficiencies are corrected. This may involve making changes to the procedure, providing retraining to employees, and/or taking additional steps to ensure compliance.

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Person Conducting the Inspection: \_\_\_\_\_  
 Name (Print): Signature: \_\_\_\_\_ Title/Department: \_\_\_\_\_

(Keep a copy in auditable department records send a copy to EH&S)