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| **LOCKOUT/TAGOUT PROCEDURE SHEET** | | | | | | | | | | | | | | | | |
| 1. Include and submit sheet(s) to Supervisor(s) and Occupational Health and Safety Office [ohso@uvm.edu](mailto:ohso@uvm.edu). 2. To be completed by authorized personnel. | | | | | | | | | | | | | | | | |
| **Project/Work Order Number** | | | | | | **Description** | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **Equipment Number** | | | | | | **Building** | | | | | | | **Location** | | | |
| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | | |
| **Type of Energy Source** | | | | | | | | | | | | | | | | |
| Electrical | Hydraulic | | | | Pneumatic | | | | Gas | | | Water | | | | Other (*specify)* |
| 120v | Main Source | | | | Main Source | | | | Main Source | | | Main Source | | | | Click or tap here to enter text. |
| 208v | Secondary Source | | | | Secondary Source | | | | Secondary Source | | | Secondary Source | | | | Click or tap here to enter text. |
| 240v | Supply | | | | Supply | | | | Supply | | | Supply | | | | Click or tap here to enter text. |
| 480v | Return | | | | Return | | | | Return | | | Return | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| **Type of Device (*explain*)** | | | | | | | | | | | | | | | | |
| Lockout  Tagout  Combination | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Device Used On** | | | | | | | | | | | | | | | | |
| Disconnect | | Breaker | | | | | Plug | | | Valve | | | | Other (specify):  Click or tap here to enter text. | | |
| **Device Location on Equipment** | | | | | | | | | | | | | | | | |
| Front | | | | Top | | | | Left | | | North | | | | | East |
| Back | | | | Bottom | | | | Right | | | South | | | | | West |
| **Hazardous Stored Energy to Avoid (*explain*)** | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Power Down Time | | | | Yes | | | | No | | | Length of Time:Click or tap here to enter text. | | | | | |
| Power Up Time | | | | Yes | | | | No | | | Length of Time:Click or tap here to enter text. | | | | | |
| **Affected Departments/Areas** | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **Completed By (Signature):** | | | | | | | | | | | | | | | **Date:** | |
| Click or tap here to enter text.  Print Name | | | | | | | Click or tap here to enter text.  Email | | | | | | | | Click or tap here to enter text.  Phone | |