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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.
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 |