

LOCKOUT CONTROL FORM

Date: _____ Location: _____

Purpose of Lockout: _____

ENERGY SOURCES:

Check all energy sources that apply:

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Steam | <input type="checkbox"/> Nitrogen |
| <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Hydraulic | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Air | <input type="checkbox"/> Stored Energy Source | <input type="checkbox"/> Other |

LOCKOUT AND SYSTEM DE-ENERGIZATION CONFIRMED YES ☐ NO ☐

Verified by: _____ Signature: _____

List specific Energy Sources or equipment to be locked out and Location.

Lock ID#	Applied by:	Location of Lock	Removed by:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10	_____	_____	_____

Work Order Number: _____

Name of person working on Equipment: _____

Name of Supervisor: _____

I certify that the above noted equipment is operating properly and that all guards are in place as require for same operation

Repair/Set-up Person: _____