

Trinity Manufacturing, Inc. Lockout/Tag-out Request

LOTO # _____ **Date:** _____

LOTO Developed by: _____ **Work Order #** _____

Work Description

PPE Required to Implement *and* Remove this LOTO

- | | | |
|---|--|---|
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Leather Gloves | <input type="checkbox"/> Tyvek Suit |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Nitrile Gloves | <input type="checkbox"/> Saranex Suit |
| <input type="checkbox"/> Full Facepiece Respirator | <input type="checkbox"/> Chemical Gloves | <input type="checkbox"/> Rubber Boots |
| <input type="checkbox"/> Dust Mask | <input type="checkbox"/> Chemical Suit | <input type="checkbox"/> SAR (airline respirator) |
| <input type="checkbox"/> Other PPE _____ | | |
| <input type="checkbox"/> Verify Safety Shower/Eyewash Stations are Operational and Accessible | | |

LOTO Authorized for Implementation by: _____

VALVE# MCC#	ITEM DESCRIPTION/LOCATION	LOCK POSITION	LOCK#	TRY- OUT	REMOVAL POSITION	LOCK/TAG REMOVED

LOTO Completed by: _____ **LOTO Accepted by:** _____

Work Complete/Release LOTO by: (Must be signed before LOTO is removed) _____

LOTO Authorized for Removal by: _____

LOTO log updated to show LOTO cleared _____