Equipment Specific Lockout Procedure Form

Machine or Equipment Type:

Location: ID #

Date Procedure Created Verified By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Verified\_\_\_\_\_\_\_\_\_\_

1. Notify all affected employees in the area
2. Proper Shutdown Procedure
3. Blocking of Potential Mechanical Energy:

|  |  |  |
| --- | --- | --- |
| Hazard | Equipment Needed | Placement Safety Devices |
|  |  |  |
|  |  |  |

1. Isolation of Power Sources:

|  |  |  |  |
| --- | --- | --- | --- |
| Energy Type | Isolating Device | Location | Procedure |
|  |  |  |  |
|  |  |  |  |

1. Bleeding of Potential Energy:

|  |  |  |
| --- | --- | --- |
| Energy | Bleed Down Points | Procedure |
|  |  |  |
|  |  |  |

1. Verification Test:

|  |  |  |
| --- | --- | --- |
| Lockout to Verify | Controls to try: | Process to verify Lockout |
|  |  |  |
|  |  |  |
|  |  |  |

**All controls must be returned to the “Off” position after the “Verification Test”**