

OHS 012 Form A: Safety Lockout Isolation Plan

Machine/Process:		Department:			Prepared by:	
ALWAYS PERFORM AN EQUIPMENT SHUTDOWN BEFORE LOCKING OUT DISCONNECTS BEFORE SERVICING, NOTIFY AFFECTED PERSONNEL						
Energy Source	Lockout Location	Date Locked Out	Procedure for Locking Out and/or Releasing Energies	Verification Completed By	Verification Method	Lock Removal Date
IF SYSTEM CANNOT BE LOCKED OUT OR IF SYSTEM FAILS VERIFICATION STOP AND IMMEDIATELY CONTACT YOUR SUPERVISOR						

Form is to be signed by supervisor prior to verification step being completed and after completion of procedure column,

Supervisor Signature: _____

Date: _____