



# Logout / Tagout Procedure Form

This Procedure must be used for the lockout/tagout of energy isolating devices whenever maintenance or servicing is done on machines or equipment to ensure that employees will not be injured by the unexpected energization or start-up of the machine or equipment or release of stored energy.

**All requirements contained in the Lockout/Tagout Program must be adhered to.**

**Date Work Began:** \_\_\_\_\_ **Equipment:** \_\_\_\_\_

**Work to be Conducted:** \_\_\_\_\_

Authorized Employee(s)	Affected Employee(s)
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> Notify "affected" employees and any employees working nearby.	
<input type="checkbox"/> Shut down the equipment.	
<input type="checkbox"/> Identify all energy sources and possible hazards. (Use the Lockout/Tagout Initial Survey Form)	
<input type="checkbox"/> Disconnect the power.	
<input type="checkbox"/> Lock out or tag out the equipment.	
<input type="checkbox"/> Neutralize other possible energy sources.	
Lower all suspended parts Block movable parts Vent air pressure from pneumatic lines <input type="checkbox"/> Drain or bleed hydraulic lines to remove pressure Release or block spring energy Secure machine products to be sure they can't move, fall unexpectedly, etc. Drain capacitors, and other sources of stored energy	
ENERGY SOURCE/HAZARD	LOCKED OUT?    TAGGED OUT?    ADDITIONAL?(If Tagged Out)    ALL REMOVED
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO    _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO    _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO    _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO    _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Test Equipment, if not energized, PERFORM SERVICE/MAINTENANCE.	
<input type="checkbox"/> Push start buttons. (TWICE) (Return to "off" or neutral position.)	
<input type="checkbox"/> Test electric circuits. (Only a "Qualified" person can do this.)	
<input type="checkbox"/> After completion of work and BEFORE RESTARTING, double-check everything.	
Equipment - In operating condition, lubricated, adjusted, etc. (CONTROLS ARE IN NEUTRAL) Guards - in place Tools - removed	
<input type="checkbox"/> Braces, pins, blocks, chains - removed Pressure tubing, pipes, hoses - connected, with valves closed Work area - clear Personnel - out of danger zones	
<input type="checkbox"/> Affected personnel notified of startup.	
<input type="checkbox"/> Tags and locks - removed by authorized persons who installed them.	
<input type="checkbox"/> Reenergize.	
<b>Date Work Completed:</b> _____	<b>Signature:</b> _____