**Oil and Gas Rig – Lockout/Tagout (LOTO) Procedure**
**(For Training Purposes)**

**1. General Information**

* **Date of Energy Isolation**: [Date]
* **Location**: [Worksite Location]
* **Equipment/Systems to be Isolated**: [List of equipment/systems]
* **Job Description**: [Description of the maintenance or repair work to be performed]
* **Authorized Person(s)**: [Names of personnel responsible for energy isolation]
* **Supervisor/Manager**: [Name]
* **Contractor/Operator**: [Name, if applicable]

**2. Energy Isolation Points and Types**

Before beginning any work, ensure the identification and isolation of all sources of energy that could pose a threat to personnel safety.

| **#** | **Energy Source Type** | **Location of Isolation Point** | **Lock/Tag Applied (Y/N)** | **Isolation Method** | **Additional Notes** |
| --- | --- | --- | --- | --- | --- |
| 1 | **Electrical** | [Location] | [ ] Yes / [ ] No | [e.g., Circuit Breaker, Switch] | [ ] |
| 2 | **Hydraulic** | [Location] | [ ] Yes / [ ] No | [e.g., Shut-off Valve, Bleed Valve] | [ ] |
| 3 | **Pneumatic** | [Location] | [ ] Yes / [ ] No | [e.g., Air Valve, Compressor Shutdown] | [ ] |
| 4 | **Mechanical (e.g., gears, belts)** | [Location] | [ ] Yes / [ ] No | [e.g., Disconnect, Lock Pulley] | [ ] |
| 5 | **Thermal (e.g., steam, hot surfaces)** | [Location] | [ ] Yes / [ ] No | [e.g., Cooling System, Valve Shut-off] | [ ] |
| 6 | **Chemical (e.g., hazardous fluids)** | [Location] | [ ] Yes / [ ] No | [e.g., Chemical Shutdown, Drain Valve] | [ ] |
| 7 | **Other** | [Specify] | [ ] Yes / [ ] No | [Specify] | [ ] |

**3. Lockout/Tagout Procedure**

**Step 1: Preparation for Lockout/Tagout**

1. **Identify all energy sources**: Ensure all sources of energy are identified and their isolation points are located.
2. **Notify affected personnel**: Inform workers, operators, and others in the area about the lockout/tagout process before starting.
3. **Verify energy isolation**: Before proceeding, verify that all energy isolation points are securely locked/tagged and that all stored energy (e.g., pressure, steam) is relieved, drained, or dissipated.

**Step 2: Application of Lockout/Tagout Devices**

1. **Apply locks**: Each authorized person applies a lockout device to the energy-isolating device.
2. **Tag the lock**: Attach a tag to the lock, indicating the name of the authorized person, the date, and the work to be performed.
3. **Ensure all locks are applied**: Multiple workers may apply their own locks to a single isolation point if needed (group lockout).

**Step 3: Energy Isolation Verification**

1. **Attempt to operate controls**: After lockout/tagout devices are applied, attempt to operate the equipment (e.g., press buttons, move levers) to verify that energy isolation is effective.
2. **Test the system**: If applicable, check the system for energy release by operating valves, switches, or other controls in a safe manner to confirm no residual energy is present.

**Step 4: Performing the Work**

1. **Proceed with work**: Only authorized workers should begin maintenance or repair activities.
2. **Monitor energy isolation**: Continuously monitor the work area for any unauthorized attempts to restore energy or remove isolation devices.

**Step 5: Removal of Lockout/Tagout Devices**

1. **Notify all personnel**: Before removing locks or tags, ensure all workers are clear of the work area.
2. **Remove locks and tags**: The authorized person(s) will remove their lockout/tagout devices.
3. **Verify system functionality**: Ensure the system is returned to normal operation and that it has been properly re-energized.

**4. Energy Isolation Checklist**

| **#** | **Task** | **Completed (Y/N)** | **Initials** | **Comments** |
| --- | --- | --- | --- | --- |
| 1 | **Identify all energy sources** | [ ] Yes / [ ] No | [ ] | [ ] |
| 2 | **Notify affected personnel** | [ ] Yes / [ ] No | [ ] | [ ] |
| 3 | **Apply lockout/tagout devices** | [ ] Yes / [ ] No | [ ] | [ ] |
| 4 | **Verify energy isolation** | [ ] Yes / [ ] No | [ ] | [ ] |
| 5 | **Ensure all isolation points are locked/tagged** | [ ] Yes / [ ] No | [ ] | [ ] |
| 6 | **Perform maintenance/repair work** | [ ] Yes / [ ] No | [ ] | [ ] |
| 7 | **Remove locks/tags and re-energize equipment** | [ ] Yes / [ ] No | [ ] | [ ] |
| 8 | **Notify all personnel of completion** | [ ] Yes / [ ] No | [ ] | [ ] |

**5. Authorized Personnel and Lockout/Tagout Device Information**

| **Authorized Person** | **Lockout Device Applied (Y/N)** | **Lock ID** | **Date/Time of Application** | **Signature** |
| --- | --- | --- | --- | --- |
| [Name] | [ ] Yes / [ ] No | [ID] | [Date/Time] | [Signature] |
| [Name] | [ ] Yes / [ ] No | [ID] | [Date/Time] | [Signature] |
| [Name] | [ ] Yes / [ ] No | [ID] | [Date/Time] | [Signature] |

**6. Equipment Owner/Operator Acknowledgment**

By signing below, the equipment owner/operator acknowledges that all energy isolation procedures have been followed, and the equipment is properly locked and tagged before work begins.

* **Owner/Operator Name**: [Name]
* **Signature**: [Signature]
* **Date**: [Date]

**7. Additional Notes**

[Include any additional comments or observations about the energy isolation process, such as difficulties encountered, additional precautions, or recommendations for improvement.]

**8. Emergency Procedures**

In case of an emergency during lockout/tagout procedures:

1. **Stop work immediately**.
2. **Alert all personnel** in the area of the emergency.
3. **Remove personnel** from the hazardous area.
4. **Contact emergency responders** (e.g., first aid, fire, rescue).
5. **Follow established emergency protocols** for your site.

**9. Review and Feedback**

* **Training Evaluation**:
	+ Was the training effective in helping you understand the energy isolation process? [ ] Yes / [ ] No
	+ Suggestions for improvement: [ ]

**10. Final Sign-Off**

All personnel involved in the energy isolation procedure must sign to acknowledge their involvement and understanding of the process:

| **Name** | **Role** | **Signature** | **Date** |
| --- | --- | --- | --- |
| [Name] | [e.g., Technician] | [Signature] | [Date] |
| [Name] | [e.g., Supervisor] | [Signature] | [Date] |