



Energy Isolation Procedure

Lease or Location _____ Equipment being locked out _____
 Job Date(s): _____ Job Scope _____
 Job Complete (Date) _____

Authorized Employees

Energy Types

Flammable Gas Electricity Gravity
 Pneumatic (Air/Pressure) Steam Chemical/Thermal
 Other Describe _____

Group Lockout? Yes No Lead _____

Affected Employees notified? Yes No By _____

Isolation Information						
Isolation Point	Normal Position	Isolation Method		Isolation Position	Responsible Person	Returned to Normal (date & initial)
	Open/Closed On/Off, Blinded	Lock	Tag	Open/Closed On/Off, Blinded		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Tagout procedures to be used _____

Methods to remove energy (blowdown...etc) _____

Additional Safety Precautions (shift change...etc) _____

Prepared By: _____ Date _____