

**FORM B**

**Equipment Lockout Plan**

1. Equipment \_\_\_\_\_ Equipment # \_\_\_\_\_  
Primary equipment or machine to be inspected, serviced, or repaired.
2. Identify the equipment/components of this equipment and their energy sources that could present a hazard while inspecting, servicing, or repairing. (See Form A)

Equipment/ Component	Energy Sources	Stored Energy Locations (If any)

**FORM B**  
**Equipment Lockout Plan**

3. Complete the following table using the energy source information listed in #2.

Equipment Component	Energy Source	Isolating Device	Location of Device	*Lock or Tag or Both

\* Both lock and tag are suggested

4. Complete this table using the stored energy location information completed in #2.

Stored Energy Location	Restrain or Release	Procedure for Restraining or Releasing Stored Energy

5. Survey completed by \_\_\_\_\_  
 Date completed \_\_\_\_\_ Facility \_\_\_\_\_

---

**FORM C**  
**Tagout System Requirements**

Maintenance performed on \_\_\_\_\_  
(dryer, loader, etc.)

Why lockout system will not work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Employee Protection**

*Note:* Each individual tagging out must have completed lockout/tagout training, and documentation of training must be on file.

If you cannot answer "yes" to all of the following items, Do Not use the tagout system.

- Will the tagout provide full employee protection?
- Will the tagout devices be placed in a location clearly visible to the energy isolating device?
- Can the employees fully comply with all tagout-related provisions?

**B. Tagout Services**

The tagout devices must satisfy each of the following criteria:

- Tagout devices, including their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal.
- Plastic tie to secure tag cannot be reusable and must have a minimum breaking strength of 50 pounds.

---

**FORM C**  
**Tagout System Requirements**

**C. Training**

Verify that all employees involved understand the following:

- Tags are simply warning devices.
- Tags do not provide physical restraint.
- Tags must never be removed without authorization.
- Tags may evoke a false sense of security.
- Tags are only part of the overall program.
- Tags must be securely attached.
- Tags must never be ignored or bypassed.

**D. Tagging Out**

Fill out the information on the tag and place it on the energy isolating device now.

**E. Verification of Tagout**

1. Ensure that no individual is exposed to danger during test.
2. Attempt to start equipment (push start button, etc.).
3. Return controls to "Off" position.

**Tagout Complete**

Tagout system requirement completed by:

\_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM D**

**Lock or Tag Removal**

**By Individual Who Is Not Assigned To The Lock Or Tag Being Removed**

---

A. Identify the individual(s) whose device is being removed.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

B. Indicate the steps taken to locate the employee(s), i.e., telephone call, company radio communication, etc.

\_\_\_\_\_  
\_\_\_\_\_

C. Remove the individual(s) lockout device at this time.

\_\_\_\_\_

D. Inform the individual that his/her lockout device has been removed prior to the person's return to work.

\_\_\_\_\_  
\_\_\_\_\_

E. Signature and date the above was completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM E**  
**Documentation of Training/Retraining**

---

Employee Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Job Title \_\_\_\_\_

Facility \_\_\_\_\_

Date of Training/Retraining \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

Date \_\_\_\_\_

**FORM F**

**Verification of Lockout/Tagout Procedures**

Company \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Machine or Equipment Reviewed

Employee Reviewed

Date

Machine or Equipment Reviewed	Employee Reviewed	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Employer Verification  
(person doing review with employees)

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FORM B**

**Equipment Lockout Plan**

1. Equipment \_\_\_\_\_ Equipment # \_\_\_\_\_  
Primary equipment or machine to be inspected, serviced, or repaired.
2. Identify the equipment/components of this equipment and their energy sources that could present a hazard while inspecting, servicing, or repairing. (See Form A)

Equipment/ Component	Energy Sources	Stored Energy Locations (If any)



**FORM B**  
**Equipment Lockout Plan**

3. Complete the following table using the energy source information listed in #2.

Equipment Component	Energy Source	Isolating Device	Location of Device	*Lock or Tag or Both

\* Both lock and tag are suggested

4. Complete this table using the stored energy location information completed in #2.

Stored Energy Location	Restrain or Release	Procedure for Restraining or Releasing Stored Energy

5. Survey completed by \_\_\_\_\_

Date completed \_\_\_\_\_ Facility \_\_\_\_\_

**FORM C**  
**Tagout System Requirements**

Maintenance performed on \_\_\_\_\_  
(dryer, loader, etc.)

Why lockout system will not work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Employee Protection**

*Note:* Each individual tagging out must have completed lockout/tagout training, and documentation of training must be on file.

If you cannot answer "yes" to all of the following items, Do Not use the tagout system.

- Will the tagout provide full employee protection?
- Will the tagout devices be placed in a location clearly visible to the energy isolating device?
- Can the employees fully comply with all tagout-related provisions?

**B. Tagout Services**

The tagout devices must satisfy each of the following criteria:

- Tagout devices, including their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal.
- Plastic tie to secure tag cannot be reusable and must have a minimum breaking strength of 50 pounds.

---

**FORM C**  
**Tagout System Requirements**

**C. Training**

Verify that all employees involved understand the following:

- Tags are simply warning devices.
- Tags do not provide physical restraint.
- Tags must never be removed without authorization.
- Tags may evoke a false sense of security.
- Tags are only part of the overall program.
- Tags must be securely attached.
- Tags must never be ignored or bypassed.

**D. Tagging Out**

Fill out the information on the tag and place it on the energy isolating device now.

**E. Verification of Tagout**

1. Ensure that no individual is exposed to danger during test.
2. Attempt to start equipment (push start button, etc.).
3. Return controls to "Off" position.

**Tagout Complete**

Tagout system requirement completed by:

\_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM D**

**Lock or Tag Removal**

**By Individual Who Is Not Assigned To The Lock Or Tag Being Removed**

---

A. Identify the individual(s) whose device is being removed.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

B. Indicate the steps taken to locate the employee(s), i.e., telephone call, company radio communication, etc.

\_\_\_\_\_  
\_\_\_\_\_

C. Remove the individual(s) lockout device at this time.

\_\_\_\_\_

D. Inform the individual that his/her lockout device has been removed prior to the person's return to work.

\_\_\_\_\_  
\_\_\_\_\_

E. Signature and date the above was completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM E**

**Documentation of Training/Retraining**

Employee Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Job Title \_\_\_\_\_

Facility \_\_\_\_\_

Date of Training/Retraining \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

Date \_\_\_\_\_

**FORM F**

**Verification of Lockout/Tagout Procedures**

Company \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Machine or Equipment Reviewed	Employee Reviewed	Date
-------------------------------	-------------------	------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Employer Verification  
(person doing review with employees)

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FORM B**

**Equipment Lockout Plan**

1. Equipment \_\_\_\_\_ Equipment # \_\_\_\_\_  
Primary equipment or machine to be inspected, serviced, or repaired.
2. Identify the equipment/components of this equipment and their energy sources that could present a hazard while inspecting, servicing, or repairing. (See Form A)

Equipment/ Component	Energy Sources	Stored Energy Locations (If any)

# FORM B Equipment Lockout Plan

3. Complete the following table using the energy source information listed in #2.

Equipment Component	Energy Source	Isolating Device	Location of Device	*Lock or Tag or Both

\* Both lock and tag are suggested

4. Complete this table using the stored energy location information completed in #2.

Stored Energy Location	Restrain or Release	Procedure for Restraining or Releasing Stored Energy

5. Survey completed by \_\_\_\_\_

Date completed \_\_\_\_\_ Facility \_\_\_\_\_



---

**FORM C**  
**Tagout System Requirements**

Maintenance performed on \_\_\_\_\_  
(dryer, loader, etc.)

Why lockout system will not work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Employee Protection**

*Note:* Each individual tagging out must have completed lockout/tagout training, and documentation of training must be on file.

If you cannot answer "yes" to all of the following items, Do Not use the tagout system.

- Will the tagout provide full employee protection?
- Will the tagout devices be placed in a location clearly visible to the energy isolating device?
- Can the employees fully comply with all tagout-related provisions?

**B. Tagout Services**

The tagout devices must satisfy each of the following criteria:

- Tagout devices, including their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal.
- Plastic tie to secure tag cannot be reusable and must have a minimum breaking strength of 50 pounds.

---

**FORM C**  
**Tagout System Requirements**

---

**C. Training**

Verify that all employees involved understand the following:

- Tags are simply warning devices.
- Tags do not provide physical restraint.
- Tags must never be removed without authorization.
- Tags may evoke a false sense of security.
- Tags are only part of the overall program.
- Tags must be securely attached.
- Tags must never be ignored or bypassed.

**D. Tagging Out**

Fill out the information on the tag and place it on the energy isolating device now.

**E. Verification of Tagout**

1. Ensure that no individual is exposed to danger during test.
2. Attempt to start equipment (push start button, etc.).
3. Return controls to "Off" position.

**Tagout Complete**

Tagout system requirement completed by:

\_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM D**  
**Lock or Tag Removal**

**By Individual Who Is Not Assigned To The Lock Or Tag Being Removed**

---

A. Identify the individual(s) whose device is being removed.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

B. Indicate the steps taken to locate the employee(s), i.e., telephone call, company radio communication, etc.

\_\_\_\_\_  
\_\_\_\_\_

C. Remove the individual(s) lockout device at this time.

\_\_\_\_\_

D. Inform the individual that his/her lockout device has been removed prior to the person's return to work.

\_\_\_\_\_  
\_\_\_\_\_

E. Signature and date the above was completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM E**  
**Documentation of Training/Retraining**

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Job Title \_\_\_\_\_

Facility \_\_\_\_\_

Date of Training/Retraining \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

Date \_\_\_\_\_

**FORM F**

**Verification of Lockout/Tagout Procedures**

Company \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Machine or Equipment Reviewed	Employee Reviewed	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Employer Verification  
(person doing review with employees)

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FORM B**

**Equipment Lockout Plan**

1. Equipment \_\_\_\_\_ Equipment # \_\_\_\_\_  
Primary equipment or machine to be inspected, serviced, or repaired.
2. Identify the equipment/components of this equipment and their energy sources that could present a hazard while inspecting, servicing, or repairing. (See Form A)

Equipment/ Component	Energy Sources	Stored Energy Locations (if any)

**FORM B**  
**Equipment Lockout Plan**

3. Complete the following table using the energy source information listed in #2.

Equipment Component	Energy Source	Isolating Device	Location of Device	*Lock or Tag or Both

\* Both lock and tag are suggested

4. Complete this table using the stored energy location information completed in #2.

Stored Energy Location	Restrain or Release	Procedure for Restraining or Releasing Stored Energy

5. Survey completed by \_\_\_\_\_  
 Date completed \_\_\_\_\_ Facility \_\_\_\_\_

---

**FORM C**  
**Tagout System Requirements**

---

Maintenance performed on \_\_\_\_\_  
(dryer, loader, etc.)

Why lockout system will not work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Employee Protection**

*Note:* Each individual tagging out must have completed lockout/tagout training, and documentation of training must be on file.

If you cannot answer "yes" to all of the following items, Do Not use the tagout system.

- Will the tagout provide full employee protection?
- Will the tagout devices be placed in a location clearly visible to the energy isolating device?
- Can the employees fully comply with all tagout-related provisions?

**B. Tagout Services**

The tagout devices must satisfy each of the following criteria:

- Tagout devices, including their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal.
- Plastic tie to secure tag cannot be reusable and must have a minimum breaking strength of 50 pounds.



---

**FORM C**  
**Tagout System Requirements**

---

**C. Training**

Verify that all employees involved understand the following:

- Tags are simply warning devices.
- Tags do not provide physical restraint.
- Tags must never be removed without authorization.
- Tags may evoke a false sense of security.
- Tags are only part of the overall program.
- Tags must be securely attached.
- Tags must never be ignored or bypassed.

**D. Tagging Out**

Fill out the information on the tag and place it on the energy isolating device now.

**E. Verification of Tagout**

1. Ensure that no individual is exposed to danger during test.
2. Attempt to start equipment (push start button, etc.).
3. Return controls to "Off" position.

**Tagout Complete**

Tagout system requirement completed by:

\_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM D**  
**Lock or Tag Removal**

**By Individual Who Is Not Assigned To The Lock Or Tag Being Removed**

---

A. Identify the individual(s) whose device is being removed.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

B. Indicate the steps taken to locate the employee(s), i.e., telephone call, company radio communication, etc.

\_\_\_\_\_  
\_\_\_\_\_

C. Remove the individual(s) lockout device at this time.

\_\_\_\_\_

D. Inform the individual that his/her lockout device has been removed prior to the person's return to work.

\_\_\_\_\_  
\_\_\_\_\_

E. Signature and date the above was completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM E**  
**Documentation of Training/Retraining**

---

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Job Title \_\_\_\_\_

Facility \_\_\_\_\_

Date of Training/Retraining \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

Date \_\_\_\_\_

**FORM F**

**Verification of Lockout/Tagout Procedures**

Company \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Machine or Equipment Reviewed	Employee Reviewed	Date
-------------------------------	-------------------	------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Employer Verification  
(person doing review with employees)

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FORM B**

**Equipment Lockout Plan**

1. Equipment \_\_\_\_\_ Equipment # \_\_\_\_\_  
Primary equipment or machine to be inspected, serviced, or repaired.
2. Identify the equipment/components of this equipment and their energy sources that could present a hazard while inspecting, servicing, or repairing. (See Form A)

Equipment/ Component	Energy Sources	Stored Energy Locations (if any)

**FORM B**  
**Equipment Lockout Plan**

3. Complete the following table using the energy source information listed in #2.

Equipment Component	Energy Source	Isolating Device	Location of Device	*Lock or Tag or Both

\* Both lock and tag are suggested

4. Complete this table using the stored energy location information completed in #2.

Stored Energy Location	Restrain or Release	Procedure for Restraining or Releasing Stored Energy

5. Survey completed by \_\_\_\_\_

Date completed \_\_\_\_\_ Facility \_\_\_\_\_

---

**FORM C**  
**Tagout System Requirements**

---

Maintenance performed on \_\_\_\_\_  
(dryer, loader, etc.)

Why lockout system will not work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. Employee Protection**

*Note:* Each individual tagging out must have completed lockout/tagout training, and documentation of training must be on file.

If you cannot answer "yes" to all of the following items, Do Not use the tagout system.

- Will the tagout provide full employee protection?
- Will the tagout devices be placed in a location clearly visible to the energy isolating device?
- Can the employees fully comply with all tagout-related provisions?

**B. Tagout Services**

The tagout devices must satisfy each of the following criteria:

- Tagout devices, including their means of attachment, shall be substantial enough to prevent inadvertent or accidental removal.
- Plastic tie to secure tag cannot be reusable and must have a minimum breaking strength of 50 pounds.

---

**FORM C**  
**Tagout System Requirements**

---

**C. Training**

Verify that all employees involved understand the following:

- Tags are simply warning devices.
- Tags do not provide physical restraint.
- Tags must never be removed without authorization.
- Tags may evoke a false sense of security.
- Tags are only part of the overall program.
- Tags must be securely attached.
- Tags must never be ignored or bypassed.

**D. Tagging Out**

Fill out the information on the tag and place it on the energy isolating device now.

**E. Verification of Tagout**

1. Ensure that no individual is exposed to danger during test.
2. Attempt to start equipment (push start button, etc.).
3. Return controls to "Off" position.

**Tagout Complete**

Tagout system requirement completed by:

\_\_\_\_\_

Date: \_\_\_\_\_



---

**FORM D**  
**Lock or Tag Removal**

**By Individual Who Is Not Assigned To The Lock Or Tag Being Removed**

---

A. Identify the individual(s) whose device is being removed.

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

B. Indicate the steps taken to locate the employee(s), i.e., telephone call, company radio communication, etc.

\_\_\_\_\_  
\_\_\_\_\_

C. Remove the individual(s) lockout device at this time.

\_\_\_\_\_

D. Inform the individual that his/her lockout device has been removed prior to the person's return to work.

\_\_\_\_\_  
\_\_\_\_\_

E. Signature and date the above was completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**FORM E**  
**Documentation of Training/Retraining**

---

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Job Title \_\_\_\_\_

Facility \_\_\_\_\_

Date of Training/Retraining \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

Date \_\_\_\_\_

**FORM F**

**Verification of Lockout/Tagout Procedures**

Company \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Machine or Equipment Reviewed

Employee Reviewed

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Employer Verification  
(person doing review with employees)

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_