



Notice of Group Lock Out CONTROL OF HAZARDOUS ENERGY

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|---------------------------------|--|----------------|------------|
| | | Date of Issue: | 2015.10.13 |
| | | Issued By: | EH&S |
| Work Order # | | Revision #: | 1 |
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| Isolation Form # _____ of _____ | | Revised By: | TKM |

PART # 1 | **DECLARATION OF ENERGY ISOLATION**

Part # 1: Declaration of Energy Isolation

I have isolated the supply of energy to the equipment listed on this form. I have tested for potential, dissipated any residual energy, applied locks and tags and tested the locking method.

If any individual has to leave the work site, they must contact their Supervisor and sign part 2 "Approval for Return of Energy and Start up of Equipment" prior to leaving.

Group Primary (Employee in Charge) : Signed _____ Date _____ Time _____

Isolation Device Identification _____ **Building/rm#** _____

Isolation Device Identification _____ **Building/rm#** _____

Isolation Device Identification _____ **Building/rm#** _____

Isolation Device Identification _____ **Building/rm#** _____

I issue clearance to these following crafts persons to work on ONLY the equipment listed below;

Equipment designation: _____

_____ Building/rm# _____

Equipment designation: _____

_____ Building/rm# _____

Name: _____ **Signature:** _____ **Date/Time:** _____

Name: _____ **Signature:** _____ **Date/Time:** _____

Name: _____ **Signature:** _____ **Date/Time:** _____

Name: _____ **Signature:** _____ **Date/Time:** _____

Name: _____ **Signature:** _____ **Date/Time:** _____

Name: _____ **Signature:** _____ **Date/Time:** _____

Please see Part 2: Approval for the return of energy and start up of equipment

PART # 2

APPROVAL FOR THE RETURN OF ENERGY

Part 2: Approval for the return of Energy and start up of equipment

I have completed all maintenance on the equipment noted in part 1 "Declaration of Energy Isolation" form.
All tools, testers, cleaning supplies and personal safety locks have been removed and accounted for.

I issue clearance for the removal of protective locks, and the return of energy to this equipment.

Note: All signatures from part 1 must be re-signed on part 2 before return of energy will be authorized.

Name: _____ Signature: _____ Date/Time: _____

Name: _____ Signature: _____ Date/Time: _____

Name: _____ Signature: _____ Date/Time: _____

Name: _____ Signature: _____ Date/Time: _____

Name: _____ Signature: _____ Date/Time: _____

Name: _____ Signature: _____ Date/Time: _____

Clearance issued to:

Group Primary (Employee in Charge): Signed _____ Date _____ Time _____