

LOCK OUT TAG OUT ISOLATION REGISTER

Date:	Register of
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Equipment:	Permit to Work:	Location:
Work Order No:	Person in Control of Workplace:	Lockout Coordinator:

METHOD OF ISOLATION										REMOVAL	
Types of Energy	Volume or Potential	Type of Isolation Device	Location and identification of Isolation Device	Method of Isolation	Tag Out	Lock Out	Verified By	Date / Time	Positive Isolation Verified	Removed By	Date / Time
See code below	Voltage, temperature, capacity, pressure, etc	Switch, valve, brake, door, etc	Feed line 18A, panel 3A, Control #342, CB red 18, etc	Open, close, flange, plate, remove, lock, gearbox, etc	√ If used	√ If used	Print Name		Y – Yes or N - No		

 Has TOTAL ISOLATION been achieved by this process? Yes No

Person in control of Workplace

 Has ISOLATION CONTROL transferred to another person? Yes No

Name..... Signature.....