



Lockout Tagout Procedure Template

WORK READY ESSENTIALS- Equipping Workers for Success

LOCKOUT TAGOUT (LOTO) PROCEDURE TEMPLATE

Controlling Hazardous Energy Sources

Equipment/System: _____ LOTO ID #: _____

Location: _____ Date Created: _____

Authorized Employee: _____ Reviewed By: _____

Department: _____ Next Review: _____

EQUIPMENT IDENTIFICATION

Equipment Name: _____

Manufacturer: _____ Model: _____

Serial Number: _____ Voltage: _____

Location/Building: _____ Floor/Area: _____

ENERGY SOURCES PRESENT

☐ Electrical (Voltage: _____ Phase: _____ Amperage: _____)

☐ Pneumatic (Pressure: _____ PSI)

☐ Hydraulic (Pressure: _____ PSI)

☐ Steam (Pressure: _____ PSI, Temperature: _____ °F)

☐ Chemical

☐ Thermal

☐ Mechanical (springs, counterweights, etc.)

☐ Stored Energy

☐ Other: _____

STEP-BY-STEP LOCKOUT PROCEDURE

PREPARATION

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Step 1: Notify all affected employees that equipment will be shut down and locked out

Time: _____ Completed by: _____ Initials: _____

Step 2: Review energy sources and shutdown procedures

Time: _____ Completed by: _____ Initials: _____

Step 3: Gather required LOTO devices and PPE

Time: _____ Completed by: _____ Initials: _____

SHUTDOWN

Step 4: Shut down equipment using normal stopping procedure

Control Location: _____

Time: _____ Completed by: _____ Initials: _____

ISOLATION

Step 5: Disconnect/isolate all energy sources

Energy Source 1: _____

Isolation Device: _____

Location: _____

Lock Applied: ☐ Tag Applied: ☐ Time: _____ Initials: _____

Energy Source 2: _____

Isolation Device: _____

Location: _____

Lock Applied: ☐ Tag Applied: ☐ Time: _____ Initials: _____

Energy Source 3: _____

Isolation Device: _____

Location: _____

Lock Applied: ☐ Tag Applied: ☐ Time: _____ Initials: _____

Additional Sources: (Use separate sheet if needed)

LOCKOUT/TAGOUT APPLICATION

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Step 6: Apply personal locks and tags to all isolation devices

Required: Each authorized employee must apply their own lock

Lock Serial Numbers: _____

Time: _____ Completed by: _____ Initials: _____

STORED ENERGY CONTROL

Step 7: Release, disconnect, or restrain stored energy

Method Used: _____

Verification: _____

Time: _____ Completed by: _____ Initials: _____

VERIFICATION

Step 8: Verify isolation by testing normal operating controls

Control Tested: _____

Result: ☐ No Response ☐ Other: _____

Return controls to OFF/SAFE position after test

Time: _____ Completed by: _____ Initials: _____

Step 9: Test with appropriate test equipment

Equipment Used: _____

Reading/Result: _____

Time: _____ Completed by: _____ Initials: _____

WORK AUTHORIZATION

Work to be Performed: _____

Estimated Duration: _____

Special Precautions: _____

Authorized Employees:

1. _____ Signature: _____

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2. _____ Signature: _____
3. _____ Signature: _____
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RESTORATION PROCEDURE

PREPARATION FOR RESTART

Step 1: Ensure all work is complete and tools/materials removed

Verified by: _____ Time: _____ Initials: _____

Step 2: Notify all personnel that equipment will be re-energized

Notification Method: _____

Time: _____ Completed by: _____ Initials: _____

Step 3: Conduct final safety check

Items Checked: _____

Time: _____ Completed by: _____ Initials: _____

LOCK AND TAG REMOVAL

Step 4: Remove locks and tags (ONLY by person who applied them)

Lock 1 Removed by: _____ Time: _____ Initials: _____

Lock 2 Removed by: _____ Time: _____ Initials: _____

Lock 3 Removed by: _____ Time: _____ Initials: _____

RE-ENERGIZATION

Step 5: Restore energy sources in proper sequence

Energy Source 1: _____ Time: _____ Initials: _____

Energy Source 2: _____ Time: _____ Initials: _____

Energy Source 3: _____ Time: _____ Initials: _____

Step 6: Test equipment operation

Normal Operation Confirmed: ☐ Yes ☐ No

Time: _____ Tested by: _____ Initials: _____

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EMERGENCY REMOVAL AUTHORIZATION

If the authorized employee is unavailable:

- ☐ Verify employee is not on premises
- ☐ Make reasonable effort to contact employee
- ☐ Ensure employee knows lock/tag was removed
- ☐ Supervisor authorization required

Supervisor: _____ Date: _____ Time: _____

Reason: _____

Safety Verification: _____

REQUIRED TRAINING & CERTIFICATION

Authorized Employees Must:

- ☐ Understand energy sources and hazards
- ☐ Know proper LOTO procedures
- ☐ Recognize lockout devices
- ☐ Understand scope and purpose of program

Training Records:

Employee: _____ Training Date: _____

Employee: _____ Training Date: _____

Employee: _____ Training Date: _____

ANNUAL REVIEW & INSPECTION

Last Review Date: _____ Next Review: _____

Reviewed By: _____ Title: _____

Changes Made: _____

Inspection Findings:

- ☐ Procedure adequate and up-to-date
- ☐ Energy sources properly identified

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- ☐ Isolation methods effective
 - ☐ Training records current
 - ☐ Modifications needed (attach details)
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EMERGENCY CONTACTS

Maintenance Supervisor: _____

Safety Manager: _____

Plant Manager: _____

Emergency Services: 911

Utilities Emergency: _____

Notes/Special Instructions:

This procedure complies with OSHA 29 CFR 1910.147 and 29 CFR 1926.417. For additional safety resources and training materials, contact Work Ready Essentials.