



Lockout/Tagout Form

LOCKOUT/TAGOUT FORM

ALL INFORMATION MUST BE COMPLETED!

Issue Date:

General Information

Lockout Start Date and Time:	Lockout End Date and Time:
Purpose of LOTO:	
Client Name:	Client Contact:
Equipment to be release from LOTO:	

Authorized Personnel

Employee Name	Company	Personal Lock		Employee on Tag	
		YES	NO	YES	NO

Authorizing Personnel

Foreman:	Signature:	Date:
Client Representative:	Signature:	Date: