

Simple Lockout and Tagout Form

[See which procedures use this document](#)

Instructions: The Controlling Organization (CO) evaluates the work to be performed and determines if the Simple Lockout and Tagout (LOTO) criteria below are applicable. The CO or delegate conducts a pre-job brief to communicate the energy type/source, the magnitude of energy, and the means/methods of hazardous energy control. Authorized workers (AWs) need to attend the pre-job brief and sign this form.

Date: _____ **Specific Isolated Component/System:** _____

Building: _____ **Room:** _____

Potential Hazardous Energy Type and Magnitude:

- Pressure: Thermal:
 Electrical (Needs to include an Electrical Work Permit or Electrical Work assessment):
 Potential/Mechanical: Chemical: Other:

Energy Isolating Device (Component ID and Description): _____

Required Component Position (e.g., Off, Closed): _____

Controlling Organization Reviews the Simple Lockout and Tagout Criteria: All eight criteria need to be met before performing Simple LOTO:

1. The machine or equipment has no potential for stored or residual energy or re-accumulation of stored energy after shutdown that could endanger staff.
2. The machine or equipment has a single energy source that is readily identifiable and isolated.
3. Isolating and locking out the energy source will completely de-energize and deactivate the machine or equipment.
4. The machine or equipment is isolated from that energy source and locked out during service or maintenance.
5. A single lockout device will achieve a locked-out condition.
6. The lockout device is under the exclusive control of the authorized worker performing the service or maintenance (i.e., the key to the lockout device is in the possession of the authorized worker).
7. The servicing or maintenance does not create hazards for other staff members.
8. No accidents have resulted from unexpected activation or re-energization of the machine or equipment during service and/or maintenance.

Isolation Authorized by Controlling Organization: By signing below, the Controlling Organization or delegate authorizes the LOTO-trained staff to perform the LOTO as described above.

Name: _____ Signature: _____ Date: _____

Authorized Worker Review: I have received a pre-job brief, have read this form, and understand the hazardous energy source(s) involved. I agree that the isolation of the hazardous energy source(s) is adequate to perform the work scope. I will stop work and request a reevaluation if there are any changes to the hazards or work scope, or if the controls appear to be inadequate.

AW Name	AW Signature	Date		AW Name	AW Signature	Date

Send completed forms to: [Worker Safety and Health Records](#)