

Simple Lockout and Tagout Form

[See which HDI procedures use this document](#)

Facility/Workspace:		Work Document:
Specific Isolated Component/System:		
Potential Hazardous Energy Types and Magnitude: <input type="checkbox"/> Electrical (Needs to include an Electrical Work Plan or Electrical Work Assessment): <input type="checkbox"/> Pressure: <input type="checkbox"/> Thermal: <input type="checkbox"/> Potential/Mechanical: <input type="checkbox"/> Chemical: <input type="checkbox"/> Other:		
Energy Isolating Device Component ID and Description	Component Location	Required Component Position (e.g., off, closed)
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. Print: Sign: Date:		

Instructions

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.

Authorized Worker Review:

I have received a pre-job brief, have read these written instructions, and understand the hazardous energy sources involved. I agree that the isolation of the hazardous energy sources 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.

Print Name	Signature	Date	Print Name	Signature	Date

Send completed forms to: [Worker Safety and Health Records](mailto:ih.os.records@pnnl.gov) (ih.os.records@pnnl.gov).