SSD-024

LOCKOUT/TAGOUT (LOTO) PERMIT

Control hazardous energy by identifying every source, isolating the equipment, applying locks and tags, releasing stored energy, and verifying a zero-energy state.

2 Project Information		**3 Permit Number**	
5 Jobsite Location		**4 Date**	
1 Company Information		**Work Date / Shift**	Date: _____ ☐ Day ☐ Night ☐ Other
6 Equipment/System Identification		**7 Asset or Equipment Number**	
8 Description of Work		**Supervisor / LOTO Coordinator**	

1–10 Permit, Equipment, Work, and Employee Information Define the system, work scope, responsible personnel, and affected employees.

9 Authorized Employee(s)	10 Affected Employee(s)
Authorized employee / employer: _____ Additional authorized employees: _____ _____ Machine-specific procedure reviewed: ☐ Yes ☐ No	Affected employees / departments: _____ Notification completed before shutdown: ☐ Yes ☐ No Notification method: _____ Operating personnel / owner contact: _____

Permit Validity This permit applies only to the identified equipment or system, described work, authorized employees, and stated conditions.

11 ENERGY SOURCES IDENTIFIED	ELECTRICAL	MECHANICAL	HYDRAULIC / PNEUMATIC	THERMAL / CHEMICAL	GRAVITY / OTHER
IDENTIFIED	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A	☐ Yes ☐ N/A

Each authorized employee applies and controls a personal lock unless an approved group lockout procedure provides equivalent protection.

DO NOT START WORK until all energy sources are isolated, stored energy is controlled, and zero energy is independently verified using appropriate test methods.

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11–15 Energy Isolation and Verification Record Document every source, isolation device, lock/tag number, stored-energy control, and zero-energy test.

11 ENERGY SOURCE IDENTIFIED	12 ISOLATION DEVICES / LOCATION	13 LOCK AND TAG NUMBERS	STORED ENERGY RELEASE METHOD	14 ZERO ENERGY VERIFICATION	TEST / OBSERVATION RESULT	AUTHORIZED EMPLOYEE / INITIALS
Electrical	Soil, excavation faces, adjacent areas, and protective system inspected for distress or change			L:__ S:__ R:__	L:__ S:__ R:__	
Mechanical	Utility locates current; underground installations exposed, supported, protected, or isolated as required			L:__ S:__ R:__	L:__ S:__ R:__	
Hydraulic	Protective system installed to approved configuration; shields extend and are used correctly			L:__ S:__ R:__	L:__ S:__ R:__	
Pneumatic	Water accumulation controlled; weather, runoff, and drainage conditions acceptable			L:__ S:__ R:__	L:__ S:__ R:__	
Thermal / Chemical	Safe access/egress provided; spoil, materials, and equipment maintained at			L:__ S:__ R:__	L:__ S:__ R:__	

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11 ENERGY SOURCE IDENTIFIED	12 ISOLATION DEVICES / LOCATION	13 LOCK AND TAG NUMBERS	STORED ENERGY RELEASE METHOD	14 ZERO ENERGY VERIFICATION	TEST / OBSERVATION RESULT	AUTHORIZED EMPLOYEE / INITIALS
	required distance					
Gravity	Heavy-equipment clearance, warning systems, traffic control, and fall protection verified			L:__ S:__ R:__	L:__ S:__ R:__	
Other	Atmosphere, PPE, emergency procedures, and employee protection requirements satisfied			L:__ S:__ R:__	L:__ S:__ R:__	

Use one row for each energy source or isolation point. Identify the verifier and record the test method or observation.

Sequence: Notify affected employees → shut down → isolate → lock and tag → release/block stored energy → verify zero energy → perform work → inspect and restore under controlled conditions.

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16–20 PPE, Group Lockout, Shift Change, Temporary Removal, and Restoration

Planning

15–16 Stored Energy Release Verification / Required Personal Protective Equipment (PPE)	17–20 Special LOTO Procedures
☐ Capacitors discharged / grounded ☐ Pressure bled / verified at zero ☐ Springs released / restrained ☐ Elevated parts lowered / blocked ☐ Thermal energy dissipated ☐ Chemical lines drained / purged ☐ Safety glasses / face protection ☐ Gloves - type: _____ ☐ Arc-rated / protective clothing ☐ Hearing / respiratory / other PPE: _____	17 Group Lockout Procedures (if applicable): ☐ N/A ☐ Attached Group lock box / key control: _____ 18 Shift Change Procedures: ☐ N/A ☐ Reviewed Transfer method / incoming employee: _____ 19 Temporary Removal of Lockout (if applicable): ☐ N/A Written authorization / employee notification: _____ 20 Restoration to Service Checklist: ☐ Required Operating controls neutral/off: ☐ Verified Guards / components restored: ☐ Verified Affected employees notified: ☐ Verified

16–20 Protective Equipment and Special LOTO Procedures

14 Verification of Zero Energy State	Test method / meter / try-start: _____	**15 Stored Energy Release Verification**	☐ Released ☐ Blocked ☐ Restrained ☐ Dissipated
17 Group Lockout Procedures (if applicable)	☐ N/A ☐ Primary authorized employee assigned	**18 Shift Change Procedures**	☐ N/A ☐ Direct lock transfer ☐ Group transfer
19 Temporary Removal of Lockout (if applicable)	☐ N/A ☐ Employee notified/searched ☐ Authorized	**Lock / Tag Removal Authority**	Name / reason: _____
20 Restoration to Service Checklist	☐ Area clear ☐ Guards restored ☐ Controls neutral	**Affected Employee Notification**	☐ Before shutdown ☐ Before restart

LOTO References and Supporting Documents

☐ Machine-specific LOTO procedure	☐ Energy-isolation diagram	☐ Electrical one-line / P&ID	☐ Group lockout roster
☐ Shift-transfer record	☐ Temporary-removal authorization	☐ Test-equipment record	☐ Other: _____

Permit Change / Stop-Work Trigger

STOP WORK and revise the permit when the work scope, equipment configuration, energy sources, authorized employees, isolation points, locks or tags,

group-lockout arrangement, shift, testing method, stored-energy condition, or other permit conditions change; or when isolation or verification is uncertain.

Do not resume until the energy-control procedure is reviewed, affected employees are notified, isolation is re-established, and zero energy is reverified.

Permit Revision / Lockout Sequence Number		**Revision Date / Time**	
Changed Condition /		**Reverified By**	

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Additional Isolation			

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21–22 Supervisor Authorization and Authorized Employee Signatures Signatures confirm isolation and verification requirements were reviewed.

AUTHORIZATION / SIGNATURE	PRINTED NAME	SIGNATURE	DATE / TIME
21 Supervisor Authorization			
22 Authorized Employee Signature(s)			
Primary Authorized Employee / Group Coordinator			
Affected Department / Owner Representative			

23–24 Restoration, Closeout, and Retention: Remove devices only under authorized procedures, notify affected employees, and document return to service.

By signing, I confirm that I understand the hazardous-energy sources, isolation points, locks and tags, verification methods, assigned responsibilities, restoration sequence, and stop-work requirements.

20 RESTORATION TO SERVICE CHECKLIST	RESPONSIBLE PERSON	DATE / TIME	VERIFIED / INITIALS
Work complete; tools and nonessential items removed			
Employees safely positioned and accounted for			
Guards, components, and safety devices restored			
Operating controls confirmed neutral / off			
Each authorized employee removed personal lock/tag			
Exception removal completed under written procedure			
Energy restored in controlled sequence			
Equipment function / safe condition verified			
Affected employees notified before restart			
Comments / exception reference			

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21 Supervisor Authorization | 22 Authorized Employee Signature(s) | 23 Permit Closeout | 24 Record Retention

23 Permit Closeout	☐ Work complete ☐ Suspended ☐ Transferred ☐ Equipment restored	**Closeout Date / Time**	
21 Supervisor Authorization	☐ All locks/tags accounted for ☐ Notifications complete ☐ Safe to operate	**Final Approval / Comments**	
24 Record Retention Location / Period		**Permit Closed / Retained By**	

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IMPORTANT: This permit supports hazardous-energy control but does not replace applicable laws, machine-specific energy-control procedures, manufacturer instructions, qualified electrical-work requirements, group-lockout rules, or professional judgment. The employer remains responsible for effective isolation, individual protection, verification, training, restoration, closeout, and record retention.

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