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| **General Information** | | | | |
| Person(s) and/or Department Requesting LT Lockout: Click to enter text | | | | |
| Building or work area where Lock will be applied: Click to enter text | | | | |
| Lockout Procedure #: Click to enter text | | | | |
| Asset # & Equipment Name: Click to enter text | | | | |
| Number of locks required: Click to enter text | | | | |
| Estimated length of lockout: Click to enter text | | | | |
| Reason Lock needs to be placed: Click or tap here to enter text. | | | | |
| **Hazard Identification Questions (check all that apply)** | | | | |
| YES NO | | | **Describe Safeguards and Actions Required** | |
|  |  | **Owner/occupant has been notified?** | | Ensure people are aware of the lockout and why this has taken place. |
|  |  | **Have you verified that energy has been fully removed beyond the lockout?** | | Ensure there is no residual energy beyond the lockout point using the same process noted on the LOTO procedure. |
|  |  | **Are all covers and guards replaced and secured?** | | Never leave equipment open. |
|  |  | **Tags with contact information and reason for lockout are in place?** | | Employees must know who to contact if they have questions regarding the lockout. |
| As the supervisor,  I certify that the long-term lockout plan has been reviewed and determined as necessary.  **or**  The request is denied, and other steps will be taken to provide a safe situation, including disabling the equipment further upstream or removing it altogether to eliminate the need for a long-term lockout.  Supervisor Name: Click to enter text Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_  Received by EH&S: Click to enter text Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If approved, take a copy of this form to the UCR Facilities Lock Shop to be issued a LT lock(s). | | | | |