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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).  |