



ACCIDENT PREVENTION PROGRAM

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LOCKOUT-TAGOUT

REQUEST FOR LOCK OUT TAG OUT

Date

Hazardous Energy Control Supervisor

Affected Employees

LOTO Requestor

Crew Coordinator

System/Equipment to be LOTO:

Work to be performed: _____

Signatures

LOTO Required	Date	LOTO Not Required	Date
Hazardous Energy Control Supervisor		Hazardous Energy Control Supervisor	
Crew Coordinator		Crew Coordinator	