

APPENDIX B-2—Lockout/Tagout Procedure Assistance Form

Individually Identify Each Energy Source

Directions: **Step 1.** Complete the matrices below for EACH energy source. **Step 2.** Transfer specified information to the applicable Lockout/Tagout Procedure(s).

| Hazardous energy | | Location of Energy Isolating Device | Procedures for Application of Energy Control | | | Method to Verify Zero Energy State |
|--|--|--|--|--|-------------------------------------|---|
| Type | Magnitude | | Shutdown (Equipment) | Isolate (Energy) | Release (Stored Energy) | |
| <input type="checkbox"/> Electrical | _____ Volts | <input type="checkbox"/> On Top | <input type="checkbox"/> Stop Button | <input type="checkbox"/> Switches | <input type="checkbox"/> Disconnect | <input type="checkbox"/> Start Button |
| <input type="checkbox"/> Pneumatic | _____ Amps | <input type="checkbox"/> On Bottom | <input type="checkbox"/> Operation Switch | <input type="checkbox"/> Breakers | <input type="checkbox"/> Bleed off | <input type="checkbox"/> Operation Switch |
| <input type="checkbox"/> Chemical | _____ Joules | <input type="checkbox"/> Front | <input type="checkbox"/> Close Valve | <input type="checkbox"/> Single Valve | <input type="checkbox"/> Restrain | <input type="checkbox"/> Open Valve |
| <input type="checkbox"/> Mechanical | _____ lb Force | <input type="checkbox"/> Behind | <input type="checkbox"/> Circuit Breaker | <input type="checkbox"/> Double Valve | Other:_____ | Other:_____ |
| <input type="checkbox"/> UV | _____ ft-lb | <input type="checkbox"/> Left (when facing front) | <input type="checkbox"/> Plug Control | <input type="checkbox"/> Fuse Blocks | | |
| <input type="checkbox"/> Electromagnetic | _____ horsepower | <input type="checkbox"/> Right (when facing front) | Other:_____ | <input type="checkbox"/> Shielding | | |
| <input type="checkbox"/> Thermal | _____ psi | Describe: _____ | | <input type="checkbox"/> Flange Plate | | |
| <input type="checkbox"/> Pressure | _____ °F | | | <input type="checkbox"/> Anti-motion Pin | | |
| <input type="checkbox"/> Vacuum | _____ °C | | | <input type="checkbox"/> Blocking | | |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Slight Hazard | | | Other:_____ | | |
| Other:_____ | <input type="checkbox"/> Moderate Hazard | | | | | |
| | <input type="checkbox"/> High Hazard | | | | | |
| | Other:_____ | | | | | |
| Notes: | | | | | | |