



EQUIPMENT SPECIFIC LOTO PROCEDURE FORM

Name of machine/equipment - _____ Model/Serial #: _____

1. Authorization - Only authorized employees may perform service or maintenance on this _____.
2. Inform all affected employees who use _____ of the pending maintenance/service.
3. Lockout Procedure (Attach other pages if needed):

3a. ELECTRICAL ENERGY HAZARDS Check all that apply:

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> 120 volts | <input type="checkbox"/> 277 volts | <input type="checkbox"/> Capacitors | <input type="checkbox"/> UPS/Standby/Emergency pwr |
| <input type="checkbox"/> 208 volts | <input type="checkbox"/> 480 volts | <input type="checkbox"/> Remote control | <input type="checkbox"/> Less than 50 volts |
| <input type="checkbox"/> 240 volts | <input type="checkbox"/> Other (describe): | <input type="checkbox"/> DC | |

3b. OTHER ENERGY SOURCES TO BE CONTROLLED Check all that apply:

- | | | | |
|--|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Chemical | <input type="checkbox"/> Hydraulic |
| <input type="checkbox"/> Water | <input type="checkbox"/> Steam | <input type="checkbox"/> Gas | |
| <input type="checkbox"/> Other (describe): | | | |

3c. DETAILED SCOPE OF WORK TO BE PERFORMED UNDER THIS LOTO

Shut down:

Isolate:

Verify:

HOLD POINTS

- A. STOP WORK IF ANY UNEXPECTED ENERGY IS FOUND
- B. STOP WORK IF EQUIPMENT HAS BEEN MODIFIED SINCE THE AUTHORIZATION WAS ISSUED
- C. STOP WORK IF ANY UNANTICIPATED CIRCUITS OR EQUIPMENT ARE FOUND TO BE AFFECTED BY THE LOTO
- D. Enter any additional hold points for this project:

NOTE: Work is not authorized beyond any hold point until the issue has been resolved!

- ☐ Check this box if verification does not require electrical testing and SKIP Sections 4 and 5. Describe verification process in DETAILED SCOPE OF WORK TO BE PERFORMED UNDER THIS LOTO box.

ALL ELECTRICAL CONDUCTORS SHALL BE REGARDED AS ENERGIZED UNTIL PROVEN SAFE.

LIVE WORK METHODS AND PPE SHALL BE USED WHILE VERIFYING THE ABSENCE OF ENERGY.



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CONTRACTOR LOTO PERMIT

4: APPROACH BOUNDARIES TO LIVE PARTS FOR SHOCK PROTECTION (from NFPA-70E)

<u>SYSTEM VOLTAGE</u>	<u>LIMITED APPROACH DISTANCE</u>	<u>RESTRICTED APPROACH DISTANCE</u>	<u>PROHIBITED APPROACH DISTANCE</u>
<input type="checkbox"/> 50 to 300 volts	3' 6"	Avoid contact	Avoid contact
<input type="checkbox"/> 301 to 750	3' 6"	1' 0"	0' 1"
<input type="checkbox"/> 751 to 15 kV	5' 0"	2' 2"	0' 7"
<input type="checkbox"/> 15.1 kV to 36kV	6' 0"	2' 7"	0' 10"
<input type="checkbox"/> 36.1 kV to 46kV	8' 0"	2' 9"	1' 5"
<input type="checkbox"/> 46.1 kV to 72kV	8' 0"	3' 3"	2' 2"

5: FLASH HAZARD ANALYSIS

☐ Check this box and SKIP Section 14 if the circuit is rated less than 240 volts, supplied by one transformer, AND the transformer is rated less than 125kVA. Flash hazard PPE / Flash Protection Boundary is not required.

5a. ☐ Hazard Risk Category and Flash Protection Boundary Labeled. Location of Label:

Enter information from Flash Hazard Label on the equipment or first upstream labeled panel.

Flash Protection Boundary:

Incident Energy (Cal/cm²):

Hazard / Risk Category:

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

5b. PERSONAL PROTECTIVE EQUIPMENT WORN DURING ELECTRICAL VERIFICATION

		Cal Rating		Cal Rating
<input type="checkbox"/> Natural fiber clothing	<input type="checkbox"/> FR long sleeve shirt	_____	<input type="checkbox"/> FR flash suit pants	_____
<input type="checkbox"/> Eye protection	<input type="checkbox"/> FR pants	_____	<input type="checkbox"/> FR hard hat	_____
<input type="checkbox"/> Tee shirt (short)	<input type="checkbox"/> FR coverall	_____	<input type="checkbox"/> FR safety goggles	_____
<input type="checkbox"/> Pants	<input type="checkbox"/> FR jacket	_____	<input type="checkbox"/> Arc-rated face shield	_____
<input type="checkbox"/> Long sleeve shirt	<input type="checkbox"/> FR flash suit jacket	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> V-rated gloves	<input type="checkbox"/> V-rated tools	_____	<input type="checkbox"/> Other (describe):	_____

5c. BARRIERS

☐ Locked access ☐ Barrier tapes, stanchions ☐ Electrical hazard signs ☐ Other:

5d. WORKER SUPPORT REQUIRED

☐ None ☐ Two-person Rule ☐ Safety Watch ☐ Other (describe task):

6. ☐ Group Lockout common? Special requirements: _____

7. Energy Restoration Procedure:

- Inspect to ensure all tools and old parts are removed and that all safety guards are properly in place.
- Inform all affected employees that the _____ is about to be energized and ensure they are safely clear.
- Remove lockout device(s).
- Test _____ to ensure it operates as expected.

7. If further adjustments are needed, follow lockout procedure each time.

Name(s): _____

Date: _____