

APPENDIX B - LOTO Equipment-Specific Procedure Template

Procedure Name: _____

Equipment Name: _____

Building: _____

Room #: _____

Describe Scope of Work:	
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4.	1. Energy Source	2. Magnitude/Type				3. Isolation Device/Location/Method
	<input type="checkbox"/> ELECTRICITY- Main power	Amps		Volts	# Phase	
	<input type="checkbox"/> ELECTRICITY- Control circuit(s)	Amps		Volts	# Phase	
	<input type="checkbox"/> BATTERY / SOLAR / ALT POWER	Amps		Volts	# Phase	
	<input type="checkbox"/> COMPRESSED AIR / GASSES	PSI		Gas Type		
	<input type="checkbox"/> STEAM / CONDENSATE	PSI		Source		
	<input type="checkbox"/> FLUID UNDER PRESSURE	PSI		Source		
	<input type="checkbox"/> HEAT / COLD +/- C° or +/- F°	Temp		Source		
	<input type="checkbox"/> VACUUM CHAMBER / PIPING	Hg		Source		
	<input type="checkbox"/> FUEL(S) - SOLID / LIQUID / GAS	Volume		Fuel		
	<input type="checkbox"/> ROTATING WHEEL / FAN / DRIVE	Details				
	<input type="checkbox"/> SUSPENDED WEIGHT	Details				
	<input type="checkbox"/> MECHANICAL OTHER	Details				

5. PPE to be worn during work			6. Safety Equipment to be used during work	
EYE PROTECTION <input type="checkbox"/> GOGGLES <input type="checkbox"/> FACE SHIELD <input type="checkbox"/> WELD GEAR BOOTS <input type="checkbox"/> STEEL TOE <input type="checkbox"/> RUBBER <input type="checkbox"/> OTHER	GLOVES <input type="checkbox"/> LEATHER <input type="checkbox"/> RUBBER <input type="checkbox"/> INSULATED FALL PROTECTION <input type="checkbox"/> SAFETY HARNESS <input type="checkbox"/> LANYARD & LINE RESPIRATOR <input type="checkbox"/> DUST <input type="checkbox"/> CHEMICAL	THERMAL PROTECTION <input type="checkbox"/> HEAT <input type="checkbox"/> COLD OTHER <input type="checkbox"/> APRON <input type="checkbox"/> WET GEAR <input type="checkbox"/> OTHER (Details):	<input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> FIRE WATCHER <input type="checkbox"/> LINES BLINDED & TAGGED <input type="checkbox"/> VALVES - LOCKED & TAGGED <input type="checkbox"/> SWITCHES - LOCKED & TAGGED <input type="checkbox"/> LONG HANDLE TOOLS <input type="checkbox"/> INSULATED TOOLS	<input type="checkbox"/> REMOVE FLAMMABLES / COMBUSTIBLES <input type="checkbox"/> BLEEDERS LOCKED OPEN & TAGGED <input type="checkbox"/> SHIELDS - ARC CURTAIN <input type="checkbox"/> SHIELDS - HEAT BLANKET <input type="checkbox"/> BLOCKS <input type="checkbox"/> BARS <input type="checkbox"/> BARRICADES <input type="checkbox"/> CHAINS

Prepared By: _____	Signature: _____	Date: _____
Annual Review By: _____	Signature: _____	Date: _____