





## ESCO Group's Safety Acknowledgement Sheet

To comply with OSHA Standard 1910.147(f)(2)(i) the control of hazardous energy (Lockout/Tagout), OSHA Standard 1910.1200(e)(2)(i-iii) Hazard Communication (Multi-employer workplaces), and the NFPA 70E standard, The ESCO Group is exchanging and has exchanged the necessary information as described and indicated below.

This is to acknowledge that I have (check or all that apply):

- Received copy of ESCO Group SDS manual (If chemicals will be brought on site)
- ESCO Group has been made aware of onsite Process Safety Management chemicals and list of chemicals has been provided to The ESCO Group (if applicable)
- Received copy of ESCO Group's Energy Control Procedures and Electrical Safety Work Practices
- Shared Emergency/Evacuation Procedures

The ESCO Group informed the contract employer and other outside servicing personnel of the following activities covered by the scope and application of the NFPA-70E Standard:

- ESCO Group has been made aware of site specific arc flash hazard assessment. *If not checked current NFPA 70E tables will be utilized for hazard assessment.*
- Any existing Electrical Hazards/Copy of our Arc Flash Hazard Analysis
- Electrical Personal Protective Equipment/Clothing Requirements.

Energy Control (LO/TO) to be used while on site (select one):

- ESCO Group energy control (LO/TO) program (Program 19)
- Site specific energy control (LO/TO) program

Date: \_\_\_\_\_ Job Number: \_\_\_\_\_

Client: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Print: \_\_\_\_\_

ESCO Group Employee Signature: \_\_\_\_\_

ESCO Group Employee Print: \_\_\_\_\_

# LOCK REMOVAL FORM

Lock Owner \_\_\_\_\_ Date \_\_\_\_\_

Lock Owner's Immediate Supervisor \_\_\_\_\_

Equipment Name \_\_\_\_\_

Equipment Location \_\_\_\_\_

Reason for removing lock \_\_\_\_\_

Lock Owner Contacted  YES  NO

Date and Time Contacted \_\_\_\_\_

If No why \_\_\_\_\_

Contacted by \_\_\_\_\_

## IF LOCK CANNOT BE REMOVED BY OWNER, VERIFY THE FOLLOWING:

|                                 | YES                      | NO                       | <u>Qualified Person's Signature</u> |
|---------------------------------|--------------------------|--------------------------|-------------------------------------|
| Is equipment electrically safe? | <input type="checkbox"/> | <input type="checkbox"/> | _____                               |
| Is equipment mechanically safe? | <input type="checkbox"/> | <input type="checkbox"/> | _____                               |
| System Owner been notified?     | <input type="checkbox"/> | <input type="checkbox"/> | _____                               |
| Are all personnel clear?        | <input type="checkbox"/> | <input type="checkbox"/> | _____                               |

|                     |  |                |
|---------------------|--|----------------|
| _____<br>Print Name | _____<br>Signature<br>Individual Coordinating the Lock Removal | _____<br>Title |
|---------------------|--|----------------|

|                     |  |                |
|---------------------|--|----------------|
| _____<br>Print Name | _____<br>Signature<br>Individual Removing the Lock | _____<br>Title |
|---------------------|--|----------------|



## Employee Field Lockout/Tagout Verification

Approved by:  
ESCO Group Safety Department

Date Last Revised: 11/23/2016

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm Jobsite: \_\_\_\_\_

Name of Equipment De-energized: \_\_\_\_\_

Service/work being Performed: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print) (Signature)

### LO/TO Equipment Present

| Yes                      | No                       |                              |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | ESCO Blue Lock               |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Key Control         |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper LO/TO Tag Being Used  |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee using Lockout Hasp  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper Use of Lockout Device |

### Seven Step Energy Control Procedure (Employee followed steps below)

#### 1) Preparation

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 1.1 Employee knows the magnitude of energy to be controlled? \_\_\_\_\_ VAC/VDC
- 1.2 Employee has methods of controlling the hazardous energy? (disconnect, MCC bucket, breaker, etc)
- 1.3 Employee has means of controlling the hazardous energy? (lockout device, etc)
- 1.4 Employee reviewed one-line diagrams and prints to eliminate multiple energy sources.

#### 2) Notification

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 2.1 Employee notified all affected personnel of energy control? Person Notified: \_\_\_\_\_
- 2.2 Employee informed notified personnel reason for de-energization?
- 2.3 Employee notified customer of energy control? Person Notified: \_\_\_\_\_

#### 3) Shutdown

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 3.1 Employee went through step-by-step pre-planning?
- 3.2 Employee shutdown equipment in an orderly manner?
- 3.4 Employee remembers arc flash/blast exist when operating devices? (HRC Level/PPE Level) \_\_\_\_\_

#### 4) Isolation

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- 4.1 Employee located all of the energy isolating devices ID# \_\_\_\_\_
- 4.2 Employee operated energy isolating devices so that the equipment is completely isolated from energy source?

#### 5) Application of Locks/Tags

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 5.1 Employee is using ESCO Group Blue lock?
- 5.2 Employee is using ESCO Group Issued picture tag?
- 5.3 Employee remembered 1 lock, 1 key, 1 person?

#### 6) Control Stored/Residual Energy

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- 6.1 Employee properly prepared? (All equipment/tools present in area)
- 6.2 Employee relieved, disconnected and restrained all stored/residual energy from all possible locations?

#### 7) Verification

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 7.1 Employee verified all personnel are in a safe location?
- 7.2 Employee verified all equipment is properly isolated and hazardous energy is safely controlled?
- 7.3 Employee operated controls to verify isolation? (Bump to fall)
- 7.4 Employee returned operating controls to neutral or off position?
- 7.5 Employee inspected springs, pressure gauges and moving parts?
- 7.6 Employee verified circuits with proper meters? (Live-Dead-Live) \_\_\_\_\_ Meter Type
- 7.7 Meter pre-use inspection completed?
- 7.8 Peer Review taken place? (Verified by another qualified person)

