Group Lockbox-Comple Job Name:	x <mark>Lockout</mark>	-Tagout Procedure Worksho Date:	eet
Supervisor:			f complex Lockout-Tagout)
Location of Lockout Device and Description of Equipment	Lock and Key Number	Date/Time of prior application notification for all persons under the control of lock box	Date/Time of removal notification

Employees working under control of Lock Box: Employee must initial after notification of lock removal

Employee Name	Initial	Employee Name	Initial	Employee Name	Initial

Employee Name	Initial	Employee Name	Initial	Employee Name	Initial
<u> </u>					

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. <i>If not checked current NFPA 70E tables will be utilized for hazard assessment.</i>
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 Date and Time Contacted	YES	ΝΟ	-
If No why			
Contacted by			-
IF LOCK CANNOT BE REMOVED E	BY OWNER, VERIF	Y THE FOLLOWING:	
YES NO		Qualified Person's Signature	
Is equipment electrically safe?]		
Is equipment mechanically safe?]		
System Owner been notified?]		
Are all personnel clear?]		
Print Name Individua	Signature al Coordinating the Lock	Title Removal	
Print Name	Signature Idividual Removing the Lo	Title	

F	SCO	Employee Field Lockout/Tagout Verification
	SAFETY	Approved by: ESCO Group Safety Department
	An ESCO Group Company	Date Lact Reviced: 11/23/2016
Date:		Time:am / pm Jobsite:
Name of	Equipment De-energi	zed:
1		t
Name:		
		(Print) (Signature)
	Equipment Present	[
Yes) Blue Lock
	Prope	yee Key Control r LO/TO Tag Being Used
		yee using Lockout Hasp r Use of Lockout Device
Seven	Step Energy Control	Procedure (Employee followed steps below)
1)	Preparation	
	Yes No	.1 Employee knows the magnitude of energy to be controlled? VAC/VDC
	1	Employee has methods of controlling the hazardous energy? (disconnect, MCC bucket, breaker, etc) Employee has means of controlling the hazardous energy? (lockout device, etc)
		Employee reviewed one-line diagrams and prints to eliminate multiple energy sources.
2)	Notification	
		1 Employee notified all affected personnel of energy control? Person Notified:
		Employee informed notified personnel reason for de-energization? Employee notified customer of energy control? Person Notified:
3)	Shutdown	
		.1 Employee went through step-by-step pre-planning?
	3	Employee shutdown equipment in an orderly manner? Employee remembers arc flash/blast exist when operating devices? (HRC Level/PPE Level)
4)	Isolation	
	Yes No 4	1 Employee located all of the energy isolating devices ID#
		2 Employee operated energy isolating devices so that the equipment is completely isolated from energy source?
5)	Application of Lock Yes No	<s tags<="" td=""></s>
		Employee is using ESCO Group Blue lock? Employee is using ESCO Group issued picture tag?
		3 Employee remembered 1 lock, 1 key, 1 person?
6)	Control Stored/Res Yes No	idual Energy
	6	Employee property prepared? (All equipment/tools present in area) Employee relieved, disconnected and restrained all stored/residual energy from all possible locations?
7)	Verification	and the second
	Yes No	.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	Employee operated controls to verify isolation? (Bump to fail) Employee returned operating controls to neutral or off position? Employee returned operating controls to neutral or off position?
	7	.5 Employee Inspected springs, pressure gauges and moving parts? .6 Employee verified circuits with proper meters? (Live-Dead-Live)Meter Type
		.7 Meter pre-use inspection completed? .8 Peer Review taken place? (Verified by another qualified person)

eleasi		
8)	nspection	
-,	Yes No	
[8.1 Employee verifies all non-essential items such as tools, parts and cleaning supplies have been removed?	
	8.2 Employee checks all machine and equipment components are ready for operation?	
l	8.3 Employee cheks for all affected individuals have been safely positioned or removed?	
9)	Notification	
	Yes No	
l	9.1 Employee notifies all employees that the lockout/tagout devices are being removed?	
10)	Remove Locks and Tags	
	Yes No	
ł	10.1 Employee removes locks and tags? 10.2 Employee removes his own lockout/tagout devices?	
L	10.2 Employee removes his own lockbultagout devices?	
rrect	ons Made	
nplove	e above has successfully demonstrated proper LO/TO for the operations they are performing."	