LOTO Solutions

Lockout/Tagout Request Form

Submit requests for review at least 48 hours before work begins.

DATE REQUEST SUBMITTED _____

CONTROL POWER ON REQUIRED _____

JOB NAME _____

JOB NUMBER _____

COMPANY NAME _____

CONTACT PERSON _____

CONTACT PHONE _____

CONTACT EMAIL _____

DATE WORK WILL BEGIN _____

DURATION OF WORK _____

DATE WORK WILL END _____

Scope of Work Being Performed

_____

_____

_____

Location and Equipment Being Worked On

_____

_____

_____

Personnel Involved in the Work

_____

_____

Supervisor Verified Site-Specific LOTO Training

Yes / No _____

Manager Review: Approved / Rejected / More Information Required

_____