

UT Health Science Center:		
GS5103 - Lock Out Tag Out Safety Policy		
Version 1	Publication Date: 06/14/2022	

Employee:		Department:	
Equipment:		Building:	
locko		nally for each authorized individual who performs conducting the audit will immediately stop the s endangered	
1.	Were all affected individuals notified that equipment will be shut down?		
2.	Was equipment shut down safely?		
3.	Were all sources of energy (gas, steam, pneumatic, electrical, etc.) located?		
4.	Were all energy isolation devices(s) locked out?		
5.	Was a tag(s) placed on each energy isolation device(s)?		
6.	Was any residual energy neutralized or bled down?		
7.	Were energy sources blocked or restrained?		
8.	Were the normal controls activated once the area is clear or verify that the equipment is dead?		
9.	Were the controls set in the	'off" or "neutral" position?	
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10.	Were all tools, parts, equipm	ent removed?	
11.	Were all guards, shields and other safety devices replaced?		
12.	Were there any individuals who were exposed to a hazard?		
13.	Were the lock and tag remov	ed?	
COM	IMENTS:		