

Energy Isolation Permit

Name:		Company:	
Contact Information:		Date: / /	Time: : AM PM
Equipment / Component To Be Worked On:			
Company Lock Color:		Isolation Method: Lock Out Tag Out	
LOTO PLACED:		LOTO REMOVED:	
Date: / /	Time: : AM PM	Date: / /	Time: : AM PM
Request for Energy Isolation Approved By (AA):		Print:	
Sign:	Date: / /	Time: : AM PM	
Energy Isolation Permit Approved By (IA): (IA Must Ensure All Affected Employees Have Been Notified)		Print:	
Sign:	Date: / /	Time: : AM PM	
Authorized Employee (PA):		Print:	
Sign:	Date: / /	Time: : AM PM	
IA Permit Closure (Sign):		Date: / /	Time: : AM PM