

Equipment Isolation Checksheet



Location:		Affected area:		Permit number:	
Description of work required:					
Equipment Name, number and location:					
Equipment Isolated by:		Authorised by:			

Isolation point:	Description:	✓ if tag installed:	✓ if lock installed:	Lock/Tag number:	Date installed:	Initials:	Dated removed:	Initials:
1.		<input type="checkbox"/>	<input type="checkbox"/>					
2.		<input type="checkbox"/>	<input type="checkbox"/>					
3.		<input type="checkbox"/>	<input type="checkbox"/>					
4.		<input type="checkbox"/>	<input type="checkbox"/>					
5.		<input type="checkbox"/>	<input type="checkbox"/>					
6.		<input type="checkbox"/>	<input type="checkbox"/>					
7.		<input type="checkbox"/>	<input type="checkbox"/>					
8.		<input type="checkbox"/>	<input type="checkbox"/>					
9.		<input type="checkbox"/>	<input type="checkbox"/>					
10.		<input type="checkbox"/>	<input type="checkbox"/>					

Comments:	
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