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.		☐	☐					
2.		☐	☐					
3.		☐	☐					
4.		☐	☐					
5.		☐	☐					
6.		☐	☐					
7.		☐	☐					
8.		☐	☐					
9.		☐	☐					
10.		☐	☐					
Comments:								