



ISOLATION (LOTO) CERTIFICATE

Date		Job Location	
Work/Task/Project Description			

Permit Number		Isolation Certificate Number	
Company			
Permit Receiver Name		Signed	
Permit Issuer Name		Signed	

Checked Precautions shall be observed

<input type="checkbox"/> Tag and disconnect electric equipment	<input type="checkbox"/> Locked out
<input type="checkbox"/> Fire extinguisher at site	<input type="checkbox"/> Barricade area
<input type="checkbox"/> Lines blinded	<input type="checkbox"/> Lines disconnected
<input type="checkbox"/> Contains sparks	<input type="checkbox"/> Shield arc
<input type="checkbox"/> Valves closed and tagged	<input type="checkbox"/> Bleeders open
<input type="checkbox"/> Keep area free of combustibles	

Personal Protective Equipment Required

<input type="checkbox"/> Goggles / Face Shield
<input type="checkbox"/> Rubber Boots
<input type="checkbox"/> Gloves Rubber Thermal
<input type="checkbox"/> Safety Belt and Line
<input type="checkbox"/> Hood Acid Thermal
<input type="checkbox"/> Respirator Dust Chemical
<input type="checkbox"/> Rubber Thermal Suit

Other Precautions

PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT

Name	Signature	Designation

ISOLATIONS REQUIRED

(Drawing may be required, establish all isolation points, methods of draining, depressuring and venting)

Isolation Point	Lock/Tag Number	Installed By	Date Installed	Removed By	Date Removed	Confirmation of Permit Issuer

Sketch

