

# LOCK APPLICATION AND REMOVAL LOG

W.O. Number:		Project # (if applicable):			
Equipment:		Location:			
Description:					
Group LOTO	YES	NO			
Group LOTO lockout device	Hasp	Box			
Primary Authorized Person (Group LOTO)					
<b>Authorized Worker</b>	<b>Location of Lock</b>	<b>Date of Application</b>	<b>Employee Initial</b>	<b>Date of Removal</b>	<b>Employee Initial</b>