



Control of Hazardous Energy (LOTO)

Site- or Department-Specific Training

Supervisor Name: _____

Date: _____ Time: _____ Location: _____

- Training Outline:**
- Verify that each employee has completed either classroom or on-line training.
 - Site-specific identification of hazardous energy sources.
 - Type and magnitude of the energy available in the workplace.
 - Means necessary for energy isolation and control.
 - Opportunity to ask questions.

Employee Name (Print Clearly)	Job Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

This is to certify that the persons above have acknowledged receipt of information and training in Lockout/Tagout Training.

Supervisor's Signature

Supervisor's Job Title

Date