

Environmental Health and Safety Contractor Lockout/Tagout Request

Requested Date & Time:	Project Name/Number:	
Lockout/Tagout Location:	· 	
It is requested that the noted building system have Loc the project as enumerated below. The Environmental notice given (as a minimum) for research facilities and a	Health and Safety Department requires a (1) wee	ek advance
I hereby certify the required work has been coordinate period and that the Contractor understands lockout/tage	·	uested time
Yes () No () Has the Contractor been instructed not equipment unless they are the authorize	to remove lockout/tagout devices or start de-energ ed personnel who placed the lockout/tagout?	ized
Yes () No () Did the Contractor verify that the equipment	nent was de-energized?	
Yes () No () Did the Contractor follow the lockout/tag	gout procedure?	
Description of work to be performed:		
Emergency Phone Contact (After Hours):	Name:	
Environmental Health and Safety Remarks:	Phone #: ()	
Contractor Remarks:		
Check with UT Tyler Power Plant/Utilities prior to starting and upon ending work: 903-566-7030	Contractor Signature	Date
Coordination Meeting required prior to shut down? Yes () No ()	Facilities Management Signature	Date
Coordination Meeting Date/Time:	Environmental Health & Safety Signature	Date