

LOCKOUT/TAGOUT VARIANCE PERMIT

PART I: TO BE COMPLETED BY THE REQUESTER:			
1.	Site Location:	_____	
2.	Description of equipment/job location:	_____	
3.	Description of work to be performed:	_____	
4.	Justification of why the equipment cannot be locked out or the work deferred until the process can be shutdown and de-energized:	_____ _____ _____	
Requestor Name:		Date:	
PART II: COMPLETED BY THE QUALIFIED PERSONS <i>DOING</i> THE WORK:			CHECK WHEN COMPLETE
1.	Evidence/details of completing of a job briefing including discussion of any job related hazards:	_____	<input type="checkbox"/>
2.	Authorized Personnel Only barrier installed for Authorized Personnel Only to enter.	_____	<input type="checkbox"/>
3.	Name of Attendant present at the system's emergency stop button or disconnect for the equipment being worked on to de-energize the system in the event of an emergency:	_____	
4.	Do you agree the above described work can be done safely:	<input type="checkbox"/> YES <input type="checkbox"/> NO (If <i>NO</i> , return to requestor)	
Authorized Person(s) Doing Work		Attendant	
PART III: APPROVALS TO PERFORM THE LOCKOUT/TAGOUT VARIANCE:			
_____		Date	
Facilities Services Manager			
_____		Date	
EHS Director			
PART IV: DURATION OF VARIANCE			
_____		_____	
AM PM		AM PM	
Time Begin		Time Variance Complete	

THIS PERMIT BECOMES VOID:

- A. If a emergency develops.
- B. If the work has been suspended more than 60 minutes.
- C. If the work has not yet begun within 60 minutes.
- D. At the end of the working shift.
- E. If there is a change in the personnel conducting the work.