

Attachment B: Hazardous Energy Control Operations Authorization for Lock and Tag

California State University, Long Beach Hazardous Energy Control Authorization for Isolation On Central Plant Equipment and Utilities

This Form Shall Only Be Used For Isolation in Central Plant Equipment/Heating And Cooling Loop Vaults And Related Work That Occurs In Confined Spaces
(A CSULB Confined Space Entry Permit must be issued concurrently)

In the event a hazardous energy isolation must be performed by qualified non-Facilities Management personnel, the appropriate Facilities Management administrator or qualified supervisors must approve the isolation and the placement and/or removal of lock(s) and tag(s) on Central Plant and associate utility equipment. No other University employee, or contract personnel engaged by the University shall apply or remove locks or tags from University Central Plant and related utilities without the written approval of the appropriate University administrator. Qualifies University personnel must witness the isolation to the extent possible.

HEC-CSULB 080229, the University's Control of Hazardous Energy Program, outlines the process that must be followed for lock and/or tag application and removal. This completed form serves as authorized employee notification and Facilities Management Appropriate Administrator approval to apply or remove locks and tags.

<input type="checkbox"/> Central Plant	<input type="checkbox"/> Utility Vault (Identification Number _____)
Authorized Employee Name: _____	
Department: _____	
Job or Task Location: _____	
Equipment to be serviced/maintained/repaired/replaced and specific locations where lock/tagout devices will be applied: _____ _____	
Number of isolation points: _____	
Estimated length of work (hours/minutes/days): _____	
Facilities Management Administrator Approval for Lock and Tag Application:	
_____ Name/Position	Date: _____
Central Plant/FM Qualified Employee Observing Isolation: _____	
To Be Completed After Required Isolation Work Complete:	
Facilities Management Administrator Approval for Lock/Tag Removal:	
_____ Name/Position	Date: _____