ST. FRANCIS XAVIER UNIVERSITY

GROUP ENERGY ISOLATION LOG

#	Equipment Number, Tag Number & Location	Lock Number	Date	Time	Key Secured in Lock Box (circle)	Authorized Person (print name)	Authorized Person (signature)
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		
					YES / NO		

Number and record the location of each lockout and post a copy of the completed log by the lock box.

Completed By:	Signature:	Date:	Page ____ of ____