

# Lockout procedure

04 - SIMULATEUR

**TX-001**  
TRANSFORMER

1 - Complete lockout

**Location:** LEFT SIDE OF THE SIMULATORApproved by **Etienne Morin****Approved - 2024-03-28**

Reason for work:

Work order #:



Box #:

Series #:

Seal #:

	Date, hour	Name	Employee # / Signature
Locked by:			
Wittness :			
Unlocked by:			

**Required lockout devices** 1 Padlock**Shutdown**

N°	Device	Location	Energy	Position	Material	Done	Verif
1	NOTIFY assigned employees that the equipment/machine will be locked.						
2	 SW-001 Compressor CO-001 control switch	Left side of the simulator	12 Volts DC	OFF			
	MAKE SURE the light on the switch is off.						
3	 ED-001 Compressor CO-001 disconnect switch	Left side of the simulator	12 Volts DC	OFF			

Printed by: Etienne Morin  
Printed on: 2024-03-28

1 / 3

# Lockout procedure

04 - SIMULATEUR

**TX-001**  
TRANSFORMER



1 - Complete lockout

**Location:** LEFT SIDE OF THE SIMULATOR


Approved by **Etienne Morin**

**Approved - 2024-03-28**

## Isolation

N°	Device	Location	Energy	Position	Material	Done	Verif
4	 ED-002 Electric plug of the transformer	Between the electrical wall outlet and the transformer	120 Volts	DISCONNECTED	 1 Padlock		

## Return to service

N°	Device	Location	Energy	Position	Material	Done
5	CHECK the equipment and work area to ensure that only authorized personnel remain on site and that all personnel have left the hazardous area, that tools and non-essential items have been removed, and that safety devices are in place.					
6	 ED-002 Electric plug of the transformer	Between the electrical wall outlet and the transformer	120 Volts	CONNECTED		
7	NOTIFY all personnel who may be affected by restarting the equipment that the lockout mechanisms have been removed and that the equipment is ready for use.					

# Lockout procedure

04 - SIMULATEUR

**TX-001**

TRANSFORMER

1 - Complete lockout

**Location:** LEFT SIDE OF THE SIMULATORApproved by **Etienne Morin****Approved - 2024-03-28**Deficiencies on this procedure? \* Yes ☐ No ☐

Minor deficiency (must be reported to the supervisor):

- ☐ Spelling mistake (encircle fault)
- ☐ Instructions order to review (indicate the numbers in correct order)
- ☐ Wrong information for instruction (encircle and give details)
- ☐ Wrong information in the header of the page (encircle and give details)
- ☐ Missing identification (encircle the device)

Major deficiency (must be approved by the supervisor before the work):

- ☐ Faulty isolation device (encircle the number and give details)
- ☐ The padlock and/or mechanism can be accidentally removed (encircle and give details)
- ☐ Missing instruction (indicate where to insert the instruction and give details)
- ☐ Wrong device number (encircle and give details)
- ☐ Other: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

Authorized main  
person:\_\_\_\_\_  
Date, hour\_\_\_\_\_  
Name\_\_\_\_\_  
Employee # / Signature

ALL MAJOR DEFICIENCY MUST BE APPROVED BY THE SUPERVISOR BEFORE STARTING THE WORK

Supervisor:

\_\_\_\_\_  
Date, hour\_\_\_\_\_  
Name\_\_\_\_\_  
Employee # / Signature