ST. FRANCIS XAVIER UNIVERSITY

ENERGY ISOLATION LOG

Equipment or System Tag Number(s):

				INSTALLED					REMOVED				
Lock #	Equipment or Tag #	Isolation Location	Reason	Date	Time	Applicant (print name)	Applicant (initial)	Authorized Person	Date	Time	Applicant (print name)	Applicant (initial)	Authorized Person

RELEASE TO OWNER (if applicable)

Date	Owner/Client Printed Name & Signature	StFX Authorized Person Printed Name & Signature	Comments

Latest Revision 16 Mar 2020