Isolation and Tag Out Register

| **Name of workplace:** |  |
| --- | --- |

| **Employee/Contractor Name** | **Plant/Equipment Name*****(include serial or asset number, where available)*** | **Location/Room** | **Date and Time Locks/Tags Installed** | **Date and Time Locks/Tags Removed** | **Name of competent person returning equipment/plan to service** | **Signature** |
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