



LOCK OUT/TAG OUT NOTICE



* FOR FIRE DEPARTMENT USE ONLY *

Address: _____

Date: _____

Incident #: _____

Time: _____

Please mark all that apply:

Malfunctioning equipment (specifically the _____) was taken out of service/shut down.

The fuel / propane / natural gas / electric service / other to the building were turned off ("locked out") to prevent additional hazards.

The residence / business / facility is UNSAFE and the malfunctioning equipment was not able to be secured.

The property owner and/or occupant was notified by the incident commander of the problem and the securing of equipment.

Owner / Occupant Information

Name: _____

Phone: _____

Mailing Address: _____

Additional Information: