

EI-LOTO – Training Record of “Qualified Person”

To: **Personnel File for** _____
(EMPLOYEE NAME – PLEASE PRINT)

From: _____ Date: _____
(PI / SUPERVISOR NAME – PLEASE PRINT)

TO BE COMPLETED BY THE PI / SUPERVISOR OF THE “QUALIFIED PERSON” conducting Energy Isolation – Lockout Tagout work:

Re: This document confirms required Qualification of the above named person to perform:
(Check all that apply and attach additional pages if more space is needed.)

- Energy Isolation operations and work on the following equipment / locations:
 - All locations and equipment under my supervision
 - All locations and equipment in our Department’s jurisdiction
 - All locations and equipment as this person’s job duties may dictate
 - Specific equipment / locations as listed:

- Energy Isolation work with the following energy sources (check all that apply):
 - All Energy Sources below
 - Compressed Air Other Compressed Gases
 - Cryogenic Fluids / Gases
 - Electricity (<50 volts) Electricity (50-600 Volts) Electricity (>600 volts)
 - Flammable materials Flammable gases Flammable fluids Flammable solids
 - Fluids under pressure Hydraulic systems (<150 psi) Hydraulic systems (>150 psi)
 - Hot Fluids / Gases Steam
 - Mechanical Equipment – Springs / Counterweights / Fly Wheels / Fan Blades / Blocks
 - Other (describe):

The designation of “Qualified Person” is based on evidence of safe performance of all duties related to Energy Isolation through: (Check all that apply.)

- Training on UCB Energy Isolation Program conducted (including all skill checks or tests).
- Experience – This person has been safely performing, and has demonstrated skill in safe Energy Isolation procedures, for _____ years (minimum of five years).
- Instruction – This person has received instruction from me or another person who is authorized in Energy Isolation, and who has observed this person’s work while performing Energy Isolation operations, and confirms that the above named person has the knowledge and skills to perform Energy Isolation work safely.

If for any reason, as their supervisor, I think that this person is not performing work safely, this qualification will be revoked. Below are signature(s) of person(s) verifying training and/or experience:

PI / Supervisor Signature: _____ Date: _____

Qualified Person’s Signature: _____ Date: _____

**CC: PI / Supervisor file;
Qualified Person’s Permanent File;
DSC / EI-LOTO Program Manager file**