



Unit: _____

This Sheet is for LOTO Inspector Only

Equipment: _____

Number	Line Service and Location (One Blind Per Line)	Date Tag Installed	Device Verified (Initial Each Device Below with Date Across Top)														Date Tag Removed		
			Type Blind	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM		PM	

Isolation Device

- SP - Spec Blind
- BF - Blind Flange
- TB - Thin Blind
- MG - Mechanical Gag
- SL - Slip Blind
- SPCR - Spacer Blind
- DEB - Dog Ear Blind
- ES - Electrical Switch Gear
- B/P - Break and Plug
- BV - Vented Blind
- BAB - Babine Blind
- HMR - Hammer Blind

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