

Unit:	Equipment No:	Equipment Description:	Sheet #
Job Description:			____ of ____
Lockbox No. / Location:			

Temporary Release							
Temporary Release Number	Reason for Temporary Release	Equipment/Area Safe for Temporary Release			Isolation Restored		
		Date	Time	Owning Department	Date	Time	Owning Department

Status Change							
Status Change Number	Reason for Status Change	Energy Isolation Verification Complete			Status Change Complete		
		Date	Time	Owning Department Approval Supervision	Date	Time	Owning Department