

Machine/Equipment Identification: \_\_\_\_\_  
 Location of Machine Equipment: \_\_\_\_\_  
 Authorized Person Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ENERGY SOURCE EVALUATION FORM**

MACHINE OR EQUIPMENT NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 MODEL: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_ PROCEDURE NUMBER: \_\_\_\_\_

ENERGY SOURCE	MAGNITUDE (Volts; Amps; Phase; HP; Lbs; RPM; Ft-Lbs; p.s.i.; °F/°C; Highly Reactive)	LOCATION OF ISOLATING DEVICE	MEANS OF ISOLATION	COMMENTS
CAPACITOR				
CHEMICAL				
COUNTER WEIGHT				
ELECTRICAL				
ENGINE				
FLYWHEEL				
HYDRAULIC				
PNEUMATIC				
SPRING				
THERMAL				
OTHER				
OTHER				

[NOTE: This form must be completed by an Authorized Employee.]

EVALUATION CONDUCTED BY:  
 NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (MUST BE AN AUTHORIZED EMPLOYEE)