

DEFECTIVE PLANT AND EQUIPMENT REPORT

LOCATION AND DESCRIPTION OF PLANT/EQUIPMENT:

DATE: _____ / _____ / _____ TIME: _____ : _____ AM/PM

PLANT/EQUIPMENT:

MECHANICAL
 PLUMBING

ELECTRICAL

WHAT WAS THE FAULT OR DANGER IDENTIFIED?

HAS THE PLANT/EQUIPMENT BEEN TAGGED?

YES NO

EQUIPMENT WAS ISOLATED BY

HOW WAS PLANT/EQUIPMENT ISOLATED?

REPORT LODGED BY

FORM RECEIVED BY

DATE

Name company

DANGER

DO NOT OPERATE

**THIS TAG IS PLACED BECAUSE OF AN UNSAFE
CONDITION AND MUST NOT BE REMOVED UNTIL
REPAIRS HAVE BEEN MADE BY MAINTENANCE
OFFICER OR SERVICE PROVIDER**

Tag placed by:

Date:

Time:

Fault: