



**IUPUI**  
*•Department of Environmental Health and Safety •*  
 620 Union Drive, Room 043, Indianapolis, Indiana 46202

**Machine/Equipment Inventory and Energy Checklist**

<b>General Information</b>			
Name of Equipment:	Identification Number:		
Manufacturer:	Model Number:		
Serial Number:	Location of Equipment:		
<b>Energy Source(s) Powering The Machine/Equipment</b>			
Number of Energy Sources:			
List volts, phase, and current for all electrical sources:			
<b>Energy Sources</b>	<b>Is This Energy Also Stored?</b>		
( ) Electrical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
( ) Pneumatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
( ) Hydraulic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
( ) Gravity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
( ) Mechanical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
( ) Thermal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
( ) Other (e.g., chemical)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>Potential Hazards</b>			
( ) Crushed Bones    ( ) Cuts                      ( ) Entanglement    ( ) Bruises ( ) Electrocutation    ( ) Pressure Release    ( ) Burns              ( ) Other: _____			
<b>Energy Isolating Devices (e.g., circuit breakers, ball valves)</b>			
Device/Operation:		Lockout Capable? ( ) Yes ( ) No	
Location:			

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Location:		
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Location:		
Device/Operation:		Lockout Capable? ( ) Yes ( ) No
Location:		
<b>Written Equipment Specific Procedure</b>		
Written Procedure Required? ( ) Yes ( ) No		
Name of Surveyor:	Title:	Date: