

LOCKOUT / TAGOUT
PERIODIC INSPECTION CERTIFICATION

GENERAL INFORMATION					
FACILITY / SITE		AUTHORIZED INSPECTOR			
DEPARTMENT / SHOP		LOCATION OF EQUIPMENT			
NAME OF ENERGY CONTROL PROCEDURE BEING REVIEWED					
EMPLOYEES INVOLVED IN THE PROCEDURE REVIEW					
1		4			
2		5			
3		6			
<input type="checkbox"/> ADDENDUM – ADDITIONAL EMPLOYEES LISTED ON SEPARATE PAGE.					
LOCKOUT / TAGOUT PROCEDURE REVIEW			YES	NO	
1	IS THE WRITTEN LOTO PROCEDURE FOR THE EQUIPMENT PRESENT AT THE WORK LOCATION OR OTHERWISE READILY AVAILABLE?			<input type="checkbox"/>	<input type="checkbox"/>
2	IF THIS IS A GENERIC PROCEDURE, DOES IT IDENTIFY ALL EQUIPMENT THAT IS COVERED BY THE PROCEDURE?			<input type="checkbox"/>	<input type="checkbox"/>
3	WERE ALL AFFECTED EMPLOYEES IDENTIFIED ON THE PROCEDURE AND NOTIFIED OF THE ISOLATION OF THE EQUIPMENT (AND WHEN THE ISOLATION WAS COMPLETE)?			<input type="checkbox"/>	<input type="checkbox"/>
4	WAS THE EQUIPMENT OR SYSTEM PROPERLY SHUT DOWN?			<input type="checkbox"/>	<input type="checkbox"/>
5	WERE ALL THE ENERGY SOURCES TURNED TO THE OFF OR SAFE POSITION?			<input type="checkbox"/>	<input type="checkbox"/>
6	DID PERSONNEL ATTACH THEIR OWN LOCKS AND TAGS TO EACH ENERGY ISOLATION DEVICE (OR USE A HASP OR LOCKBOX FOR GROUP LOCKOUT)?			<input type="checkbox"/>	<input type="checkbox"/>
7	DID PERSONNEL ATTACH THE CORRECT WARNING TAGS TO EACH ENERGY ISOLATION DEVICE, INDICATING THEIR NAME AND CONTACT NUMBER?			<input type="checkbox"/>	<input type="checkbox"/>
8	WAS A WARNING TAG USED IN PLACE OF A LOCK? (IF NO, SKIP 8A & 8B)			<input type="checkbox"/>	<input type="checkbox"/>
8A	DID THE PROCEDURE SPECIFICALLY INDICATE THE USE OF TAGOUT AND ALL ADDITIONAL ELEMENTS TO ACHIEVE FULL EMPLOYEE PROTECTION?			<input type="checkbox"/>	<input type="checkbox"/>
8B	DID EACH AUTHORIZED EMPLOYEE UNDERSTAND THEIR RESPONSIBILITIES UNDER THE ENERGY CONTROL PROCEDURE BEING INSPECTED, INCLUDING ALL THE LIMITATIONS OF TAGS?			<input type="checkbox"/>	<input type="checkbox"/>
9	WAS ALL HAZARDOUS ENERGY PROPERLY CONTROLLED AND VERIFIED TO A ZERO ENERGY STATE?			<input type="checkbox"/>	<input type="checkbox"/>
10	WAS ALL STORED ENERGY PROPERLY DISSIPATED OR CONTROLLED?			<input type="checkbox"/>	<input type="checkbox"/>
11	WAS AN ATTEMPT MADE TO RESTART THE EQUIPMENT OR SYSTEM TO ENSURE THE EFFECTIVENESS OF THE LOCKOUT TAGOUT PRIOR TO THE START OF SERVICING?			<input type="checkbox"/>	<input type="checkbox"/>
12	WERE ALL THE STEPS IN THE ENERGY CONTROL PROCEDURE ADEQUATE AND APPROPRIATE TO SAFELY ISOLATE THE EQUIPMENT OR SYSTEM TO A ZERO ENERGY STATE?			<input type="checkbox"/>	<input type="checkbox"/>
13	WERE ALL LOCKOUT AND TAGOUT DEVICES REMOVED AFTER SERVICING?			<input type="checkbox"/>	<input type="checkbox"/>
14	DID THE INVOLVED PERSONNEL UNDERSTAND THEIR RESPONSIBILITIES UNDER THE PROCEDURE?			<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION RESULTS					
<input type="checkbox"/>	PROCEDURE IS ACCEPTABLE – NO CHANGES NEEDED.				
<input type="checkbox"/>	PROCEDURE IS NOT ACCEPTABLE AND REQUIRES CHANGES, AS DESCRIBED BELOW:				
<input type="checkbox"/>					
<input type="checkbox"/>	EMPLOYEE(S) REQUIRE RETRAINING, AS DESCRIBED BELOW:				
CERTIFICATION					
INSPECTOR SIGNATURE:		DATE OF INSPECTION:			
INSPECTOR TITLE:					