



## 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"/> EMPLOYEE(S) REQUIRE RETRAINING, AS DESCRIBED BELOW:				
CERTIFICATION				
INSPECTOR SIGNATURE:			DATE OF INSPECTION:	
INSPECTOR TITLE:				