

Lockout/Tagout Program
Annual Review for Authorized Persons

Authorized Person: _____ Today's Date: _____

Position: _____ Dept: _____

Date of LO/TO Training: _____ Auditor: _____

Have your position responsibilities changed with regard to LO/TO? Yes No
If Yes, how?: _____

Has new equipment been installed in your work area (last 12 months)? Yes No
If Yes, describe: _____

Have you sustained an injury where LO/TO would have prevented the event? Yes No
If Yes, provide date of injury: _____

Are you knowledgeable about our written Lockout/Tagout program? Yes No

Are you knowledgeable about our specific Lockout/Tagout procedures? Yes No

Do you know where written copies of the program and procedures are located? Yes No

Do you feel the need for additional training in lockout/tagout at this time? Yes No

Are there LO/TO hazards you are aware of, but are currently not addressed? Yes No

Notes: _____

Lockout/Tagout Equipment Inventory:

- ☐ Location of kit: _____
- ☐ Condition of kit: _____
- ☐ Locks
- ☐ Tags & Ties
- ☐ Ball valve lockout
- ☐ Single breaker
- ☐ Multi breaker
- ☐ Plug lockout / pigtail
- ☐ Multi-hasp
- ☐ Light switch
- ☐ Other: _____
- ☐ Other: _____

Certification:

I was physically involved in this annual review and certify that all information provided above is correct.

Employee Signature

Date