

Lockout/Tagout Periodic Inspection Record

Inspector _____ Title _____ Date _____

Authorized Employees Inspected

Equipment Locked Out: _____ Location: _____

Procedures Requirements:

Preparation for Shutdown

- ☐ **Yes** ☐ **No** The employees have demonstrated knowledge of the type and magnitude of the *energy*, the hazards of the *energy* to be controlled, and the method or means to control the energy.
- ☐ **Yes** ☐ **No** The employees have conducted an orderly shutdown of the equipment utilizing the established procedures for this piece of equipment.
- ☐ **Yes** ☐ **No** All energy-isolating devices for this piece of equipment have been located and physically operated in a manner so as to isolate the equipment for the *energy* source(s).
- ☐ **Yes** ☐ **No** Lockout or Tagout devices have been effectively affixed to all energy isolating devices.
- ☐ **Yes** ☐ **No** All potentially hazardous stored or residual *energy* was relieved, disconnected, restrained, or otherwise rendered safe.
- ☐ **Yes** ☐ **No** Verification of isolation and deenergization of the equipment was performed.
- ☐ **Yes** ☐ **No** The employees have demonstrated knowledge of the procedures for Application of Control.

Procedures for Lockout/Tagout Release & Restoration of Energy

- ☐ **Yes** ☐ **No** The work area was inspected to ensure that nonessential items had been removed and that the equipment components were operationally intact.
- ☐ **Yes** ☐ **No** All employees were safely positioned or removed from the area.
- ☐ **Yes** ☐ **No** The employees understood the concept that before the equipment is started, all affected employees must be informed of the removal of the Lockout/Tagout devices.
- ☐ **Yes** ☐ **No** Each Lockout/Tagout device was removed by each employee if the equipment required more than one employee to lock out the equipment.

Procedures for Lockout/Tagout Removal by the Employer

- ☐ **Yes** ☐ **No** The employer-assigned employee responsible for Lockout or Tagout device removal in the event that the individual who applied the device is not available to remove it understands the following procedures that are outlined in the written plan:
- Verification that the employee who applied the device(s) is not at the facility.
 - Make all reasonable efforts to contact the employee who applied the device in order to inform them that the Lockout/Tagout device has been removed.
 - Ensuring that the employee has this knowledge prior to resuming work at the facility.
- ☐ **Yes** ☐ **No** This inspection has included a review with each authorized employee, of that employee's responsibilities under the energy control procedure being inspected.

If any employees do not demonstrate the knowledge required of the above listed procedures, any inadequacies or deviations from the procedures are corrected prior to this form being completed.

☐ **CHECK IF INSPECTION IS COMPLETE**

Comments

