

# Lockout / Tagout Inspection Form

THIS FORM IS TO BE COMPLETED AND KEPT ON FILE IN THE DEPARTMENT OF THE  
AUTHORIZED EMPLOYEE/S PERFORMING LO/BO.

DATE: \_\_\_\_\_

NAME OF SYSTEM, EQUIPMENT OR TOOL: \_\_\_\_\_

AUTHORIZED PERSON/S PERFORMING LOCKOUT/BLOCKOUT: \_\_\_\_\_

AUTHORIZED PERSON PERFORMING THE INSPECTION: \_\_\_\_\_

\*\*\*\*\* (COMMENT ON ALL "NO" RESPONSES) \*\*\*\*\*

1. EMPLOYEE/S PERFORMING LO/TO ARE TRAINED AND AUTHORIZED:  
(VERIFY EMPLOYEE'S AUTHORIZATION FORM IS COMPLETE AND CURRENT)

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

2. ALL ENERGY SOURCES WERE IDENTIFIED:

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

3. PROCEDURE WAS REVIEWED FOR COMPLETENESS PRIOR TO IMPLEMENTATION:

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

4. AFFECTED EMPLOYEES WERE NOTIFIED: (PRIOR TO SHUTDOWN & START-UP)

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

5. A STEP BY STEP PROCEDURE WAS AVAILABLE AND UTILIZED: (SHUTDOWN & START-UP FOR  
MULTIPLE ENERGY SOURCE EQUIPMENT)

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

6. VERIFICATION OF SECURING ENERGY SOURCES WAS PERFORMED:

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

7. PROPER EQUIPMENT WAS AVAILABLE AND UTILIZED:  
(PERSONALIZED LOCKOUT LOCKS AND TAGS, BLOCKS, VOLT METER, ETC.)

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENT \_\_\_\_\_

X \_\_\_\_\_  
Signature of Observed Employee

X \_\_\_\_\_  
Signature of Inspecting Employee