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| **ENERGY CONTROL (LOCKOUT/TAGOUT) ANNUAL EVALUATIOn** |
| **Agency:**  | **Date:** |
| **SECTION I: GENERAL INFORMATION (Required)** |
| **Specify equipment & location where the LOTO procedure is being used:** |
| **Authorized Employee(s):** |
| **Affected or Other Employee(s):** |
| **Is the inspector an “authorized employee”? Yes No** **(Employees may not inspect their own procedures)** |
| An annual inspection was conducted by the inspector below of the authorized employees performing the lockout/tag out work. This inspection included a review between the supervisor and each authorized employee of the employee's responsibilities relative to the energy control procedure being inspected.  |
| **SECTION II: LOCKOUT/TAGOUT PROCEDURE Y N**  |
|  | Were all “affected” and “other” employees verbally notified of the lockout? |  |  |
|  | Were operational controls turned to the “Off” position prior to lockout? |  |  |
|  | Were all energy sources turned to the “Off” or “Safe” position? |  |  |
|  | Were lockout devices and locks properly attached to each energy isolation device? |  |  |
|  | Were 1 tag and 1 lock used by each authorized individual on the job at each control point? |  |  |
|  | Were warning tags indicating the authorized employee’s name and the date attached to each energy isolation device? |  |  |
|  | Was all stored energy properly controlled?(Pneumatic & hydraulic energy bled, suspended parts lowered, etc) |  |  |
|  | Was an attempt made to restart the equipment or otherwise ensure the effectiveness of the lockout prior to beginning the service work? |  |  |
|  | If a group lockout was required, did all authorized employees attach their own locks and tags to each energy isolation device? |  |  |
|  **10.** | Were all locks and devices properly removed after servicing? |  |  |
|  **11.** | Were all “affected” and “other” employees verbally notified when the lockout was complete? |  |  |
|  **12.** | Maintain the tag and this sheet for a minimum of one year. |  |  |
| **SECTION III: INSPECTION RESULTS AND SIGNATURES** |  |  |
| **Please fully explain all “No” responses and note any other deficiencies that are not specifically covered by a checklist item: (May use back of form showing line # and comment)** |
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| **Deficiencies must be corrected through revised procedures, training or both.** |
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| **ENERGY CONTROL (LOCKOUT/TAGOUT) EVALUATOR** |
| Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |