

Lockout/Tagout Periodic Inspection Form

I EQUIPMENT OR DEVICE CONTROLLED:

Name: _____ Manufacturer: _____ Model: _____

Serial Number: _____ Building or Area: _____ Room: _____

Additional Information:

II. EMPLOYEE(S) INTERVIEWED:

- | | | |
|----------|------------|----------|
| 1. _____ | Authorized | Affected |
| 2. _____ | Authorized | Affected |
| 3. _____ | Authorized | Affected |
| 4. _____ | Authorized | Affected |

III. WERE EMPLOYEE(S) TRAINED?

- | | | |
|----------|-----|----|
| 1. _____ | YES | NO |
| 2. _____ | YES | NO |
| 3. _____ | YES | NO |
| 4. _____ | YES | NO |

If NO, stop the activities and contact department management. If YES, after the inspection, verify that the documentation is on file. Record the training date: _____

IV. ARE ENERGY PROCEDURES BEING FOLLOWED? YES NO

(Ask the employee to describe the procedure)

V. LOCKOUT & TAGOUT DEVICES:

- | | | |
|---|-----|----|
| 1. Standardized Lock (Singularly identifiable)? | YES | NO |
| 2. Lock Out devices used? (i.e. multi-lock hasps) | YES | NO |
| 3. If YES, are they substantial enough to prevent removal without the use of excessive force or unusual techniques? | YES | NO |

- | | | |
|---|-----|----|
| 4. Are Standard Tags used? | YES | NO |
| 5. If YES, did the information include: employee name, data and activity description? | YES | NO |

Employee Conducting Inspection: _____ Date: _____

Environmental Health & Safety has reviewed this document and approved the Control of Hazardous Energy Lockout/Tagout Periodic Inspection:

EH & S Authorization: _____ Date: _____

Lockout/Tagout Servicing Equipment Procedure

1. Before Beginning to Service Equipment:

Have the type and amount of energy source(s) on the equipment been identified?

YES NO N/A

Have the possible dangers related to the energy source being controlled been identified?

YES NO N/A

Are the steps necessary to control the energy source understood?

YES NO N/A

Have all affected employees been notified when the equipment will be shut down for service?

YES NO N/A

2. Shut Down Equipment:

Have the company's safety procedures been followed?

YES NO N/A

Have the manufacturer's instructions been referred to?

YES NO N/A

3. Isolate the Machine or Equipment:

Has the main breaker or control switch been shut off?

YES NO N/A

Have the valves been closed?

YES NO N/A

Have the process lines been disconnected?

YES NO N/A

4. Attach Lock & Tag:

Have the lock & tag been attached?

YES NO N/A

5. Control Stored Energy:

Has the electrical capacitance been bled?

YES NO N/A

Have the pressure or hydraulic lines from the work area been vented or isolated?

YES NO N/A

Have tanks been drained?

YES NO N/A

Are switches or levers that could be moved into the start position blocked, clamped or chained?

YES NO N/A

Are lines containing process materials that are toxic, hot, cold, corrosive or asphyxiating cleared?

YES NO N/A

6. Verify that the Energy State is at Zero:

Have the start switches on the equipment been tested?

YES NO N/A

Have the pressure gauges been checked to insure that lines are depressurized?

YES NO N/A

Are blocks or cribs secure?

YES NO N/A

Have electrical circuits been checked to verify that voltage is at zero energy?

YES NO N/A

Are blanks used to block feed chemicals, secure and not leaking?

YES NO N/A

7. If you have answered YES or (N/A) to the above steps the correct procedures are being followed.