**Municipality or Authority:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_/201\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** & this sheet for aminimumof **1 year** or until the next audit is conducted | |  |  |
| **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)** | | | | | |
|  | | | **7.** | | |
|  | | | **8.** | | |
|  | | | **9.** | | |
|  | | | **10.** | | |
|  | | | **11.** | | |
|  | | | **12.** | | |
| **Deficiencies must be corrected through revised procedures, training or both.** | | | | | |
| **Authorized Employee Energy Control Procedures (LOTO) Annual Evaluation Certification** | | | | | |
| A written certification must be generated to verify the annual inspection & the results thereof. | | | | | |
| **The results of this audit should be shared in a crew meeting** | | | | | |
| Inspector Name: Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/201\_\_\_\_\_\_\_\_\_ | | | | | |