

PERIODIC – ANNUAL OBSERVATION OF LOCKOUT TAGOUT PROGRAM

EMPLOYEE BEING OBSERVED		PLANT #		DEPT. #
BLDG. #	MACHINE/EQUIPMENT/PROCESS			EQUIP. #
OBSERVATION QUESTION		YES	NO	COMMENTS
1. Has all energy-isolating device been located?				
2. Does the plant provide devices specifically for lockout/tagout procedures?				
3. Are lockout/tagout devices durable enough to withstand plant conditions?				
4. When only tagout devices are used, are attachments non-reusable, attachable by hand, self-locking and non-releasable with minimum unlocking strength of 50 lbs.?				
5. Can the person using a lockout/tagout device be easily identified?				
Authorization: 6. Is an authorized person performing the lockout/tagout?				
Preparation: 7. Are affected employees notified when there is an application or removal of lockout/tagout devices?				
Shutdown: 8. Are normal “shutdown” procedures followed?				
Energy Isolation: 9. Are energy isolating device(s) located and energy source(s) separated from the machine?				
Lockout/Tagout Device Application: 10. Are lockout/tagout devices placed on each energy-isolating device?				
Stored Energy: 11. Are potentially hazardous, stored or residual energy relieved, disconnected or restrained?				
Verification of Isolation: 12. Does the authorized employee verify that de-energization of the equipment has been accomplished?				
Inspection: 13. Prior to removing locks/tags, has the work area been inspected, nonessential items removed and the machine components including guards, made operationally intact?				
Employee Notification: 14. Prior to removing locks/tags, have affected employees been notified and the work area inspected to ensure all employees are in a safe position?				

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Lockout/Tagout Device Removal:				
15. Have Lockout/Tagout devices been removed by the person who applied them?				
COMMENTS:				
OBSERVER INFORMATION				
OBSERVER EMPLOYEE #	OBSERVER SIGNATURE	TITLE	DEPT.	DATE
EMPLOYEE #	EMPLOYEE SIGNATURE	TITLE	DEPT.	DATE

Date