

# Periodic – Annual Observation of Lockout Tagout Program



|                           |                   |                 |
|---------------------------|-------------------|-----------------|
| Employee being observed   |                   | Date            |
| Plant number              | Department number | Building Number |
| Machine/Equipment/Process |                   |                 |
| Equipment number          |                   |                 |

| Activities & Social  | Yes | No | Comments |
|--|-----|----|----------|
| Has all energy-isolating device been located?  |     |    |          |
| Does the plant provide devices specifically for lockout/tagout procedures?   |     |    |          |
| Are lockout/tagout devices durable enough to withstand plant conditions?   |     |    |          |
| 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.? |     |    |          |
| Can the person using a lockout/tagout device be easily identified?   |     |    |          |
| <b>Authorization</b>   |     |    |          |
| Is an authorized person performing the lockout/tagout?   |     |    |          |
| <b>Preparation</b>   |     |    |          |
| Are affected employees notified when there is an application or removal of lockout/tagout devices?   |     |    |          |
| <b>Energy Isolation</b>  |     |    |          |
| Are energy isolating device(s) located and energy source(s) separated from the machine?  |     |    |          |
| <b>Lockout/Tagout Device Application</b>   |     |    |          |
| Are lockout/tagout devices placed on each energy-isolating device?   |     |    |          |
| <b>Stored Energy</b>   |     |    |          |
| Are potentially hazardous, stored or residual energy relieved, disconnected or restrained?   |     |    |          |

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| Verification of Isolation  |  | Yes   | No | Comments   |
|--|--|-------|----|------------|
| Does the authorized employee verify that de-energization of the equipment has been accomplished?   |  |       |    |            |
| Inspection   |  |       |    |            |
| 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  |  |       |    |            |
| Prior to removing locks/tags, have affected employees been notified and the work area inspected to ensure all employees are in a safe position?                    |  |       |    |            |
| Lockout/Tagout Device Removal  |  |       |    |            |
| Have Lockout/Tagout devices been removed by the person who applied them?   |  |       |    |            |
| Comments   |  |       |    |            |
|  |  |       |    |            |
| Observer Information   |  |       |    |            |
| Observer name  |  | Title |    | Department |
|  |  |       |    | Date       |
| Observer signature   |  |       |    |            |
| Employee name  |  | Title |    | Department |
|  |  |       |    | Date       |
| Employee signature   |  |       |    |            |