

Annual Audit - Lockout/Tagout

Lockout/Tagout Audit Form (2 pages)

Department: _____ Equipment: _____

Task Location: _____

Date ____/____/____ Shift _____ Time _____ AM/PM

Authorized person(s) name(s):

TRAINING?

_____ **Yes** **No**

_____ **Yes** **No**

_____ **Yes** **No**

_____ **Yes** **No**

Affected person(s) name(s):

_____ **Yes** **No**

_____ **Yes** **No**

_____ **Yes** **No**

_____ **Yes** **No**

Were all affected persons notified of lockout?

Yes **No** If so, by whom _____

Name(s) of authorized/affected person(s) supervisor(s)

Written Lockout procedure available? (If yes, state where located)

Yes **No** _____

Is Lockout procedure being followed? **Yes** **No** (If not, state elements not followed)

Is procedure posted? **Yes** **No**

Is procedure in diagram form? **Yes** **No**

Is procedure adequate? **Yes** **No**

Has lockout been performed by all persons involved? **Yes** **No**

Name all required energy isolating devices

Can energy isolating devices be locked out? **Yes** **No**

Where blocks or pins are necessary, were they used? **Yes** **No**

State deficiencies requiring corrective action:

Did each authorized person lockout all required energy sources with their own locks?

Yes **No**

If not, what action was taken?

Did each authorized person verify lockout? **Yes** **No**

If not, what changes were needed: _____

CORRECTIVE ACTION (S) RECOMMENDED:

INSPECTION PERFORMED BY: _____

DATE: _____