

Lockout/Tagout Periodic Inspection – Checklist and Certification

Environmental Health and Safety

| GENERAL INSPECTION | | | | |
|---|-------------|-------|------|--|
| Name of Authorized Employee Being Audited: | | | | |
| Department: | Trade Shop: | | | |
| Audited By: | Title: | | | |
| Name/Identification of Machine, Process, or Equipment: | | | | |
| Location of Machine, Process, or Equipment: | | | | |
| PREPARING FOR SHUTDOWN AUDIT ITEMS | | | | |
| The employee has been trained in the University's General Lockout/Tagout procedures. | | □ Yes | □ No | |
| The employee was able to identify all "stored" and "kinetic" energy sources for this piece of equipment. | | □ Yes | □ No | |
| SHUTTING DOWN THE EQUIPMENT AUDIT ITE | MS | | | |
| The employees shut down the piece of equipment using normal stopping procedures (e.g., putting a switch in the "off" position or pressing a button). | | □ Yes | □ No | |
| ISOLATING THE EQUIPMENT AUDIT ITEMS | | | | |
| The piece of equipment was isolated from every energy source feeding into it (e.g., close valves, throw main disconnects, throw circuit breakers) | | □ Yes | □ No | |
| APPLYING LOCKOUT/TAGOUT DEVICE AUDIT ITEMS | | | | |
| Appropriate locks, tags, and lockout devices were available and utilized. | | □ Yes | □ No | |
| CONTROLLING STORED ENERGY AUDIT ITEMS | | | | |
| All potential residual hazardous energy was relieved, disconnected, or restrained (e.g., trapped pressure relieved, pipe flanges blanked, elevated equipment blocked or supported). | | □ Yes | □ No | |
| VERIFYING ISOLATION OF AUDIT ITEMS | | | | |
| The equipment was tested to ensure the right system was locked out and to ensure that the equipment could not be operated. | | □ Yes | □ No | |

| REMVOING LOCKS AND TAGS AUDIT ITEMS | | | |
|--|---------------------|-------|------|
| All equipment components are intact and capable of o | pperating properly. | □ Yes | □ No |
| All lockout/tagout devices are only removed by the employee who applied them and affected employees have been notified that locks and tags have been removed and the equipment is ready for use. | | □ Yes | □ No |
| PROBLEMS | | | |
| List any problems identified during the lockout/tagout | audit: | | |
| List corrective action steps to rectify these aforementioned problems: | | | |
| Auditor's Signature: | Date: | | |
| Authorized Employee's Signature: | Date: | | |