**LOCKOUT/TAGOUT PERIODIC INSPECTION**

|  |  |
| --- | --- |
| Date:      | Time:      |
| Department Head/Supervisor:       |
| Title:       |
| Machine or Equipment:       |
| Location:        |
| Maintenance/Services Conducted:       |
| Authorized Employee(s):       |
| Affected Employee(s):       |
| **INSPECTION PROCEDURE** |
| Review Items | Satisfactory? |
| 1. General review of responsibilities and procedures  (see LO/TO Procedure Card) | [ ]  Yes [ ]  No |
| Comments:       |
| 2. Knowledge of machine/equipment energy types | [ ]  Yes [ ]  No |
| List energy types       |
| Comments:       |
| 3. Knowledge of machine/equipment control methods | [ ]  Yes [ ]  No |
| Comments:       |
| 4. Other comments or deficiencies identified:      |
| 5. Recommend refresher training:  | [ ]  Yes [ ]  No |

**CERTIFICATION**

I hereby certify that an inspection was performed on the Lockout/Tagout procedure utilized by the employee(s) indicated above on the aforementioned machine and/or equipment to ensure the procedure and requirements of OSHA 29 CFR 1910.147 Energy Isolation Lockout/Tagout Program are being satisfied. The findings of this inspection have been reviewed with the employee(s) performing the servicing and/or maintenance work being inspected.

|  |
| --- |
| Signatures: |
| Dept. Head/Supv: | Date: |
| Authorized Employees:  |
|  | Date: |
|  | Date: |
|  | Date: |
|  | Date: |
|  | Date: |
| Auxiliary Service Coordinator: | Date: |

***Upon completion, copy should be maintained by Department Head/Supervisor with a copy sent to the college Auxiliary Services Coordinator.***