**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.***