Chapter 10 – Form 6: Lockout/Tagout Periodic Inspection

Machine/Equipment Name: _____

Machine/Equipment Location: _____

Authorized Inspector (Print): _____

Authorized Employee(s) (Print): _____

_____

Review the energy control procedure and employee responsibilities, at least annually, with the involved employee(s) and complete the following:

	YES	NO
1. Are the steps in the energy control procedure being followed?	☐	☐
• If no, provide detailed description of the problem on the next page, along with a description of any corrective action taken, or planned.		
2. Do the involved employee(s) understand their responsibilities of the procedure?	☐	☐
• If no, provide detailed description of the problem and any corrective action needed on the next page.		
3. Are there any inadequacies in the employees' knowledge, abilities or use of the procedure?	☐	☐
• If yes, provide detailed description of the problem and any corrective action needed on the next page.		
4. Is the procedure adequate to provide the necessary protection?	☐	☐
• If no, provide detailed description of the problem and any corrective action needed on the next page.		

Corrective Action(s):

☐ No deviations or inadequacies have been found. A corrective action plan is <u>not</u> needed.

☐ Deviations, or inadequacies, exist and need to be corrected.

Continue to the *Corrective Action Plan* on the next page.

I herby certify the periodic inspection for compliance with lockout/tagout standards on this machine/equipment have been satisfactory completed with the employee(s) identified above.

Authorized Inspector:

_____ _____ _____

Name / Signature Title Date (mmddyy)

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_____

Corrective Action(s): Use the space provided below to describe any problems identified during the inspection, along with a description of any corrective action needed. Appropriate action must be taken to ensure that the deficiencies are corrected. This may involve making changes to the procedure, providing retraining to employees, and/or taking additional steps to ensure compliance. Attach additional pages if needed.

_____

_____

_____

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_____

_____

Deviations, or inadequacies, are scheduled to be corrected by (date): _____

Authorized Inspector:

_____ _____ _____

Name / Signature Title Date (mmddyy)

I certify that repairs/corrections have been completed:

_____ _____ _____

Name / Signature Title Date (mmddyy)

NOTE: OSHA requires that an inspection type audit of the lockout/tagout procedure must be performed **AT LEAST ANNUALLY.**