Control of Hazardous Energy (Lockout/Tagout) – Form 2: LO/TO 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. Is this specific energy control procedure exempt from the requirement for written documentation?	☐	☐
2. 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.		
3. 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.		
4. 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.		
5. 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 hereby certify that the periodic inspection of the aforementioned energy control procedure has been completed with the employee(s) identified above.

Authorized Inspector:

_____	_____	_____
Name / Signature	Title	Date (mm/dd/yy)

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 (mm/dd/yy)

I certify that repairs/corrections have been completed:

_____ _____ _____

Dept. Manager Name / Signature Title Date (mm/dd/yy)