

LOCK-OUT/TAG-OUT
PERIODIC INSPECTION FORM

DATE: _____

SUPERVISOR NAME: _____

EMPLOYEE TO BE SUPERVISED: _____

DATE OF LAST SUPERVISION: _____

EQUIPMENT NAME: _____

Review of Procedures:

- | | | | | |
|-----|---|---|----|---|
| 1. | Understands the term Hazardous Energy? | Y | or | N |
| 2. | Understands when tag-out is necessary? | Y | or | N |
| 3. | Completes Energy Control Checklist prior to work? | Y | or | N |
| 4. | Notifies affected employees of lock-out tag-out? | Y | or | N |
| 5. | Performs lock-out tag-out correctly? | Y | or | N |
| 6. | Releases/controls stored energy? | Y | or | N |
| 7. | Tests lock-out tag-out? | Y | or | N |
| 8. | Restores equipment correctly? | Y | or | N |
| 9. | Notifies affected employees of completed task? | Y | or | N |
| 10. | Receives annual training? | Y | or | N |

Comments: _____

Employee Signature: _____

Supervisor Signature: _____