### LOCKOUT/TAGOUT INSPECTION FORM

1. Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Inspector (Printed Name/Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Employee(s) Inspected

(Printed/Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Machine/equipment on which the energy control procedure was being utilized:

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Item Yes No

Does employee have access to adequate lockout/tagout devices?

Has employee tested the effectiveness of his/her lockout/tagout devices?

Has employee received lockout/tagout training in the last year?

If this is an outside contractor, has a supervisor informed him/her of the necessity for adhering to these procedures?

Have all procedures been followed?

Were tagouts legible and clearly displayed?