ENERGY CONTROL (LOCKOUT/TAGOUT) ANNUAL EVALUATION

inis form was developed to assist you in gathering and maintaining the mandated information			
Municipality or Authority: Date:/201			
SECTION I: GENERAL INFORMATION (Required)			
Specify equipment & location where the LOTO procedure is being used:			
Authorized Employee(s):			
Affected or Other Employee(s):			
Is the inspector an "authorized employee"? Yes			No
(Employees may not inspect their own procedures)			
An annual inspection was conducted by the inspector below of the authorized employees performing the lockout/tag out work. This inspection			
included a review between the supervisor and each authorized employee of the employee's responsibilities relative to the energy control procedure being inspected.			
1	SECTION II: LOCKOUT/TAGOUT PROCEDURE	Y	N
1.	Were all "affected" and "other" employees verbally notified of the lockout?		T
2.	Were operational controls turned to the "Off" position prior to lockout?		
3.	Were all energy sources turned to the "Off" or "Safe" position?		
4.	Were lockout devices and locks properly attached to each energy isolation device?		1
5.	Were 1 tag and 1 lock used by each authorized individual on the job at each control point?		
6.	Were warning tags indicating the authorized employee's name and the date attached to		
	each energy isolation device?		
7.	Was all stored energy properly controlled?		
	(Pneumatic & hydraulic energy bled, suspended parts lowered, etc)	_	+
8.	Was an attempt made to restart the equipment or otherwise ensure the effectiveness of the lockout prior to beginning the service work?		
9.	If a group lockout was required, did all authorized employees attach their own locks and		+
7.	tags to each energy isolation device?		
10.	Were all locks and devices properly removed after servicing?		†
11.	Were all "affected" and "other" employees verbally notified when the lockout was		
	complete?		
12.	Maintain the tag & this sheet for a minimum of 1 year or until the next audit is conducted		
SECTION III: INSPECTION RESULTS AND SIGNATURES			
Please fully explain all "No" responses and note any other deficiencies that are not specifically covered by a checklist item: (May use back of form showing line # and comment)			
1.	7.		
2.	8.		
3. 9.			
4. 10.			
5. 11.			
6.	12.		
Deficiencies must be corrected through revised procedures, training or both.			
Authorized Employee Energy Control Procedures (LOTO) Annual Evaluation Certification			
A written certification must be generated to verify the annual inspection & the results thereof.			
The results of this audit should be shared in a crew meeting			
Inspector Name: Print			
Signature: Date://201			