



Lockout/Tagout Inspection Form

Inspection Date:

Inspector Name (Please print) and Signature

Employee Name (Please print) and Signature

Machine/Equipment on which Energy Controls are Being Utilized

	Yes	No
Does the employee possess or have access to adequate lockout/tagout devices?	<input type="checkbox"/>	<input type="checkbox"/>
Has the employee tested the effectiveness of the lockout/tagout devices?	<input type="checkbox"/>	<input type="checkbox"/>
Has the employee received CPR and lockout/tagout training this year?	<input type="checkbox"/>	<input type="checkbox"/>
If this is an outside contractor, have they been informed they must adhere to this procedure by the University supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
Have all procedures been followed?	<input type="checkbox"/>	<input type="checkbox"/>
Were tagouts legible and clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>

Comments & Observations