



# LOCKOUT PROGRAM – APPENDIX B DEPARTMENTAL PERIODIC INSPECTION

Note: Use this form as a guide for department specific inspections performed by an authorized employee other than the one(s) utilizing the energy control procedure being inspected.

Date of LOTO Inspection \_\_\_\_\_ Department: \_\_\_\_\_

Machine: \_\_\_\_\_ Location: \_\_\_\_\_ Asset: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Inspector name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Participants in the inspection:

Name: \_\_\_\_\_  Authorized  Affected  Other \_\_\_\_\_

Name: \_\_\_\_\_  Authorized  Affected  Other \_\_\_\_\_

**Review Equipment Specific Procedure:**

Lockout procedural responsibilities were reviewed with authorized employees:  Yes  No

Tagout procedural responsibilities were reviewed with authorized and affected employees:  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YES NO**

- Were established lockout procedures followed by each involved person?
- Does each participant know his/her responsibilities under the procedure?
- Has each energy source been isolated, for example, disconnected, locked, or blocked, per the written equipment-specific procedure?
- Did each participant having exposure apply their own personal lock(s)?
- Are only university issued locks being used?
- Are locks identified as lockout locks, locked, and have the key removed?
- Were the "affected" and "other" participants notified before and after the lockout occurred?
- Did the "authorized" persons verify the effectiveness by trying the start button?
- Were all energy sources identified and isolated with appropriate lockout devices?