Lockout/Tagout Periodic Inspection Form

Machine/Equipment Name: ____________________________________________________________

Authorized Inspector (Print): ________________________________________________________

Authorized Employee(s) (Print): ______________________________________________________

Review the energy control procedure and employee responsibilities with the involved employee(s) and complete the following:

1. Are the steps in the energy control procedure being followed?
   - If no, provide a detailed description of the problem on the next page, along with a description of any corrective action taken or planned.

2. Do the involved employee(s) understand their responsibility under the procedure?
   - If no, provide a detailed description of the problem and any corrective action needed on the next page

3. Are there any inadequacies in the employees’ knowledge, abilities, or use of the procedures?
   - If yes, provide a detailed description of the problem and any corrective action needed on the next page

4. Is the procedure adequate to provide the necessary protection?
   - If no, provide a detailed description of the problem and any corrective action needed on the next page.

Corrective Action

☐ No deviations or inadequacies have been found. A corrective action plan is not needed.

☐ Deviations or inadequacies exist and need to be corrected. Continue to the Corrective Action plan on the next page.

I hereby certify the periodic inspection for compliance with lockout/tagout standards on this machine/equipment have been satisfactorily completed with the employee identified above

Authorized Inspector:

____________________________________________________  ______________________  _____________
Signature                   Title                           Date
Lockout/Tagout Periodic Inspection: Corrective Action Form

Machine/Equipment Name: __________________________________________________________

Authorized Inspector (Print): ______________________________________________________

Authorized Employee(s) (Print): ____________________________________________________

Corrective Action: Use the space provided below to describe any problems identified during the inspection, along with a description of any corrective action needed. Appropriate action must be taken to ensure that the deficiencies are corrected. This may involve making changes to the procedure, providing retraining to employees, and/or taking additional steps to ensure compliance.

Deviations or inadequacies are scheduled to be corrected by (date): ________________________

Authorized Inspector: _____________________________________________________________

Signature

Date

I certify that repairs/corrections have been completed:

__________________________________________

Signature

Title

Date