

Supervisor Review of Employee Lockout/Tagout Program Compliance

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employee \_\_\_\_\_ Supervisor \_\_\_\_\_

Equipment being serviced \_\_\_\_\_

Prior to initiating task (Yes or No)

- \_\_\_\_\_ Is employee familiar with all types energy associated with equipment?
- \_\_\_\_\_ Were employees associated with the equipment notified of lockout/tagout occurrence?
- \_\_\_\_\_ Was equipment shut down following normal stopping procedure, if applicable?
- \_\_\_\_\_ Were all hazardous sources of energy isolated from the equipment?
- \_\_\_\_\_ Were lockout/tagout devices secured to all energy isolating devices?
- \_\_\_\_\_ Was all residual energy dissipated, if applicable?
- \_\_\_\_\_ Was the elimination of all energy sources verified?

When the task was completed (Yes or No),

- \_\_\_\_\_ Were all tools and equipment used during servicing removed?
- \_\_\_\_\_ Were all guards replaced, if applicable?
- \_\_\_\_\_ Were employees associated with the equipment notified of the termination of the lockout/tagout?
- \_\_\_\_\_ Were all lockout/tagout devices removed?
- \_\_\_\_\_ Was the equipment verified to be operationally intact prior to start-up?

If "No" to any of the above, indicate proposed corrective action

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

Employee \_\_\_\_\_

Supervisor \_\_\_\_\_

Send copy of completed form to EHS for recordkeeping.