**Lockout/Tagout Annual Inspection Form – Intermediate**

**Dept. / Inspection Group**: Dry / Casers **Purpose: Annual Inspection**

Equipment Name / ID#: Case Packer 1 ECP ID (Asset) #: ECP – 0237

Equipment Name / ID#: Case Packer 2 ECP ID (Asset) #: ECP – 0238

Equipment Name / ID#: Case Packer 3 ECP ID (Asset) #: ECP – 0239

Equipment Name / ID#: Case Packer 4 ECP ID (Asset) #: ECP – 0240

**Upstream Electrical Lockout Point ID#** *(required for electrical lockout/tagout inspections)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized LOTO Inspector (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using this checklist, select a piece of equipment from the list above and perform physical review of equipment specific LOTO procedure with all lockout/tagout authorized employees. Note: Any ‘NO’ responses will require the need of additional lockout/tagout and/or modifications to the Equipment-Specific Lockout Procedure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Lockout Step** | **Employee Demonstrated Knowledge?**  | **YES**  | **NO**  |
| 1.  | EMPLOYEE NOTIFICATION AND PREPARATION: Affected personnel notified and area secured to restrict access by non-qualified employees if required? | \_\_\_  | \_\_\_  |
| 2.  | EQUIPMENT SHUTDOWN: Equipment shutdown performed correctly?  | \_\_\_  | \_\_\_  |
| 3.  | EQUIPMENT ISOLATION FROM HAZARDOUS ENERGY: Energy isolating devices operated isolated from all hazardous energy? Note: When performing electrical service work inside equipment control panels or enclosures, ensure electrical energy is isolated and locked out upstream. | \_\_\_  | \_\_\_  |
| 4.  | APPLICATION OF LOCKS AND/OR TAGS: Approved locks/tags placed on all the energy sources?  | \_\_\_  | \_\_\_  |
| 5.  | RELEASE OF STORED ENERGY: Hazardous stored energy relieved or restrained? (e.g. air pressure relieved, stored electrical energy discharged or grounded) | \_\_\_  | \_\_\_  |
| 6.  | VERIFICATION OF ISOLATION - TEST STARTING/TRYOUT: Isolation of hazardous energy sources verified to be effective by operating the equipment controls. (If work is to be done on electrical equipment, has appropriate PPE been donned before exposing electrical parts, and a voltmeter been tested for proper operation and used to check for the presence of voltage)? | \_\_\_  | \_\_\_  |
| 7.  | EQUIPMENT RESTARTING PROCEDURE: Work area checked to ensure that all tools were removed, guards reinstalled, interlocks restored, any applied safety grounding jumpers removed, electrical enclosures are closed and latched, and area clear of hazards and personnel before the equipment was re-energized? All affected employees notified that the equipment was going to be returned to service? Locks/tags removed by the authorized employee who attached them?  | \_\_\_\_\_\_ \_\_\_  | \_\_\_­\_\_\_ \_\_\_  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Authorized Employee** | **Signature**  | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |