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| LOTO Procedure: \_\_\_\_\_\_CP1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of LOTO Inspection \_\_6/29/21\_\_\_\_\_\_\_  LOTO Procedure Group: \_\_\_Casepacker group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (N/A if single procedure)  List of Equipment Covered by this Procedure or Group of Procedures: \_\_Casepacker Line 1, 3 6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specific Equipment Inspected as part of Annual LOTO Procedure Periodic Inspection: \_\_\_Casepacker line 1\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized Employee Conducting Inspection: \_Karl Wolf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Authorized Employees Physically Performing LOTO:** **Authorized Employees Observing LOTO:**  Name: \_\_\_\_\_\_\_Mary Stine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_Blake Ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_John Tull\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_Manny Gomez\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector inspected/observed listed Authorized Employees Performing actual LOTO on specified machine: ❑ Yes ❑ No  Lockout procedural responsibilities were reviewed with listed Authorized Employees Performing LOTO: ❑ Yes ❑ No  LOTO procedural responsibilities were reviewed with Authorized Employees Observing LOTO: ❑ Yes ❑ No ❑ N/A |
| |  |  |  | | --- | --- | --- | | **Yes** | **No** | **Equipment Specific LOTO Procedure Review** | | ❑ |  | Does the procedure include a specific statement of the intended use of the procedure? | | ❑ |  | For each hazardous energy source (electric, air, etc.) – does the procedure include specific steps for shutting down, isolating, blocking and securing the machine/equipment? | | ❑ |  | For each hazardous energy source (electric, air, etc.) – does the procedure include (a) specific steps for placing and removing lockout devices or other control measures (b) associated EE responsibilities? | | ❑ |  | Does the procedure include specific requirements for testing the machine/equipment to determine and verify the  effectiveness of LOTO devices and other control measures (i.e., zero energy state)? | |  | ❑ | Is the written machine-specific lockout procedure present or posted at or near the machine? | | **Yes** | **No** | **LOTO Authorized Employee Responsibility Review** | | ❑ |  | Were the "affected" and "other" participants notified before (and then after) the lockout occurred? | | ❑ |  | Can each Authorized EE performing or observing LOTO describe his/her basic responsibilities under the procedure? | | ❑ |  | De-Energizing - did each Authorized EE properly follow the required steps for shutting down, isolating, blocking and securing the machine/equipment? | | ❑ |  | Applying Locks - did each Authorized EE properly follow the required steps for placing lockout devices? | | ❑ |  | Locks - Did each Authorized EE apply their own personal lock(s), were the locks company-issued and specifically identified as lock-out locks and were the keys removed after locking? | | ❑ |  | Checking for Zero State - did each Authorized EE properly follow the required steps for testing the machine/equipment to determine and verify the effectiveness of LOTO devices and other control measures? | | ❑ |  | Re-Energizing - did each Authorized EE properly follow the required steps for re-energizing equipment? |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Summary of Inspection Findings:** This information must be included as part of the Annual LOTO Retraining – No Exceptions.   1. Summary of Procedure Review: Procedure was not posted at the equipment. This was immediately corrected and the other equipment covered by the procedure was verified posted as well. 6/29/21 2. Summary of Employee Responsibility Review: No findings |

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| **Additional LOTO Retraining Based on Periodic Inspection:**  *Circle One*   1. **None Needed** (beyond normal Annual LOTO Retraining): No significant deficiencies noted in LOTO Procedure or Employee Responsibilities/Implementation 2. **Provide Refresher to Authorized EEs Implementing Procedure:** Significant inadequacies in employee knowledge, or use, of inspected LOTO procedure were noted. Review/reinforce proper procedures with all authorized employees implementing procedure. One common option is to hold focused pre-shift meetings or tool box talks. 3. **Update LOTO Procedure – Then Retrain Authorized EEs:** Significant inadequacies in LOTO procedure were noted. Update LOTO procedure - then retrain all authorized EEs implementing procedure. Conduct additional LOTO periodic inspections. |

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| **Identify Deficiencies and Corrective Actions:**  Describe deficiencies identified in either the LOTO procedure or employee’s LOTO implementation or LOTO understanding, and then list the corrective actions to be taken. | | | | |
| **Deficiency Type** | **Deficiency** | **Corrective Action** | **Responsible**  **Party** | **Due Date** |
| ❑ Procedure  ❑ EE Implementation | Procedure was not posted at Line 1 casepacker | The procedure was posted before we proceeded with the inspection | Mary Stine | 6/29/21 |
| ❑ Procedure  ❑ EE Implementation |  |  |  |  |
| ❑ Procedure  ❑ EE Implementation |  |  |  |  |

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| inspection CERTIFICATION [per 1910.147(c)(6)(ii)] |
| 1. I have reviewed the specified LOTO procedure on the listed equipment and identified appropriate corrective actions, if required. 2. I have reviewed the implementation of the specified LOTO procedure being evaluated with the listed Authorized Employees and identified appropriate corrective actions, if required. |
| Inspector: (Print Name): \_\_\_\_Karl Wolf\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector signature: \_\_\_\_\_\_Karl Wolf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer: (Print Name): \_\_\_\_\_\_\_\_\_Karl Wolf \_\_\_\_\_\_\_ Reviewer signature: \_\_\_\_\_\_Karl Wolf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |